Key Populations’ Experiences within the Global Fund’s New Funding Model in Sub-Saharan Africa

Findings from a Preliminary Survey

The African Men for Sexual Health and Rights (AMSHeR) is a regional coalition of men who have sex with men (MSM)/lesbian, gay, bisexual, transgender (LGBT)-led organizations in Africa. Through advocacy and capacity strengthening, AMSHeR works to promote non-discrimination, particularly based on sexual orientation and gender identity, and to advance access to quality health service for MSM/LGBT individuals in Africa. AMSHeR provides a platform for exchange, learning, and advocacy among grassroots MSM organizations, human rights organizations, national agencies, and other stakeholders working with and/or for MSM/LGBT communities in Africa.
# List of Abbreviations & Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>AMSHeR</td>
<td>African Men for Sexual Health and Rights</td>
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<tr>
<td>CCM</td>
<td>Country coordinating mechanism</td>
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<td>CH</td>
<td>Switzerland</td>
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<td>CSO</td>
<td>Civil society organization</td>
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<td>CSS</td>
<td>Community systems strengthening</td>
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<td>GAC</td>
<td>Grant Approvals Committee</td>
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<td>GF</td>
<td>Global Fund to Fight AIDS, TB and Malaria</td>
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<td>GIZ</td>
<td>German Corporation for Technical Co-operation</td>
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<td>HIV</td>
<td>Human immune deficiency virus</td>
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<td>HSS</td>
<td>Health systems strengthening</td>
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<td>KP</td>
<td>Key population</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MSM</td>
<td>Men having sex with men</td>
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<td>NAC</td>
<td>National AIDS Commission</td>
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<td>NFM</td>
<td>New Funding Model</td>
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<td>NSP</td>
<td>National strategic plan</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
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<td>PR</td>
<td>Principal Recipient</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<td>SW</td>
<td>Sex worker</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TG</td>
<td>Transgendered person</td>
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<td>TRP</td>
<td>Technical Review Panel</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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Executive Summary

This report highlights findings and recommendations from an on-line survey carried out by the African Men for Sexual Health and Rights (AMSHeR) in February 2015. The purpose of the survey was to gather experiences and opinions regarding participation in key aspects of the Global Fund’s New Funding Model (NFM) on the part of organisations representing PLHIV and other key population groups, specifically those addressing gay men and other men who have sex with men (MSM), sex workers (SW), transgender people (TG), and people who inject drugs (PWID).

The 30 respondents included member and affiliate organisations of AMSHeR in 13 countries across sub-Saharan Africa. Organisations had primary representation of PLHIV, MSM, and SW constituencies. Some organisations represented more than one key population constituency. No respondents had a primary representation of either TG or PWID and therefore the experiences of these constituencies with regard to the NFM were not captured by this preliminary effort.

The results show that, for key population constituencies represented amongst the respondents, although there has been substantive progress in engaging and fully including PLHIV and other key populations in Global Fund processes, additional efforts are needed to ensure that, as the NFM continues to roll-out across the region, the key health needs and human rights priorities of key populations are more fully addressed by plans and strategies guiding Global Fund investments at country level.

When the survey findings are placed in the larger global context, particularly with respect to the observations of the Global Fund’s Technical Review Panels released at the same time the survey was carried out, it becomes clear that much work still needs to be done to reach full inclusion of key populations, both as key stakeholders and as beneficiaries of funded programmes, throughout Global Fund processes. While there was substantive participation of key population groups in a number of instances, at least in some aspects of the NFM process, this did not in the end translate into substantive content in concept notes nor did it lead to the setting out of specific interventions and associated budgets to address either priority health needs or key human rights concerns.

As indicated by the recommendations proposed by survey respondents, there is much follow-up work to do related to maintaining momentum, continuing to build and strengthen capacity, and supporting efforts to remain vigilant nationally, regionally, and globally to build on gains and not lose them. In this regard, the results of the survey will be widely disseminated by AMSHeR and will be used as a basis for renewed discussions and negotiations with the Global Fund and other regional technical partners to leverage additional technical and financial support for fuller inclusion of key population groups, not only in subsequent stages of the NFM roll-out, but also in the different national level processes that make up the multi-sectoral response to HIV and AIDS at country levels.
## Contents

Suggested Citation  
Executive Summary v  
1. Introduction 1  
2. Background & rationale 2  
3. Purpose of the study 2  
4. Methodology 3  
  4.1 Conceptual framework 3  
  4.2 Survey instrument 4  
  4.3 Recruitment 4  
  4.4 Data analysis 4  
  4.5 Limitations 4  
5. Findings 5  
  5.1 Characteristics of respondents 5  
  5.2 Awareness of the Global Fund’s New Funding Model 6  
  5.3 Participation in the NFM process 9  
  5.4 Overall participation in country dialogue 9  
  5.5 Participation in the review of the NSP/ development of an investment case 10  
  5.6 Participation in pre-concept note national consultations 12  
  5.7 Participation in the concept note development 14  
  5.8 Participation in the selection of Principal Recipients 16  
  5.9 Reflection of key population needs and priorities in NSPs or concept notes 17  
6. Discussion 19  
7. Recommendations 23  
8. Concluding remarks 27  
9. References 29  
Annex 1: Survey instrument 31  
Acknowledgment 49
1. Introduction

This report highlights findings and recommendations from an on-line survey carried out by the African Men for Sexual Health and Rights (AMSHeR) in February 2015. The purpose of the survey was to gather experiences and opinions regarding participation in key aspects of the Global Fund’s New Funding Model (NFM) on the part of organisations representing PLHIV and other key population groups, specifically those addressing gay men and other men who have sex with men (MSM), sex workers (SW), transgender people (TG), and people who inject drugs (PWID). The survey respondents included member and affiliate organisations of AMSHeR in 13 countries across sub-Saharan Africa. The results show that although there has been substantive progress in engaging and fully including PLHIV and other key populations in Global Fund processes, additional efforts are needed to ensure that, as the NFM continues to roll-out across the region, the key health needs and human rights priorities of key populations are more fully addressed by plans and strategies guiding Global Fund investments at country level.
2. Background & rationale

Starting in 2012, the Global Fund introduced a new strategic approach to its global work of resource mobilization and partnership building with countries responding to the three epidemic diseases. The new “Global Fund Strategy 2012-2016: Investing for Impact” was aimed at bringing to scale targeted investments of technical expertise and financial resources where they would make the most difference in accelerating progress to arrest and reverse the ongoing global burdens of HIV, TB and malaria (Global Fund 2011). Much different than previous strategies, this new approach had a strong emphasis on protecting and promoting human rights, particularly for populations, groups or individuals made more vulnerable than others to infection or untimely death from one or more of the three diseases (Global Fund 2013, Davis 2014).

Contained within the strategy, and expressed in companion policies and operational plans, was a commitment by the Global Fund to continue to expand and strengthen its work to protect and promote human rights for key populations from the global strategic level all the way through to local communities benefiting from Global Fund support (Global Fund 2009, 2013b). With regards to HIV, key populations included gay men and other MSM, women and men who inject drugs, SW, and TG. All of these individuals in most country contexts where HIV unfolds face radically heightened levels of risk for HIV infection as well as risk for untimely death (Global Fund 2015a).

As the main vehicle for putting into operation its new global strategy, the Global Fund in 2013 began to roll out the New Funding Model (Global Fund 2015c). At the highest level, the NFM was introduced to provide country-level implementers with more flexibility in terms of when funds could be requested, more alignment with national-level plans and strategies and country contexts, as well as more predictability and stability in the amounts of funding to be made available (Global Fund 2014). Other innovations introduced with the NFM were changes in terms of how request for funds to the Global Fund were to be articulated and justified and who was to be included in the process of developing such requests. Through a process called country dialogue, Country Coordination Mechanisms (CCMs) were now required to ensure inclusiveness, particularly for PLHIV and other key populations, as well as for representatives from groups made vulnerable to HIV infection by specific features of the country context. The intended result of such inclusiveness was to be a request for Global Fund support that was fully reflective of country needs and priorities as articulated by those most affected by the burden of disease.

