

“No Such Accountability is Available on the Ground”

A Rapid Appraisal of Community
Engagement in Malawi’s Global
Fund Processes

From the International Council
of AIDS Service Organizations (ICASO)

December 2018

icaso
until we end aids

© 2018 ICASO
www.icaso.org
Phone: +1 416 921 0018
Email: icaso@icaso.org

ICASO was formed prior to the 6th International AIDS Conference in Florence in 1991 to provide a community voice in strategic decision-making spaces at a time when the world was only beginning to come together to respond to the growing AIDS crisis. Originally conceived as a network of regional networks, ICASO is strongly focused on advocacy for human rights and gender equality, holding governments and international institutions accountable for responding to the HIV epidemic, and promoting community sector participation and community- and rights-based responses in the fight against HIV. ICASO is also strongly committed to advancing the principles of the greater involvement of people living with HIV (GIPA) in the AIDS response.

ICASO's **vision** is an end to the HIV epidemic with strong contributions by communities in all their diversity to achieving universal access to HIV prevention, treatment, care and support, and to defending and promoting human rights.

ICASO's **mission** is to mobilize and support diverse community organizations and networks to create and sustain effective responses to HIV.

Acknowledgments: This rapid appraisal was conducted by Dr. Gemma M. Oberth (ICASO Policy Advisor, based in Cape Town, South Africa) and Ms. Emma Gausi (a Lilongwe-based independent consultant). Charlie Baran (ICASO Policy Advisor) provided feedback on earlier drafts. ICASO would like to thank all the key informants listed in Annex 1 for participating in this research and sharing their perspectives.

Suggested Citation: Oberth, G. & Gausi, E. (2018). No Such Accountability is Available on the Ground: A Rapid Appraisal of Community Engagement in Malawi's Global Fund Processes. ICASO. Toronto: Canada.

Graphic Design:

Daniel Cordner
www.cargocollective.com/danielcordnerdesign

Contents

09	Executive Summary
10	Introduction
12	Background and Context
16	Methodology
17	Overview
18	PART I: Analysis of Funding Requested for Communities
23	PART II: Analysis of Program Quality for Communities
27	PART III: Community Advocacy Wins and Losses
36	PART IV: Community Perspectives on Engagement
49	PART V: Good Practice Roadmap
52	Recommendations
53	Conclusion
54	Annex 1: List of Key Informants
55	Annex 2: Key Informant Interview Guide



‘In recent years, evidence has shown Malawi to be a regional leader in fostering community engagement in Global Fund processes’

Abbreviations

AGYW	Adolescent girls and young women
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral therapy
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	Center for Disease Control and Prevention
CEDEP	Center for the Development of People
CSO	Civil society organization
CSCP	Community sputum collection point
CSS	Community systems strengthening
DAPP	Development Aid from People to People
DFID	Department for International Development (DFID)
EANNASO	Eastern Africa National Networks of AIDS Service Organizations
EJF	Elton John AIDS Foundation
EID	Early infant diagnosis
FSW	Female sex worker
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
HREP	Health and Rights Education Programme
HTC	HIV testing and counselling
HTS	HIV testing services
ICASO	International Council of AIDS Service Organizations
INGO	International non-governmental organization
ISAMA	Independent Schools Association of Malawi
ITPC	International Treatment Preparedness Coalition
KII	Key informant interview

LED	Light-emitting diodes
M&E	Monitoring and evaluation
MANASO	Malawi Network of AIDS Service Organizations
MANET+	Malawi Network of People Living With HIV/AIDS (MANET+)
MGFCCM	Malawi Global Fund Country Coordinating Mechanism
MIAA	Malawi Interfaith Aids Association
MSM	Men who have sex with men
NAC	National AIDS Commission
NGO	Non-governmental organization
NSP	National Strategic Plan
OVC	Orphans and vulnerable children
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
POC	Point-of-care
PPHIM	Prison Partners for Health Improvement and Monitoring
PR	Principal Recipient
PrEP	Pre-exposure prophylaxis
PUDR	Progress update and disbursement request
SAT	SRHR Africa Trust
SR	Sub-recipient
SRH	Sexual and reproductive health
SSR	Sub-sub-recipient
STI	Sexually transmitted infection
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USD	United States Dollar
VL	Viral load

Executive Summary



Malawi is home to approximately 1 million people living with HIV, equating to a prevalence of 9.6% among adults age 15-49 years.

HIV prevalence is elevated among key and vulnerable populations, especially men who have sex with men (MSM), sex workers, and adolescent girls and young women (AGYW). Development partners contribute more than 80% of all HIV funding in the country. For the 2017-2019 funding cycle, the Global Fund to Fight AIDS, Tuberculosis and Malaria made \$450.5 million available to Malawi for the three diseases.

Community voices and leadership in governance, implementation and oversight of Global Fund-supported programs is essential to achieving lasting impact. In Malawi, there are several structures that facilitate and coordinate community engagement, including the Country Coordinating Mechanism and the Malawi Network of AIDS Service Organizations (MANASO).

In recent years, evidence has shown Malawi to be a regional leader in fostering community engagement in Global Fund processes. However, there has been very little comprehensive documentation of these processes, making it difficult to assess the impact of such community engagement activities.

In 2017, ICASO supported a local partner—Health and Rights Education Programme (HREP)—to facilitate meaningful and impactful community engagement in Global Fund processes in Malawi.

This appraisal documents key outcomes of community engagement during Malawi’s funding request development process for the 2017-2019 Global Fund cycle. Chiefly, it analyses: (1) The level of funding requested for key program areas; (2) The quality of program design; (3) The inclusion of community-articulated priorities in the funding request; and (4) Community-identified successes, challenges, and opportunities to improve their Global Fund engagement.

In total, \$10.28 million was requested for sex workers, men who have sex with men and prisoners in the 2017-2019 cycle, compared to \$1.23 million in the 2014-2016 cycle. The amount of funding for adolescents and youth also increased dramatically. Allocation funding for community systems strengthening remained largely the same, at around \$2 million in both funding cycles.

There are clear improvements in program quality in the 2017-2019 funding request, compared to the previous cycle. The 2017-2019 request significantly scales up services for key populations (both in terms of reach targets and geographies covered) and defines tailored service packages for these groups—distinct from general population programs. It also augments the basket of services offered to adolescent girls and young women to include gender-based violence.

Community priority-setting and advocacy is linked to these improvements. With support from ICASO, a broad consultative process was led by HREP and MANASO. Of the 26 priorities set by communities, 16 were either fully or partially included in the final submission to the Global Fund. Many priorities related to key and vulnerable populations were included. However, priorities to monitor treatment stock outs and develop community scorecards were not taken on board.

From key informant interviews, communities credit the wide and inclusive consultation process with many of these advocacy “wins”. The involvement of women- and prison-focused civil society organizations contributed to the inclusion of these priorities. However, significant gaps remain. There is a dire need for improved coordination, advocacy capacity, funding flexibility and community monitoring support. If recommendations are heeded, it is hoped that accountability will increase and the Global Fund’s grants to Malawi will be more effective and efficient.

Introduction



The HIV Epidemic in Malawi

Malawi is a low-income country in Southern Africa with an estimated population of 18 million. As of 2017, the country is home to approximately 1 million people living with HIV, equating to a prevalence of 9.6% among adults age 15-49 years. According to the country's 2015-2016 population-based HIV impact assessment, 73% of people living with HIV know their status, 89% of those who know their status are on treatment, and 91% of those on treatment are virally suppressed.¹ HIV-related deaths have fallen by 35% since 2010 thanks to treatment scale up.

New infections are falling but they remain high, at 36,000 in 2017. The country's HIV Prevention Strategy identifies men who have sex with men (MSM), female sex workers (FSW), young women age 10-14 and age 15-24, and couples as key population groups. HIV prevalence is 2.7 times higher for FSW (at 24.9%), and 1.9 times higher for MSM (at 17.3%), as compared to the general adult population. Human rights barriers such as criminalization of homosexual relationships and frequent harassments and arrests of FSW limit access to services.



The HIV Policy Framework

The HIV response in Malawi is guided by the National Strategic Plan (NSP) for HIV and AIDS 2015-2020.² This strategy calls for a multisectoral response to HIV/AIDS in the country. Civil society organizations (CSOs) are stated as important partners—alongside the government—in the, coordination, implementation, monitoring, evaluation and resource mobilization for the response.

In addition to the NSP, Malawi has a National HIV Prevention Strategy 2015-2020. Draft packages for MSM and FSW have been outlined and the country is currently working on developing these into national guidelines for key population programming. The most recent key populations package outlines are largely in line with the World Health Organization's consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.³



The HIV Funding Landscape

Malawi is heavily dependent on external donors to finance its HIV response. Development partners contribute more than 80% of all HIV funding in the country.⁴

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) make up about three quarters of external funding. The remaining quarter of HIV funding in Malawi comes largely from the World Bank, The United Kingdom's Department for International Development (DFID), the Center for Disease Control and Prevention (CDC) and UN agencies.

PEPFAR plans to invest \$126.7 million as part of its 2017 Country Operational Plan. Malawi's total Global Fund allocation for the 2017-2019 funding cycle is \$450.5 million, of which \$370.8 million is for HIV, \$9.0 million is for TB, \$70.7 million is for malaria. In addition, Malawi is eligible for \$7 million in matching funds⁵ for preventing HIV among adolescent girls and young women (AGYW), and \$3 million in matching funds for strengthening data systems, data generation and data use (Table 1).

