

The Power of Community Engagement

Engaging the Global Fund Grant Cycle 7



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Regional Summary

TB-affected communities in the region brought their strengths and amplified the voices of their constituencies to engage in the Global Fund's Grant Cycle 7 (GC7) 2023-2025. Under the Global Fund's Community Engagement Strategic Initiative (CE SI), the Activists' Coalition on TB - Asia Pacific (ACT! AP), hosted by APCASO, was provided with a top-up grant to support meaningful engagement of people affected by TB in the GC7 process. The support included regional technical assistance to TB affected communities, co-development and dissemination of GC7 resources, sub-grants to TB survivor or key populations (KP) networks, organisations or groups at country level to support pre-consultations and identification of priorities, as well as engagement and follow ups with writing teams, KPs and Civil Society Country Coordinating Mechanism (CCM) representatives and CCM secretariat.

This regional documentation of lessons learned, best practices and challenges faced during the GC7 process was done to ensure that we collectively learn and are able to strategise better moving forward. The experiences and successes of country partners reflect the determination and drive to ensure that the community's needs and best interests are prioritised in their country's funding request. This document captures the experiences from Cambodia, India, Indonesia, Mongolia, Nepal, Pakistan, Papua New Guinea, Sri Lanka and how they contributed to the funding request and the challenges they faced along the way.

This document was compiled through interviews with key informants from the respective countries as well as from the reports they prepared on activities related to their Global Fund engagement from the period January to August 2023. We have endeavoured to capture the reflections of people within this time frame while also referencing engagements from preceding years wherever possible.

The Global Fund Grant Cycle 7 (GC7) presented a new format for countries as it categorised interventions into modules and placed importance on resilient sustainable systems for health (RSSH), with a particular emphasis on community systems strengthening. Under this guideline, the civil society organisations and key affected populations were given the opportunity to bring up a list of their priority interventions through consultations with KPs. Countries were requested to identify community priorities within their funding request and to rank these priorities within the modules under HIV, TB, Malaria and RSSH.

Commitment to strengthening community engagement

As the countries were getting ready to make their funding request, the communities were also energised to gain these opportunities for intensifying and sustaining their engagement, and rose up to the challenge of making their voices and demands an essential part of the funding request. ACT! AP & APCASO supported TB affected communities in Cambodia, India, Indonesia, Mongolia, Nepal, Pakistan, Papua New Guinea, and Sri Lanka to engage with GC7 processes. Funding support was coursed through APCASO from the Global Fund's Community Engagement Strategic Initiative, with the aim of strengthening and supporting key populations, community and civil society engagements before, during and throughout the funding request development phase. In addition to the fund, groups had support of APCASO staff for technical input as well as access to APCRG materials, including translated materials about the Global Fund processes.

The process as a challenge for community engagement

The GC7 processes presented a specific set of challenges for many civil society groups who had to deal with issues of geography, logistics, language barriers, bureaucracy, and the level of awareness and understanding of the funding request process itself. In each country that was documented, groups responded in their own unique ways.

Language: In Cambodia, Sri Lanka, and Mongolia, the groups placed extra effort in translating the GF documents into local languages, making them available to their networks and constituencies even before the consultations began.

Geography: Indonesia's archipelagic geography meant that face to face consultations had to be maximised as much as possible, the TB advocacy group made every effort to coordinate them for consultations at the national level. In India, the TB survivors group made a strategic decision to focus on a very marginalised and inaccessible area of the northeast of the country, thus opening up opportunities for the TB community there to engage in national level spaces.

Logistics: The COVID 19 pandemic and its challenges for organising taught many groups how to manage organising people without bringing them in one space. Groups utilised as many tools as they were able to keep their constituencies informed throughout the process, with social media apps and online platforms providing the space and means for information sharing.

Bureaucracy: For many groups, their Country Coordinating Mechanism (CCM) served as either an ally and enabling partner or a hindrance. In Mongolia and Sri Lanka, the CCM helped ensure that the community engagement was successful by lending expertise, funding and institutional support. On the other hand, in Pakistan, India and Papua New Guinea, the groups relied mostly on external donors to have the means to bring their constituencies together for consensus building and information sharing.

State of preparedness

The groups found themselves already well prepared to engage with the GC7 because they had laid their own groundwork of evidence gathering, consultations and mobilising. One fundamental engagement for them was being involved in national processes and institutions such as being part of developing national strategic plans, supporting civil society participation in their country coordinating mechanisms (CCM), as well as standing as experts in their fields of advocacy on which the national mechanisms could rely upon for knowledge.

At the same time groups were able to build up their constituencies, through organising, through regular meetings and consultation, and through constant information sharing. Capacity building is a major factor here for effective engagement, as some groups have found that where constituencies are still newly organised, their level of engagement increases as far as their knowledge and capacity increase. Capacity building also contributed even when communities have been engaging for many years, because systems and processes continue to evolve. In countries like Indonesia, Cambodia, Nepal and Pakistan, the support provided by an ongoing CE SI grant for long term capacity building of TB-affected communities was instrumental in ensuring preparedness for communities to engage in the GC7 processes.

The introduction of the GC7 with its new modalities and requirements called for additional capacity building even among organisations who have been engaging these processes for years. In addition, the Global Fund had also placed an importance in integrating community, rights and gender (CRG) principles in the interventions being proposed. For many of the groups' constituencies, their understanding of CRG was still at an early stage and needed not just capacity building but data gathering through assessments and scorecards, as well as the inclusion of the most marginalised constituencies and KAPs in the consultations, such as the voices of sex workers, transgenders, or ethnic minorities.

Groups built their engagement on a foundation based on their advocacy focus which formed the core of their demands, and conveyed a clear message to not just the Global Fund but to their governments as well. One advocacy focus is the need for increased domestic financing for universal health care, a call which echoes among the groups as their countries transition from different support mechanisms from external donors. Another advocacy focus is for communities and KAPs to have more equal status in decision-making, and that governments and CCMs should provide more support and put inclusive mechanisms in place to make this a reality.

Recommendations from the communities

Speaking from their experience, the groups shared recommendations on what they would need to do and that would require further support:

Capacity building on Global Fund processes:

- Create an information hub for the grantmaking processes
- Localise information through translation, capacity building and communication support, particularly among newly formed TB survivor groups
- Integrate more understanding of the gender component of CRG, and support in integrating it into their programmes
- Develop a normative guide for funding request writing
- Develop capacity or provide technical support for planning, costing and budgeting
- Develop a tool to ensure inclusivity in decision-making processes

Movement building and strengthening

- Expand the survivor groups through membership and outreach
- Strengthen networks by developing capacities in advocacy and movement building
- Build up the community through trust building exercises and leadership skills development
- Strengthen relationships with other stakeholders (primary recipients, CCM, national mechanism)
- Provide more support for mobilising logistics such as meetings and communications work
- Develop a stronger platform to channel funding to civil society organisations



Country Partners

Cambodia



Khmer HIV-AIDS NGO Alliance (KHANA)

Khmer HIV-AIDS NGO Alliance (KHANA) is a national NGO that works with its network of community-based organisations in Cambodia on disease response, including HIV-AIDS and TB prevention, care, and support services at the community level. It has worked with the Global Fund since their early years, and is currently a sub-recipient of the Global Fund grant for HIV/AIDS and C19RM. KHANA's Executive Director, Choub Sok Chamreun, is the Vice Chair of the Cambodia Country Coordinating Mechanism (CCM) representing constituencies such as entertainment workers, men who have sex with men, transgender people, and people who use and inject drugs.

Inclusive representation

KHANA was able to optimise its in-country strength through its involvement in the CCM in engaging with the GF Cycle 7 funding request processes. With its network members having seats in several technical working groups in the CCM, KHANA also relied on the strength of its networking with HIV and TB key populations, CSOs as well as the national TB programme on being able to advocate for the inclusion of key issues such as universal health care, service delivery, and stigma and discrimination in the funding request.

Coming from their extensive experience in working with the diverse HIV constituency in the country, KHANA has been looking to develop a national network of people living with and experiencing TB. KHANA, with funding support from ACT!AP & APCASO, under the Global Fund's Community Engagement Strategic Initiative (CE SI) for Long term capacity strengthening of Community Networks and Organizations of People Affected by TB were able to set up peer support groups. They helped these groups scale up from district level, and their group leaders were able to then establish district networks. In 2022, with the continued support from ACT!AP & APCASO and Stop TB Partnership, they were able to convene these district groups for a general assembly in which the participants decided to form a national network, now known as TBpeople Cambodia. KHANA provided technical assistance to develop the election procedures and ensure a participatory process in the formation of this network.

