



Webinar: Community Engagement During GC7 Grant-making

22 June 2022

Hosted by the 6 CRG Regional Platforms
Global Fund Community Engagement Strategic Initiative



Program



Overview of Global Fund's Minimum Expectations for community engagement during grant-making (Svetlana Dupriez, Global Fund) **(10 minutes)**



Make Or Break: How Civil Society And Communities Can Engage In Global Fund Grant-Making Processes For Grant Cycle 7 - New Guidance for Communities (Mary Ann Torres, ICASO) **(10 minutes)**



Case of Burkina Faso: How communities are engaging during grant-making (Alexis Bazié, AIDSETI) **(15 minutes)**



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Q&A and Discussion **(20 minutes)**



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Q&A and Discussion **(20 minutes)**





Grant-making Grant Cycle 7

What happens during grant-making?

Plan

- Agree on timelines and deliverables.
- Confirm PR resources for grant-making.
- Complete relevant Grant Entity Data (GED).

Negotiate

- Negotiate the grant documents, for submission to and review by the Global Fund.

Approve

- Submit the final grant documents to the Grant Approvals Committee (GAC) .
- GAC review and recommendation.
- Grant Confirmation is sent for PR signature and CCM acknowledgment.
- Board Approval.



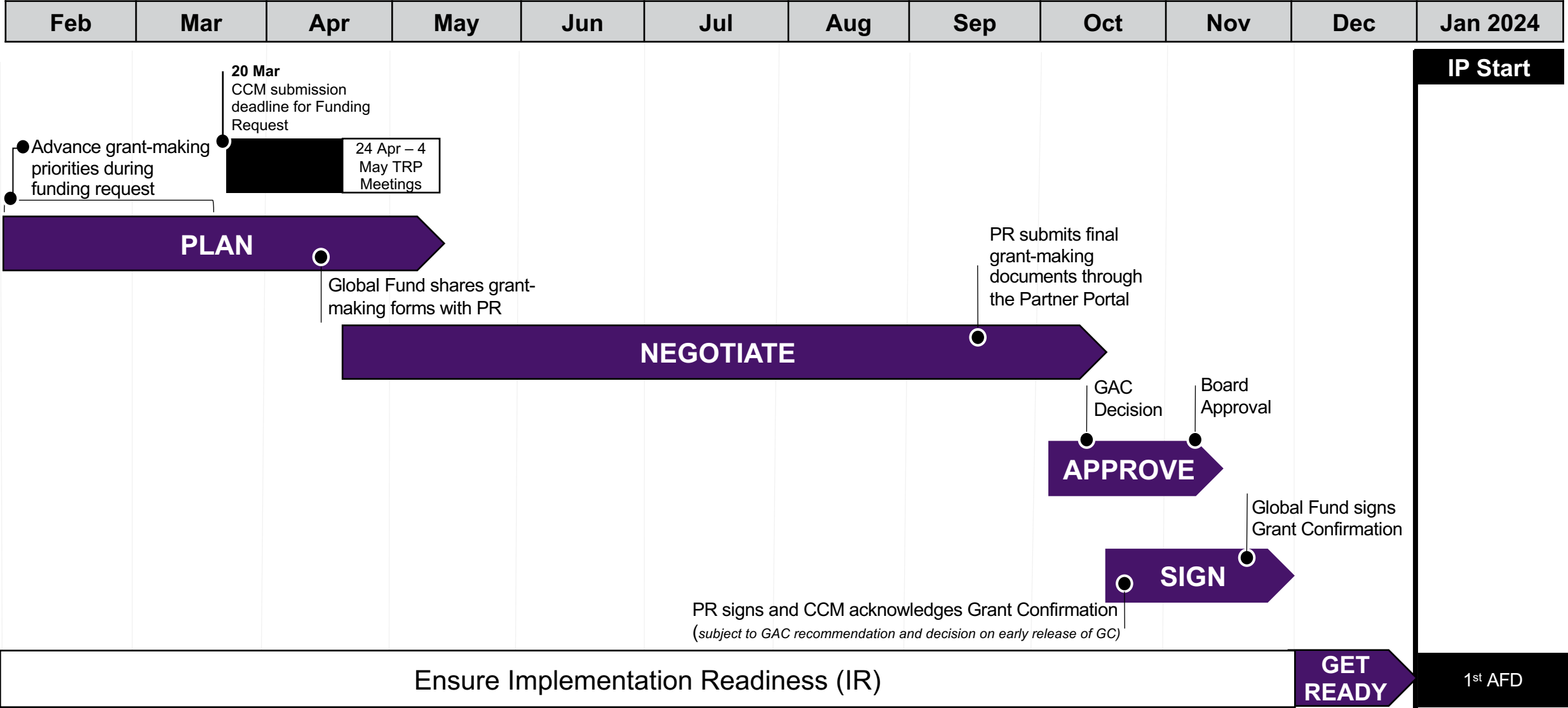
Sign

- Upon Board approval, the Global Fund countersigns Grant Confirmation.