Table 1. Malawi's 2017-2019 Global Fund Allocation

Eligible Disease Component	Allocation (USD)
HIV/AIDS	\$370,804,766
Tuberculosis	\$9,000,000
Malaria	\$70,670,374
Total Allocation	\$450,475,140

1 PEPFAR (2016) Malawi Population-based HIV Impact Assessment MPHIA 2015–2016. Summary Fact Sheet – Preliminary Findings. Online at https://phia.icap.columbia.edu/wp-content/uploads/2016/09/MALAWI-Factsheet.FIN_.pdf

2 National AIDS Commission (2014). National Strategic Plan for HIV and AIDS. Online at <http://hivstar.ishtm.ac.uk/files/2016/05/Malawi-National-HIV-AIDS-Strategic-Plan-2015-2020.pdf>

3 Oberth, G., Gausi, E., Jacobson, S., Burrows, D., Parsons, D., Falkenberg, H. (May 2018). Assessment of HIV Service Packages for Key Populations in Malawi. APMG Health, Washington, DC.

4 Government of Malawi (2015). Malawi AIDS Response Progress Report 2015. Online at http://www.unaids.org/sites/default/files/country/documents/MWI_narrative_report_2015.pdf

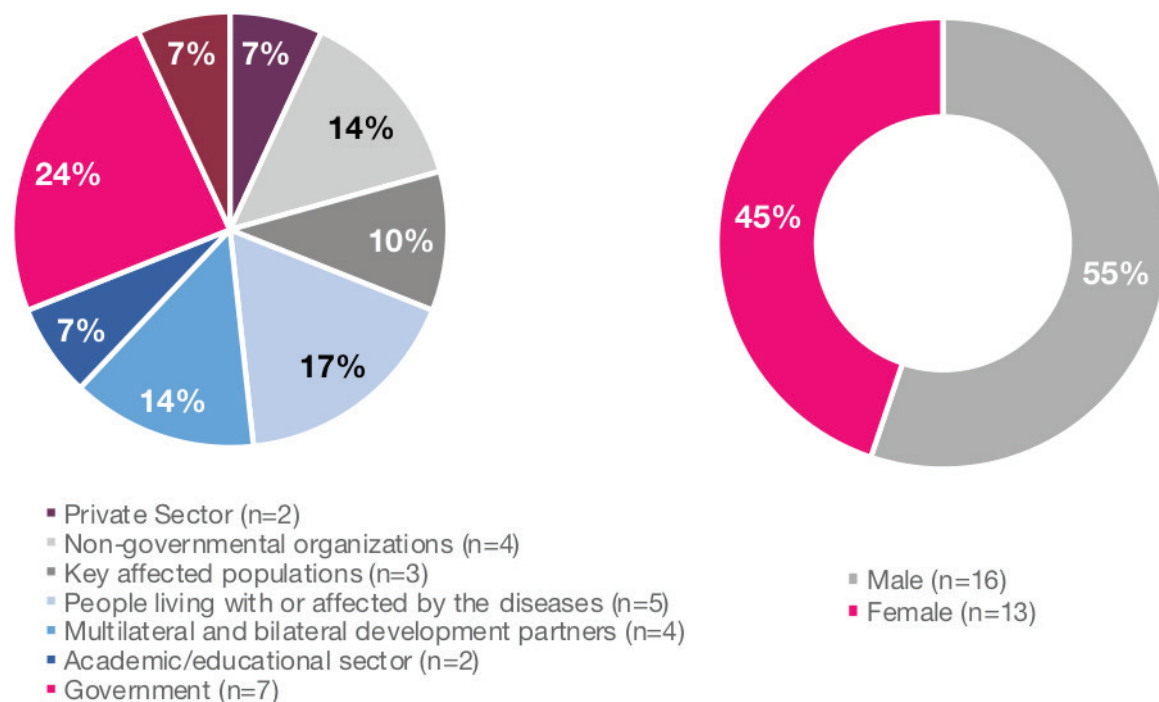
5 A number of countries have been chosen by the Global Fund to access a predetermined amount of money from a pool of US\$313 million in catalytic investment matching funds. This funding is designed to inspire innovation and ambitious programming approaches driven by evidence, in order to maximize impact in specific strategic priority areas.

Background and Context

Structures for Community Engagement in Malawi's Global Fund Processes

Community voices and leadership in governance, implementation and oversight of Global Fund-supported programs is essential to achieving lasting impact.⁶ In Malawi, there are several structures that facilitate and coordinate community engagement. These structures—if used properly—can accelerate community engagement and influence within the HIV sector and within Global Fund and other country processes.

Figure 1. Make-up of the Malawi Global Fund Country Coordinating Mechanism⁷



⁶ Global Fund (2018). Focus On: The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria. Online at https://www.theglobalfund.org/media/7263/publication_communityresponses_focuson_en.pdf?u=636679276160000000

⁷ CCM membership list received from the CCM Hub at the Global Fund Secretariat in January 2018. Not publicly available.

The Malawi Global Fund Country Coordinating Mechanism (MGFCCM)

The MGFCCM is a national committee that: coordinates the development of the national request for funding; nominates the Principal Recipient(s); oversees the implementation of approved grants; approves any reprogramming requests; and ensures linkages and consistency between Global Fund grants and other national health and development programs.

In Malawi, communities are involved in the governance and oversight of Global Fund grants through the MGFCCM. The MGFCCM has 29 members, 4 of whom represent NGOs, 5 who represent people living with or affected by the diseases, and 3 who represent key affected populations (Figure 1).

Civil Society Principal Recipients

Malawi also has something called “Dual-Track Financing”, whereby its grants are implemented by both government and non-government Principal Recipients (PRs)⁸:

- ▶ The Ministry of Health is implementing TB/HIV and malaria grants
- ▶ ActionAid International Malawi is implementing a TB/HIV grant
- ▶ World Vision Malawi is implementing a malaria grant

Civil society PRs often sub-grant to civil society and community groups, creating greater opportunities for community participation in grant implementation.

Technical Working Groups (TWGs)

The HIV response in Malawi is steered by different Technical Working Groups, in which different communities are represented. These structures meet regularly to assess program implementation, progress towards targets, and achievement of the objectives in the NSP. At present, there is weak community participation in the majority of the TWGs. However, it should be noted that several of the TWGs are new, only just getting their footing. For instance, the key populations TWG was formed in late 2017, with just one meeting held as of March 2018.⁹

The Malawi Network of AIDS Service Organizations (MANASO)

The Malawi Network of AIDS Service Organizations (MANASO) is arguably the most important mechanism for community engagement in the country. MANASO was formed in 1996 with the main aim of coordinating and networking the activities of AIDS service organizations in Malawi. MANASO has over 30 member organizations, with a wide distribution by both geographical distribution and operational size. During the development of Malawi's most recent Global Fund funding request, MANASO was the main mechanism that was used to facilitate and coordinate community participation in the process. MANASO was the key communication hub regarding the grant application process. MANASO was also used to coordinate community consultative meetings that solicited community priorities to be lobbied for inclusion in the funding request.

Evidence of Effective Community Engagement in Malawi

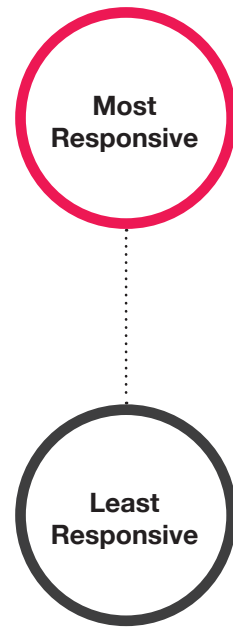
In recent years, evidence has shown Malawi to be a regional leader in fostering community engagement in Global Fund processes. In a 2015 study conducted by the Eastern Africa National Networks of AIDS Service Organizations (EANNASO), Malawi emerged as the country where civil society had the greatest amount of influence over the country's Global Fund concept note for the 2014-2016 funding cycle (Figure 2).

The EANNASO study examines the relationship between The World Bank's Worldwide Governance Indicators and the responsiveness of Global Fund concept note to civil society priorities, hypothesizing that Malawi's high levels of freedom of association, freedom of expression and voice and accountability ratings from the Bank might be linked to civil society's effectiveness in Global Fund processes.¹⁰

⁸ The Global Fund Malawi Grant Portfolio. Online at <https://www.theglobalfund.org/en/portfolio/country/list/?loc=MWI&k=b2d78cbb-a8d0-45e2-a78c-9e53b907c4a3>

⁹ Oberth, G., Gausi, E., Jacobson, S., Burrows, D., Parsons, D., Falkenberg, H. (May 2018). Assessment of HIV Service Packages for Key Populations in Malawi. APMG Health, Washington, DC.

¹⁰ EANNASO (2015). Assessing the Inclusion of Civil Society Priorities in Global Fund Concept Notes: A Desk Review of Concept Notes Submitted by Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe. Online at <https://www.eannaso.org/resources/reports/32-eannaso-2015-assessing-the-inclusion-of-civil-society-priorities-in-global-fund-concept-notes/file>



Country	Score	Category	Level of concept note responsiveness to civil society priorities
Malawi	87%	1	Extremely Responsive
Kenya	77%	2	Highly Responsive
Tanzania	67%	3	Moderately Responsive
Zanzibar	67%	3	Moderately Responsive
Uganda	64%	3	Moderately Responsive
Swaziland	50%	4	Responsive
Zimbabwe	40%	5	Limited Responsiveness
Zambia	38%	5	Limited Responsiveness

Figure 2. EANNASO Analysis of Global Fund Concept Note Responsiveness to Civil Society Priorities During the 2014-2016 Funding Cycle

In another analysis, the International Treatment Preparedness Coalition (ITPC) found that civil society engagement in budgeting processes, alongside the Ministry of Health, resulted in “increasing the Global Fund allocation to CSOs [civil society organizations] for community system strengthening from below US\$1 million previously to over US\$10 million.”¹¹

The ITPC analysis also shows that communities effectively navigated their entry points through representatives on the MGFCCM, and through quarterly meetings with their networks, to build their case for the addition of a new civil society PR (ActionAid International Malawi).

The Problem: Limited Documentation

Though successful engagement in the 2014-2016 Global Fund cycle is evident, an ICASO mission to Malawi in October 2016 found that there has been very little comprehensive documentation of these processes.¹² As a result, it has been difficult to assess the impact of such CSO engagement activities on the overall Global fund funding requests, and subsequent grant implementation.