While KHANA itself has been deeply and strategically involved in Global Fund processes for years, they were aware that this new funding cycle posed a problem for their constituencies because many were still unfamiliar with the Grant Cycle 7 procedures. ACT!AP & APCASO's support for TB affected community engagement in the GC7 process was crucial in meeting this need on the part of KHANA'S TB constituencies. On 28 February 2023, KHANA organised a capacity building session on "Understanding the Global Fund Grant Cycle 7 (GF7)" which brought together representatives from TB-affected populations as well as civil society actors to develop their understanding of Global Fund processes, including nominating Primary Recipients, engaging in the CCM, integrating CRG concepts and monitoring implementation.

Phorng Chanthorn, KHANA Senior Coordinator for Policy, Partnership & Networking explains, *"For this cycle, actually we want to understand the definitions, what [the] grants cycle looks like and needs, especially the critical role of the community and also of CSOs in the response for three diseases-- HIV, TB and malaria. So that's why [for] our engagement in this particular grant cycle, we want to ensure that the needs or the issue or the gap faced by the communities are fulfilled and then also ensure the ownership of the community itself. Meaning, most of the activities, most of the interventions need to be led by the community itself."*

Chanthorn reported that these capacity building workshops received overwhelmingly good feedback from their networks. *"They commented that this training was very important, it allowed them to understand the whole process of the GC7, and [to know] each step or opportunity that they need to engage to ensure the effectiveness of advocacy work."*

"This is really new for everyone, because the Global Fund has changed its model from cycle to cycle. So the communities affected by HIV, TB and malaria, when they attended the workshops, they learned a lot and so that's why there was an immediate impact and that's why they are actively engaging in the writing [of the funding request]."



Moving forward from these capacity building sessions, KHANA was able to further support the key population groups, particularly the chair and vice chair of the TBpeople Cambodia, to be part of the funding request writing team, and facilitated their engagement with the CCM.

With the support from ACT!AP & APCASO, they organised 2 consultative meetings in February 2023 with both HIV and TB constituencies to identify 20 priority interventions for the grant application, which would constitute the main community demands for inclusion in the funding request.

In this manner, KHANA and its networks were able to bring up specific priority interventions that addressed community, rights and gender issues into the funding request. Specifically for the TB community, some of the main interventions they demanded were: strengthening and expanding the network of TBpeople Cambodia to all provinces; improving social protection access amongst people affected by TB, in particular the poor; and supporting TB patients' access to reproductive health services. One of the main elements they included in the funding request was funding for advancing the capacities of people affected by TB for implementing the community-led monitoring (CLM) OnImpact tool.

Chanthorn understands that this grant cycle places a lot of emphasis on the role that communities and civil society will play in their country's disease response efforts, and that needs and gaps identified by the communities would be prioritised for this funding cycle.

"We made extra effort to ensure that these particular interventions are included in each specific module. And then another reason is to ensure the sustainable engagement or contribution of the civil society, to fight against HIV, TB or malaria. So that's why we need to have a specific module and specific investment for CSOs under this particular grant. We understand that this particular grant is not provided to the government, rather it is for community and CSOs. That is why we are engaging in the entire process."

And to further encourage the application of CRG principles health response, they also had the Global Fund's "Understanding the GC7" translated in Khmer language. They have shared the tool widely to their networks especially during the consultations, and Chanthorn believes this has helped the information reach more of their constituencies. They also requested the Global Fund to allow them to hire a local consultant rather than an international consultant, who would be able to reach out to the communities without having to surmount a language barrier.

Ongoing challenges

One challenge that KHANA has faced, particularly when advocating for community engagement, is the top-down decision-making that exists in the national programs' approach to health care.

"I think we have a decent base of engagement: we engage in the writing process, we engage in the conversations, or even a lot of conversations. But in the end we still have less power. Given the funding limitations, even if we advocate hard for them, the national programme may still not consider our goals to be aligned with the Global Fund guidelines. And then the national programme still insists on their needs or their priorities."

The language barrier still remains a challenge as well. Chanthorn noted that while there is a lot of information available for guidance on GF engagement, many of these are in English, or, if they have been translated, are still too technical for their community constituents.

Another barrier is the limited understanding of budgeting and costing practices. *"We have already been engaging, proposing or prioritising the interventions, but then when it gets to the costing or budgeting, we are not engaged or engaged only to a very small extent. Only the sub-implementors are responsible for costing, but for network members who are working with these sub-implementors it is very hard for them to get to know how the costing looks or how costs are set, so I think this is a problem."*

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Looking ahead

In May 2023, CCM received the results of the technical review panel regarding the country funding request. KHANA were slightly disappointed that the approved budget for some interventions have been less than they expected, they intend to push on and anticipate the work that lies ahead in the grant implementation. They have been able to support the TBpeople Cambodia leaders, especially the vice-chair who is also a TB community representative of the CCM, and she has also joined various technical working groups on TB response. They also hope to become a sub-sub-implementer for community engagement and for implementing the community-led monitoring effort for TB.

To meet these challenges, KHANA is looking to improve the engagement of their partners and networks, and to do this they see the need for additional support for localising the information such as translation and capacity building to ensure broader understanding of processes from grant application to implementation.

KHANA are also anticipating the increasing role of the TBpeople Cambodia network in taking part in the grant negotiation and decision-making phases once the grant is approved in the latter part of 2023. At this point, they see the need to build capacity of implementing partners and community networks to do costing and budgeting and how this is applied from grant application to implementation.

They also want to be able to expand the network and bring in representation from more provinces, to have more focal points who could report on the issues and also broaden the base for community-led monitoring.

Lastly, they identified the need for capacity building and communications support for their community representatives in the CCM as well as their TB district and provincial focal points to understand the National TB programme especially the more technical aspects of the country interventions. They see the focal points as taking on the role of monitoring, reporting, collecting data, and monitoring and reporting implementation issues.

“If they can lead, they can own. They can drive the implementation and raise their own issues. KHANA has full confidence in the TB community to take on these roles, and will continue to support them to the fullest.”

India



Touched by TB

India has committed to end TB by 2025. That is an ambitious political commitment set by its public health system, an aim supported by a newly-formed nationwide network of TB survivors that aims to reach the last milestone in the country, Northeast India.

Touched by TB is a relatively new network, and currently has nearly 500 members nationwide and is among the civil society representatives in the CCM along with two other community and KAP representatives for TB in this body. Its founder Raghavan Gopa Kumar serves as Vice Chair of the Oversight Committee and is a member of the Technical Review Panel for TB.

“We represent the larger community. We are not just individuals, we are a group, we are a network of survivors. The network concept is new in India as far as TB is concerned. So we are the first survivor-led national network in India.”

The network relies on the strength of its diverse representation to meet this challenge, as it sees a transformation in the way the national TB programme is working with communities and key affected populations to address disease elimination five years prior to Global commitment by 2025.

While bringing in membership from across the country, they have also formed alliances with 15 state level networks of TB survivors. This alliance, the TB Constituency Network, was formally launched on 15th of April 2023. The meeting was also an opportunity to hold discussions on priority issues on the network's advocacy agenda.

Getting organised

Gopa Kumar shared that once the expression of interest came out from the Global Fund for the funding request, the National TB programme and other health bodies organised the online consultation of key stakeholders. The government had also set 13 priority aspects, one of which was community engagement. However, Gopa Kumar noted that while there were a few HIV, malaria and TB community consultations, the TB response did receive higher priority in this cycle.

"This time we are very much organised, getting organised and still, a long way to go, but better than the previous cycle. And we want our voice to be heard and our demands should be reflected in the country's proposal."

For this funding cycle, Touched by TB saw a clear need to enhance community engagement at all levels. One critical area of intervention they identified was bringing in more community representation and engagement from the northeastern states, which are underserved in disease response. Many parts of Northeast India are geographically isolated; the states sit at the borders of China, Pakistan, Bangladesh and Myanmar, where politically tense situations have flared up into conflict. While Touched by TB's focal points do not have much data yet, they have observed that there is a high incidence of multidrug resistant TB and extensively drug-resistant TB in this region especially in the state of Sikkim. These are issues they have begun to address, and bringing in representation and concerns from the regional to the national level is a crucial step in improving health services in the Northeast.

With the deadline to meet in August 2023, the KAPs and communities held consultations on what they would prioritise as urgent interventions in the funding request. Touched by TB through the support from ACT!AP & APCASO was able to organise consultation workshops in Sikkim and Assam which were able to bring in TB survivors and KAP from the 7 northeastern states. The first workshop was held in Gangtok, Sikkim on 18th April 2023 and the second one in Guwahati, Assam on the 20th April 2023, with a total of 30 attendees for each consultation. The workshops covered the Global Fund's grant cycle process, as well as the opportunity for the communities to voice their demands and priorities that would be included in the

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funding request. The goal of the workshops were to capture the key asks from the marginalised and unheard TB affected community from India especially the Northeastern region, and include their demands in the GC 7 India country proposal, and to introduce and sensitise KAPs on the community, rights and gender model and how these are to be integrated into the national TB response.