During 2014, the NFM was rolled out across most countries in sub-Saharan Africa. Across the region, there was active engagement by a number of technical partners and the Global Fund itself to assist countries to convene country dialogues and to strive for full inclusion of PLHIV, key populations and others in these processes. As a regional organization, AMSHeR itself was fully engaged in providing leadership and support at both country and regional levels.

3. Purpose of the study

As a way to document and learn from the experiences of the first year of the NFM, AMSHeR developed and implemented a bilingual, on-line survey to identify and explore factors that facilitated or hindered the involvement of key populations, especially gay men and other men who have sex with men (MSM), SW, TG, PWID, and PLWHIV, in the NFM processes at country level.

The results of the survey were meant to inform dialogue within AMSHeR and amongst its regional and global partners to ensure that the on-going roll-out of the NFM continued to support the health and well-being of PLHIV and key populations, and as well as of others groups and individuals made vulnerable to HIV, TB and malaria across the continent.
4. **Methodology**

The study was carried out as a survey using a bilingual, on-line, self-administered questionnaire. The participants were representatives of member organisations of AMSHeR as well as other country-level AMSHeR partners.

4.1 **Conceptual framework**

The survey focused on organizational experiences with country dialogue. Under the NFM, country dialogue was defined as,

...the ongoing process that occurs at the country level to develop health strategies to fight the three diseases and strengthen health and community systems...It forms part of and builds upon existing coordination mechanisms in health and development that are already taking place in many countries between governments, donors, technical partners, civil society and key and most-at-risk populations (Global Fund 2015c).

Under the NFM, country dialogue, led by the CCM, was to take place through all stages of the process leading up to the submission of finished concepts notes to the Global Fund Secretariat. The process is illustrated by Figure 1 below.

![Figure 1: Outline of NFM process](image)

A core characteristic of country dialogue was mean to be based on human rights and inclusion, define by the Global Fund as,

...ensuring meaningful participation of people living with HIV, TB or malaria and key affected populations in design, implementation, and monitoring of Global Fund-supported programs, including an assessment of any legal or policy barriers to service access, and designing programs to address those barriers (Global Fund 2015c).

Given these conceptual definitions and commitments on the part of the Global Fund to ensure inclusion of PLHIV and key populations in country-level NFM processes, the survey sought to capture the experiences of such groups in relation to them.

As the NFM has not yet advanced to the stage of grant-making in most countries, the survey was focused around four key steps in the initial stages of the NFM process, namely the review of national strategic plans (NSPs) or the development of investment cases; country-level consultations on priorities preceding the start of concept note development; concept note development itself; and, finally, the selection of Principal Recipients (PRs) or those entities designated to take lead roles in grant implementation and onward sub-granting of grant funds (Global Fund 2015c).
4.2 Survey instrument

The main survey instrument was in the form of a structured, self-administered questionnaire using a mix of closed-and open-ended questions (see Appendix 1). The questionnaire was by AMSHeR technical staff and made available in English and French, to be completed on-line through the AMSHeR web-site. The questionnaire was structured in five main sections and gathered views and experiences of respondents on their knowledge and awareness about the NFM and on their organisation’s participation in the core NFM processes captured as part of country dialogue. Finally, the questionnaire captured and opinions and recommendations for improvement.

4.3 Recruitment

Survey participants were recruited via AMSHeR member and affiliate organisations, and networks of key populations organisations focused on health service provision and advocacy. AMSHeR sent e-mails advertising the survey through internal listservs, and through regional and international listservs focused on key populations’ health and/or human rights. The recruitment took place at the beginning of February 2015. Respondents had approximately four weeks to complete and submit the on-line questionnaire through the AMSHeR web-site.

4.4 Data analysis

Data analysis of closed-ended questions was done using standard measures of frequency, means and proportions. Data analysis of open-ended questions was done using content analysis.

4.5 Limitations

Some limitation arose during the implementation of the survey which are noted below:

- The questionnaire was developed in-house at AMSHeR and no comprehensive pilot process was carried out to test for readability and comprehension amongst potential respondents. There may have been variations in the way the respondents understood the technical language of Global Fund participation. To the extent this affected the results cannot be known.

- The number of respondents was relatively small given the size of the region the survey was meant to cover. The overall number of key population organization in sub-Saharan Africa is itself limited. However, no effort has been made to calculate what proportion of this ‘population’ of potential respondents the actual respondents represent.

- There were no respondents representing either TG or PWID as their primary constituency therefore the experiences of these important key population groups was not captured in the survey.

- Survey results are presented in English. Nuance and additional meaning from French respondents may have been negatively affected by translation.
5. Findings

The findings from the survey are presented in four main sections: characteristics of respondents; knowledge and awareness of NFM; experiences with participation in country dialogue; reflection of key health needs in country concept notes. The results from the section of the questionnaire soliciting ideas for change and improvement have been included under Recommendations.

5.1 Characteristics of respondents

Overall, 30 respondents completed the survey from 13 sub-Saharan African countries (see Figure 2 below). Two thirds (62%, N=8) of the countries were in the West and Central African Region and one third (38%, N=5) in the Eastern and Southern African Region. Half of the surveys were completed in English (54%, N=16) and the other half in French (46%, N=14).

![Figure 2: Respondent country origin and key population affiliation](image)

Nearly half of the respondent organisations (46%, N=14) were PLHIV constituencies, one third (37%, N=11) were MSM, and the rest (17%, N=5) represented SW. There were no respondent organisations that primarily represented either TG or PWID constituencies. In terms of representation of additional key population constituencies, organisations of PLWHIV were the most inclusive as 7 of them represented other key populations groups, including SW, MSM, TG and PWID. MSM organisations were the less inclusive ones, with only one mentioning another KP group.

Almost all respondent organisations were registered (N=27). Only one MSM organisation in Burkina Faso and one PLWHIV organisation Liberia were not registered. Registration was in progress for one SW organisation in Nigeria.

Overall, almost half or respondent organisations (47%, N=14) had been recipients of Global Fund resources. A smaller group (N=5) had been principal recipients or sub-recipients under previous or on-going Global Fund grants. All of them were networks of PLWHIV that had received funding to implement HIV programmes in either Nigeria and Rwanda between 2004 and 2014.

A larger group (N=9) had been sub-sub-recipients. Of this group, 3 were MSM organisations, and the remaining were organisations or networks of PLWHIV. MSM organisations were based in Burundi, Cameroon, and Nigeria. Organisations or networks of PLWHIV were based in Cameroon (N=1), Ghana N=1), Liberia (N=1) and Rwanda (N=3). All funds received supported the implementation of HIV programmes between 2004 and 2014.

No respondent organization indicated that they had received Global Fund resources for programmes addressing TB or malaria.

One third of respondent organisations (33%, N=10) had a member representing KP in the CCM. MSM organizations were CCM members in Burundi, Cameroon, Cote d’Ivoire, Liberia and Nigeria. One SW organization was a CCM member in Kenya. PLWHIV were CCM members in Cameroon, Nigeria, Rwanda and Tanzania.

The majority of respondents (56%, N=17) indicated that other KP were represented in the CCMs in their countries. These other KP were mainly PLWHIV (35%, N=19), MSM (28%, N=15), and SW (15%, N=8). PWID and TG were mentioned as being only indirectly represented in the CCM.
5.2 Awareness of the Global Fund’s New Funding Model

This component of the surveyed assessed levels of knowledge and awareness of key aspects of the NFM deemed important for PLHIV and other key populations.

In general, all respondents said they were aware of the NFM. They had received information from a variety of sources, including from CCMs, National AIDS Councils, other civil society organisations, and from the Global Fund itself (see Figure 3, below). Information had been received during meetings and workshops, as well as through documents and from other sources on the internet, including the Global Fund web-site.