In addition, lack of documentation means there is limited evidence that responds to key questions that can drive the lessons learnt process. This makes it difficult for civil society to replicate successful strategies—or adjust unsuccessful ones—in the next funding cycle, or in other processes that determine HIV programming in the country, such as the development of NSPs and PEPFAR Country Operational Plans.

Some key questions which need answering include:

- How should effective community engagement in Global Fund processes be conducted?
- Which models for community engagement are more effective?
- Do community consultations matter for the content of funding requests and grants?
- What do effective community consultations look like?

The 2017-2019 Funding Cycle: Doing Things Differently

In 2017, ICASO invested resources in Health and Rights Education Programme (HREP), a local Malawian civil society organization and member of MANASO. The investment was for HREP to support meaningful and impactful civil society involvement in Global Fund processes in Malawi for the 2017-2019 allocation period. As part of this investment, HREP needed to rigorously document the consultation process, the priorities put forward, and the key enabling and inhibiting factors for effective community engagement.

It is against this background that this rapid appraisal was conducted. The aim was to document the success stories and key challenges encountered by communities during the 2017-2019 funding cycle. The appraisal also aims to document the impact of ICASO’s investment in HREP, including analyzing the inclusion of community priorities in the Global Fund funding request, and capturing how communities perceived the effectiveness of their engagement in the process.

‘The Malawi Network of AIDS Service Organizations (MANASO) is arguably the most important mechanism for community engagement in the country.’

¹¹ ITPC Global (2015). How Malawi Civil Society Secured a Bigger Portion of Global Fund Pie. Online at <http://itpcglobal.org/how-malawi-civil-society-secured-bigger-portion-of-global-fund-pie/>

¹² Baran, C. (2017). Malawi Site Visit Report, ICASO (Unpublished)

Methodology

This rapid appraisal was conducted between April and September 2018, through a combination of remote desk-review research and in-country key informant interviews.

Objectives of the Appraisal

- To assess the impact of community engagement in Malawi's process for the development of the Global Fund funding request for the 2017-2019 funding cycle
- To compare levels of funding, program quality, and inclusion of community priorities in the 2014-2016 cycle and the 2017-2019 cycles
- To capture key successes and lessons learned
- To gather key stakeholder perspectives on gaps and opportunities for community engagement and how it can be improved in the next funding cycle

Methodological Approach

Phase 1: Desk Review

- Review of previous assessments and analyses on community engagement in Malawi's Global Fund processes
- Review of narrative Global Fund funding requests, modular frameworks, performance frameworks, budgets and funding landscapes for Malawi's funding requests to the Global Fund for the 2014-2016 cycle, and the 2017-2019 cycle

Phase 2: Comparative Analysis

- Comparative analysis of funding requested and program quality between the 2014-2016 cycle and 2017-2019 cycle¹³
- Assessment of the inclusion of community-articulated priorities in the 2017-2019 funding request. Priorities are assessed as either "included", "partially included" or "not included". Priorities assessed include those that were articulated and documented during ICASO- and HREP-supported country dialogue processes in 2017¹⁴

Phase 3: Key Informant Interviews

- Conduct in-person key informant interviews with stakeholders from government, implementing partners (PRs and sub-recipients [SRs]), MGFCCM members, civil society organizations, and key populations
- Transcribe and code interview data into themes.

Phase 4: Synthesis and Write-up

- Synthesize the data from the first three phases into a coherent publication

Overview

This appraisal is divided into five main parts.

1.

The first part presents an analysis of the **total funding requested** in Malawi's Global Fund proposals, comparing the 2014-2016 cycle and the 2017-2019 cycle. It looks only at select modules which relate to community-articulated priorities (as per ICASO- and HREP-supported country dialogue meetings). The reasons for placing this section first is to frame the subsequent sections within a context of how much funding is available for each priority area.

2.

The second part examines and compares **program quality** of the same select modules in the 2014-2016 and 2017-2019 Global Fund funding requests. The language of the funding request is analyzed for things like age- and sex-disaggregated data, comprehensiveness of packages, appropriate differentiation of service delivery, among other factors.

3.

The third part looks into community **advocacy "wins" and "losses"**, assessing the level of inclusion of community-articulated priorities in the 2017-2019 funding request.

4.

The fourth part deepens and augments the findings of the first three, sharing first-hand **community perspectives** on their engagement in Global Fund processes.

5.

The fifth part provides a thirteen-step **good practice road map** for engaging in Global Fund funding request development processes, based on Malawi's lessons learned.

So What?

The appraisal concludes with **a series of recommendations** for communities, the MGFCCM, technical assistance providers, and the Global Fund.

¹³ This rapid appraisal focuses on community-identified priorities, including: adolescents, FSW, MSM, prisoners funding that is aimed at strengthening community responses and systems. It is acknowledged that communities have a role to play in many other areas of the HIV response, including treatment care and support, HIV testing services, among others.

¹⁴ HREP (May 2017). Malawi Civil Society Engagement in Global Fund Processes 2018 – 2020: An Update On Process Effectiveness Around the Global Fund 2017-2019 Allocation Period.

PART I:

Analysis of Funding Requested for Communities

There are many things that influence the amount of funding that a country requests from the Global Fund. Countries are meant to perform a rigorous financial and programmatic gap analysis to inform their requests. Requests are also meant to be based on NSPs or Investment Cases, which may have pre-defined and already-costed activities. That said, there are always negotiations and compromises along the way. The amount of funding requested reflects, in part, the relative prioritization of a given program area in a country's HIV response.

This section compares the total amount of funding requested in Malawi's Global Fund funding requests in the 2014-2016 cycle and the 2017-2019 cycle. Five key modules are included in the comparison, given that these are key priority areas for communities (as articulated in ICASO- and HREP-supported country dialogue meetings. These are adolescents, FSW, MSM, prisoners and community responses and systems. It is important to note that Malawi did not request funding for the removing human rights-related barriers module, or the prevention programs for people who inject drugs module, in either the 2014-2016 or 2017-2019 funding cycles.

Figure 3 below shows the total funding requested for five key modules in Malawi's Global Fund funding requests for the 2014-2016 cycle and the 2017-2019 cycle. It includes both within allocation funding (funding that is within the envelope that the country has been allocated by the Global fund) and above allocation funding (funding that is beyond the available resources from the Global Fund, but may be funded if there are grant savings or if additional funding becomes available).

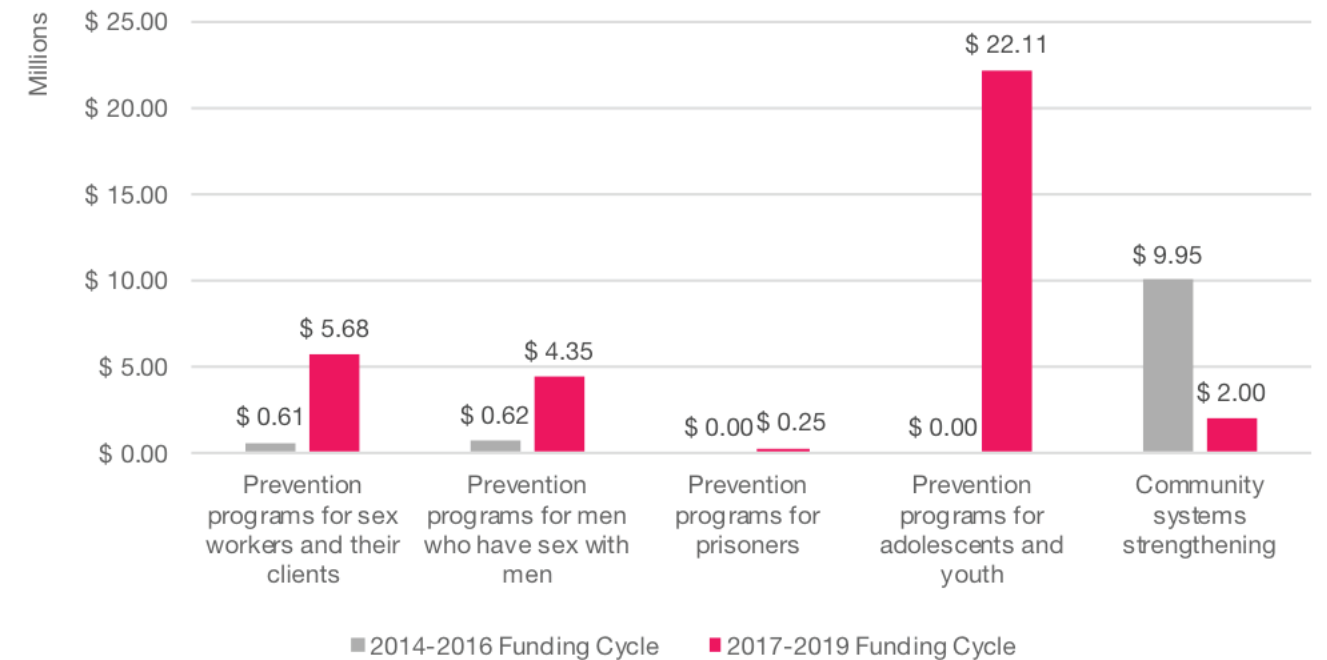


Figure 3. Comparison of Total Funding Requested (Within Allocation + Above Allocation) for Key Modules in Malawi's Global Fund Funding Requests (2014-2016 vs 2017-2019)

The most significant difference between the two funding cycles is the large increase in funding requested for prevention programs for adolescents and youth. Malawi's National HIV Prevention Strategy 2015-2020 prioritizes adolescent girls and young women (AGYW) age 15-24 years as a key population group, which may have been a factor. In addition, Malawi is one of 13 African countries eligible for catalytic funding for AGYW (additional funding beyond the allocation amount). An additional \$7 million was made available

for AGYW programming in Malawi, conditional upon the country scaling up AGYW programming in its allocation funding request.