A significant output of the workshops was a list of priority interventions for inclusion in the funding request. Community, rights and gender concepts were deeply integrated into these interventions. These priorities include: ensuring availability and access to new drug treatments and diagnostic tools to even the most remote and marginalised areas; setting up peer-to-peer, survivor-led, people-centred, gender-responsive counselling and care and support services including livelihood and rehabilitation support for TB survivors through community-based interventions led by TB-affected communities; investing in communities and community-led interventions for peer support, specifically in strengthening the TB survivor network at all levels as well as community-led monitoring of patient care and services; investing in treatment literacy and stigma; and providing targeted intervention for high risk populations such as children, pregnant women, high risk mining and construction workers, persons with disabilities and ethnic tribal minorities.

Gopa Kumar shared that the best outcome of this engagement was that the TB survivor communities in the Northeast became more aware of the opportunities of engaging in the Global Fund on one hand, while at the same time ensuring further outreach and services in the region.

Ongoing challenges

When asked about the challenges they faced as a network, Gopa Kumar acknowledged that movement strengthening had been the biggest hindrance.

"We were never organised, [compared to] HIV people who have been there for the last 20 years and they are well organised. They always get support from UNAIDS so they have somebody to look after them. For the TB constituency nobody is there to look after [us], so that is our hindrance. But now slowly we are getting ourselves organised without any godfather. So we are moving. We are taking baby steps. Slowly, slowly we are progressing, but I'm sure we'll be stronger in another six months or in one year's time."

For this grant cycle, Touched by TB and other civil society organisations benefited from being able to have more time for preparation and consultations to meet the Window 2 deadline of the funding request

process. Previously, the national health bodies would develop the funding request and the communities were only expected to sign off on the content of the request.

“But this time in the second window [we prepared] and the process they are following is better than the previous rounds. I’m sure this time whatever we demand, most of it will be [included in the request], and a majority of it will be there within the framework of Global fund.”

Looking ahead

India submitted its funding request on 29 August 2023, and they have also selected their principal recipients. Gopa Kumar also reported that the Central TB Division committed to involving the survivor-led networks in implementation of key projects. This grant cycle marks the beginning of a crucial period in disease response, as the Global Fund had set the goal to end the three diseases in the next few years. *“This cycle is totally different from the rest of the previous six cycles. I’m sure about that. Expectations are high,”* says Gopa Kumar. *“And we are also under pressure because we have to end TB by 2025... So the programme people are now open to new ideas, new interventions.”*

I’m sure this cycle will have better results compared to previous cycles.”

To move forward with their agenda and sustain the movement, Touched by TB plans to organise, develop a common platform, elect their leadership and build the capacity of their members on the importance of network building advocacy.

They had already proposed through the funding request that the survivor networks should be involved as sub-sub-recipients in the Northeastern region, and they have worked to get them registered in anticipation of this role. Touched by TB will also form a northeastern regional network that would convene and develop their advocacy efforts as well as take a lead in monitoring of Global Fund-supported implementation in the Northeast. They see themselves as an interface or link between the PRs in the region and the TB survivor communities, and also conducting research and generating data that can contribute towards improving implementation.

Gopa Kumar shared that at a recent CCM meeting, the Secretary of Health remarked that *“Because of [Touched by TB’s] work we are now deeply involved in the Northeast TB program.”* Touched by TB is getting ready for the additional responsibility and broader engagement in the government health response. They will need financial and technical support for these efforts, so that they can continue to build their focal points’ capacity, strengthen their network base, have it registered as a non-governmental organisation, and make it a sustainable TB movement in India.

Indonesia



Stop TB Partnership (STPI)

In the dynamic civil society environment of disease response of Indonesia, Stop TB Partnership Indonesia (STPI) stands out as a trusted partner of the country’s TB elimination efforts. Through their leadership as a primary recipient of Global Fund support from 2020-2023, they have been able to nurture the engagement of community groups, and mobilise resources and initiatives of various stakeholders to advocate for better TB prevention and control.

STPI is a foundation that works with government, private sector, and communities towards advancing TB elimination programmes in Indonesia. They have lobbied for governance and policy change at district and village level so that TB care has a budget at the local level, and have also embarked on broad multi-media campaigns to promote TB awareness. STPI teamed up with the Penabulu Foundation to stand as the Principal Recipient (PR) of the community TB program, and created a management unit to handle the grant implementation as the Community Consortium Penabulu-STPI. Through this consortium, they are supporting community health workers in organising TB outreach at community level, promoting treatment adherence among TB patients and providing treatment adherence support for MDR-TB patients. They are also conducting awareness campaigns on TB/HIV co-infection issues.

Beyond their role in grant implementation, the Foundation has been deeply involved in policy making, with their executive director sitting as part of the Technical Working Group for TB within the Country Coordinating Mechanism. One of their major contributions was the successful advocacy, in collaboration with other CSOs and communities, for the Presidential Decree on TB, which mandates planning and budgeting policies to mobilise domestic resources and utilisation of village funds for TB intervention at the

community level. Further, they engaged with the Ministry of Health to develop the National Strategic Plan for TB for 2020-24.

STPI was well prepared for the GF grant cycle 7 even before the call for interest was shared among the country's stakeholders. In 2022, with funding support from ACT!AP & APCASO, under the Global Fund's Community Engagement Strategic Initiative (CE SI) for Long term capacity strengthening of Community Networks and Organisations of People Affected by TB, STPI developed a framework for a CRG action plan to ensure that when the GC7 process started, they already had some ideas on what kind of activities they would like to propose. Meanwhile, their PR Community Consortium also produced a TB stigma assessment as well as other policy research outputs, and all of these evidence work became part of the CRG action plan, which was presented as a zero draft during the Joint External Monitoring Mission (JEMM) conducted by the World Health Organisation in December 2022.

"I think our strength is in connecting people," says Thea Hutnamon, Partnership and Development manager for STPI. *"For example, for the development of the CRG action plan, we initiated it, but we approached multiple organisations and connected them to the PR who will be implementing, in this way we also ensure that there's additional perspectives in the country proposal such as institutional strengthening or gender."*

"I think our strength is in connecting people."



By taking part in the JEMM, STPI were then able to utilise the outcomes of that exercise into formulating an interim National Strategic Plan for 2025-2026. This NSP integrates the learnings from the JEMM specifically on CRG, social protections, and institutional strengthening of CSOs.

"We tried to synergize the plan such as the types of activities to the GC7 activities and making sure that it's also incorporated into the NSP. Even though the CRG action plan from CSOs is not final, the main activities are integrated into the interim NSP," explained Thea. She added that while the activities or the interventions are pretty much similar or the same for both the NSP and the GC7 application, how they budgeted the activities are different, with the assumption that not all activities would be fully funded under the Global Fund grant.

One CRG intervention they had proposed is for the implementation of community-led monitoring activities which will be implemented by the Indonesia patient/survivor organisations network, PopTB Indonesia. The CLM will be built on a reporting platform which will handle calls from patients regarding human rights issues, stigma and discrimination, and quality of service. They also called for additional deployment of paralegals in more provinces to address cases of stigma, discrimination and rights violations, as well as the development of a TB and gender technical guideline that will be applied all across the health services.

Transitioning to sustainability

The Indonesian government will be transitioning from Global Fund and other external donors' support to more domestic financing of its TB programmes. In aid of this transition, STPI seeks to ensure that CSOs and TB affected communities are able to provide input to the country's plan in transitioning the financing of community health services in TB programmes from donors to the government.

Previously, STPI under the Challenge Facility for Civil Society (CFCS) grant with APCASO assessed the current TB programmes using the community scorecard and to connect with TB survivors and CSOs to reflect on to what extent the country's TB programme is rights-based. The data gathered was used to add more interventions in the CRG action plan and in the country proposal during GC7 that would allow for more meaningful participation from CSO and TB affected communities.

"There are more activities and larger coverage of CSS, human rights and gender modules from Global Fund that were suggested by the CSOs and community stakeholders in the TB Technical Working Group compared to the 2021-2023 grant. Unfortunately, because the Ministry of Health's (MoH) budget work plan is separate from the CSO's processes and the timeline was very short, we were unable to optimally push for MoH activities to include training of healthcare workers to address stigma, discrimination, and gender."