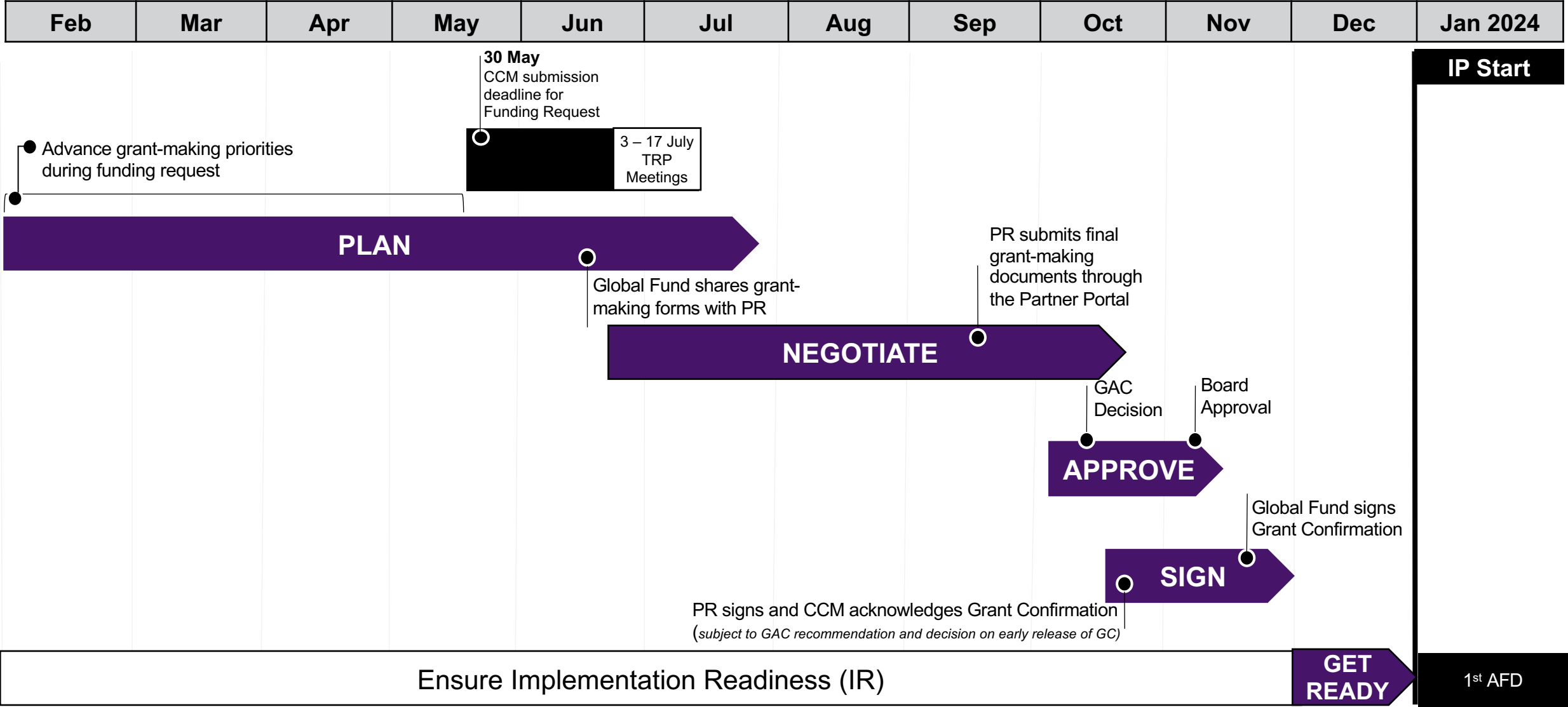
Get Ready

- Continued PR and CT collaboration to ensure implementation readiness before the IP start date.
- Global Fund to process the first disbursement.

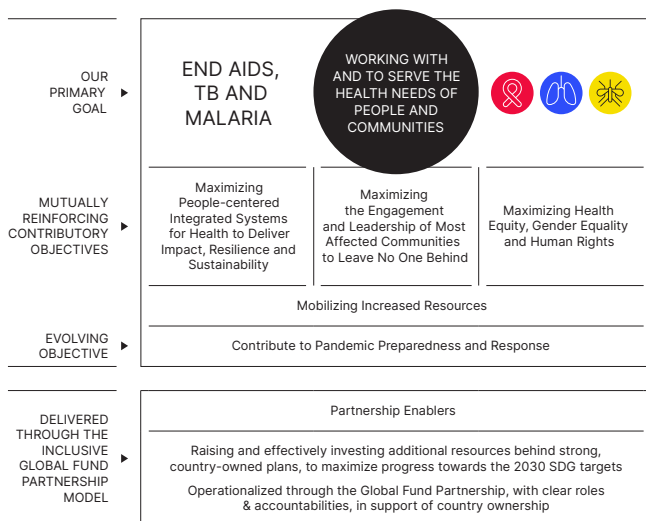
Grant-making timeline for TRP Window 1 submissions



Grant-making timeline for TRP Window 2 submissions



Increase opportunities for community engagement to meet the objectives of the new Global Fund Strategy



Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

(one of three mutually reinforcing contributory objectives of the strategy)

Create opportunities for community and civil society engagement beyond the funding request stage

Codify expectations and opportunities for additional transparency, accountability and engagement in Global Fund policies and processes

Increase CCM visibility into grant-making process to facilitate engagement and oversight

Engaging community-based and community-led organizations (CBO/CLO) as implementing partners is key to the success of the new Global Fund Strategy

Why engage

- **Demonstrated ability** to deliver high-quality health services and programming
- **Unparalleled understanding of community** needs, preferences, challenges, and the acceptability of service delivery approaches
- Ideally positioned to:
 - Reach into communities to **find ‘missing’ beneficiaries**
 - **Provide differentiated services** to meet complex and diverse needs of different groups
 - **Foster understanding** of new interventions and **mobilize demand**
- More likely to be viewed as **trusted partners** by the communities they work with