Other significant changes include large increases in the amount of funding requested for key populations, including FSW, MSM and prisoners. Taken together, funding requested for these three key populations increased more than 8-fold from 2014-2016 to 2017-2019.

“For community strengthening, there is no one to champion it in the new grant. Hence, the new grant has considerably reduced funding for this. There has been a push on human resources for health and commodity security issues, which means it’s now moving from CSS to HSS. As a result, we did not have a strong advocate to help, or to give reasons for more funding in CSS.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

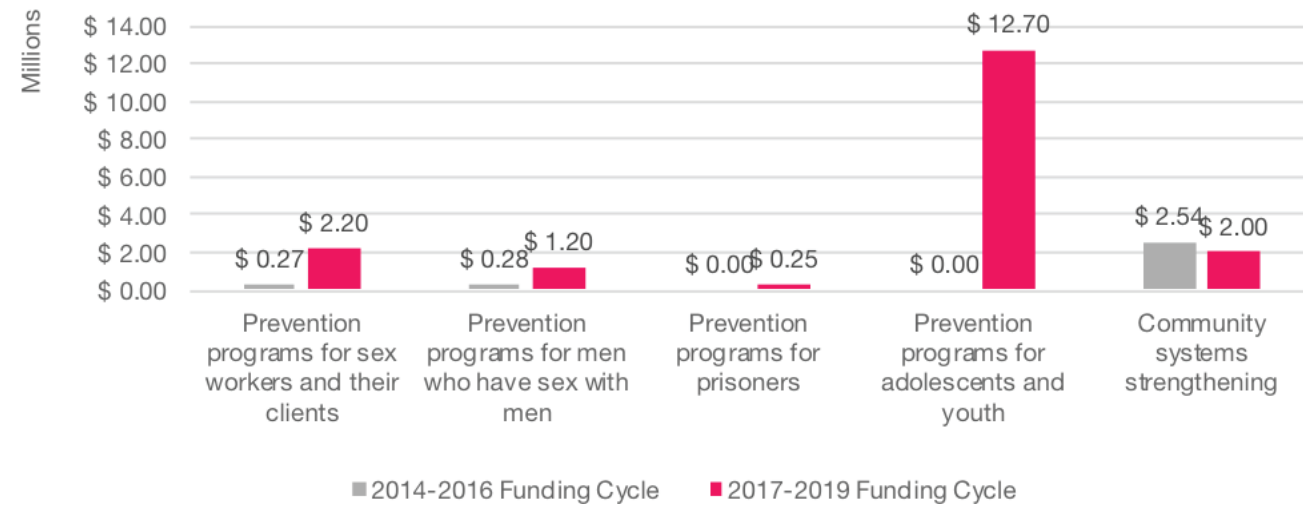


Figure 4. Comparison of Funding Requested (Within Allocation Only) for Key Modules in Malawi's Global Fund Funding Requests (2014-2016 vs 2017-2019)

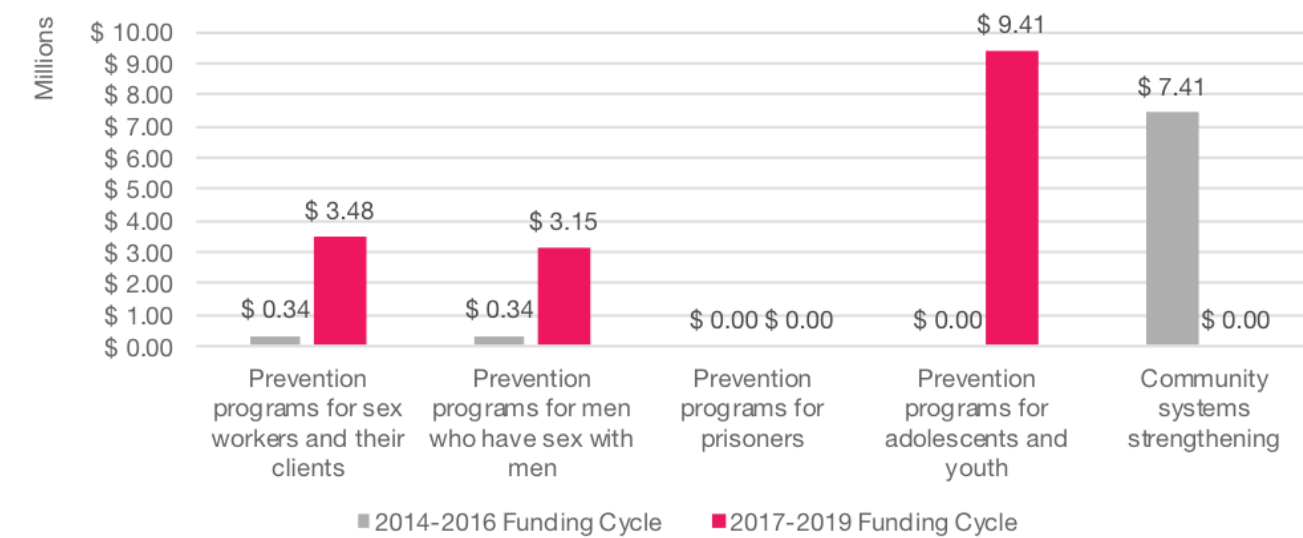


Figure 5. Comparison of Funding Requested (Above Allocation Only) for Key Modules in Malawi's Global Fund Funding Requests (2014-2016 vs 2017-2019)

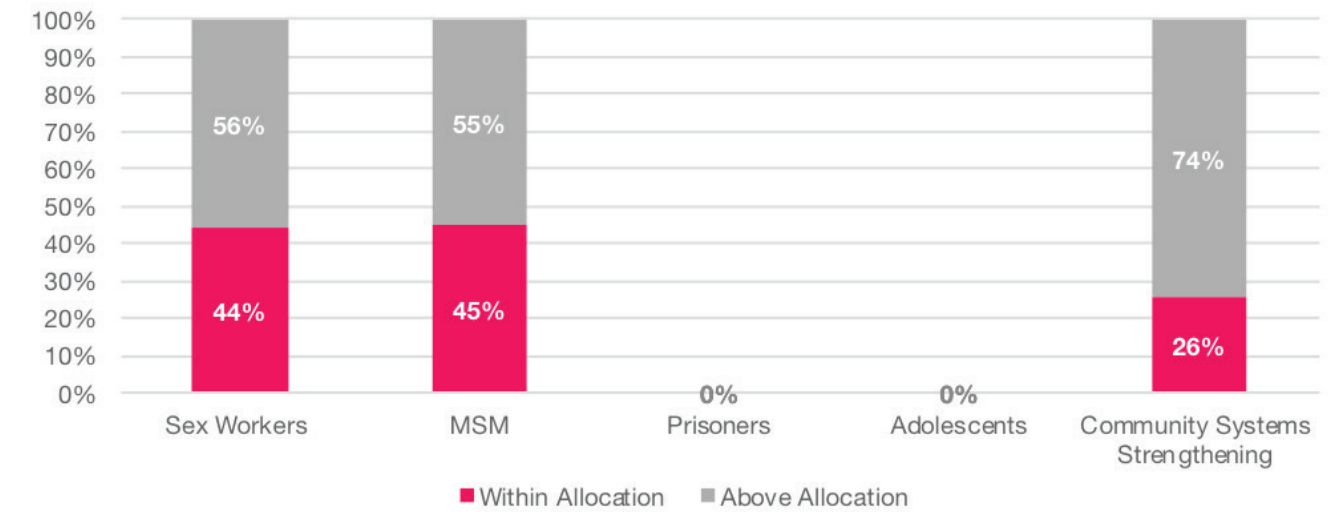


Figure 6. Comparison of Within Allocation and Above Allocation Funding Requested for Key Modules in Malawi's Global Fund Funding Request (2014-2016)

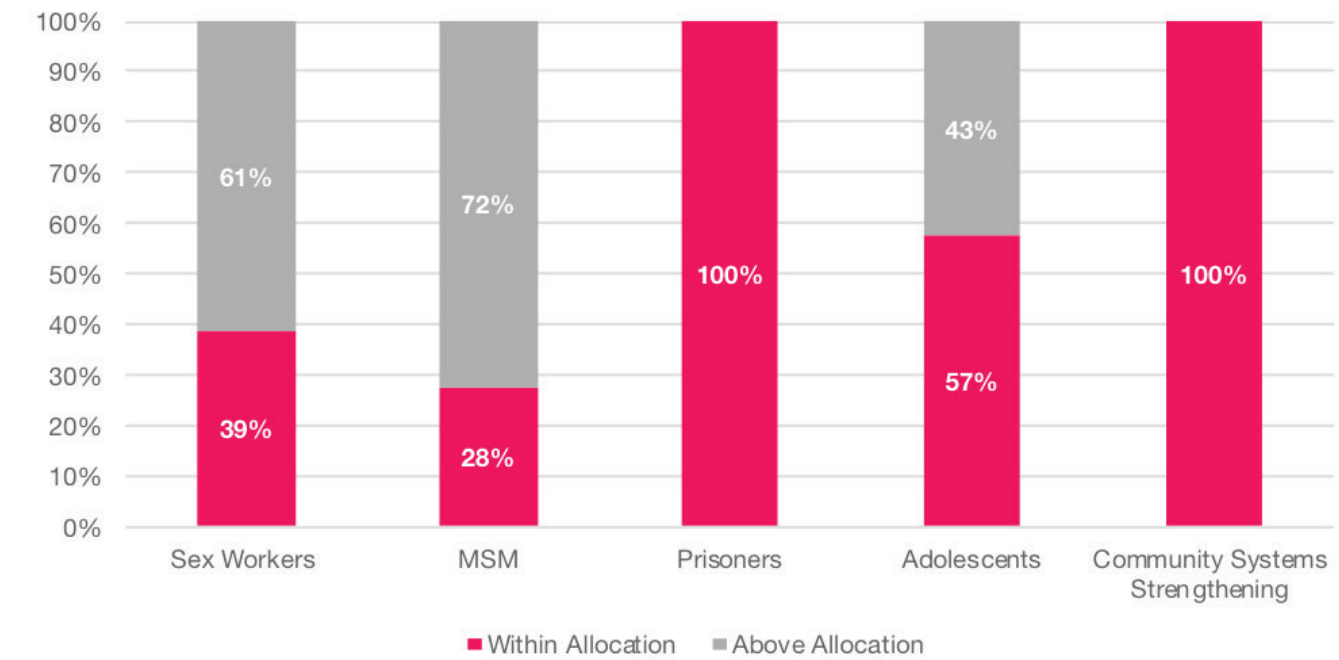


Figure 7. Comparison of Within Allocation and Above Allocation Funding Requested for Key Modules in Malawi's Global Fund Funding Request (2017-2019)

In contrast to the other modules analyzed, total funding requested for community responses and systems is significantly less in the 2017-2019 cycle compared to 2014-2016. Key informant interview data collected as part of this appraisal helps shed light on why this is the case; there is no one to champion community systems strengthening issues during the proposal writing, and there was pressure to direct funding towards human resources for health and commodities instead.