Thea also hopes that the government will seriously commit to implementing interventions on stigma, gender and human rights that are being proposed by the community implementers.

"I hope that the Global Fund will encourage the government to institutionalise the civil society and key affected communities' engagement. Because yes there are a lot of activities proposed -- but I think it would be very helpful if they also ask the Indonesian government: how are these efforts that they've invested in

"..It would be very helpful if [the Global Fund] also ask the Indonesian government: how are these efforts that they've invested in going to be sustained? How will the whole community system strengthening be like under the stewardship and ownership of the country?"

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going to be sustained? How will the whole community system strengthening be like under the stewardship and ownership of the country?” said Thea.

STPI have observed that the government plans to augment the local level TB services by hiring more community health workers. They noted that the plan is mostly to add people to deliver services on the ground, and they are worried that the government effort will simply blur together the whole community CSO activities with the government system later on. STPI would rather see more community CSOs get the support in reaching the TB patients, through a model of public-private partnership that sees civil-society run services supported by government funds.

With further support from ACT!AP & APCASO, STPI conducted an assessment to provide recommendations about the governance and management of community health workers and community health volunteers to deliver TB services in communities as part of the country’s transition and sustainability plan. The assessment exercise, which took part in March to April 2023, looked into the tasks taken on by the

health workers, local management, budgets, and coordination with the public health system as well as with community leaders and religious organisations. They came up with recommendations, including performance assessments, compensation, recruitment from and integration with local structures. The outcomes of this research will inform the grant implementation.

For the grant application itself, STPI continues to work for community systems strengthening, where TB survivor organisations will drive new thinking, expand their roles and be sustainable even without funds coming from the Global Fund. Erman Varella, programme manager at STPI expressed hopes that *“Global Fund should make an effort to ensure that all of the community empowerment and community engagement in TB programmes are funded from the government side. For that reason we need to make guidelines at the national level to prepare the funding so that CSOs can access grants from the government.”*

Hurdles and enabling factors

There have been a few hurdles in mobilising the TB survivor organisations, as the STPI staff recount how much harder they worked to ensure the participation of groups from all parts of Indonesia. They recalled how the national stakeholders’ meeting was able to bring representatives from western and eastern regions, but that the interest and enthusiasm was less intense after these larger meetings. They have

had to synergise with the HIV and malaria organisations, which was often difficult in broad stakeholders’ meetings because much of the agenda was taken up by the government while the civil society organisations had to make negotiations and consensus- building on the sidelines. They also had to work with many groups to make sure that plans for integration and collaboration on interventions work across the three disease domains and then to communicate those decisions and plans to CSOs.

They also felt pressed for time to discuss the budget work plan with a wider group outside of the people invited by the CCM and the TWG. They acknowledge that there are other organisations who work in TB, but also beyond TB, whose expertise and scope can enrich the proposal. From their experience in working as implementers, they have brought in human rights organisations to develop certain tools or documents, so they had hoped to bring these types of organisations in this process. They also noted that while gender-focused interventions are part of the objectives, there were no gender-focused or women’s organisations and even transgender advocates involved in these conversations, and not enough discussions on the intersections of TB and gender as well.

Despite these hurdles as well as the apprehension on how the transition to sustainability will take effect, STPI is confident that civil society and KAP communities can take on the challenges. Moreover, they credit the leadership of the National TB Programme as well as the Indonesia CCM for supporting community engagement. *“Since six or seven years ago they changed the paradigms about how to engage the community, made it better so that there is a culture of community in the TB programme. The TB community is more communicative and also is collaborative with the governments, not opposing each other,”* notes Varella.

Looking ahead

STPI sees the way forward for CSOs and KAPs as leading the way in bringing up their issues and advocating for these issues themselves. They acknowledge that while these groups will need support up to some point, and also see the need to invest in capacity building, specially in planning and budgeting.

They also see the need for a stronger platform to channel funding to CSOs, and to be able to tap into domestic resources in harmony with international funding.





Mongolian Anti-TB Coalition



Drawing upon a wealth and depth of expertise among their ranks, the Mongolian Anti-TB Coalition (MTC) is getting ready to take on their new role as implementers of the community-led monitoring (CLM) in the country. MTC has been at the forefront of research, advocacy, capacity building for health care workers, as well as education and information on TB, since it was established in 2011.

They are composed of eight NGOs, including those that work in integrating critical TB services into primary health care units across the country. They work in close collaboration with the Mongolian Anti TB Association, one of the oldest health NGOs in the country, TB Free Mongolia, a service provider for critical care TB patients, as well as various family health NGOs across the country. They are also a focal point of the Global TB Caucus and are part of the TB lobby group in the Mongolian Parliament.

Their main programmes are advocacy, training of health care workers, and research and innovation, but have also built-in capacity for community organising. In 2016, when they were involved in pioneering clinical trials on shortening the treatment regimen for multidrug resistant TB, they relied on focal points from key vulnerable populations who act as their Community Advisory Board (CAB), to serve as bridge between the researchers and decision-makers. *“We were among the 13 sites working across the world. One of the successes of our site was we didn’t have to do a lot of follow up and this is due to successfully engaging with the community present,”* shared Bazra Tsogt, a medical doctor and research and innovation coordinator at MTC.

MTC, through Tsogt, also represents TB constituencies at the CCM together with three other CSOs. Another person from their group serves as representative for TB survivors at the CCM, and they have recently elected an alternative representative for that seat as well. While MTC has not been a sub-recipient of the Global Fund in previous grants, this cycle they have been more involved in the GC7 funding request as they have seen how important it is to engage the key vulnerable populations in the decision-making and grant implementation.

They have raised the fact that Mongolia has one of the highest rates of multidrug resistant TB in the world, 50% of which are concentrated in the urban areas around the capital of Ulaanbaatar, and that there is an urgent need to provide capacity building to KVPs and to ensure that their voices are heard at every stage of national and local policy development on TB response, as well as in the GF grant cycle. For the GC7 funding request they have lobbied for the inclusion of community-led monitoring as well as community-led research and advocacy, particularly on stigma and discrimination, in the funding request.

Their plan for the CLM is to involve TB patients and their families as a community unit in coordination with the local TB dispensary. The CLM will be piloted in two districts of Ulaanbaatar and two other districts in rural areas, and will introduce new approaches and models for treatment (through the local dispensaries and through household members) as well as community based TB-prevention, diagnosis, treatment and care. Ultimately, the goals are to enhance case finding efforts amongst the urban poor, and address barriers to services and to seek local solutions to access issues as well as reducing stigma and discrimination in the community.

Mapping the communities

In preparation for the CLM interventions they will be implementing, MTC, with funding support from ACT!AP & APCASO, initiated a mapping and identification exercise of TB-affected community networks and associations in Mongolia. These activities also aimed to build capacities of TB-affected communities on Global Fund Grant Cycle 7 processes and opportunities as well as to build a community base for their CLM initiatives. In March and May 2023, they held two workshops for TB affected people and these were opportunities to gather the KAPs, provide an orientation on CLM and meet face to face with TB communities. *“This was a very important step for us, and the APCASO technical assistance helped us with the participatory approach to bring out the challenges and the barriers as communities perceive them,”* Tsogt said.

“There are lots of gaps between implementation and planning [of TB response] and to close that gap there should be community members’ voices.” --MTC community engagement coordinator Ganzorig Munkhjargal.

“All their funding comes from Global Fund so I don’t know whether they can be sustained after funding ends. It might mean that there will be no organisations to do their activity after the Global Fund [leaves Mongolia].”

The workshop held in May 2023 provided the participants with the basics of the Global Fund grant cycle processes, and the importance of communities and CSOs engaging at each stage, as well as the functions of the CCM in determining grant implementation and monitoring. In this workshop, the MTC members learned that they could elect an alternative representative to the seat reserved for TB survivors, and so they were able to choose one among their peers to take up that role as needed. They also discussed how to access the 15% of CCM funds that could be allocated to community engagement. Munkhjargal shared that the participants were very appreciative of the workshops being able to increase their knowledge of Global Fund processes and the CCM as a governance and advocacy space.

The mapping exercise then allowed them to identify more than 30 organisations working with key vulnerable populations (KVP), a majority of which are initiatives affiliated with or led by medical doctors, and most of them funded by the Global Fund. The KVP served by these organisations include the homeless, people with alcoholism and parents of TB affected persons. Munkhjargal notes: *“All their funding comes from Global Fund so I don’t know whether they can be sustained after funding ends. It might mean that there will be no organisations to do their activity after the Global Fund [leaves Mongolia].”* Meanwhile, there are three organisations they identified that have operations in 21 provinces, so they were able to get a wide scope of the organisations existing. The mapping also found that most of the organisations are working on treatment and post-treatment services, but not enough on awareness raising, or educating the communities about TB.