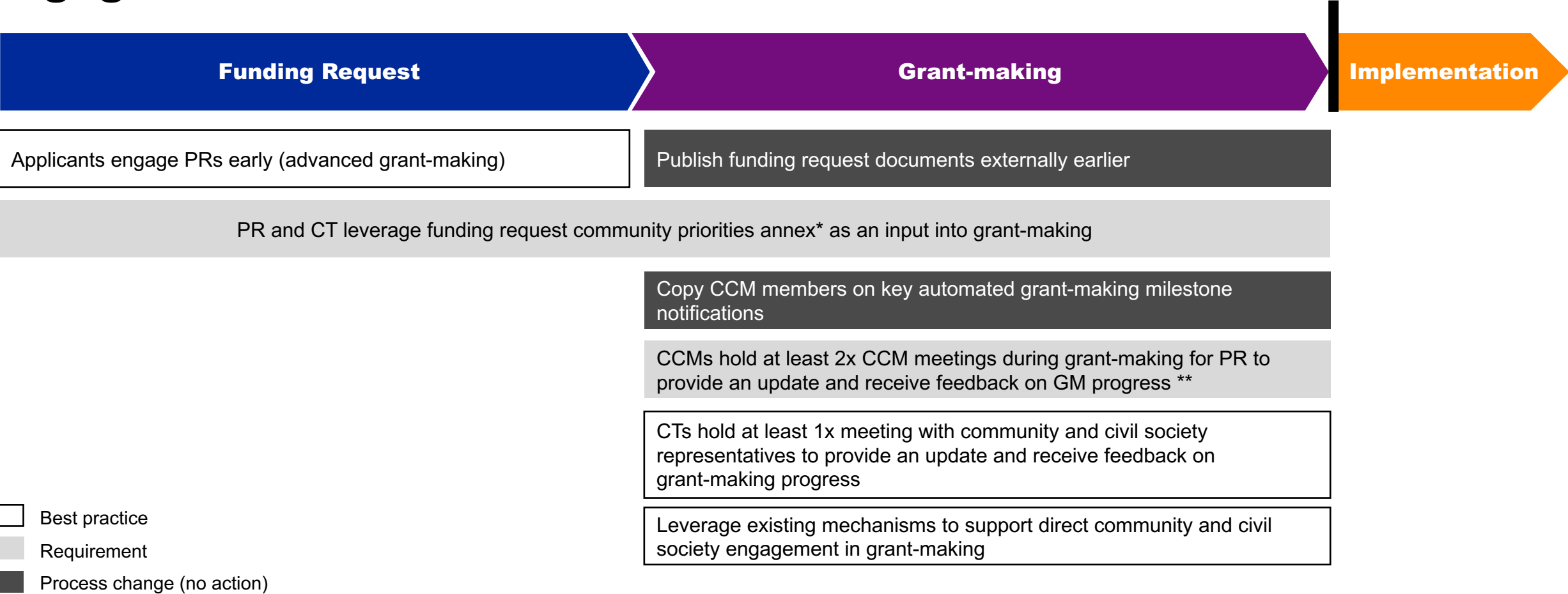
When to engage

- Ability to implement a **wide range of activities** and in an equally **wide range of contexts**
- **Four specific contexts** where the Global Fund expects some level of engagement:
 - When **differentiated service delivery** approaches can enable greater impact.
 - When improving access and outcomes for **marginalized sub-populations** is an objective (including key populations).
 - When **introducing or scaling-up** new products or service-delivery approaches.
 - When seeking to safeguard **human rights** and reduce human rights-and gender related barriers to services.

How to engage

Which organizations are engaged, and specific contracting modalities are **guided by programmatic objectives, local context, the specific needs of the communities** the grant intends to support, and an **understanding of potential risks** and how they can be mitigated. The Global Fund encourages engagement with a range of CBO/CLO implementers in order to **ensure the most appropriate partner is contracted to deliver the most appropriate service.**

Changes during funding request and grant-making stages increase transparency, accountability and opportunities for community engagement



* Funding priorities of civil society and communities affected by the three diseases.
** Requirement for High Impact & Core portfolios; best practice for Focused portfolios.

Mutual expectations must be clearly defined for all stakeholders to ensure meaningful engagement

Program



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Q&A and Discussion (20 minutes)





MAKE OR BREAK

HOW CIVIL SOCIETY AND COMMUNITIES CAN ENGAGE IN GLOBAL
FUND GRANT-MAKING PROCESSES FOR GRANT CYCLE 7
(2023-2025 ALLOCATION PERIOD)

Contents

02	Introduction
02	What is Grant-Making?
03	OCMs Must Consider Dual-Track Financing
03	Eligibility Screening and TRP Review
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MAKE OR BREAK

- Provide advice to civil society and community groups on engaging in **GRANT-MAKING PROCESSES** once a funding request has been submitted to the Global Fund.
 - Grant-making **TRANSLATES** the funding request into grants that are ready for implementation.
 - All relevant stakeholders, including civil society organizations, communities living with or affected by the three diseases, and key and vulnerable populations, must be **ACTIVELY ENGAGED** in the grant-making process.