Disaggregating the total funding requested is important. If funding is requested within the country's allocation amount, it is much more likely to be funded than if it is requested in the above allocation section. Figures 4 and 5 disaggregate the data in Figure 3 between allocation and above allocation requests.

From the disaggregated data, it is clear that the within-allocation requests for key populations—while still increasing—are not as large as Figure 3 suggests. The majority of the increased funding for these populations is placed in the above allocation request. In addition, Figure 5 also reveals that the decrease in funding for community responses and systems is not in fact that significant (\$2.54 million vs. \$2.00 million). Much of the CSS funding in the 2014-2016 cycle was contained in the above allocation request (Figure 5).

Figures 6 and 7 represent the same data differently, highlighting the proportional split between allocation and above allocation funding for the modules under consideration.

Limitations and Caveats of Part I Analysis

There are two important reasons why comparing the amount of funding requested in the 2014-2016 cycle and 2017-2019 cycle needs to be taken with a grain of salt:

- In 2014-2016, the Global Fund encouraged countries to articulate their “full expression of demand” between the allocation and the above allocation, meaning that the entire funding gap should be addressed. In 2017-2019, the Global Fund instead asked countries to provide a “prioritized above allocation request”, which is equal to approximately 30-50% of their allocation amount.
- When looking at these amounts comparatively, it is also important to note that the country's 2014-2016 grant was only for a two-year implementation period (January 2016 – December 2017) whereas the 2017-2019 cycle grant is for three years (January 2018 – December 2020). When the Global Fund's New Funding Model started in the 2014-2016 cycle, some countries opted to adjust the timelines of their grants to a) align their TB and HIV grants to the same implementation schedule and b) align their grants to the calendar year.

Nevertheless, analysis of the amount of funding requested is an important exercise to gauge prioritization of certain interventions in Malawi's Global Fund-supported program, and to track progress in scale-up towards achieving national and international targets.

PART II: **Analysis of** **Program Quality** **for Communities**

In the 2014-2016 request, interventions for adolescents and youth as well as prisoners are stated to be delivered through general population interventions. The change in the 2017-2019 request to define population-specific intervention packages for these groups is a clear improvement in program quality that is more closely aligned with World Health Organization guidance.¹⁵

Further, in the 2014-2016 request, many core elements of the package for sex workers are not provided as part of one-stop-shop service delivery through a comprehensive package. Instead, they are explicitly parceled out into other modules, which are not tailored to the specific needs of key populations. For example, the 2014-2016 request states: “Care and treatment for HIV-positive FSW will be provided through the Treatment and Care module. FSW-related clinical and sensitization training for health care workers will be supported through the General Population Prevention and CSS modules.” This means the package might be delivered in a fragmented way. Evidence from Malawi suggests a “one-stop-shop” approach is best for key populations.¹⁶

In the 2017-2019 request, for AGYW, there is a significant focus on expanding the package while reducing the number of people reached. In other words, the 2017-2019 funding request makes a clear shift from ‘quantity’ to ‘quality’. In fact, the funding request states that it is reducing the AGYW reach target from 353,351 in the current grant, to 80,741 in the new one, in order to focus on expanding and improving the depth and breadth of the package of services offered.

By comparison, for FSW and MSM, the targets have significantly increased in the 2017-2019 request—by 300% and 167%, respectively—in order to scale up services. The MSM program is expanded to three additional districts (from 5 to 8). Service package details are Annexed.

For community responses and systems, the language in the 2014-2016 request was a lot more explicit about the exact activities that will be implemented, including critical human rights and gender considerations. While the other four modules appear to show significant improvement from 2014-2016 to 2017-2019 in terms of program quality, the community responses and systems module does not reflect an improved conceptualization in the 2017-2019 request.

¹⁵ World Health Organization (2016). Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. 2016 Update.

¹⁶ Kamanga, G. et al. (2018). Delivering a high-quality comprehensive package of HIV prevention, care, and treatment for key populations is possible: experience from two years of the FHI 360 LINKAGES Malawi project. *Journal of the International AIDS Society*, 21 (72-72).

Table 2. Comparison of Language in Key Modules of Malawi's Global Fund Funding Requests (2014-2016 vs. 2017-2019)

Global Fund Module	Language in Malawi's Funding Request to the Global Fund – Key Priority Areas for Communities	
	2014-2016 Funding Request	2017-2019 Funding Request
Prevention programs for adolescents and youth, in and out of school	“HIV prevention needs of adolescent girls, young women and OVC as vulnerable populations are addressed through targeted general population prevention, PMTCT and CSS funding/programming in the concept note. This includes CSS within and above allocation funding for gender and human rights sensitization, training and advocacy targeting political, community, and faith leaders and constituents, healthcare providers, and others.”	“An intensified package of layered services will target an estimated 80,741 of the most vulnerable AGYW by 2020. [...] The intensified package includes individual, family- and community-focused interventions to improve HIV prevention/sexual reproductive health (SRH) services access and utilization; reduce school drop-out and promote completion; address harmful cultural norms; strengthen gender-based violence (GBV) prevention and response; and strengthen economic viability of in- and out-of-school AGYW and their families.”
Comprehensive prevention programs for sex workers and their clients	“Funding will be invested in providing a standardized prevention package for FSW that will include peer-led risk reduction information, routine HTC and STI/TB screening, provision of male and female condoms and lubricant (lubricant will be provided by USG), facilitated referral to qualified, FSW-friendly clinical services, mobile HTC, and stigma and discrimination reduction activities for health care and community settings.”	“[Funding] will be invested in providing the full comprehensive service package to sex workers and their clients in the current 11 priority districts. This will address challenges that have hindered provision of parts of the package in the current grant, including provision of lubricants, linkage to ART initiation, and inadequate data monitoring and reporting systems. 6,000 sex workers will receive the full package by 2020, a 300% increase in the number who have been reached thus far with a partial package.”
Comprehensive Prevention programs for men who have sex with men	“Funding will be invested in the first two years for providing a standardized comprehensive prevention package for MSM to reduce risky behavior, create demand for and provide condoms and lubricant, regular HTC and STI management, and use of qualified, MSM-friendly clinical services, while reducing stigma and discrimination in health care and community settings.”	“[Funding] will be invested to increase the number of MSM receiving a comprehensive package of services from 1350 in 2017 to 3600 by 2020. Coverage will be expanded from the currently five GF supported districts to all 8 priority districts that are not covered by PEPFAR. The three additional districts will be taken on in mid-2018 when their Elton John Foundation (EJF) funding ends. A range of specific activities has been added to improve ART linkage and initiation for those diagnosed HIV positive and to strengthen M&E and reporting systems for MSM.”
Comprehensive programs people in prisons and other closed forsettings	“HIV prevention needs of vulnerable populations, including prisoners, are addressed through general population prevention programming. Prisoner-specific funding through the concept note is not being requested.”	“Strengthen the provision of a comprehensive prison service package in the country's 23 prisons. Activities include local planning, mentoring and progress reviews, peer educator training, and prison health day campaigns. This support will complement assistance provided from other sources.”
Community responses and systems	“Advocacy sessions with policy and lawmakers for the protection of human rights and reviewing laws that have punitive effect on key and vulnerable populations. [...] Training of community volunteers in community score card[s] including documenting and reporting human rights violations. Tracking of TB/HIV expenditure on gender, key and vulnerable populations, young people in national and donor funded budgets in order to advocate for Government support for HIV/AIDS activities.”	“The activities included within this module are essential activities identified by both CSOs and the National Disease Programs as cross-cutting activities that play an important role in improving community-based monitoring, advocacy, social mobilization, and institutional capacity building. Action Aid will continue as the non-governmental PR under the new grant and will be responsible for assuring the continuation of these activities. Several SR/SSRs are proposed to conduct cross-cutting community activities that focus on key and vulnerable populations. These are supplemented by community system activities also conducted by CEDEP within the HIV allocation.”

Key Strengths in Program Quality in the 2017-2019 Funding Request:

- The 2014-2016 concept note stated that it folded AGYW and prisoners into “general population” programming, whereas **the 2017-2019 funding request defines specific packages** for these populations and requests funding for them in distinct modules.
- For AGYW, the 2017-2019 funding request is **focused on quality over quantity**, stating that it is reducing targets in order to enhance the quality and comprehensiveness of the service package.
- For FSW and MSM, the 2017-2019 funding request **dramatically scales up service coverage**, increasing reach targets by 300% and 167%, respectively.
- **Structural elements are introduced** for AGYW, including gender-based violence, keeping girls in school and economic strengthening.