When asked about their level of knowledge of the NFM, nearly half of respondents (43%, N=13) indicated that they had some idea. One out of 4 (27%, N=8) indicated that their knowledge was good, and one out of 5 (20%, N=6) that they had an in-depth knowledge. MSM respondents had the highest proportion of people with good to in-depth knowledge, while PLWHIV respondents were more likely to be less confident about their knowledge (see Figure 4, below).
In terms of specific aspects of the NFM, a majority of respondents (70%, N=21) stated that they knew the type of programmes the Global Fund supports. Half of respondents stated that they knew of the existence of Global Fund plans for spending funds in particular countries (53%, N=16), that there were criteria used for allocating funds (50%, N=15), and that issues beyond health could also be considered for Global Fund support (50%, N=15). More than one third of respondents knew (43%, N=13) with whom the Global Fund consults during the planning process and how it would measure or determine success of funded programmes (36%, N=11).

Regrettably, nearly two thirds of respondents, most of which were PLWHIV, either did not know of the existence of the Global Fund’s human rights strategy (33%, N=10), or had heard of it, but did not know its contents (27%, N=8). Only 10% of the respondents indicated some knowledge of the contents of the strategy (see Figure 5, below).

![Figure 5: Knowledge of Global Fund human rights strategy](image)

When asked to describe their knowledge in their own words, most noted the link to the needs and issues of key populations. A selection of responses is shown in Box 1 below.

**Box 1: Respondent summaries of Global Fund’s human rights strategy**

“GF is supporting a human rights-approach for interventions with key populations, including working directly with key population community-based organisations or networks.”

“Giving a voice to key populations and ensuring that they are part and parcel of every process leading to grant making. The rights issues are key if the grant must achieve its set outcomes. A friendly environment will ensure that KP practice their trade without any molestation from any quarter. The KP takes their future in their hands.”

“The human rights framework of the Global fund is based on the crosscutting issues, which are of part of the system’s strengthening both for the community and the health systems.”

“The model is a community-lead one, in which the communities are involved in the programme design, implementation and monitoring. This also includes the other factors that might affect the programme deliverables like the laws and policies and the need for advocacy for law and policy review.”

“All key populations especially those whose access to health are limited by negative laws should be covered under HIV/healthcare interventions.”

“In order to facilitate access to care for key populations, human rights are a non-negotiable condition. The more favorable the legal environment is, the better will be access to services for key populations.”
When probed about knowledge of Global Fund governance processes, in particular the role of the CCM, a majority of respondents (60%, N=18) reported good to in-depth knowledge. The remaining 40% of respondents were divided between those who had heard of the CCM but did not know about its role (20%, N=6), and those who had no knowledge of the CCM at all (20%, N=6). There was no significant variation between the different groups of respondents.

In order to assess views on the relevance and impact of the NFM on health governance, respondents were asked about their perception of whether or not decision-making about health programmes had changed at country level (see Figure 6, below). Half of the respondents (50%, N=15) indicated that things had improved either slightly or in some areas (see Figure 6, below). Within this group, those representing MSM organization comprised 72% (N=8). Respondents representing PLWHIV organization were less positive, with just under half of respondents (42%, N=6) indicating that they did not know whether change had occurred.

Amongst the respondents indicating improvement, the most frequently mentioned example was the wide and meaningful engagement of all players, including key populations, in consultative and decision-making processes in relation to Global Fund and other health issues. These processes were said to have resulted in broader inclusion of key populations in decision-making as well as better reflection of their needs and priorities in NSPs, concept notes, and funding allocations. A few respondents indicated that the NFM has been helpful in improving attitudes towards key population groups and, broadly speaking, the health environment for advocacy regarding them.

Amongst those respondents who indicated no or very little NFM-related improvement in health governance, some explained that key populations were not involved in the design of programmes, especially those organisations working to address human rights. Another group of respondents believed that obstacles placed in the way of key population representatives showed that their participation was only conceded to secure Global Fund grants; they believed that the implementation of these grants would be “a different ball game” meaning not inclusive of key population needs. Another group indicated that implementation of activities would depend on budget, and that the budget that was developed during the NFM process was not sufficient to bring about change.
5.3 Participation in the NFM process

Respondent views on the effectiveness of key population participation in the NFM process were captured firstly at the overall or country dialogue level and then in relation to specific components of the dialogue process itself, namely the review of the NSP; national consultations preceding concept note development; concept note development; and, finally, the selection of Principal Recipients.

5.4 Overall participation in country dialogue

A majority of respondents (73%, N=22) indicated that their countries had submitted a concept note in 2014 or would submit one by January 2015. One out of 5 respondents (20%, N=6), most of which were PLWHIV organisations, didn’t know how far the process had gone in their countries. Only one respondent (Liberia) indicated that the countries had not submitted or was not planning to submit a concept note by January 2015.

A consultative process had taken place or was running in all countries that had submitted or were planning to submit a concept note by January 2015, except for Togo. No explanation was provided by the respondent as to why this was the case. Two respondents from countries that had run a country dialogue indicated some dissatisfaction with the quality of the process:

“Discussions did not go deep into details, and most of KP concerns were not addressed. In addition to that, there was lack of information at some points” [Cameroon].

“Not all entities participated in the concept note development” [Cote d’Ivoire].

When asked in which stage of country dialogue groups had participated, respondents mentioned national consultations preceding concept note development most frequently (60%, N=18) and the selection of Principal Recipients least frequently (27%, N=8). Amongst the different key population groups, PLWHIV participated more than others in the review of NSPs, while MSM and SW were more present in national consultations (see Figure 7 below).

![Figure 7: Participation in country dialogue stages](image)

Except for the review of national strategic plans, MSM were the most engaged key population group in the overall country dialogue process.
5.5 Participation in the review of the NSP/development of an investment case

In this section of the survey, respondents were asked to reflect on the extent and the quality of the participation of key population organisations in the review of the NSP or, where relevant, the development of an investment case. More than half of respondents rated the participation of key populations in this stage of the NFM process as none (20%, N=6) to little (37%, N=11). Only one third of respondents (33%, N=10) thought there was a fair amount of participation (see Figure 8 below).

![Figure 8: Respondent views on participation in NSP review](image)

With regard to the openness of the process, defined as the extent to which it allowed debate, criticism and comment from all sectors, more than half of respondents have rated the review of the NSP as being completely closed (23%, N=7) or only a little open (33%, N=10). Only one third of them (33%, N=10) thought the process was fairly open.

With regard to transparency, defined as how easy it was for all sectors to get information on the process and decisions, nearly two thirds of respondents rated the review of NSP as being a little transparent (40%, N=12) or not at all transparent (20%, N=6). One third (30%, N=9) indicated that it was fairly transparent.

For those with positive views about their participation in NSP reviews, the reported outcomes of were that NSPs acknowledged key populations as vulnerable groups that specific interventions needed to target; pejorative terminology was removed from initial drafts; and all stakeholders shared the ownership of the finalized document. Some respondents qualified the extent of their contribution as minor, however. As one respondent said:

“Our participation was more within representation than active involvement.”
Another added:

“Few participated and their number was not enough to be able to argue. So their presence could not result in any change that would meet our needs. It’s rather what had been suggested by the government, which was presented at the end”.

For the respondents who indicated little to no participation in NSP reviews, some indicated either lack of information on the process as the reason, others late notification of opportunities. As one respondent said:

“We were notified of the review when the workshop was already being done in another city. This was through a phone call we got from someone from NAC therefore there was no ample time to travel to the venue... There was no formal written invitation to the process although notification was then done by representative from NAC.”

Another explanation given by respondents was the sidelining by government agents. One respondent explained that it could be linked to the fact that certain groups, like SW and MSM, were not legally recognized in the country. Another respondent indicated that:

“The KP’s strength as powered by the GF didn’t go down well with certain quarters as they see the coming together of the KPs as a threat. The KPs were tactically sidelined in most of the activities that didn’t have the direct involvement of the GF.”

A third respondent alluded to a perceived lack of capacity, arguing that:

“Because we play a low profile in Tanzania, most MSM, sex workers, PWID organizations are not perceived as an advantage as they seem to have little knowledge... The Global Fund works directly with the government and the government decides on who to involve and who to work with in the development and implementation [of grants].”

Finally, financial constraints came out as the third reason for non-participation. One respondent indicated that:

“Because of financial constraints, the consultant did not have enough time to consult KP.”

A second one said:

“Financial constraints were there for key populations to go directly participate in the process.”