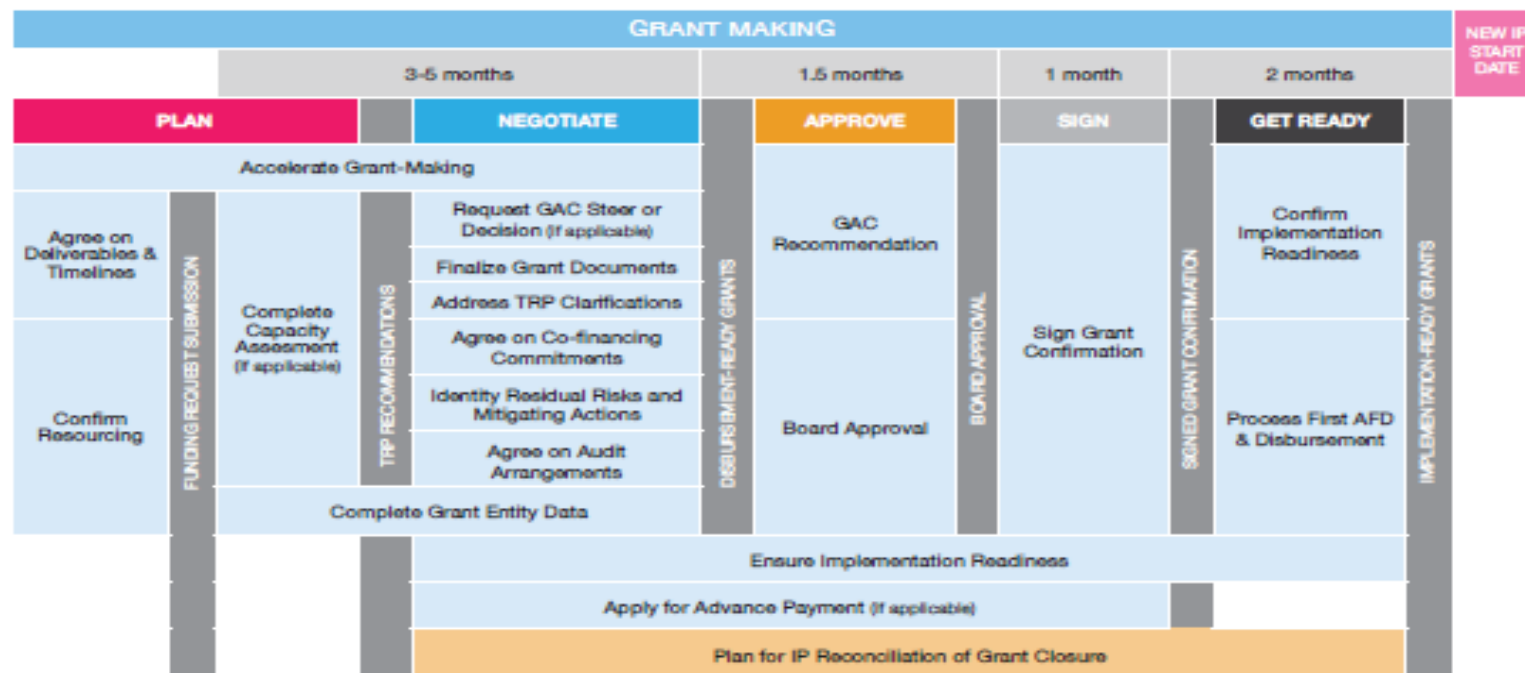
Phases and Timelines for Grant-Making

The standard timeline for grant-making is 6-8 months.³

It can be divided into 5 main phases:



FUNDING REQUEST STATE



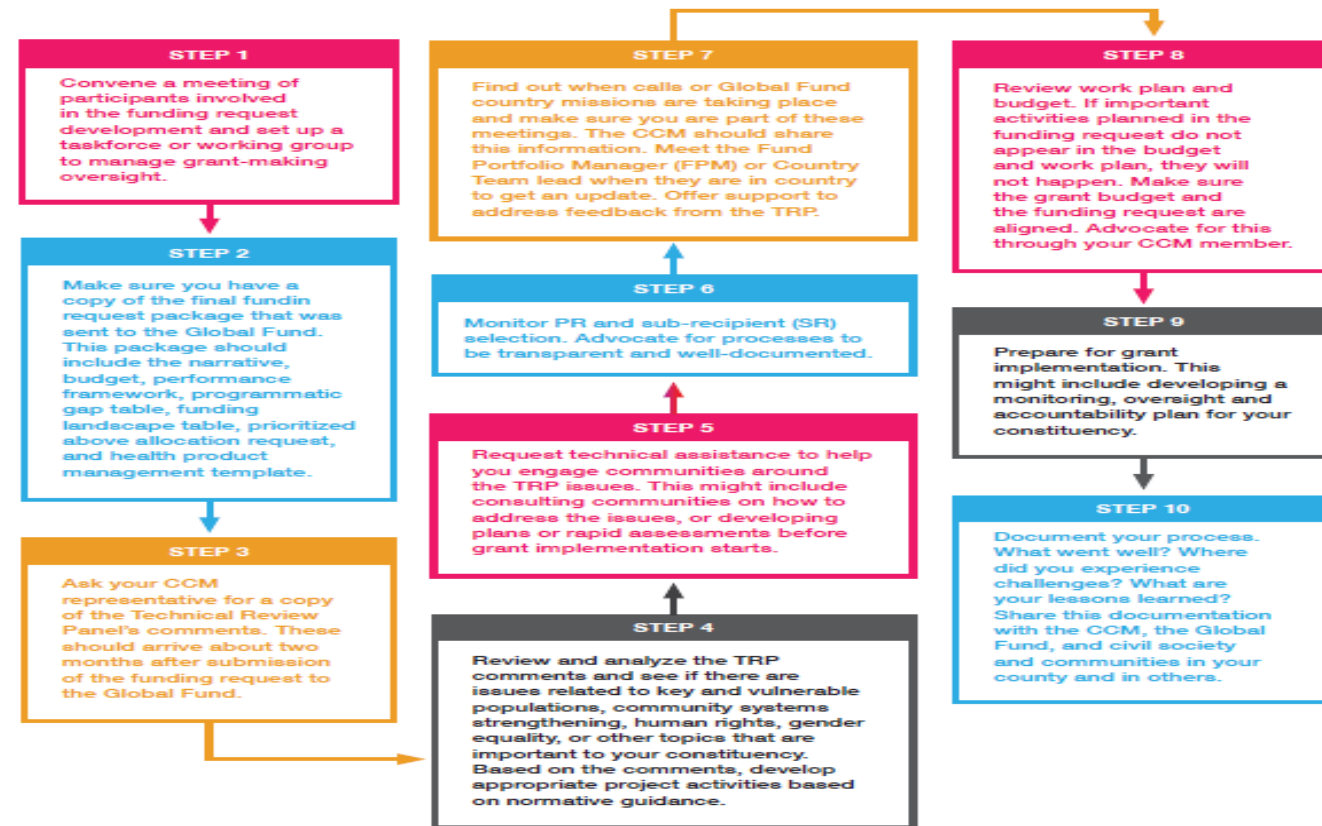
MAKE OR BREAK

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10 STEP GUIDE FOR EFFECTIVE COMMUNITY ENGAGEMENT IN GRANT-MAKING

THE TRUTH ABOUT GRANT-MAKING

MYTH	FACT
Grant-making is only between the Global Fund Country Team and the Principal Recipient(s).	Country dialogue is ongoing, throughout the grant cycle. Civil society and communities groups should remain actively involved during grant-making.
The activities, budgets and targets that were submitted in the final version of the funding request will automatically be in the signed grant(s).	During grant-making negotiations, there are often changes to the budget, targets and program design. It is important to remain engaged and advocate for community-led, gender responsive and rights-based responses.
It is difficult to engage in grant-making because there is no financial or technical support available for civil society and communities to do so.	Many partners provide technical support to civil society and communities during grant-making, including the Global Fund's Community, Rights and Gender Department, UNAIDS and Stop TB Partnership.