“The proposal mentioned adding other districts for key populations. There is an increase in the targets and the scope has also increased.”

– Key Informant Interview, 19 April 2018 (National AIDS Commission, Informant #2)

Key Weaknesses in Program Quality in the 2017-2019 Funding Request:

- **Specificity for the activities on strengthening of community responses and systems is limited** in the 2017-2019 request. The 2014-2016 request lays out a number of important activities, whereas the 2017-2019 request is quite generic about what exactly will be funded.
- Several key informants identified the **uniformity of the key populations packages** as a weakness in the 2017-2019 funding request.

“When the country is coming up with the core activities [for the Global Fund grant] we are left out. As a result, we sometimes end up having to implement ambiguous activities with uniform approaches, regardless of which population is being targeted. This is a missed opportunity.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

While the quality of programming for key populations has improved (in terms of package design, target setting, geographic scope, and budget), there is **limited specificity on the modalities for how these packages will be delivered**.

“They are well represented in the application, but maybe the shortfall is now on who is running that particular priority.”

– Key Informant Interview, 17 April 2018 (Civil society SR)

Limitations and Caveats of Part II Analysis

It is difficult to directly compare the quality of the language in the 2014-2016 and 2017-2019 funding requests for several reasons:

- The requests were likely written by different people, with different styles, level of detail and referencing approaches. The quality of one funding request may be better than another due to the consultant, or team of consultants, which put it together.
- Malawi's 2014-2016 was a full funding request. With the introduction of the differentiated application process in the 2017-2019 cycle, Malawi was assigned to submit a funding request that is "Tailored to Material Change" (rather than a Full Review). This is a shorter, more concise funding request, whereby applicants articulate triggers for changes and highlight where course corrections will be made to the current grant. This means that the 2017-2019 funding request has less detail than the 2014-2016 request due to the template assigned.

PART III: Community Advocacy "Wins" and Losses"

Part I and Part II of this appraisal establish key improvements (with some exceptions) in the funding requested and the program quality in several modules expressed as community priorities. Part III examines the extent to which community advocacy efforts during the funding request development process were able to influence some of these key areas.

The Process for Engagement in the 2017-2019 Funding Request Development

HREP describes community engagement in the 2017-2019 process in four stages:

Stage 1: Receipt of the Allocation Letter

In December 2016, Malawi received its allocation letter from the Global Fund (recall amounts in Table 1). Very few CSOs were engaged at that stage, and few attended the first briefing meeting about the letter.

Stage 2: Refinement of a CSO Community Charter on Getting to 90-90-90

In the 2014-2016 process, communities developed a priorities charter to guide their advocacy. For the 2017-2019 cycle, communities reviewed this charter and made strategic updates and additions. Table 3 highlights updated priorities for the CSO community charter in **red**.

Table 3: Updates to the CSO Community Charter on getting to 90-90-90¹⁷

1 st 90	2 nd 90	3 rd 90	"90-90-90 Plus" (cross cutting issues)
<ul style="list-style-type: none"> ▶ Targeted demand creation ▶ TB integration ▶ Community-based HTS ▶ Demand for voluntary medical male circumcision (VMMC) ▶ Reaching key populations 	<ul style="list-style-type: none"> ▶ Decongesting health facilities ▶ Advocacy for test-and-start ▶ Availability of affordable medicines ▶ Monitoring of stock-outs and malpractices 	<ul style="list-style-type: none"> ▶ Defaulter tracing (loss to follow-up) ▶ Viral load testing ▶ Addressing faith healing issues ▶ Nutrition ▶ Increasing adherence 	<ul style="list-style-type: none"> ▶ Evidence-based targets ▶ Stigma and discrimination reduction ▶ Watchdog role at health facilities and monitoring ("3rd eye") ▶ Protection of human rights – targeting those left behind ▶ Prevention!

¹⁷ By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression.

Community members highlighted the value of the updated Malawi CSO Community Charter in making the country's targets more accessible to communities, and inclusive of key populations:

“As a country—yes—we have the 90-90-90. But when it comes to the ‘everyone’, MSM are not treated as part of the ‘everyone’. Hence, our structural barriers.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

Consultation Map for Malawi's 2017-2019 Global Fund Country Dialogue

With support from ICASO, HREP convened four consultations for community engagement and priority setting for the 2017-2019 request. Ahead of the submission of the funding request to the Global Fund on 20 March 2017, community consultations were held in the following places:

- ▶ **Blantyre** (urban location-city)
- ▶ **Zomba** (rural location-village)
- ▶ **Mangochi** (rural location-village)
- ▶ **Lilongwe** (urban location-city)

This was the first time that community engagement occurred in rural locations like Zomba and Mangochi—something that communities credit with improving the quality of the funding request.

The participants in these community consultations included NGOs, CBOs, organizations of key and affected populations, key population communities themselves, including MSM, FSW, people living with HIV, ex-prisoners and vulnerable adolescent girls and young women.





‘The 2017-2019 funding cycle was the first time that community engagement occurred in rural locations of Malawi like Zomba and Mangochi— something that communities credit with improving the quality of the funding request’

Stage 3: National and Sub-national Community Consultations to Define New Priorities

The objectives of these consultative meetings were four-fold:

- To provide input into the Global Fund funding request for the 2017-2019 funding cycle
- To examine the cogent involvement of communities and explore how to ensure concrete community involvement in these processes
- To set a tone for monitoring the grants, positioning communities as efficient watchdogs
- To collate observed gaps and proffer actionable ways forward around each identified gap

Stage 4: Participation on the Writing Team and Submission of Funding Request

After setting priorities, MANASO nominated members to sit on the writing team to actually develop Malawi’s Global Fund funding request. These representatives, along with the MGFCCM members who represent communities, are tasked with ensuring community priorities get included in the funding request. Malawi submitted its funding request to the Global Fund in the first window of submissions for the 2017-2019 funding cycle, on 20 March 2017.

Appraisal of the Inclusion of Community Priorities in Malawi’s Funding Request

Though communities engaged in Stages 1-4 of the funding request development listed above, a necessary fifth stage—review of the final submission and appraisal of advocacy success—appears lacking. Several key informants highlighted this gap to ICASO.

To help address this gap, ICASO performed a rapid appraisal of the inclusion of community priorities in Malawi’s Global Fund funding request for the 2017-2019 cycle. From the country dialogue reports from these four consultations in Blantyre, Lilongwe, Mangochi and Zomba, 26 distinct priorities, across 13 Global Fund modules were identified.

Of these 26 community priorities, 9 were included in the funding request, 7 were partially included, and 10 were not included. Table 4 presents a detailed analysis.

“We are not sure how many of the priorities made it into the grant. For me, that was a gap. We need help to identify the priorities that made it or did not make it. It would be better for the same CSOs to now review the funding request and see what is there and what is missing in term of priorities — and *why?*”

– Key Informant Interview, 17 April 2018 (CSO umbrella body)

“I haven’t seen the approved request so I am not sure [what was included]. We haven’t managed to access the proposal to check.”

– Key Informant Interview, 20 April 2018 (Prisoner-focused organization)

“Am not sure those [priorities] that have made it in the grant. And I do not remember. I am not interested because that grant is going to the international organizations. I choose not to get myself involved.”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

Table 4. Rapid Appraisal of the Inclusion of Community Priorities in Malawi's Global Fund Funding Request (2017-2019 Cycle)

Global Fund Module	Community Priority ¹⁸	Level of Inclusion in Malawi's Funding Request
Prevention programs for general population	▶ Increased condom education and distribution	Partially Included The request proposes a \$5 million investment to meet the national procurement need for male condoms (female condoms to be procured by USAID) but does not mention condom education programs.
Prevention programs for adolescents and youth, in and out of school	▶ Reduce HIV incidence among AGYW through both testing and treatment of potential sexual partners (men 15-40) and primary prevention thereby interrupting the lifecycle of HIV transmission in and accelerating progress to epidemic control.	Included The request proposes scale-up of additional HIV testing modalities targeting men, including through self-testing, outreach to places frequented by men in high-HIV incidence settings, enhanced invitation and tracing of male partners of pregnant women and male partners of female family planning clients. The request also prioritizes extensive detailed primary prevention among AGYW.
Comprehensive prevention programs for sex workers and their clients	▶ Creating an enabling work environment for sex workers (safety and security)	Not Included Gender-based violence (GBV) interventions are only explicitly mentioned as part of the package for adolescent girls and young women. While GBV prevention programs and shelter services are part of the "full comprehensive service package" for sex workers in Malawi, it is not explicitly mentioned in the request.
	▶ HIV treatment adherence support for sex workers	Not Included Adherence support clubs are only explicitly mentioned as part of the package for adolescent girls and young women. The stated focus areas of the sex worker module are: (1) provision of lubricants, (2) linkage to ART initiation, and (3) data monitoring and reporting systems
Comprehensive prevention programs for men who have sex with men	▶ Access to HIV treatment for men who have sex with men	Included The request explicitly states that "a range of specific activities has been added to improve ART linkage and initiation for those diagnosed HIV positive and to strengthen M&E and reporting systems for MSM." Additional activities to strengthen MSM programming linkage to care is included in the above allocation.
Comprehensive programs for people in prisons and other closed settings	▶ Services for prison populations, including condom provision in prisons	Partially Included The request includes funding to strengthen the provision of a comprehensive prison service package in the country's 23 prisons. However, activities include local planning, mentoring and progress reviews, peer educator training, and prison health day campaigns (not explicitly stated to include condom provision).
Prevention programs for other vulnerable populations	▶ Services for marginalized populations, including women and people with disabilities	Partially Included Adolescent girls and young women, as well as women in the general population, are mentioned and included as a priority population in the request. However, people with disabilities are not included.

¹⁸ As defined by civil society and community groups during MANASO- and HREP-led country dialogue consultations, supported by ICASO and other partners.