Another finding from the mapping exercise was that all these organisations are also taking up advocacy activities at local level, and sustaining good relations with the local governments. These organisations have typically been lobbying their local governments to increase funding from local budgets for TB activities and for the welfare of healthcare workers.

The May 2023 workshop was also instrumental in moving forward another component of support provided in Mongolia through the CLM technical assistance by APCASO, the establishment of a CLM task force as well as development of operational guidelines for the planned CLM work in the next three years. The task force was formed consisting of seven TB survivors, a representative from a CSO that works with KVP, and one member who is a medical doctor. The task force would then set up a Coordinating Committee (CC), whose terms of reference were drafted at this meeting.

One important element of the CLM is on stigma and discrimination — MTC has already found a strong ally in this area from their partnership with the National Human Rights Commission (NHRC) of Mongolia. The NHRC guided them previously in holding a nationwide TB stigma assessment in 2022, during which they



found that stigma is highly prevalent and acts as a barrier to accessing healthcare services and affects health seeking-behaviour of TB affected people. They are bringing in the NHRC to be part of the CLM Coordinating Committee in the coming years.

Within the MTC itself, their Community Advisory Board (CAB) is their main liaison with the KVPs, enabling them to reach out to the TB affected communities and ensure a broad participation in their workshops and other activities. Their CAB worked closely with the district dispensaries and the national TB programme to find all the TB survivors and KVP representatives from KVPs who took part in their clinical study, as well as to bring in participants for their workshops. The CAB will support their CLM activities moving forward.

They also acknowledged the Mongolian CCM as another strong ally, bringing communities, and people, as well as helping with the mapping and organising the workshops. Now that they have more members who are better versed in the CCM’s systems, they are able to strategise their working relationship with the mechanism, particularly in electing representation to the CCM and ensuring active engagement of TB-affected communities in its processes.

Expecting more from government

As a community organiser, Munkhjargal said that they have encountered some challenges to their efforts, one of which is that funding for community strengthening in Mongolia is still very limited. While they are glad that this has been provided for in the upcoming funding request, they identified the need for government support and funding, not just international donor funding. They have also observed that the government health response takes a top down approach, without

much effort into being inclusive or consultative. They noted for example, that during the development of the funding request for GC7, the involvement of TB affected communities was limited to participation in the country dialogue and the CCM endorsement meetings, and that the funding request draft was not translated into the Mongolian language for wider reach. They acknowledge that it could have been a limitation of resources and time but were disappointed that CCM members and other stakeholders were not able to give comments and feedback. They also added that TB-affected communities have never been involved in other aspects of the grant cycle, including the grantmaking process. To address these hindrances they believe the grantmaking should include budgets for translation as well as facilitation to ensure broader engagement.

Forging ahead with the establishment of a TB network in Mongolia.

These engagements in Mongolia including a visioning exercise conducted during a workshop in August 2023, resulted in the TB affected communities expressing an interest to set up a TB network in the country. While the workshop was instrumental in providing the space and platform for TB survivors, affected communities and TB civil society representatives to discuss, envision, and develop plans for working together as a network, it is still a long way to go, and needs concrete investments and efforts to ensure that the network can move their agenda forward.



Nepal



Trisuli Plus

Civil society in Nepal faced a political impasse as they prepared to engage the Global Fund grant cycle 7, with the looming possibility that they could lose funding for all the critical health responses to HIV, TB and malaria. This was experienced firsthand by Trisuli Plus as they worked with other CSOs to get the funding request ready for submission.

Trisuli Plus is a community action group composed of people living with HIV and TB survivors that was established in 2006. They work on HIV and TB prevention, care, support and treatment services. They have begun to focus on migrant populations of the Kathmandu district and their main programmes include knowledge and awareness raising on HIV and TB, HIV testing and counselling, mobile health camps, TB screening, running community care centres and community-led testing, as well as community mobilisation for advocacy. They work together with the diverse key affected populations: sex workers, MSM, and transgender persons among others. Trisuli Plus has been a Global Fund sub-recipient for TB in Nepal since 2020.

From their beginning as a HIV advocacy group, they have integrated TB issues into their initiatives, in recognition of the co-incidence of TB infection with HIV and that many PLHIV are TB survivors themselves.

In 2020 Trisuli Plus with funding support from ACT!AP & APCASO, under the Global Fund's Community Engagement Strategic Initiative (CE SI) for Long term capacity strengthening of Community Networks and Organizations of People Affected by TB, and STOP TB Partnership, initiated the formation of TB survivors and TB affected people from different districts throughout the country, with the aim of mobilising these groups to advocate for their rights. *"We found that there is no proper community engagement and participation and there is no such intervention which can really address the issues of the TB people,"* said Achut Sitaula, the Executive Director of Trisuli Plus. With the formation of these groups they have been able to facilitate a more meaningful engagement and representation of TB survivors in spaces such as the National TB Programme and the CCM.

"The community engagement was fantastic on all levels. I'm not only talking about the ones that Trisuli plus organised but also the consultations among drug users, with the sex workers MSM/TG, prisoners, migrants and other key affected populations. There were deep and fruitful consultations at the province level, the local level and federal level."

They have served as community representatives in the CCM, with the executive director previously serving as vice-chair, and now as a member representing the TB. Within the CCM they are in the executive committee, the country dialogue team, the overall funding proposal writing team as well as the TB funding request writing team.

For the first time in Nepal, Trisuli Plus conducted a CRG assessment in 2022 among communities affected by TB, to identify factors related to TB prevention and control. It looked into seven themes: accessibility, availability, acceptability, quality, stigma, and discrimination; health-related freedoms (e.g., privacy and confidentiality); barriers among prioritised KVPs; gender-related barriers in the TB response, participation of TB survivors and KVPs; and legal and administrative remedies. The findings have been useful in assessing the national TB response, and Trisuli Plus is proud to say that the outcomes of the assessment exercise have been accepted and adopted by the government, and have been shared prominently on the government health website and have been integrated into the National TB Strategic Plan.

As the Global Fund grant cycle 7 was underway, the various national mechanisms initiated consultations and dialogues to capture the various needs of the country to serve as input into the funding request. Sitaula highlighted the efforts of the NTP and the CCM in organising these consultative efforts but more so because of the high level of engagement shown by the various KAPs.

With support from ACT AP - APCASO, Trisuli Plus held two consultations with TB communities in Dhangadhi and Kathmandu. The first was held in Sudurpaschim province, Dhangadhi on 6 June 2023, with TB survivors/affected individuals including PLHIV as well as outreach workers of National Tuberculosis Programme participating. The participants were able to identify the issues at the community level that

have been hindering the TB prevention, treatment, and care: accessibility, availability, acceptability and quality; stigma and discrimination; health related freedoms (e.g., privacy and confidentiality); barriers among prioritised KVPs; gender related barriers in the TB response; participation of TB survivors and KVPs; and legal and administrative remedies. They also identified factors that would need to be addressed: shortage of medical supplies; geographical barriers that affect adherence; the need for privacy and confidentiality during checkups; stigma and discrimination among TB survivors families; age-related factors in treatment compliance, among others.

The second consultation was held on 29 June 2023 in Bagmati province, Kathmandu among TB survivors/affected individuals including PLHIV as well as outreach workers of the National Tuberculosis Program. They discussed these topics faced by community TB programmes: supplies; contract tracing; nutrition; community awareness on TB to address the low visibility of the TB Program; coordination and monitoring; and quality assurance. The recommendations that emerged reflected the communities' main concerns: improve procurement and supply management; mobilise more resources for contact tracing, conduct nutrition assessment and adherence support for children with TB; develop IEC materials to increase community awareness; and facilitate coordination and monitoring of health services including joint monitoring and communications.



CRG assessment bears fruit

The consultations were very indicative of community priorities while at the same time echoing the outcomes of the CRG assessment that had been conducted previously. Sitaula said that because they were able to have the assessment and come up with an action plan, the consultations were easier to do. The consultations began with a discussion of the CRG assessment and the recommendations from it were presented, and these then became the basis of the subsequent discussions with the community.

"From the country dialogue process, to the consultation, it has been great; we've got the TB community perspective because we identified the gaps and what we recommended as intervention in the CRG assessment and the action plans were included in the TB funding requests for the GC7."

The CRG assessment also enabled them to develop an action plan with accompanying budgets, and this has been integrated into the funding request as well.