MAKE OR BREAK

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ENGAGEMENT TIP

It is important for civil society and community groups to be aware of which PR is responsible for specific interventions and activities. This is critical for monitoring, oversight and accountability during implementation. In particular, it is important for civil society and community groups to find out when PR has been assigned to manage interventions for key at vulnerable populations, human rights, and community systems strengthening.



ENGAGEMENT TIP

Ask the Global Fund Country Team or the PR to show you the grant-making project plan.



ENGAGEMENT TIP

Don't take your eyes off current grant implementation.

For continuing grants, grant-making negotiations will overlap with implementation of existing activities in the current period. It is important not to get too distracted by funding request development and grant-making negotiations for the new grant, and forget to remain engaged in implementation, monitoring and oversight of the current grant.

This will help you map engagement entry points and prepare to participate in key discussions.

Ensure the plan includes a clear intention to engage civil society and community groups.

APPENDIX B: GRANT-MAKING CHECKLIST

Questions to verify during the grant-making process	Information Source	Actions to Take
Are the focus areas specified in the funding request still included in the work plan?	Review work plan and performance framework.	If the focus areas have changed from those specified in the funding request, find out why. Ask the CCM or the Global Fund Secretariat. Some changes may be relevant and based on input from the TRP or GAC, but it is important to find out why the changes have been made and evaluate whether they are acceptable.
Does the budget include all the interventions suggested in the funding request?	Review the budget and work plan to ensure that interventions are fully costed and included in the grant.	If activities are omitted, this should be raised with civil society representatives on the CCM. If funding levels are too low, technical support should be sought to provide more accurate costing (see technical support providers, Appendix C).
Was the PR recommended in the funding request maintained? Are there any capacity development needs identified? Are the right SRs and SSRs identified?	Review the capacity assessment tool and the implementation mapping report.	If the PR and SR arrangements defined in the implementation mapping report are not in line with the intent of the funding request, this should be raised with the CCM.
Are all the comments and recommendations by the TRP and GAC addressed?	Review the Applicant Response Form, which summarizes how the grant has addressed recommendations and comments from TRP and GAC.	The TRP and GAC reports often make specific reference to community and civil society concerns. If these have not been adequately addressed in the grant-making process, this should be raised with the CCM, FPM, or country team.

MAKE OR BREAK

NEW IN GRANT CYCLE 7: MINIMUM EXPECTATIONS FOR COMMUNITY ENGAGEMENT DURING GRANT-MAKING⁶

In Grant Cycle 7, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant.⁷

To meet this minimum expectation, several things must happen:

- The Global Fund must publish funding request documents externally earlier
- Principal Recipients and Global Fund Country Teams must leverage the funding request community priorities annex as an input into grant-making
- All CCM members, including civil society/community representatives, must be copied on key automated grant-making milestone notifications*
- CCMs must convene a minimum of two meetings during grant-making for the PR(s) to provide an update and receive feedback on the grant-making process, including plans for community-based and community-led implementation. → *This is a requirement for High Impact & Core portfolios, and a best practice recommendation for Focused portfolios.*

Further, the Global Fund recommends the following as best practices for community engagement during grant-making:

- Global Fund Country Teams should hold at least one meeting with community and civil society representatives to provide an update and receive feedback on grant-making progress
- Stakeholders should leverage existing mechanisms to support direct community and civil society engagement in grant-making



NEW!



https://icaso.org/wp-content/uploads/2023/05/icaso-grant-making_english-2023_FA.pdf



SCAN ME

PRONTO! Disponible en Espanol
Bientôt disponible en français

Program



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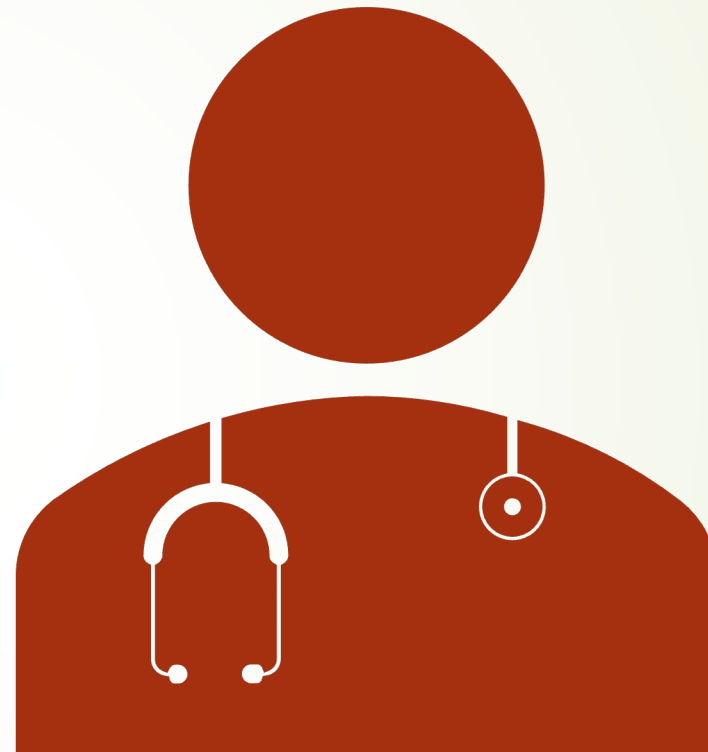
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Q&A and Discussion (20 minutes)




**-AIDSETI-
COMMUNITY CARE
CENTERS FOR PLHIV
IN BURKINA FASO**





PRESENTATION OUTLINE

- 
- **1. PRESENTATION OF THE CONSORTIUM**
 - **2. BACKGROUND**
 - **3. OBJECTIVES**
 - **4. EXPECTED RESULTS**
 - **5. METHODOLOGY**



1. PRESENTATION OF THE CONSORTIUM (01)

- **Composition:** 07 CBOs with a Community Medical Center. Those CBOs are:
 1. *Association African Solidarité (AAS) à Ouagadougou,*
 2. *Association Laafi la Viim (la santé, c'est la vie) à Ouagadougou,*
 3. *Association Vie Positive à Ouagadougou,*
 4. *Association Santé et Développement*
 5. *Association Responsabilité Espoir Vie Solidarité (REVS Plus) à Bobo-Dioulasso,*
 6. *Association Espoir et Vie à Bobo-Dioulasso,*
 7. *Association pour l'Appui Moral et Matériel aux Enfants (AMMIE) à Ouahigouya*



1. PRESENTATION OF THE CONSORTIUM (02)

- **Areas:**

- Prevention (Awareness raising, screening, distribution of condoms and gels, PrEP)
- Community care (compliance assistance, tracking missing patients, individual and psychological interviews, etc.)
- Medical care (Consultations, Diagnosis, ARV treatment,...)