In an overall reflection on participation in NSP reviews, nearly two thirds of respondents reported that the reviewed NSP did not meet any needs of key populations (17%, N=5), or that it met very few needs (43%, N=13). Only one third (37%, N=11) thought that the revised NSP met some needs (see Figure 9).

Figure 9: Views on adequacy of reviewed NSPs
5.6 Participation in pre-concept note national consultations

A large number of respondents (60%, N=18) indicated that key population organisations had participated in national consultations preceding concept note development (see Figure 10, below).

![Figure 10: Respondent views on participation in national consultations](image)

Overall, half of all respondents rated the process as completely closed (23%, N=7) or only a little open (33%, N=10). Only one respondent out of four thought the pre-concept note consultations were fairly open (24%, N=8).

Half of respondents rated the process as little (30%, N=9) or not transparent (20%, N=6). The process was rated as fairly transparent by only one third (33%, N=10) of respondents. The participation of key populations was rated as fair to extensive by half of participants (53%, N=16) while the other half thought there was little (37%, N=11) or no participation (10%, N=3) of key populations in the process.

Where participation occurred, the modalities of such participation varied. In some of the countries, like Cameroon or Nigeria, groups were involved through focus group discussions that were held in different regions, followed by consolidation workshops and the development of a document identifying key needs and priorities. Presentations of the identified priorities were later done in national consultations to inform decisions. In other countries, key population groups did not organise preliminary meetings, but participated and provided direct inputs to discussions at national level.
The main reason given by respondents to explain the non-participation of key populations in pre-concept note national consultations was the lack of CCM and government consideration to include key populations in this conversation. Some respondents indicated that this might have a direct link with the fact that some organizations were not legally registered.

Others thought that the reason related to the concerns voiced by key population organisations with regards to legal barriers to accessing services which government authorities wanted to avoid. As a result, information was not passed on to these organisations to enable them to participate in consultations. Or, in some cases, individuals were included on behalf of key population groups that were not selected by the groups themselves. In one instance, it was noted that there was a lack of interest on the part of key population groups to invest in consultations due to previous disappointments and an inability to take the NFM process seriously in light of this.

Overall, half of respondents had a positive appreciation of the outcomes of pre-concept note national consultations, most of which (40%, N=12) thought that they met some key needs of key population groups (see Figure 11, below). The remainder of respondents believed that the process met very few (36%, N=11) or no key populations needs (10%, N=3).

Where there was participation of key populations in consultations, the outcomes were identified as the recognition of the needs of such groups as a gap in the national response and a mutual agreement with other CSOs on the priorities for the concept note development. Some respondents indicated that part of these priorities were subsequently included in the concept note, with suggestions of specific interventions and budget for key populations also indicated.

As one respondent reported:

“*The process has had significant impact on key population groups as a result of their involvement in the process. Before there was no national network for FSW and PWID, but now there is a network for the two groups.*"
5.7 Participation in the concept note development

Less than half of respondents (40%, N=12) indicated that key population organisations participated in the development of concept notes. Of these, most rated their participation as fair to extensive (see Figure 12, below).

Only one third of respondents (33%, N=10) rated the concept note development process as fairly open. More than half of them thought it was either little open (40%, N=12) or completely closed (17%, N=5).

With regards to transparency, only 40% of respondents (N=12) rated the process as being fairly transparent while a relative majority thought the process was either little transparent (37%, N=11) or not at all transparent (20%, N=6).

Of those respondents indicating participation, different modalities were used. The most frequently mentioned was feedback to consultants or through participation in meetings and workshops with the concept note writing committee [Cameroon, Ghana, Kenya, Nigeria, Rwanda, Zimbabwe]. In Cameroon, key population groups convened workshops in order to brainstorm with other CSOs on needs and issues prior to sharing feedback. In Nigeria, key population groups had representatives as part of the concept note writing team, and were involved in the development of both the CSS and HSS components.
In countries where key population groups did not participate in the process, respondents indicated that they were excluded by their CCM and governments. They had received no invitations or information on the concept note development. As a result they did not know the process was ongoing. Some respondents qualified this situation as an example of stigma and discrimination against them. One respondent provided an illustration to this affirmation, by saying: “It seems that key population groups have no level [of knowledge].”

Nearly half of respondents (43%, N=13) believed that the developed concept note met some key population needs in their countries (see Figure 13, below). The other half reported that it met either very few (33%, N=10) or not at all (13%, N=4).

Figure 13: Respondent views on key population needs in concept notes

For those respondents where concept notes reflected some needs, the outcomes were described as the inclusion of interventions targeting key populations (MSM, SW, PWID, people with disabilities were mentioned) in both concept notes and budgets. Some respondents indicated that important priorities were omitted by writing teams (even though others were included); or, that the outcomes were not clear yet, but that needs and issues were at least discussed and brought forth to the attention of NAC and the CCM.
5.8 Participation in the selection of Principal Recipients

The selection of Principal Recipients was the least inclusive or participative aspect of NFM process at country level according to respondents. Only one quarter (27%, N=8) indicated that key population groups had participated in the selection.

A majority of respondents indicated that the selection of PR was either completely closed (33%, N=10) or little open (30%, N=9). One third of respondents (30%, N=9), most of which were MSM, rated the process as fairly open. With regards to transparency, opinions were mixed as nearly half of respondents (43%, N=13) rated the process as not transparent at all. An equal proportion thought that the process was either fairly (23%, N=7) or very transparent (17%, N=5).

In countries where key population groups were involved in the process, they were invited to meetings that led to the selection. In some of these countries, respondent indicated that the process was supported by UNAIDS who made sure that key population groups were part of the discussion.

In countries where this was not the case, some respondents pointed out the exclusion of key population groups from the process as another form of discrimination against them by national institutions and other stakeholders. Other respondents believed that it was a government process, and that NAC and CCM were privileged to the selection. A third group of respondents said they could not provide any explanation as to why they were not engaged in the selection process.

With regard to outcomes, most respondents stated things like “little outcome,” “nothing much,” “no clear outcomes,” “no clear idea,” or, “I have no knowledge.” Only one respondent felt that the interests of key populations had been address through the process. Conversely, two thirds of respondents believed that the voices of key populations did not count at all (40%, N=12) or counted little (37%, N=11) (see Figure 14, below).

![Figure 14: Perceived value of key population participation in PR selection](image-url)
5.9 Reflection of key population needs and priorities in NSPs or concept notes

This section of the survey captured perceptions of respondents regarding the degree to which the needs and priorities of key populations were reflected in finished concept notes. It also captured views on which needs and priorities should have been reflected in either the reviewed NSPs or finished concept notes. The needs and priorities were grouped according to health needs, capacity strengthening of organisations, and issues with regards to human rights.

5.9.1 Health needs

According to respondents, the five most addressed health needs of key populations within finished concept notes were, in a decreasing order of importance: HIV prevention (19%, N=26), HIV counseling and testing (17%, N=23), HIV treatment (16%, N=21), sexual and reproductive health (13%, N=18), and psychosocial support (10%, N=14). Beside malaria and tuberculosis, legal support was the least addressed need (7%, N=10).

5.9.2 Capacity strengthening

With regard to capacity strengthening of organisations representing key populations, one respondent out of two (43%, N=13%) thought that the finished concept note did not address this need. The most frequently mentioned reason was the lack of political will to address the issue, due to stigma or lack of acceptance of such groups. According to one respondent,

“The people involved in this process chose to limit themselves to the main issues of HIV prevention, but did not address the issue of capacity strengthening as a matter of priority, alongside with human rights-related concerns.”

Another respondent stated that, “Most of time, the CCM raised the issue of lack of funds.”

Another group of respondents felt that the need for capacity strengthening was not addressed because they were not part of the writing committee. According to one respondent, “they were under control of big organisations that led the process.” Another respondent stated that,

“Because the essence of their queries was not taken into consideration, it was hard to see their needs addressed.”

One respondent from Cote d’ivoire explained that the reason for exclusion had been that the concept note was about malaria, and that key population groups were not a priority for the disease.