Enabling partnerships

Trisuli Plus has been a focal point of APCASO since 2016, and has received various forms of technical support through the years and are also supported under the CRG Strategic Initiative. *“Through the CRG SI we were able to work on the formation of the survivor groups at province level. Because of all those capacity building and because of the organised shape of the community, we were more able to influence the national TB programme and to conduct the CRG assessment as well,”* said Sitaula. *“Conducting the assessment is not of itself an achievement, but the endorsement and ownership by the government is an achievement that we can claim.”*

“It really became a milestone for the TB survivors and TB programme in Nepal.” said Sitaula of the CRG Action plan. *“And now we are not alone. We are in a group so we can raise our voices and then we will be heard because we are united. So now the government has acknowledged that there is a TB survivors group, we have to engage them. That acknowledgement itself is a big achievement for CRG SI in Nepal.”*

Trisuli Plus is also an implementing partner of the Stop TB Partnership, who also supported the CRG assessment and have also facilitated their engagement in international and regional spaces. Within the country, Trisuli Plus has alliances with various networks such as the HIV networks, drug users network, female sex workers networks for their outreach and programmes. They cite all these partnerships as crucial to their mobilising and organising in the country. ACT!AP & APCASO’s financial support for the community consultations and country dialogues in preparation for the funding request process was also a significant factor in Trisuli Plus’ efforts to amplify the TB survivors’ engagement in TB response and Global Fund processes.

Governance issues

Despite these efforts by the communities, Nepal faced another issue during the funding request process: Nepal is under the Global Fund’s Additional Safeguards Policy, which happens when the Global Fund has

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concerns around governance, political instability, or corruption. This status limits the country’s ability to choose its principal and sub recipients. As Sitaula recounted, by July 2023, the Nepal CCM were expected to choose a PR but failed to do so. Sitaula noted that this placed the funding request in some level of jeopardy, as the government had taken it upon itself to be PR and began to develop a funding proposal. Meanwhile the CCM, particularly the community representatives said they would not endorse this funding request and that they would support the PR chosen by the Global Fund and submit their own funding request. They have also appealed to external development partners such as the WHO, USAID, and DFID to intervene into the matter, even as the CSOs themselves tried to resolve the issue with their government.

Sitaula acknowledges that political instability and its consequences on governance are the main hindrances they see in the overall health response of Nepal. They have seen government ministers replaced every six months, which means that the Secretary of Health as well as various government health officials who sit at the CCM are also replaced frequently. CSOs deplore this situation as leading to a loss of institutional memory when new government officials take the place of previous ones. Along with their unfamiliarity with CCM procedures, the replacements also lack enough knowledge of working with the Global Fund processes.

Future plans and needs

Whether the funding request goes through, the TB survivors’ engagement and advocacy actions will continue. One plan for the future that Trisuli Plus is looking into is initiating community-led monitoring for their TB constituency. They have implemented it for their HIV programme but are seeking the next round of external support from partners to get the CLM for TB started in Nepal. They are also planning to register their TB survivors network and conduct more community strengthening and capacity building for these constituents. They are also planning to adopt the stigma and discrimination tools that have been developed by Stop TB Partnership and to translate them into Nepali languages.



Pakistan



Association of People Living with HIV- Pakistan (APLHIV)

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Association of People Living with HIV-Pakistan (APLHIV) has had extensive experience as a network in representing the interests of communities and KAPs through their work in HIV advocacy. They count 4 member organisations in their network representing 20,000 registered volunteers who are PLHIV.

They have been engaging with the Global Fund funding request process since 2013, ensuring the key affected populations (KAP) and community are represented in the processes including securing representation for these constituencies in the Country Coordinating Mechanism. APLHIV Executive Director Asghar Satti is a member of the CCM and CCM Oversight Committee; APLHIV have also been involved in the Technical Working Group and the funding request writing team, in developing programme reviews and the drafting of the funding request. This experience and groundedness has given what Satti calls their main strength.

“We have a very good working relationship with all key stakeholders that include the government at the federal level and at the provincial levels. We [also] have a very good working relationship within the UN system, and then being the national network, we have very successful collaboration with the key populations, with community based organisations.”

They cite their collaboration with UN agencies such as UNAIDS, WHO, UNDP and, UNFPA and UNICEF as particularly strategic because these agencies have also become their champions at the national level. Another key ally is the leadership of the Common Management Unit, which is an institution in Pakistan that handles all Global Fund Grants for HIV, TB and malaria in the country.

Strength in numbers

When the HIV and TB community in Pakistan were faced with a three-month deadline to meet the GF Cycle submission window for March 2023, they met the challenge with determination and commitment to an inclusive process.

Spearheaded by APLHIV, they were able to organise five consultations, three at provincial level and two at national level. The consultation process was unprecedented in terms of broad reach with the PLHIV community and key populations at national and provincial level. About 307 participants actively participated in these consultations. With support from ACT! AP & APCASO, APLHIV organised a national consultation on HIV-TB co-infection which was the first ever consultation on this theme, which had 90 participants. These consultations led to the development of a comprehensive set of recommendations that would become their contribution to the community annexe of the GF funding request.

Satti saw this challenge as one that should be met by the community, even with the very short time frame available to them. *“There is always a chance that in the consultative process that the communities are overlooked -- So sometimes the communities, people living with disease and civil society, they get a lower kind of a priority or preference. So what we can do is that we can work in parallel on the consultative process.”*

With the consultations, they were able to bring in the perspectives of KP and communities into the funding request drafts, highlighting priority issues and concerns such as the continuing need for adherence support via peer tracking and group counselling, which had been implemented during the COVID-19 pandemic and was discontinued. Another need they identified and highlighted in their submission was the need for the public health units in some provinces to provide viral load testing, as well as preventative therapies, particularly for TB co-infection with HIV.

“The number one goal was that we ensure that the civil society organisations, the community based organisations, key populations and people living with HIV and people living with TB, that they are meaningfully consulted about what they want in the next grant to [be able to] get the services, how they want to do it and their priorities.”

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The consultative process

Dr. Usman Ali, a public health practitioner who supported the consultative process and its documentation for APLHIV as a community-based consultant, observed that the community engagement has been more organised in this cycle due to having a common agenda, common strategies and common goals, despite the time constraints of having to meet the funding window deadline early in 2023.



Nonetheless, Ali clarifies that because HIV and TB have different disease characteristics and that while TB seems to be more endemic in Pakistan, there is still a lack of granular data about the health inequalities or specific vulnerabilities that characterise distinct segments of TB-affected populations. *“There are a lot of gaps in TB programming and community systems strengthening,”* says Ali, and the lack of data also affects the mobilising of TB as ‘communities’ in the same manner that HIV KAPs have organised themselves.

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Overcoming challenges

APLHIV has faced challenges early on, when it entered the Funding Model under the current Global Fund’s Cycle (or round) when this system was quite unfamiliar to the government agencies and the civil society organisations. Satti cited APCASO’s technical support and resources for having helped APLHIV to begin providing capacity building to TB-affected communities across Pakistan. This was done with funding support from ACT!AP & APCASO, under the Global Fund’s Community Engagement Strategic Initiative (CE SI) for long-term capacity strengthening of Community Networks and Organisations of People Affected by TB.

Another challenge they had to face was a conservative society and governance that could not readily accept the involvement and representation from communities. *“The [national programmes] were fine with the kind of nominal representation but not in a way where the communities take the lead, where the people living with disease take the lead,”* recounts Satti. At times the organisation was even subjected to threats, and yet they were able to demonstrate and sustain their commitment, to the point where now the government considers them a strong ally in the national disease response efforts, and not just in the funding process.

On the other hand, Ali notes that while there has been expansion of community involvement over the last

five years, the same people would still show up for the processes. *“There is a lack of understanding of what a community-based organisation should be doing within a community.”* Ali observes that this may indicate inadequate information-sharing or role sharing among the community-based organisations as well as not enough appreciation for the importance of engaging in processes to engage or contribute more meaningfully.

Strengthening CRG components of disease response

Ali shared that they approached the integration of community, rights and gender concepts into their engagement as being an interlinkage between issues as well as building strategic linkages between existing programs. One linkage they have strongly pushed for is between HIV and TB disease response and SRHR. For example, a stigma reduction programme and health information system focusing on indigenous women with disabilities and female sex workers are included in the funding module under the RSSH, recognising that these are also vulnerable groups which do not get much attention as they account for a smaller number of the affected populations.

At the same time, Ali acknowledges that despite the extensive work of UN programmes in the country, there is still limited awareness even at the national level on understanding gender, such that most gender-based interventions only refer to mothers or mother and child health.

They have tried to include an intervention in the funding on gender sensitisation in medical curricula but by the time it reached the prioritisation stage of the funding request, the budget for this intervention had been taken out.