Global Fund Module	Community Priority ¹⁸	Level of Inclusion in Malawi's Funding Request
Programs to reduce human rights-related barriers to HIV services	▶ Stigma reduction among people living with HIV	Not Included The funding request does not include the human rights module. Stigma is mentioned only once in the background section of the request, noting it as a reason for the slow start-up of the MSM program in the 2014-2016 grant.
	▶ Training of health workers in key population and human rights	Not Included The funding request does not include the human rights module. Policy briefs and guidelines for advocacy on human rights for MSM and FSW are included in the above allocation, but nowhere does the request prioritize training of health care workers in key populations and human rights activities. The country's 2014-2016 request included MSM- and FSW-related clinical and sensitization training for health care workers, so it might be that this was not deemed necessary to repeat.
HIV testing services	▶ Reaching key populations with HIV testing	Included The request explicitly mentions procurement of test kits to reach MSM and to reach the targets for FSW testing activities during the implementation period
	▶ Scale up HIV testing services in rural areas	Not Included The request is focused on scaling up HIV testing services in high-HIV incidence settings, not specifically rural areas.
	▶ Community-based HIV testing services	Not Included The request focuses on two areas: (1) provider-initiated testing; and (2) innovative strategies to reach men. It mentions that it is complementing significant investments from PEPFAR in HIV testing services, so it is possible that community-based HIV testing services are not deemed a programmatic gap.
	▶ Male engagement to increase HIV testing among men	Included The request proposes scale-up of additional HIV testing modalities targeting men, including through self-testing, outreach to places frequented by men in high-HIV incidence settings, enhanced invitation and tracing of male partners of pregnant women and male partners of female family planning clients.
Treatment, care and support	▶ Placement of CD4 equipment in rural health facilities	Not Included It appears that the funding request is focused solely on scaling up viral load monitoring. There is no mention of CD4 testing anywhere in the request.
	▶ Monitoring viral load suppression	Partially Included The request notes that other donors are supporting viral load monitoring, and that the Global Fund resources will go towards complementary point of care VL capacity to meet the need for urgent targeted VL testing. The whole programmatic gap is not covered, however, with the additional POC VL and EID commodities required being placed in the above allocation.
TB care and prevention	▶ Increased diagnostic technology for TB to reduce diagnosis time	Included The request proposes to improve quality of sputum microscopy services through assured availability of laboratory reagents and additional LED microscopes, as well as procure X-pert cartridges for testing of all PLHIV with presumptive TB. The above allocation request proposes to expand access to X-pert testing through procurement of Gene X-pert Omni devices to be deployed in rural facilities and community sputum collection points (CSCPs).

Global Fund Module	Community Priority ¹⁸	Level of Inclusion in Malawi's Funding Request
TB/HIV	▶ Test-and-start should be rolled out, together with TB screening	Partially Included The background sections of the request note that test-and-treat began in 2016, but the funding requested is not framed within that context. The request proposes to procure X-pert cartridges for testing of all PLHIV with presumptive TB, but again, not within the context of test-and-treat.
Human resources for health	▶ Increase the number of community health workers	Partially Included The request proposes to maintain the staffing levels in the current grant (rather than increase the numbers), but it also includes additional capacity building for the Health Service Commission to address recruitment challenges.
Community responses and systems	▶ Community and health center linkage, in order to increase referrals	Included The matching funds request includes initial roll out of 400 school-based referral agents to increase service linkage for adolescents and youth. Another 400 are in the above allocation. Enhancing linkage to care for MSM and FSW is also included in the above allocation request.
	▶ Involvement of community-based organizations in service delivery	Partially Included The request is non-specific about types of implementers, noting that "several SR/SSRs are proposed to conduct cross-cutting community activities." However, it does say that this module will be led by ActionAid (the non-governmental PR), and CEDEP will do community system activities in the HIV allocation.
	▶ Orienting CBOs in demand creation for HIV testing	Not Included The request focuses on two areas: (1) provider-initiated testing; and (2) innovative strategies to reach men. It mentions that it is complementing significant investments from PEPFAR in HIV testing services, so it is possible that CBO demand creation for HIV testing is not deemed a programmatic gap.
	▶ Reporting to communities and beneficiaries on grant progress	Not Included Strengthening routine reporting for health facilities is included, but feedback to communities and beneficiaries is not mentioned.
	▶ Harmonization of interventions around community oversight of the health facility	Not Included The request proposes cross-cutting activities that play an important role in improving community-based monitoring but does not specifically mention community oversight of health facilities
	▶ Coordination meetings at the district and national level	Partially Included Coordination support is included, but only for the National AIDS Commission (though including its role to strengthening civil society organizations, community structures and a decentralized response for the whole country). Coordination structures for MSM and FSW are included in the above allocation request.
	▶ Evidence-based advocacy with community data scorecards	Partially Included The request proposes cross-cutting activities that play an important role in improving community-based monitoring and advocacy, but does not mention community scorecards specifically.
	▶ Monitoring of stock outs and malpractices	Partially Included The request proposes cross-cutting activities that play an important role in improving community-based monitoring, but does not mention monitoring of stock outs and malpractices specifically.

Key Strengths and "Game Changers" in Community Priority Setting Process:

- ▶ **The process builds on priorities set during the 2014-2016 funding cycle**, enabling review of progress and a refinement of remaining gaps and needs
- ▶ **Communities participated in a briefing meeting on the Allocation Letter** from the Global Fund. Understanding the amount of money available and the rules and regulations for the application greatly helped communities to be strategic in their advocacy.
- ▶ **The process involved several iterative consultations** (rather than a once-off event), both at sub-district level and then back up again
- ▶ **Alongside Global Fund consultations, communities also attended PEPFAR multi-stakeholder engagement.** This allowed communities to understand what PEPFAR was funding, so that advocacy for the Global Fund funding request could be strategically targeted at key remaining programmatic and financial gaps.
- ▶ **Communities held a consultative meeting with the Ministry of Health's HIV Department** to understand government priorities and how communities could effectively synergize with national priorities but also ensure that no one is left behind.
- ▶ **Communities—for first time—secured a time slot to present their preliminary priorities at the national dialogue meeting.** A presentation was made on behalf of communities, by MANASO.

Key Weaknesses and Lessons Learned in Community Priority Setting Process:

- ▶ **Communities set quite a lot of priorities** (26 priorities, across 13 modules). This might dilute the effect of community advocacy if it appears as a laundry list and not a focused and prioritized agenda.
- ▶ **Community priorities are very treatment-focused.** This is possibly because the CSO Community Charter was used as a tool for identification of vantage points for CSOs in the Funding Request Development process. The CSO Community Charter is specifically structured along the three "90s", as well as cross cutting 90-90-90 activities.
- ▶ **Limited age- and sex-disaggregated priorities**, with the exception of age targets for high-risk men, and some sex-disaggregated data used to support prioritization of female prisoners.
- ▶ **Limited use of data in priorities setting**, with the exception of prisoners and community health workers.
- ▶ **Unclear methodology for setting priorities**, or for gaining consensus on priorities.
- ▶ **Priorities are not ranked in order of importance**, making it difficult to know which priorities are more important than others.
- ▶ **Priorities are often presented as individual perspectives**, making it difficult to know which priorities are a consensus among civil society and community groups, and which are discrete issues pushed by a minority of actors.
- ▶ **Priorities are not grouped, or categorized in a logical way** (aside from those in the 90-90-90 CSO Community Charter). The authors of this report grouped the priorities according to Global Fund modules for the purposes of the assessment.
- ▶ **No specific priorities for adolescent girls and young women**
- ▶ **Priorities are sometimes vague, or non-specific, sometimes appearing as a "given" to be included.** This makes it difficult to assess as an advocacy "win", since many of these priorities were likely to be included whether civil society pushed for it or not.

PART IV: Community Perspectives on Engagement

To give depth and context to the results in Parts I-III of this appraisal, Part IV shares data from 13 key informant interviews (KIIs). Interviews were conducted in Lilongwe, Blantyre and Zomba in the month of April 2018. This section summarizes the major themes from these interviews, capturing perspectives on community engagement in Malawi's Global Fund processes.

To give structure to this Part of the appraisal, a brief outline of the themes is first presented.

Part IV Outline:

Two themes focus on **successes** of the 2017-2019 funding request development process:

- ▶ **Theme 1:** Improved engagement of young women, rural populations and small CBOs
- ▶ **Theme 2:** The successful approach of setting concrete priorities

Two themes focus on perceived **challenges** during the process:

- ▶ **Theme 3:** Less robust consultation than the last funding cycle
- ▶ **Theme 4:** Initial enthusiasm, but waning participation as the process progressed

Seven themes focus on **identified gaps and needs**, highlighting areas for improvement in community engagement in Malawi's Global fund processes:

- ▶ **Theme 5:** The need for engagement to be guided by grant performance reviews
- ▶ **Theme 6:** The need for improved information feedback mechanisms
- ▶ **Theme 7:** The need for improved advocacy capacity
- ▶ **Theme 8:** The need for improved coordination
- ▶ **Theme 9:** The need for improved community monitoring of Global Fund grants
- ▶ **Theme 10:** The need to build community advocacy capacity in TB and malaria
- ▶ **Theme 11:** The need for more flexible sub-granting approaches for communities

Theme 1: Improved engagement of young women, rural populations and small CBOs

Several key informants felt the funding request development process for the 2017-2019 funding cycle engaged many new and different communities, especially rural populations and vulnerable populations that were previously excluded:

“There has been an improvement on the representation of adolescent girls and young women and key populations sitting on the CCM. Also, among those representing the community side of it.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

“I participated in meetings at MANASO with CSO groups in the development phase. There were groups representing key populations, donors and advocacy groups.”

– Key Informant Interview, 19 April 2018 (National AIDS Commission, Informant #2)

“This time around we have included an element of adolescent girls and young people living with HIV, which was not present in the previous grant. Also, the AGYW program—we have scaled from the five districts, adding two more district using the catalytic method. The catalytic [funding] itself is a major win.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“We conducted several sub-regional workshops with CSOs. We explained the whole process. We even had consultation meetings with those very small CBOs especially in order to solicit what their main priorities were. We made sure we involved the very small CSOs.”