Of the one third of respondents (36%, N=11) indicating that the concept note did address the need for capacity strengthening, most (N=7) also indicated these needs were addressed only very little in the finished product.
5.9.3 Human rights priorities

With regard to needs and priorities for addressing human rights for key populations, almost half of respondents (43%, N=13) believed that they were not addressed, either because of the unfavorable legal environment, the lack of political will or the limited opportunities to bring the issues to the table (see Figure 15, below).

![Figure 15: Views on addressing human rights in NSPs and concept notes](image)

Of the one third of respondents (33%, N=10) indicating that at least some human rights needs and priorities were addressed in the concept note, almost all indicated that the degree to which this occurred was very little. As one respondent noted, “The concept note addressed the issues only from the aspect of advocacy for a favorable environment.”

5.9.4 Health needs not met

The top five key health needs respondents thought should have been prioritized in either the NSP or the concept note were the following, in decreasing order of frequency: access to / scaling up of services (17%, N=5); STI screening and treatment, including treatment of anal manifestations (17%, N=5); policy advocacy and interventions for the creation of an enabling environment (13%, N=4); access to antiretroviral treatment, especially via Test-and-Treat strategies (13%, N=4); care and support, including mental health, psychosocial support; and, support for the treatment of opportunistic infections (13%, N=4).

5.9.5 Human rights priorities not addressed

Respondents indicated that the key human rights needs that should have been prioritized in the NSP or the concept note were the following, in decreasing order of frequency: interventions aiming to reduce stigma, discrimination and violence against key populations (33%, N=9); legal assistance (30%, N=8); law reforms to repeal discriminatory laws and to remove legal barriers to services (22%, N=6).

Finally, a small number of respondents thought human rights literacy and the security of key population organisations should have been prioritized in either the NSP or the concept note.
6. Discussion

The main purpose of the survey was to explore the experience of representatives of key population organizations in the stages of the NFM leading up to the submission of finished concept notes. A substantive commitment by the Global Fund had been made regarding making efforts towards full inclusion of key population groups in these processes with the aim of ensuring that health and human rights needs were addressed within funding requests. To the extent that this was a priority within the roll-out of the NFM, the survey results indicate that it was only partially achieved in the 13 countries represented amongst the respondents.

While survey respondents indicated a good overall level of awareness regarding the different aspects of the NFM, knowledge regarding the Global Fund’s commitments on human rights and its intentions for achieving full inclusion of key population needs and priorities within NFM processes was disappointingly low. Regardless, knowledge did not necessarily result in similarly high levels of participation nor did such participation, where it occurred, consistently result in relevant outcomes for key population at country levels.

While all respondents from countries that had submitted or were preparing to submit concept notes indicated participation in at least some aspects of country dialogue, the level of participation varied at each stage with selection of PRs being the area with the least amount of engagement. This has significant implications since PRs play a lead role in subsequent stages of the NFM process, particularly the grant-making stage when detailed budgets and work plans are negotiated. PRs need to be sensitive to or be aware of the needs and priorities of key population groups, as well as the most effective modalities for addressing them. Where key population groups are not substantively involved in PR selection, the risk is high of subsequent marginalization or even exclusion of priority needs; or, the lack of engagement of key population groups themselves in the implementation of grant components that most affect them.

As for the other elements of the NFM process leading up to concept note completion, most respondents indicated some level of overall disappointment with the outcomes. Although there were varying levels of inclusion, there was in general a lack of comprehensive positive outcome of participation as measured by the integration of health needs or human rights priorities within either reviewed NSPs or finished concept notes. The general trend of greater inclusion, itself a positive development, did not necessarily result in substantive change at the programmatic or implementation level it would appear.

Overall, the survey results give some indication of what facilitated or enhanced effective participation, what constituted barriers, and what could be considered critical enablers. These factors existed in the external environment or were effected by participants in the NFM process that were partners or supports of key population organizations; or, they were present within the internal environment or initiated by key population organisations themselves. In addition, the results point to important critical enablers for more effective future participation in both categories. Table 1, summarizes these issues.
Table 1: External and internal factors, and critical enablers, affected engagement of key population organisations in the NFM.

<table>
<thead>
<tr>
<th>Facilitators</th>
<th>Structural or external</th>
<th>Organisational or internal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Legal recognition of organisation</td>
<td>• Receiving support from bilateral and multilateral partners</td>
</tr>
<tr>
<td></td>
<td>• Member status in decision-making instances [e.g.: CCM, NAC, thematic committees, etc.]</td>
<td>• Having own financial resources</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of key populations within the NSP</td>
<td>• Receiving support from other CSOs, including regional and international organisations or networks for key populations</td>
</tr>
<tr>
<td>Barriers</td>
<td>• Context of criminalisation</td>
<td>• Playing a low profile in the process</td>
</tr>
<tr>
<td></td>
<td>• Stigma [e.g.: KP perceived as a threat or as not being able to contribute]</td>
<td>• Not informed or knowledgeable</td>
</tr>
<tr>
<td></td>
<td>• Discrimination [e.g.: No/late invitations or communications]</td>
<td>• Discouragement based on previous experiences</td>
</tr>
<tr>
<td></td>
<td>• Influence peddling [avoiding/censoring discussions or requests on human rights issues]</td>
<td>• Being represented through other constituencies</td>
</tr>
<tr>
<td>Critical enablers</td>
<td>• Political will</td>
<td>• Leadership</td>
</tr>
<tr>
<td></td>
<td>• Supportive laws, policies &amp; practices</td>
<td>• Effective community mobilization</td>
</tr>
<tr>
<td></td>
<td>• Targeted technical and financial support</td>
<td>• Organisational capacity (including financial resources)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Technical knowledge/capacity [or timely access to technical support]</td>
</tr>
</tbody>
</table>

With regard to the different types of external facilitators, where bilateral and multilateral partners played a key role in ensuring participation of key populations, the experience of inclusion in these processes, and to some extent the outcomes, were enhanced. Some respondents noted that they had received funding from these partners to convene community consultations or to hire a consultant to provide technical assistance to ensure that needs and priorities were reflected during concept note development.

As one respondent affirmed:

“Thanks to GIZ financial support through the Back Up initiative, we were able to realize all these consultations and produce an advocacy document. [...] A local consultant has currently been made available by UNAIDS. He has joined the writing committee to ensure our high-impact suggestions are integrated.”
With regard to internal facilitators, some respondents noted that the degree of self-initiated community or member engagement was critical to ensure a significant contribution throughout the country dialogue stages. In such cases, key populations groups were able to mobilise resources to convene their own community dialogues; to invite other stakeholders to these sessions (including MOH, NAC, CCM, bilateral and multilateral partners); to convene validation meeting; to nominate their representatives in the writing committee; and, to set watchdog committees or task forces to follow the process and to provide inputs during the drafting of concept notes. This mobilization took place most often within already empowered communities with visionary leaders, some of whom were also CCM members.

As one of these individuals (from Cameroon) noted,

“For me, the new funding model has served as a click, an ultimate opportunity for key populations organisations to position themselves for Global Fund funding and improve their work conditions [...] If I were to give an advise to other key populations organisations, I would tell them first of all to take the process into their arms. It’s their absolute right to participate in the dialogue. They need to take leadership and search for information in order to have influence on the process.”

On the other hand, structural barriers at the policy and institutional levels continued to play a central role in limiting the participation of key population organisations in NFM processes. In some countries with punitive laws targeting key population groups, these organizations were not legally registered and therefore not recognized, nor were their efforts to ‘claim seats at the table’ considered legitimate. In other cases, CCM and government authorities did not want to address human rights concerns and, therefore, sidelined key population representatives or simply ignored their requests.

A one respondent from Tanzania, representing a SW organization, shared about his experience:

“For key population representatives participated and their number was not enough to be able to argue. So their presence could not result in any change that would meet our needs. It’s rather what had been suggested by the government [and other stakeholders] which was presented at the end.”