Dwindling support from the CCM

The Global Fund has been very straightforward in its requirement for CCMs in each country to ensure the participation of communities and KAPs, even allocating 10% to 15% of the CCM budget for this

“In Pakistan, whenever you speak about gender, it by default means female gender. It does not include gender fluid people, it does not include transgender people or people with diverse sexualities. We have given up on this, [possibility] even [as] a long term goal to make this country more friendly towards MSM’s. When it comes to TG’s (transgender people) there is support but there is also resistance. There are a lot of factors outside the programme which are not very helpful.”

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38 representation. When APLHIV approached the CCM coordinator during this round if they could access those funds for activities related to community mobilising and consultations, they were told that the amount had already been returned and was not available. This was an unexpected setback, as they had received more support previously from the CCM secretariat as a whole. They have observed that a change in the CCM's leadership and current lack of a coordinator has also brought a shift in how it extends support to its community-based members. Nevertheless, many of the CCM members remain their allies, and it is this allyship that they have counted on in many of their efforts. APLHIV still makes an effort to share the reports and outcomes of their mobilising and consultative activities with the CCM.

Engagement highlights

APLHIV considers the following as highlights of their engagement in this funding cycle: conducting a successful consultative process with representation from different provinces of Pakistan and composed of the diverse KAP; being able to have inputs from both HIV and TB communities as priority interventions in the funding request, such that 80% of the interventions from the community have been allocated a budget in the funding request; having support from key stakeholders including UNAIDS Including UNDP, including WHO, UNICEF, UNFPA and the national and the provincial AIDS control programme as well as the TB control programmes for the community consultations; gaining the support of the Common Management Unit at the country level; and finally, taking part in the funding request workshop in Kenya where the APLHIV team were able to include community-proposed interventions in the draft.

Further strengthening the TB community

When APLHIV started mobilising the TB community in tandem with the HIV community, they realised that TB organisations were not necessarily on the same level of capacity as the HIV constituencies. *"If we talk of TB, there is a lot of need to put in more resources, to put in more efforts, to put in more time, to mobilise and activate. The activism within the TB response is at the moment negligible,"* acknowledges Satti. Among TB advocates, there is still a need for capacity building on human rights, advocacy skills, leadership, and community mobilisation skills.

APLHIV have identified some specific needs to enhance community engagement: create an information hub for organisations based in different countries to learn from each other's experiences and best practices; develop a normative guide for funding request writing for communities; provide support for organisations working on mobilising communities; hold continued trust-building exercises between communities and KAPs; and lastly, provide skills development for communities and KAPs in advocacy and engagement.

"I think the TB communities, they can learn the best practices from the HIV constituency because the HIV communities are really very strong. They are really very vibrant. So I think there is a need to have a kind of learning process within the HIV and TB community, so that is the area within the TB sector where we need more resources, more efforts and more time to really mobilise the TB-related communities."

Papua New Guinea



KP Advocacy Consortium PNG (KPAC)

Key Population Advocacy Consortium PNG (KPAC-PNG) has established itself as an advocacy core for HIV issues in Papua New Guinea. It is a coalition of organisations with beginnings as a network of PLHIV-focused organisations, sex workers, men who have sex with men, and transgender people, PLHIV youth; they now encompass TB communities as well. They have conducted wide-reaching national initiatives on peer outreach, community-based health screening and other frontline health services, serving as a strong bridge between KAPs and health care provision in PNG.

KPAC has a strong presence in the CCM, with eight seats from their various KPs as CCM members, four for HIV and four for TB, to ensure that the diversity of KPs are represented in decision-making. These members also sit in the technical working groups in the CCM.

Since 2021, they have been implementing community-led monitoring (CLM) for HIV and TB in three regions: National Capital District (NCD), Morobe and Eastern Highlands provinces of PNG. The initiative integrates capacity building on patient rights, data collection through exit interviews and scorecards, as well as social media and hotline helpdesks. They trained TB Monitors to serve as liaison and researchers for the CLM effort, and have been able to link the outputs of the data-gathering to improving health services in the areas covered by the project. Their success in implementing the CLM strengthened their conviction in the importance of empowering KAPs.

KPAC also works very closely with the other KP representatives as well as the CSO sub-recipients, holding caucuses before major meetings to be able to present a unified front and a consensus agenda as civil society in the CCM. *"We've been able to position ourselves where they're now listening to the consortium. Because when it was formed, we wanted to hear voices from communities, so now for any involvement, I and my team are ensuring that we are represented, that our voices are there,"* shared KPAC Executive Director Lesley Bola.

They have helped in strengthening the TB community while working with regional groups, and are now supporting the establishment of TB survivors groups that aim to promote awareness of issues around TB infection, treatment as well as stigma and discrimination. One of the communities that KPAC is helping to set up is the Morobe TB Survivors group, whose co-founder Ninitis Elafoan, had been working as a volunteer treatment partner in the Morobe region, supporting the local health system through the Lahi Anti-TB Association for more than fifteen years. Elafoan also serves as a community representative for TB at the CCM.

"We've been really part and parcel of all the process together with some of the subrecipients who are also CSO's, we all stand together to have one voice as well."

"The strategic plan in PNG is only in the last year just starting to realise the importance of community engagement," said Elafoan, *"so previously, when the association was formed, there was no proper allocation or funding made available for the volunteer treatment partners, because they come from the community. And the strategic plan for TB clearly did not capture community engagement."* Elafoan has observed that the funding environment is changing in favour of communities and community empowerment, and is also happy to note that community representatives from PNG are being exposed to and learning from how community engagement works in other countries.

Participatory methods amplify voices

Through the support from ACT! AP & APCASO, KPAC convened three consultations with TB community leaders to enable them to plan and prepare for the GC7 funding request engagement. Some 90 TB-affected persons from NCD, Morobe and Eastern Highland provinces participated in the consultations, which was also an opportunity for them to gain capacity building on CCM systems, the GF funding processes, as well as existing community initiatives being led by people affected by TB. In these consultations they were able to identify specific needs that the current disease response has not been able to fully address, such as legal issues surrounding stigma and discrimination, low levels of knowledge surrounding TB infection, as well as the traditional beliefs surrounding disease that prevent people from seeking treatment.

Bola acknowledged APCASO's valuable support for their efforts to empower the TB communities in preparation for the GC7 processes. He specially highlighted the tools and methods shared by APCASO in holding these consultations, where they were able to employ mapping, storytelling and visual techniques to help draw out people's inputs and insights, which then helped them engage even when there were varying levels of literacy among the participants.

I really appreciate us getting voices and decisions or information from our community because I feel that they really need to have a voice in this process.

"It's a very top down process generally, how decisions are made. It's very top down. And this process has really brought us to the community so that people who are affected by TB, those who are really suffering, those who are, have challenges, we have been able to reach them...I really appreciate us getting voices and decisions or information from our community because I feel that they really need to have a voice in this process." said Bola.

From the consultation, they were able to come up with a list of priority interventions for the the national TB response: promote community engagement in planning, implementation and monitoring; promote legal literacy for TB-affected communities; provide legal support in cases of stigma and discrimination; continued implementation of community-led monitoring of issues relating to access and quality of services; improve compensation for treatment support workers and village health volunteers who have taken tasks as health workers; and enhance data-gathering efforts generated from community engagement to support policy advocacy and policy change.

Bola shared that a highlight of their engagement was having a session organised by the Global Fund on the grant-making processes because it helped them to better prepare for the funding request efforts. He also appreciated that the plenary was held with TB and HIV together rather than having separate plenaries for each disease, which he said allowed for more input and involvement from the CSOs.

He also acknowledged that an enabling factor of their engagement in the process was having good representation at the CCM with the number of seats that civil society holds. He also notes that the CCM has been very effective in the disease response effort because of how it coordinates and collaborates with UNAIDS and the WHO.

By May 2023, the priority list was submitted to the CCM, but Bola says that the National Department of Health (NDOH) have been the ones to finalise the list. He was expecting that the civil society inputs would get further in the draft, but he says the prioritisation exercise resulted in a draft with only three interventions from CSOs included: sensitisation and legal support for stigma and discrimination, support for CLM, and the compensation package for volunteer health workers.

This disappointing outcome, Bola believes, shows how much their NDOH still dominates discourses of disease response, so that interventions are more medically focused without considering community, rights and gender approaches.

Thus the NDOH has tended to prioritise their agenda while putting aside the communities' needs. The prioritisation process itself was not fully consultative at the end, as Bola said they employed a voting system that did not reflect the TB-affected constituencies.

Another weakness in the process that Bola raised was the lack of information regarding the need to provide supporting data during the larger consultation meetings organised by the NDOH. He acknowledged that he could have drawn upon the data that they had already gathered from their CLM, but they were not adequately prepared for the drafting process to make an effective presentation of their interventions.