- **Targets:**

- Key populations (PLHIV, MSM, PS, DU, Prisoners)
- Vulnerable populations (gold panners, adolescent girls and young women, people with disabilities, etc.).

1. PRESENTATION OF THE CONSORTIUM (03)

Some difficulties encountered:

Insufficient technical infrastructure at community medical centers to provide adequate care for PLHIV, key populations in all their diversity, and vulnerable populations.

The unsuitability of service offered regarding activity packages about current challenges in the care of key populations (rising infection rates, persistent stigmatization and discrimination).

Insufficient financial resources allocated to medical care and community medical centers.



2. BACKGROUND

- Stakeholder involvement in decision-making processes is essential when it comes to grant-making. This ensures greater transparency, a fair representation of community needs, and a better allocation of resources.



3. OBJECTIVES (01)

- **Objectives of Technical Assistance:**
 - Analyze Burkina Faso's NFM3 grant application to better understand how medical care priorities are considered and plan better technical and financial support for community health centers in grant cycle 7 (GC7).
 - Strengthen community medical center interventions targeting key populations.
 - Develop an intervention plan for internally displaced persons (IDPs) based on existing community care centers.



3. OBJECTIVES (02)

- **Specific objectives:**
 - a) Assess the level of inclusion and relevance of HIV interventions covered in NFM3 and the priorities addressed in GC7.
 - b) Strengthen stakeholders' knowledge of the interventions included/excluded in the proposals submitted to GC7 and identify opportunities for participation in Global Fund processes (e.g., grant implementation, reprogramming of funds, revision of the National Strategic Plan for HIV, etc.) to strengthen care programs and the extension of their services to IDPs in crisis zones and key populations.
 - c) Develop operational recommendations and a plan for the AIDSETI Network to strengthen information and support for member care organizations to ensure more effective, informed, and coordinated participation in Global Fund processes.

4. EXPECTED RESULTS

- **Expected results:**
 - a) The shortcomings and limitations of current and future interventions are identified, as well as the additional needs of care facilities with regard to their relevance and effectiveness in meeting the needs of target groups.
 - b) The capacity and ability of stakeholders are strengthened to ensure greater involvement and effective participation in the coordination and implementation of Global Fund grants and to influence the development and implementation of national and international policies in line with HIV care interests and priorities.
 - c) The Associations' support needs and target groups' priorities are collected to better guide AIDSETI in its support to members in implementing "participation plans" and advocating for the consideration of their priorities in Global Fund grants (needs and priorities analysis, in-country economy funding, reprogramming, technical assistance...) or in approaching other donors or TA providers.



5. METHODOLOGY



Analyze NFM3 interventions: We work with community center teams to review currently implemented interventions and assess their effectiveness, relevance, and alignment with local priorities.



Identifying needs and gaps: Through participatory consultation and exchange, we encourage community centers to identify unmet needs and gaps in existing interventions. This step highlights areas where additional intervention is needed.



Proposing complementary interventions: Based on the analysis of existing interventions and identified needs, we help community centers to formulate proposals for complementary interventions in line with the GC7 guidelines. These proposals are designed to maximize the impact and effectiveness of interventions in the community care of PLHIV.



Supporting the grant-making process: We support community centers throughout the grant-making process by providing technical assistance in writing detailed proposals, collecting data, drafting budgets, and preparing documents for funding applications.



THANKS,

Anitché,

Barka,

FoFo

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THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND

To Fight AIDS, Tuberculosis & Malaria

UGANDA'S EXPERIENCE IN ENGAGING COMMUNITIES IN THE GLOBAL FUND GRANT MAKING PROCESSES

Presentation to EANNASO Regional Learning Platform

June 22nd 2023

GC7 Process Overview – Window 1 – March 20th 2023



THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND
To Fight AIDS, Tuberculosis & Malaria

National Dialogue ,
CCM Board Approval of
Priorities
Start of the FR Write-



October – Dec 2022

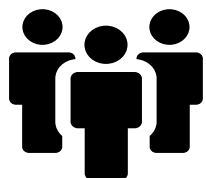
January 2023

Feb – March 2023

April – May 2023

5th – 9th June 2023

Priority Setting Engagements
With PRs, CSOs and In-country
Stakeholders
Allocation Notification



Grant Writing
MOCK TRP
Technical Reviews
Submission



CT and TRP
Comments and
Response



Grant Making
CCM and PRs expected
to submit Final Grant
Making Documents by
30th June 2023



Overview of the TRP Comments



THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND
To Fight AIDS, Tuberculosis & Malaria



HIV-TB

Issue 1: Insufficient adaptations of interventions to respond to the health needs and challenges in delivery of and access to services for populations affected by the deteriorating environment stemming from the proposed new legislation.