The findings suggest that, in the end, there are certain critical enablers of effective participation that should either be strengthened where they currently exist or efforts made to put them in place. Favourable legal contexts are essential for full inclusion of key population organizations in the NFM and in other Global Fund processes. So too is effective political will to ensure inclusion, not just on the part of government but across all multi-sectoral stakeholders. Amongst key population organisations themselves, strong leadership skills; effective community mobilization activities; adequate organizational capacity (both technical and financial); and, specific technical knowledge and experience regarding the NFM and the Global Fund more generally are equally critical.

Finally, the findings echo wider trends with regards to the first year of the roll-out of the NFM globally. Just as the survey was being completed, the Global Fund’s Technical Review Panel issued a report on their observations and recommendations with regards to concepts notes reviewed by the panel during 2014 (Global Fund 2015b). As the report stated,

The TRP is concerned that many concept notes lack meaningful and effective interventions to address human rights barriers. Some concept notes lack prevention and advocacy activities focused on key populations, despite evidence of concentrated epidemics among key populations. Others fail to present epidemiological data for key populations.

The report went on to state that,

In a number of concept notes, the TRP noted that human rights issues were articulated in the background section, but that applicants did not follow through with activities designed to address the specific issues raised.... The lack of specific activities for key populations in some concept notes suggested to the TRP that, in some cases, human rights issues were not adequately discussed in the process of concept note development and that key populations were not adequately represented in Country Coordinating Mechanisms.
Given this, there is no doubt that the experience reflected by the survey respondents links to larger global trends for key populations in the NFM more generally. It is worth noting, to conclude the discussion of the survey results, that the TRP was specific regarding what needed to happen to improve the NFM for key populations in communities:

The TRP encourages applicants to recognize key population leadership as crucial in the design and implementation of interventions and key population engagement as critical in concept note development.

The TRP recommends that applicants clearly articulate human rights issues in their concept notes, and that activities and interventions that specifically address human rights barriers to service access should be proposed and their effectiveness be closely monitored.

The TRP requests both partners and the Secretariat renew efforts to ensure key population engagement in decision-making during country dialogue and concept note development processes.

These important global recommendations are reflected in the specific recommendations arising from the survey findings as set out below in the next section of the report.
7. Recommendations

In the final part of the survey, respondents were asked to suggest recommendations or actions to improve NFM processes to ensure substantive outcomes for key population groups in the preparation of concept notes as well as in other aspects of Global Fund-support programmes at country level. The following is a synthesis of what was received.

7.1 Recommendations to key population organisations and networks

- Show greater, more pro-active initiative to acquire or to improve technical knowledge of Global Fund processes, including the NFM and the different stages of country dialogue.
- Identify technical or organizational capacity gaps and initiate efforts to address them, including working with national and regional level technical partners.
- Strengthening technical and organizational capacities for community mobilization and advocacy related to giving voice and presence to the realities of key populations, particularly within national, multi-sectorial responses to HIV.
- Engage in more collaborative efforts across key population groups and with CSOs to develop and articulate common positions on needs and priorities and to communicate these more effectively to bodies like the CCM or the NAC.
- Mobilise resources for a meaningful engagement of all key population groups in the NFM and the different stages of country dialogue.

7.2 Recommendations to national civil society organisations and networks

- Build and strengthen technical knowledge and organizational capacity to understand and address health and human rights-related issues affecting key populations.
- Sensitize other CSOs or NGOs in their networks on health and human rights-related issues affecting key populations.
- Facilitate the meaningful involvement of people living with HIV/AIDS and other key populations, through improved and targeted communication, stronger linkages with national institutions and through facilitation of access to meeting spaces among others actions.
- Create spaces for consultations with key population organisations that will lead to a common understanding of human rights challenges.
- Initiate collaborations, partnerships and networking including key population organisations to develop joint advocacy strategies.
- Provide institutional and legal support when needed for the registration of identified key populations groups.
7.3 Recommendations to regional and international civil society organisations and key populations networks (including AMSHeR)

- Empower national networks of key populations and make sure they understand and are able to articulate their own issues in engaging CCMs, NACs, Ministries of Health, and bilateral and multilateral partners.
- Share information and updates on the Global Fund including on in-country processes.
- Share information for the creation and update of a database for key population organisations and networks.
- Facilitate Global Fund-related experience and best practice sharing across countries.
- Provide technical assistance or use local resources to strengthen the capacities of key population groups in communities including on Global Fund processes and concept note development.
- Amplify the voices of key populations in reporting human rights violations and continuously advocating for their meaningful involvement in regional, continental and international institutions.
- Develop a framework for key population engagement through policy analysis, policy advocacy, impact analysis.
- Actively participate in the evaluation of CCMs to ensure openness and transparency.
- Consider submitting regional concept notes to make sure key populations organisations have access to funding.
- Provide direct funding to key populations organisations.

7.4 Recommendations to governments and other institutional partners (CCM and NAC, for example)

- CCMs as the institution leading the NFM processes in countries must ensure that all of those affected by HIV are included regardless of legal, social or cultural concerns.
- CCMs and NACs should strengthen their convening role to include all groups affected by HIV in national discussions, including NFM discussions.
- In settings where key population groups are not legally registered, ensure an open and transparent selection of KP representatives who will participate in the process. Consider representation of key populations by CSOs only in contexts where key population groups were not identified or decided so.
- CCMs and NACs should provide financial support when needed to ensure the participation of key population organisations and groups.
- MOHs should strengthen their engagement in a public health approach to HIV by ensuring access to appropriate services for HIV prevention, care, treatment and support regardless of legal, social or cultural barriers.
7.5 Recommendations to the Global Fund

- Continue to support the capacity strengthening of key population organisations, particularly at community level, through technical assistance and access to stable financial resources.

- Continue efforts to encourage the development and submission of regional concept notes for key populations.

- Provide and encourage countries to request for additional funding to fill the gaps observed in NSPs with regards to key populations.

- Monitor and evaluate country progress in the meaningful engagement of all stakeholders, with an ongoing emphasis on key populations. This could include setting a mechanism that enables direct feedback and alerts from the communities to the Global Fund.

- Continuously demand accountability and document key populations representation in all decision-making instances.

- Continuously strengthen the capacities of CCMs to address human rights issues in concept notes and investment cases.

- Make sure that concept notes reflect priorities defined by key populations in national consultations.

- Improve communication with implementing partners by means of monthly newsletters or updates.

- Improve communication between portfolio managers and key populations organisations.

- Provide support and create platforms for inter-action with key stakeholders to ensure the views of those that are left out are captured.

- Create a database for key population organisations and networks.

- Consider setting requirements in regards to minimal proportion of budget allocated to human rights within GF grants (10% of budget, for example).

- Consider funding primarily key populations or human rights organisations and networks to implement human rights-related interventions within GF grants allocated to countries.
7.6 Recommendations to multilateral agencies (UNAIDS, UNDP, UNICEF, etc.)

- Provide institutional support to key population organisations and networks by means of meeting spaces, meetings, trainings and information materials.
- Inform and notify key populations groups, especially those limited by legal restrictions, of deferent in-countries activities [e.g.: high-level close-door meetings with CCM, MOH, NAC and other relevant stakeholders].
- Provide funding opportunities for community systems strengthening and organizational development of key populations organizations and networks.
- Monitor and evaluate country progress in the meaningful engagement of all stakeholders.
- Continuously demand accountability and document key populations representation in all decision-making instances.
- Continuously engage with Governments to support the advancement of key population agendas.
- Continuously strengthen the capacities of NACs to address human rights issues in National Strategic Plans and operational plans.
- Provide technical assistance and support to national agencies in health governance improvement.