Looking forward

"I still strongly believe that we need to strengthen [community] systems here because if we have a very strong system in place, you will have an effective response," said Bola.

KPAC sees the need to build an effective system of communications and leadership development that can improve decision-making processes. They also would like to have a good support system for the volunteer health workers, particularly by providing them with information that they can use for sharing with TB-affected persons when they are working in the communities. These could be knowledge tools that are in popularised format to promote understanding of CRG even at the barest level of literacy.

"We need to sensitise community leaders so that they can influence communities, not to stigmatise [but rather] to fight against misconceptions around TB. So we need to change that around. That is why we work closely with our community treatment workers so they empower those affected by TB to know their rights and also to get information so they can survive." KPAC and its members, such as Morobe TB survivors' group, are also specifically keen to bring in more youth involvement in these sensitisation efforts.

They would also like to develop a tool for ensuring inclusivity in decision-making processes, such as a scoring or prioritising system as a way to bring in the collective voices of the affected populations.





Diversity and Solidarity Trust (DAST)

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Diversity and Solidarity Trust (DAST) Sri Lanka is maximising its role as a civil society representative of key affected populations (KAP) in order to build up the communities' leverage in their engagement with the Global Fund Grant Cycle 7 processes. With its constant and strategic collaborations with KAPs and national bodies, DAST has helped make community voices stronger in decision-making spaces for health response.

"We need to seek available opportunities to leverage our position with these stakeholders. By doing that we showcase [our capacity] and that as civil society we are capable of much more things than they actually think." said Niluka Perera, advocacy lead for DAST.

DAST began as an LGBTQI rights-focused organisation that slowly shifted into sexual health advocacy, and then by 2018 they became more involved in strategic engagement within the HIV response. They have closely collaborated with the National Transgender Network and the Young Out Here Trust, with whom they formed the Care Consortium, a coalition that has engaged in Global Fund processes. Recognising the connection between HIV and TB health issues, DAST have also recently begun working with TB communities in strengthening their engagement within the TB response.

As an advocacy organisation, they are supporting communities to engage with the CCM, particularly the 12 civil society representatives within the CCM. For example, they developed a CCM election guideline through a consultative process that was used to elect the CCM civil society members in the election held

in January 2023. This was followed by a workshop in March 2023 to provide capacity building for newly elected members of the CCM on the roles of CCM members and the expectations from both HIV and TB communities.

DAST facilitated the formation of an HIV and TB national CSO network which is a coalition of civil society organisations working on HIV and TB responses. DAST advocacy lead Niluka Perera shared that this is the first time that these organisations have come together to establish one network, creating a unified voice of civil society and communities around HIV and TB responses. This is a strategic space where they have been guiding the community advocacy around HIV and TB.

Strengthening engagement

With support from ACT AP & APCASO, they organised workshops and consultations to ensure that communities are better positioned to bring up their issues and make interventions in the funding request process.

For Perera, what was also significant about the activity planning workshops was that not only health officials planned the activities but that community and civil society representatives contributed as well.

They invited as much civil society participation as possible so that in each working group the majority were civil society representatives and not just the medical doctors that the government would have brought in, and in this way they were able to ensure that community concerns were clearly heard and addressed in this space.

Right after, they held a one-day community consultation to go through the NSP draft to see what had already been included from the proposed interventions and what needed to be further highlighted or strengthened, and they then presented the outcomes of this consultation to the national program.

DAST together with the CCM organised the Communities and Civil Society Capacity Building for Grant Cycle Seven Funding Request Development workshop on 1 June 2023, with the aim of providing participants with the information on the GC7 and the funding request process. The workshop was attended by 35 participants representing TB and HIV communities, the National STD AIDS Control Programme (NSACP) and the National Programme for Tuberculosis Control and Chest Diseases (NPTCCD).

"It was more like a very equal participation kind of event and was the first time something like that happened, so we were really happy that there was so much openness from the national programme to involve us as equal partners in this process."

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The workshop highlighted the community priority annex in the current funding model and the importance of community engagement in the country dialogue process. The participants were also able to discuss: the significance of co-financing commitments and how to achieve co-financing; the instances in which funds allocated to TB were not used due to governance and administration system limitations; and the methods to track progress in the funding request process and the importance of stakeholder engagement in the Global Fund funding model. The participants gained a better understanding of Global Fund processes; the meeting upheld partnership as a key principle, emphasising collaborative efforts required for successful funding request development. Finally,

participants were encouraged to actively engage at each stage of the Global Fund funding process. One concern raised by participants was the lack of engagement with TB programs, and recommended that the organisers of the country dialogues reach out to regional organisations to amplify their collective voice and strengthen TB programme involvement.

While these gatherings allowed for face-to-face discussions, DAST was also proactive in keeping people better informed of the funding request process. They created a communications hub that uses various social media tools such as Whatsapp and Google groups to keep people informed on the different aspects of the country dialogue, as well as the funding request draft such as the module on human rights, module on gender among others. They made further effort into translating the information into local languages. While these platforms allow only short messages, they would also follow up with more informative emails. *“So this is done to actually keep the people in the loop so that constantly there is information being shared and we also wanted that to create a bit of a hype,”* Perera explained.

“Nationally, there is a lot of confidence among civil society organisations here that DAST could really lead this process with their support and with their engagement as equal partners.”

Leveraging connections

DAST has capitalised on its close engagement with Global Fund processes since 2018. When they organised the CCM capacity building workshop as well as the work around the NSP, they were able to bring in a significant level of engagement from communities. *“We saw quite good participation and a lot of enthusiasm for people to engage in the processes,”* said Perera.

They have been able to build strong alliances not just with CSO networks but also with national programs for both HIV and TB. They have seen that with the change in leadership of the National HIV programme they now have more access to the conversations as an equal participant in decision-making spaces. *“And because of the work that we have been doing with TB and the CCM, because DAST has been working with the CCM in terms of developing the CCM election guidelines and then facilitating the CCM members capacity building training through this focal point, we were able to create an immediate link with the National TB Program.”*

Perera credits the support that APCASO has extended in being able to mobilise and organise consultations and workshops that are able to bring in the communities. He also acknowledged that while the funding is not necessarily flexible, they have been able to optimise this support into activities as needed. *“We were able to use these funds to leverage both national programs and that has put us on a good level with them, so we can now negotiate our way in terms of how things need to happen.”*

They have also proposed to the national programmes that they can count these workshops and activities that DAST has been able to do with APCASO's support as evidence that transparent and inclusive country dialogues have taken place. They were able to assert at the GC7 workshop that the activities that have already been organised are all in support of the funding request efforts, and so the national programmes would do well to keep DAST and its networks in the communications loop of further actions around the GC7 processes. As Perera has reiterated, their efforts have allowed them to interject in strategic places and opportunities, and allowed the communities to have a better position within decision-making spaces.

When the nationally-organised country dialogues take place, DAST will be ready by having the modules and technical briefs summarised and translated, so that they will be able to circulate these quickly to participants. They are also confident that with the support they have been extending to KAP committee and the CCM, that they will be brought into the funding request drafting process, and that in fact, they were already interviewed by the consultant who had been hired to oversee the drafting.

New precedents

Perera pointed out that civil society could have been more engaged if they had had more ample time to work on the drafts and to review them to be able to strengthen their inputs. He did acknowledge that the national programs had to deal with insufficient resources not only to hire a consultant and to organise consultation and coordination activities, and that there was not much precedent to have a comprehensive and transparent consultative process. *“Now that we are part of it, our work is also to set new precedents,”* said Perera. They are proposing that the funding request drafting should also have a review meeting with the community, and for further consultations to be done so that it will also set the norm for how the civil society could be involved in these kinds of processes.





This document captures the experiences of TB-affected communities from Cambodia, India, Indonesia, Mongolia, Nepal, Pakistan, Papua New Guinea and Sri Lanka. It documents the lessons learned, opportunities and challenges faced by TB-affected communities in engaging with the Global Fund's Grant Cycle 7 (GC7). This initiative was supported by the Global Fund's Community Engagement Strategic Initiative (CE SI), and implemented regionally the Activists' Coalition on TB - Asia Pacific (ACT! AP), hosted by APCASO and at the national level by APLHIV (Pakistan), DAST (Sri Lanka), KHANA (Cambodia), KPAC (Papua New Guinea), STPI (Indonesia), Trisuli Plus (Nepal), MTC (Mongolia) and Touched by TB (India). The experiences and successes of country partners reflect the determination and drive to ensure that the community's needs and best interests are prioritized in their country's funding request and the national TB response.



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