Issue 2: Lack of a clear and robust private sector engagement plan



Malaria

Issue 1: Co-deployment of LLINs and IRS did not pass



RSSH

Issue 1: Requested funding for blood and blood products is more appropriately funded under the country's health budget

Issue 4: Lack of detail in the activities proposed for integration of laboratory strengthening systems

High Points - What we did in Engaging Communities



THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND
To Fight AIDS, Tuberculosis & Malaria

- ❑ Engaging Communities right from the initial stages of Grant writing (Priority Setting, writing and then Grant Making) – clarity on Grant Structure and purpose for Grant Making-*implementation readiness*
- ❑ Maintaining the same representatives throughout the process –
- ❑ Engaging Communities through their Networks – enhancing confidence
- ❑ Community Networks selecting their representatives – enhancing feedback mechanisms
- ❑ Sharing TRP Comments and any reference documents needed for effective participation in Grant Making processes
- ❑ Working at neutral grounds where community

High Points - What we did in Engaging Communities



THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND
To Fight AIDS, Tuberculosis & Malaria

- ❑ Community representatives constantly providing feedback to community members about the progress of the grant making process
- ❑ Utilizing the digital media platforms and communication channels to widely share information with community members
- ❑ Involvement of other Partners in the Grant Making process (UNAIDS, WHO, PEPFAR, UN Women, UNDP and others) – enhancing efficiencies
- ❑ Keeping the CCM Leadership informed of all processes and outcomes – Secretariat provides - daily and weekly updates
- ❑ Involvement and support of the Country Team and Technical Advisors

Low Points – What we should have done better



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COORDINATING MECHANISM
FOR THE GLOBAL FUND
To Fight AIDS, Tuberculosis & Malaria

- ❑ Early engagement, sensitization and preparation for the Grant Making processes- majority of the Community members were participating for the first time
- ❑ Planning and Budgeting for Grant Making processes; Grant Making was previously led by the PRs and CT with less involvement of the CCM and Community – this has evolved in the GC7 – CCM had not budgeted for Grant Making processes
- ❑ Late sharing of Grant making documents by the PRs
- ❑ Limited facilitation for members transport refunds – MoH teams are already facilitated Vs Community members that have to use their own resources



What we have learnt



❑ CCMs coordinating the Grant Making processes enhances understanding of the Grant Structure among CCM members and Community which consequently enhances the Oversight function during grant implementation



❑ Grant Making engagements help to clearly define the Implementation arrangements which enhances effective implementation



❑ CCM has learnt to leverage other resources to facilitate the grant writing and grant making processes



❑ Documentating the grant making process, including challenges encountered, strategies employed, and successful practices of the processes has enhanced continuous learning and improvement



APPRECIATION

Supported CSO
Engagements in
the GC7 Grant
Priority Setting



Overall Technical
Guidance



Strategic
Leadership and
Oversight



Financial Support
towards the Grant
Writing and Grant
Making processes



Program



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ENGAGEMENT OF COMMUNITIES IN GRANT MAKING PROCESSES

PRESENTATION BY THE ASSOCIATION OF PEOPLE
LIVING WITH HIV (APLHIV)-PAKISTAN



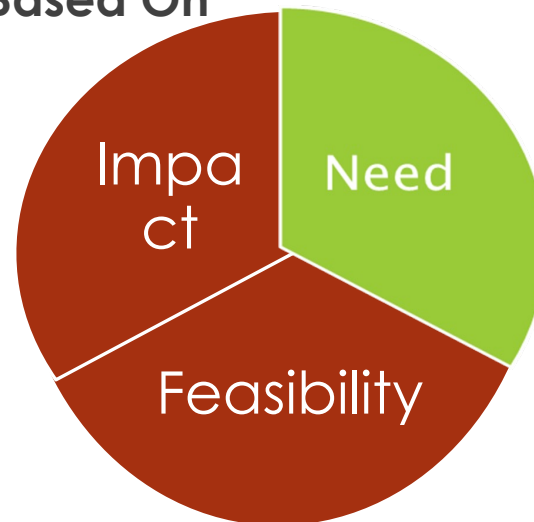
OVERVIEW-CONSULTATIVE PROCESS FOR GC 7

Process

- In Month Of January 23, The TWG Was Notified By The MOH And It Was Communicated That All 3 FRs Will Be Submitted In Window 1. It Was A Difficult Task But Somehow Was Managed
- The APLHIV Volunteered And Also Requested By The MOH To Initiate And Complete The Process Of Community And Civil Society Consultations.
- The APLHIV Stood Up To The Challenge With Support From APCASO And Country Partners. Ever Biggest Consultative Process In The History Of Pakistan Was Undertaken By The APLHIV, Where 54 Organization And 310 Community And Civil Society Representatives Were Engaged.
- For The 1st Time Broad Based Consultative Process For TB Was Undertaken As Well. For The 1st Time HIV/TB Co-infection Consultation Took Place. The Process Engaged Around 110 People Including TB CSGs Established With Support From APCASO
- The Consultative Process Started on 27th January and was completed And Completed On 9th February. We Had 5 Consultative Workshop At Provincial And National Levels For Both HIV And TB
- Comprehensive Consultation Reports For Both HIV And TB Were Developed By The Consultant.
- Based On These Community Consultation Reports, “Community And Civil Society Annex” Was Completed.
- The Government Was Highly Supportive, As A Result Of Continued Networking And Advocacy By The APLHIV , The FRs Reflected Prioritized Needs Of The Communities

DEVELOPMENT OF FRs

- ❑ For HIV FR, I am In Writing Team & Was little Easy To Safeguard the Interests of HIV Community & Associated KPs. Strong Advocacy and Networking With TWG, Control Room Members, UN System, CCM Members and MOH Made Things Bit Easy To Reflect Communities Prioritized Needs In The FRs. Strong and wider Consultative Process Left No Space For Decision Makers To Deny The Needs Of The Communities.
- ❑ For TB FR We Organized One Advocacy Workshop To Ensure That Community Needs And Engagement In The Process Is Ensured. We Met Success In This Area As Well.
- ❑ Needs Were Prioritized Based On



PLANING OF APLHIV FOR ENGAGEMENT

The APLHIV Plans To Engage Communities Through: -

1. Capacity Building of The Community Leaders On How To Engage During Grant Making Stage
2. Advocacy & Networking With PRs To Include Communities In Grant Making Processes
3. Networking With Public Sector & UN System & Stakeholders To Create Maximum Opportunities For Engagement Of Communities During Grant Making & Thereafter
4. Highlighting The Need For And Importance Of Oversight and Transparency Through CLM
5. Engaging With CCM Representatives Of The Communities To Ensure Community Engagements. At Least 2 CCM Meeting Needs To Be Organized & CCM Members Can Engage On Behalf Of Their Respective Constituencies
6. Advocating With PRs To Take Into Account/Consideration The Prioritized Needs Of The Communities As Per Community Annex.