7.7 Recommendations to bilateral agencies (Expertise France, GIZ, USAID, etc.)

- Provide institutional support to key population organisations and networks by means of meeting spaces, meetings, trainings and information material.
- Provide financial support when needed to ensure the participation of key population organisations and groups in NFM processes.
- Inform and notify key populations groups, especially those limited by legal restrictions, of deferent in-countries activities [e.g.: high-level close-door meeting which MOH, NAC and other relevant stakeholders].
- Provide funding opportunities for community systems strengthening and organizational development of key populations organizations and networks.
- Monitor and evaluate country progress in the meaningful engagement of all stakeholders.
- Continuously demand accountability and document key populations representation in all decision-making instances.
- Continuously engage with Governments to support the advancement of key population agendas.
- Provide technical assistance and support to national agencies in health governance improvement.
8. Concluding remarks

Given a relatively small number of respondents in relation to the size and complexity of the sub-Saharan region in the context of HIV and key populations, this early effort by AMSHeR to capture experiences with the NFM has nevertheless yielded important results. Efforts on the part of the organisation and its regional and global level partners, including the Global Fund, certainly made a difference given the overall increase in visibility and voice for key population groups, especially in those countries represented in the survey. No respondent indicated total exclusion from the NFM process. All respondents participated in at least some components. While the overall impact of this is still to be measured, in real, on-the-ground terms of improvements in programmes and services for key population groups, an important step forward has been taken to empower and make visible PLHIV, MSM, SW, PWID, transgender people and others in national level strategic dialogue on the future of the HIV response.

When the survey findings are placed in the larger global context, particularly with respect to the observations of the TRP, it becomes clear that much work still needs to be done to reach full inclusion of key populations, both as key stakeholders and as beneficiaries of funded programmes, throughout Global Fund processes. In a word, what the TRP has indicated is that globally the multi-sectorial HIV movement has not moved far beyond tokenism when it comes to developing and resourcing country-level HIV responses. Many sub-Saharan African countries submitted concept notes during the period of time covered by the TRP reflection, including those represented in the survey. The TRP observations are therefore highly pertinent to the region and, on the whole, disappointing. While there was substantive participation in a number of instances, at least in some aspects of the NFM process, this did not translate into substantive content in concept notes nor did it lead to the setting out of specific interventions and associated budgets to address either priority health needs or key human rights concerns. Substantive change for key populations, linked to the lived realities of these individuals in their households and communities, would still appear to be some distance away at least in so far as Global Fund processes are concerned.

The final issue arising from the survey for AMSHeR to address is what the organization will do with the results. Certainly, as indicated by the recommendations, there is much follow-up work to do related to maintaining momentum, continuing to build and strengthen capacity, and supporting efforts to remain vigilant nationally, regionally, and globally to build on gains and not lose them. In this regard, the results of the survey will be widely disseminated and will be used as a basis for renewed discussions and negotiations with the Global Fund and other regional technical partners to leverage additional technical and financial support for fuller inclusion of key population groups, not only in subsequent stages of the NFM roll-out, but also in the different national level processes that make up the multi-sectorial response to HIV and AIDS at country levels. AMSHeR commits to fully address the recommendations respondents have directed at it and to make every effort to communicate updates and achievements as this critical work moves forward.
9. References


Annex 1: Survey instrument

Section I. Profile of the respondents

Q1
Which specific key populations groups does your organization represent?
X PLWHIV
X Sex workers
X Men who have sex with men
X Transgender individuals
X People who use drugs
X Other groups

Q2
What is the legal status of your organization?
X Registered
X Not registered
X Registration is in process

Q3
In which country is your organization registered/or being registered?

Q4
Has your organization ever been recipient or sub-recipient to the Global Fund?
X Yes
X No

Q5
If your organization has been recipient or sub-recipient to the Global Fund, please specify the years.

Q6
If your organization has been recipient or sub-recipient to the Global Fund, what programmes did you implement with the Global Fund grant?
X HIV
X Tuberculosis
X Malaria
X Community Systems Strengthening
Q7
Has your organization ever been sub-sub-recipient to the Global Fund?
X Yes X No

Q8
If your organization has been sub-sub-recipient to the Global Fund, please specify the years.
If your organization has been sub-sub-recipient to the Global Fund, what programmes did you implement with the Global Fund grant?
X HIV
X Tuberculosis
X Malaria
X Community Systems Strengthening

Q9
Is someone from your organization representing key populations in the CCM in your country?
X Yes X No

Q10
Are other key populations represented in the CCM in your country?
X Yes X No X I don’t know

Q11
If other key populations are represented in the CCM in your country, please specify. (you may tick more than one box)
X PLWHIV
X Sex workers
X Men who have sex with men
X Transgender individuals
X People who use drugs
X Other groups
Section II. Awareness of the Global Fund’s New Funding Model

Q12
Have you heard of the Global Fund’s New Funding Model?
X Yes X No

Q13
If you are aware of it, how did you get information on the Global Fund’s New Funding Model? (you may tick more than one box)
X Internet
X From the GF
X From CCM, NAC or other national institutions
X From national CSOs
X From national networks of KP
X From regional networks of KP
X From international networks of KP
X From other sources

Q14
In what forms did you receive information on the Global Fund’s New Funding Model? (you may tick more than one box)
X Booklet
X Electronic documents
X A workshop
X A webinar
X A meeting
X Other forms

Q15
What is your knowledge of the Global Fund’s New Funding Model?
Please tick once to indicate your level of knowledge
I have no knowledge at all
I have heard of it but do not know what it involves
I have heard of it and have some idea about what it involves
I have a good knowledge of the Global Fund’s New Funding Model
I have an in-depth knowledge of the Global Fund’s New Funding Model and could explain this to others
Q16

**Please tick to indicate what you know about Global Fund support**

I know the kinds of programmes the Global Fund supports

I know how the Global Fund plans for spending funds in a particular country

I know who the Global Fund consults during this planning process

I know about issues beyond health that are considered during planning process

I know what the criteria are for allocating funds to programmes

I know what the Global Fund will measure to determine success of funded programmes

Q17

**Do you know about the Human Rights Strategy of the Global Fund New Funding Model?**

Please tick once to indicate your level of knowledge

I have no knowledge at all

I have heard of it but do not know what it involves

I have heard of it and have some idea about what it involves

I have a good knowledge of the Global Fund’s Human Rights Strategy

I have an in-depth knowledge of the Global Fund’s Human Rights Strategy and could explain this to others

Q18

**Explain in your own words what you know about it?**

Q19

**What is your knowledge of the Global Fund’s governance structures including the CCM?**

Please choose one to indicate your level of knowledge

I have no knowledge at all

I have heard of the Country Coordinating Mechanism but don’t know what it does

I have a good idea about what the CCM does

I know about the Global Fund’s governance structures and how the CCM fits in

I have an in-depth knowledge of how the Global Fund’s governance structures work and could explain this to others

Q20

**Do you think the Global Fund’s New Funding Model has improved health governance (decision-making process) in your country?**

X Yes X No X Don’t know

Q21

If you think the global Fund’s New Finding Model has not improved health governance in your country, what are the reasons?

Q22

If you think the global Fund’s New Finding Model has improved health governance in your country, give us two examples as to how this happened.
Q23

To what extent has health governance improved in your country?

Please indicate what you think on a scale of 1 to 5

Health governance has not improved
Health governance has improved very slightly
Health governance has improved in some areas
Health governance has improved quite a lot

Health governance has improved extensively

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Section III. Participation in the country dialogue process

Q24
Has your country submitted a concept note in 2014 or will be submitting one by January 31st?
X Yes X No X Don’t know

Q25
If your country has not yet submitted a concept note, what are the reasons?

Q26
If a concept note was submitted, did a national consultative process (country dialogue) take place?
X Yes X No X Don’t know

Q27
If a country dialogue did not take place, what were the reasons?

Q28
If a country dialogue happened in your country, who participated in the process?
Please choose as many as are relevant.
X CCM
X NAC
X Ministry Of Health
X Other governmental entities
X Organisations, groups or networks of PLWHIV
X Organisations groups or networks of SW
X Organisations groups or networks of MSM
X Organisations groups or networks of TG
X Organisations groups or networks of PWUD
X Other KP organisations groups or networks
X Civil Society Organisations, groups or networks
X Bilateral partners
X Multilateral partners
X Private sector
X Faith-based organisations
X Others
Q29

At what stage did key populations (including organisations, groups or networks of PLWHIV, SW, MSM, TG, PWUD) participate?

X Review of National Strategic Plan / Investment Case development
X Pre-concept note national consultations
X Concept Note development
X Selection of Principal Recipients
III.1 Participation in the review of the NSP/development of an investment case

Q30
If key populations (KP) did not participate in the review of the NSP, what were the reasons?