PLANING OF APLHIV FOR ENGAGEMENT

- ✓ Sensitization Of Community CCM Representatives On Need And Importance Of Commu..., Engagement And Ensure That Impacted Communities Are Engaged In Any Significant Deviations Or Adaptations Made In The Proposal And Budget, Especially In Relation To Community Priority Areas. CCM Community Representatives Will Be Helped To Share Regular Updates About The Status Of Grant-making
- ✓ Advocate For The Increased Institutional Strengthening Of HIV And TB Related Community - Led And -Based Organizations Working On HIV And TB (Long Term And Continuous)
- ✓ We Plan To Ensure That Information From TGF Down To Communities Is Ensured. It Is Therefore Critical That The Community Representative On The CCM Have Access To Timely Information To Make Sure That Priorities Which Were Agreed In The Funding Request Are Included For Implementation
- ✓ Verify That Any Issues Related To Communities That May Have Been Flagged By The Technical Review Panel (TRP) Are Resolved
- ✓ Advocacy With The CCM And PR For A Briefing On The Process And Outcome Of Grant-making
- Advocate For Involvement Of Those Representatives In Any Decision That Affects Interventions That Were Set At Highest Priority By Communities And Civil Society, With Their Corresponding Budgets
- ✓ Advocacy With Public Sector Stakeholders For An Effective Role To The Communities In Launching Of OAT In Pakistan.



HOW THE ENGAGEMENT WILL BE ENSURED?

- ✓ The APCASO Has A Pivotal Role In Strengthening The Communities In Pakistan & Building Their Capacities.
- ✓ Role Of The APCASO For Strengthening The Capacities of CCM Members From Diseases & Civil Society Is Highly Acknowledged
- ✓ Current Process Of HIV & TB Consultations Was Undertaken With Due Financial & Technical Support from APCASO.
- ✓ All The Activities Planned To Ensure Engagement Of The Communities In Grant Making Will Be Through Financial & Technical Support From APCASO

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ANY QUESTIONS?
THANK **YOU**



Webinar: Community Engagement During GC7 Grant-making

**Strengthening gender equality for meaningful
participation in the GC7 grant making in
Pakistan**



22 June 2023

Ángela León Cáceres
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What we do?

Gender Funding Priorities of women in all of our diversity during the country dialogue process, funding request, grant making and beyond...

W4GF aims to enhance awareness, understanding, and advocacy among women advocates regarding the Global Fund's processes, policies, and investment support, with a special focus on the importance of gender-transformative actions, indicators, and advocacy strategies for a meaningful participation!



GC7 GRANT MAKING PROCESS IN PAKISTAN





How women perceive the Global Funf processes in Pakistan ?

Through its support of the National Focal Point in Pakistan and transwomen networks, W4GF has identified the following key points:

- Pakistan has submitted a funding request in window 1.
- Community engagement has been ineffective and lacks meaningful involvement.
- There is a monopoly of Community-Based Organizations (CBOs) involved in HIV service delivery.
- The Principal Recipient (UNDP) has been allocating slots to a limited number of CBOs, excluding new and non-registered networks and organizations representing transwomen.
- Transgender and women's networks have been unable to participate in the Country Coordinating Mechanism (CCM) due to strict criteria requiring a minimum of three years of registration.
- CBOs already involved in the process have made recommendations to UNDP and UNAIDS.
- Local communities and women's organizations are being marginalized and left out.

These points highlight the need for improved community engagement, a more inclusive approach to CBO selection, and greater involvement of local communities and women's organizations.

Recommendations needs to be made to UNDP and UNAIDS based on the input from CBOs already engaged in the process.





Transgender women representation in grant making process and CCM

- Transgender communities in Pakistan are not represented in the Country Coordinating Mechanism (CCM).
- Community-Based Organizations (CBOs) do not receive equal distribution of resources.
- Pakistan is the first Muslim country to have progressive transgender legislation, promoting advocacy and awareness.
- However, communities are dissatisfied with the implementation model of the Principal Recipient (PR).
- Cisgender and men who have sex with men (MSM) communities are responsible for implementing all activities and holding key positions.
- The funding request does not include representation of transwomen living with HIV.

These points highlight the absence of transgender community representation in the CCM, unequal resource allocation to CBOs, the progress made in transgender legislation, concerns regarding the PR's implementation model, the dominant involvement of cisgender and MSM communities, and the lack of representation for transwomen living with HIV in the funding request.



It needs our participation to translate the funding into meaningful responses with gender and human rights approaches, clear indicators, and quality strategies.

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Source: Global Fund (2023),
Fighting Pandemics and Building a
Healthier and More Equitable World.






Thanks , Gracias, Merci, Спасибо, شكرًا

Comments & Questions

Join us!

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Program



Overview of Global Fund's Minimum Expectations for community engagement during grant-making (Svetlana Dupriez, Global Fund) (10 minutes)



Make Or Break: How Civil Society And Communities Can Engage In Global Fund Grant-Making Processes For Grant Cycle 7 - New Guidance for Communities (Mary Ann Torres, ICASO) (10 minutes)



Case of Burkina Faso: How communities are engaging during grant-making (Alexis Bazié, AIDSETI) (15 minutes)



Case of Uganda: How communities are engaging during grant-making (Tonnie Luyimbazi, CCM Coordinator, & Salome Atim, Engendering Gender) (15 minutes)



Case of Pakistan: How communities are engaging during grant-making (Asghar Satti, APLHIV, & Ángela León Cáceres, W4GF, & Saro Imran, trans activist) (20 minutes)



Q&A and Discussion (20 minutes)



Q&A / Discussion

Feel free to:

- Ask the presenters questions
- Ask general questions about engagement during GC7 grant-making
- Share how you are engaging in GC7 grant-making in your country
- Share experiences with Global Fund grant-making in past cycles
- Make other interventions, as relevant





THANK YOU