Q31
If key populations (KP) participated in the review of the NSP, how were they involved in the process?

Q32
What was (were) the outcome(s) of the participation of key populations in the review of the NSP?

Q33
To what extent did people believe the reviewed NSP meet the needs of key populations (KP)?

Please indicate what you think on a scale of 1 to 5

Did not meet any needs of key populations
Met a very few needs
Met some key needs
Met quite a lot of needs
Met almost all needs

Q34
How would you rate the review of the NSP in your country in terms of openness (i.e. Was it allowing debate, criticism and comment from all sectors)?

Please indicate what you think on a scale of 1 to 5
Totally closed
A little open
Fairly open
Very open
Totally open

Q35
How would you rate the review of the NSP in your country in terms of transparency (i.e. Was it easy for all sectors to get information on the process and decisions)?

Please indicate what you think on a scale of 1 to 5
Not at all transparent
A little transparent
Fairly transparent
Very transparent
Totally transparent
Q36

How would you rate the review of the NSP in your country in terms of participation of key populations?

Please indicate what you think on a scale of 1 to 5

No participation
A little participation
A fair amount of participation
Quite a lot of participation
Extensive participation
III.2 Participation in the Global Fund pre-concept note national consultations

Q37
If key populations did not participate in the national consultations held in preparation of the concept note development, what were the reasons?

Q38
If key populations participated in the national consultations held in preparation of the concept note development, how were they involved in the process?

Q39
What was (were) the outcome(s) of the participation of key populations in the national pre-concept note consultations? Give two specific examples.

Q40
To what extent do you believe the outcomes of the national pre-concept note consultations meet the needs of key populations?
Please indicate what you think on a scale of 1 to 5
- Did not meet any needs of key populations
- Met a very few needs
- Met some key needs
- Met quite a lot of needs
- Met almost all needs

Q41
How would you rate the national pre-concept note consultations in your country, in terms of openness (i.e. Was it allowing debate, criticism and comment from all sectors)?
Please indicate what you think on a scale of 1 to 5
- Totally closed
- A little open
- Fairly open
- Very open
- Totally open

Q42
How would you rate the national pre-concept note consultations in your country, in terms of transparency (i.e. Was it easy for all sectors to get information on the process and decisions)?
Please indicate what you think on a scale of 1 to 5
- Not at all transparent
- A little transparent
- Fairly transparent
- Very transparent
- Totally transparent
Q43

How would you rate the national pre-concept note consultations in your country, in terms of participation of key populations?

Please indicate what you think on a scale of 1 to 5

No participation
A little participation
A fair amount of participation
Quite a lot of participation
Extensive participation
III.3 Participation in the concept note development

Q44
If key populations did not participate in the concept note development, what were the reasons?

Q45
If key populations participated in the concept note development, how were they involved in the process?

Q46
What was (were) the outcome(s) of the participation of key populations in the concept note development?

Q47
To what extent do you believe the concept note met the needs of key populations?
Please indicate what you think on a scale of 1 to 5
Did not meet any needs of key populations
Met a very few needs
Met some key needs
Met quite a lot of needs
Met almost all needs

Q48
How would you rate the concept note development in your country in terms of openness (i.e. Was it allowing debate, criticism and comment from all sectors)?
Please indicate what you think on a scale of 1 to 5
Totally closed
A little open
Fairly open
Very open
Totally open

Q49
How would you rate the concept note development in your country in terms of transparency (i.e. Was it easy for all sectors to get information on the process and decisions)?
Please indicate what you think on a scale of 1 to 5
Not at all transparent
A little transparent
Fairly transparent
Very transparent
Totally transparent
Q50

How would you rate the concept note development in your country, in terms of participation of key populations?

Please indicate what you think on a scale of 1 to 5

No participation
A little participation
A fair amount of participation
Quite a lot of participation
Extensive participation

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III.4 Participation in the selection of Principal Recipients

Q51
If key populations did not participate in the selection of Principal Recipients, what were the reasons?

Q52
If key populations participated in the selection of Principal Recipients, how were they involved in the process?

Q53
What was (were) the outcome(s) of the participation of key populations in the selection of Principal Recipients?

Q54
To what extent did the voices of key populations count in the selection of Principal Recipients?
Please indicate what you think on a scale of 1 to 5
Not at all
A little
Somewhat
Quite a bit
Extensively

Q55
How would you rate the selection of Principal Recipients in your country, in terms of openness (i.e. Was it allowing debate, criticism and comment from all sectors)?
Please indicate what you think on a scale of 1 to 5
Totally closed
A little open
Fairly open
Very open
Totally open

Q56
How would you rate the selection of Principal Recipients in your country, in terms of transparency (i.e. Was it easy for all sectors to get information on the process and decisions)?
Please indicate what you think on a scale of 1 to 5
Not at all transparent
A little transparent
Fairly transparent
Very transparent
Totally transparent
Q57

How would you rate the selection of Principal Recipients in your country, in terms of participation of key populations?

Please indicate what you think on a scale of 1 to 5

- No participation
- A little participation
- A fair amount of participation
- Quite a lot of participation
- Extensive participation
Section IV. Key Populations in the concept note

Q58
Which needs of key populations are addressed by the concept note submitted? Please tick all of those that are relevant.
X HIV prevention
X HIV counseling and testing
X HIV treatment
X Sexual and reproductive health
X Tuberculosis
X Malaria
X Psychosocial support
X Legal support
X Other needs

Q59
Do you think the concept note addresses the needs for capacity strengthening of key population organisations?
X Yes X No X Don’t know

Q60
If capacity strengthening needs of key population organisations are not addressed, what are the reasons?

Q61
Please indicate the extent to which the capacity strengthening needs of key population organisations are addressed.
Please indicate what you think on a scale of 1 to 5
Not at all
A little
Somewhat
Quite a bit
Extensively

Q62
Does the submitted concept note address human rights concerns of key populations?
X Yes X No X Don’t know

Q63
If the concept note does not address the human rights of key populations, what are the reasons?
Q64

Please indicate the extent to which the human rights of key populations are addressed in the concept note.

Please indicate what you think on a scale of 1 to 5

Not at all
A little
Somewhat
Quite a bit
Extensively

Q65

What key health outcomes [or needs] of key populations do you think should have been prioritized in the NSP/GF concept note?

Q66

What key human rights challenges facing key populations do you think should have been prioritized in the NSP/GF concept note?
Section V. Way forward

Q67
What actions must be undertaken in order to improve the participation and outcomes of the participation of key populations organisations in the following areas –

a. Review of National Strategic Plan / Investment Case development?

b. Pre-concept note national consultations?

c. Participation of key populations organisations in the Concept Note development?

Participation of key populations organisations in the selection of Principal Recipients?

Q68
What actions must be undertaken in order to improve the health outcomes for key populations in the implementation of the Global Fund grant?

Q69
What actions must be undertaken in order to improve the human rights outcomes for key populations in the implementation of the Global Fund grant?

Q70
How best do you think other local civil society organisations and networks can support you in those processes?

Q71
How best do you think AMSHeR and other regional organisations can support you in those processes?

Q72
How best do you think the Global Fund can support you in those processes?

Q73
How best do you think multilateral agencies (like UNAIDS, UNDP, etc.) can support you in those processes?

Q74
How best do you think bilateral agencies (like Initiative 5%, GIZ, USAID etc.) can support you in those processes?
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Summary

This report shares the results of a survey, carried out by AMSHeR in 13 African countries in February 2015, on inclusion of people living with HIV (PLHIV), men-having-sex-with-men (MSM), and sex workers in the first year for the Global Fund’s New Funding Model. The results show that while representatives of these groups participated in Global Fund discussion in their countries, in most cases, critical health needs as well as human rights challenges were not fully reflected in specific activities or budgets in the finished Global Fund requests. While it is important to recognize progress, some countries processes have not yet moved beyond tokenism. Until there are specific activities and budgets linked to health needs and human rights priorities in Global Fund submissions, it cannot be said that the main goals of the New Funding Model in relation to key populations have been met. The survey results provide guidance in terms of what still needs to be done to achieve full inclusion for key populations in Global Fund investments across the African region.