– Key Informant Interview, 20 April 2018 (HREP, MGFCM Member)

“Several meetings were conducted to consult the on the priorities. [We] attended two consultative meetings—for Blantyre and Zomba. For [me] it was the first time to know how the process of Global Fund works.”

– Key Informant Interview, 19 April 2018 (Women's focused organization)

“Now [in 2017], we were able to go beyond Lilongwe. We were able to go subnational. The people on the ground—those that are at CBO level—had their voices added to the table in the new grant. We were also able to expand the constituencies. We included the key populations, FSW, MSM, prisoners, women and young people. In the other round [in 2015], this was not comprehensive and now we were able to get the input of these groups to the table, which does really matter [for what gets included in the grant].”

– Key Informant Interview, 17 April 2018 (CSO umbrella body)

“There has been an improvement on the representation of adolescent girls and young women and key populations sitting on the CCM. Also, among those representing the community side of it.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

Implementers noted that the consultations in non-urban areas had an impact on the geographic focus of the funding request:

“At first, we thought we would only need to do the prisons in the cities, but we innovated and also brought in prisons from districts, which was a good thing.”

– Key Informant Interview, 17 April 2018 (Civil society SR)

Theme 2: The successful approach of setting concrete priorities

“In 2017, it was MANASO that contributed a lot to CSO engagement on the ground. They also provided the agenda—the case—with their priorities. They spelled out ‘where we are looking at’, ‘what are the key issues’, ‘what are the gaps’ and so on, that [they said] should appear in the 2018-2020 grant. There were a number of CSOs that were part of the core team responsible for the drafting of the grant like MANASO, DAPP, MANET+ and a lot more.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“Development of the list of [CSO] priorities—this was a totally new [in 2017].”

– Key Informant Interview, 17 April 2018 (CSO umbrella body)

Theme 3: Less robust consultation than the last funding cycle

Despite the inclusion of previously excluded populations, and efforts by led by MANASO and HREP to convene and coordinate meaningful engagement in the funding request process in 2017, several key informants shared a sense that there is less space—or less interest—for community engagement in the 2017-2019 Global Fund processes, compared to the 2014-2016 last cycle:

“There is some community engagement process where there are meetings regarding specific target groups. That how it was with the previous grant. It seems to have been similar for the new grant, but smaller.”

– Key Informant Interview, 19 April 2018 (National AIDS Commission, Informant #2)

“If I may recall what happened in the 2015 process and compare it with the 2017 one—in terms of engagement—the 2015 was more robust. It was conducted by MIA and the CCM Secretariat, which ensured that there was a good representation of the CBO and CSOs—unlike in 2017 where the report was not available nor the group heading the process. I know that MANASO was there to coordinate the feedback on the concept note process. Maybe the shortfall was on the Malawi Global Fund CCM Secretariat, where they did not openly engage the CSO like in the last grant, in terms of giving updates.”

– Key Informant Interview, 17 April 2018 (Civil society SR)

“In 2015 everyone was involved in the process development of the concept note—the actual writing—where we had groups on specific thematic areas, and then we could provide our input. Whereas this time [in 2017] we had NAC coordinating the process, asking for data and information, and us providing it to them.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

“In the 2015 process, it was very rigorous with involvement at every level. We use to meet here. But but 2017, there is not much of that.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

“I participated in the first one—2014-2016. In the 2017–2019 one, I rarely attended, though I was invited through MANASO Secretariat.”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

“Now [in 2017], we were able to go beyond Lilongwe. We were able to go subnational. The people on the ground—those that are at CBO level—had their voices added to the table in the new grant. We were also able to expand the constituencies. We included the key populations, FSW, MSM, prisoners, women and young people. In the other round [in 2015], this was not comprehensive and now we were able to get the input of these groups to the table, which does really matter [for what gets included in the grant].”

– Key Informant Interview, 17 April 2018 (CSO umbrella body)

There are a few possible reasons for the feeling among key informants that there was less meaningful engagement in the funding request development for the 2017-2019 cycle, compared to the 2014-2016 cycle.

First, as noted in Part II, Malawi was assigned by the Global Fund to submit a funding request was “Tailored to Material Change.” Tailored funding requests are meant to focus on triggers for strategic changes to the current Global Fund-supported program. By comparison, other countries were assigned “Full Review” applications, which are more comprehensive. The tailored nature of Malawi’s funding request may be linked to the perceived difference in “space” to put forward new ideas or introduce new components into the grant. Key informants suggested there was a sense of “continuation” of the existing program, rather than designing a new one.

Second, as noted in Part III, Malawi’s funding request was submitted in the first application Window of the 2017-2019 cycle. This meant that there was limited time between receiving the allocation letter from the Global Fund (December 2017) and submission of the funding request (March 2018).

Theme 4: Initial enthusiasm, but waning participation as the process progressed

Another gap highlighted was the issues with attrition in the participation of communities, whereby communities participate meaningfully in the beginning of the funding request development process, but towards the end of the development (when it may matter more) communities are no longer at the table:

“From the beginning, we were many. But, as we were going [along], only a few CSOs were available. So was insufficient collective participation. The few that were at the table were capable, technically, but we did not have enough input from the CSOs.”

– Key Informant Interview, 17 April 2018 (CSO umbrella body)

“The key thing is that the process is voluntary on the CSO side. This is to say that the CSOs use their own resources in attending the meetings. This results in only a few attending until the end—the rest of the CSOs dropped out.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“CSO were engaged mostly from the beginning to somewhere mid-way, but when it comes to the end—the final product—usually we forget each other. There was no communication on who is going to do what at the end.”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

“Our involvement mostly stopped at consultation workshops. For the other part, most of the CSOs were [too] resource challenged to continue working on the other sections of the proposal.”

– Key Informant Interview, 20 April 2018 (Prisoner-focused CSO)

“Myself and other 10 cso representative were involved in the writing process. The main problem is that most of the times CSOs are invited to the table but they are usually not supported with funds to attend especially for the activities that are happening outside of town. So most of these writers attended the Lilongwe writing meetings. For those that took place in Salima I was the only one who attended. This affects the incorporation of the priorities.”

– Key Informant Interview, 20 April 2018 (HREP, MGFCCM Member)

“The process of developing the current round of [Global Fund] grants, we had a lot of challenges because some questions were supposed to be handled by the CSOs. The CSOs were not available and not at all responsive, which begs the question if they take the process seriously.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

“There is a need to build the capacity of the CSO beyond the grant proposal writing.”

– Key Informant Interview, 20 April 2018 (HREP, MGFCCM Member)

Previously studies have documented this “participation cascade”, where communities participate less and less as the Global Fund cycle progresses from funding request to implementation to monitoring and evaluation.¹⁸

Theme 5: The need for engagement to be guided by grant performance reviews

To improve the process, key informants suggested there is a need for grant performance reviews which involve affected communities, to guide and inform community engagement in the development of funding requests:

18 See Figure 7 of Nemande, S., Esom, K., Armstrong R. (2015). Key Populations Experiences within the Global Fund's New Funding Model in Sub-Saharan Africa. Johannesburg: African Men for Sexual Health and Rights (AMSHer). Online at <https://www.amsher.org/wp-content/uploads/2016/04/Key-Populations-ENGLISH-WEB.pdf>

“In 2015, we were starting a new funding platform and everyone was involved. 2017 was more of a continuation. If this was the case, then there is a need for a review where we could identify the gaps, review of the gains in the previous grant, how much has been achieved as a country, and what is remaining. We did not have a report.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

“Many times, you get a sense that what people are talking about when meeting the [Global Fund] Country Team is very much on the surface and very oriented to the central level. We have all these PUDRs [Progress Reports and Disbursement Requests] but the issues from the perspective of the beneficiary are not there.”

– Key Informant Interview, 18 April 2018 (Multilateral partner)

Theme 6: The need for improved information feedback mechanisms

Many key informants indicated that weak feedback mechanisms are a major limitation, hindering effective engagement in the funding request development process. Members on the MGFCCM (recall Figure 1) are tasked with bi-directional information sharing about Malawi's Global Fund grants. Communities perceive this function to be relatively weak, compromising the quality of community engagement:

“What we are lacking is mostly the awareness and the engagement with the key stakeholders. There is also no feedback [mechanism], where we can go back to the MSM and tell them ‘this is what we have gained’. This is missing.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

“CSO CCM representatives should be able to let the CSOs know that there is this CCM meeting, this agenda, and other issues to be discussed—give these people knowledge about what is supposed to happen. Because to me, representation is like the MP [Member of Parliament]—you have to go back to the people and tell the people what is going on, what are the issues, and what they would like done. There is a gap in feedback.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“There is no feedback in the case where a CSO has failed in the grant application of SR. Even the CSO's failures are not communicated. Usually NAC does that, even if you fail at beginning (the level of expression of interest).”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

“There is no knowledge of what the grant is doing on the ground—due to the lack of information on the final product. The only thing that I can say that will improve [this situation] is if the information flows to and fro in the engagement ladder. There is no feedback and that is the main problem on the ground.”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

“You are aware on how [the] CCM operates. They meet, then the expectation is that those representatives bring back feedback to their constituencies. It does happen, but I think it could be better because it is not a structured feedback. I think it should happen more in a structured way so that the voices are better heard. It does not necessarily have to be a report written down. You can use radio programs, SMS and many other platforms”

– Key Informant Interview, 18 April 2018 (Multilateral partner)

“In both of the last two Global Fund funding requests, there was no feedback on the end products. That is the biggest the challenge. What they usually ask for is the inputs from the CSOs. But whether the inputs translate into action going forward? That part is mostly missing. This creates is suspense for CSOs, and most of them are not happy.”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

Theme 7: The need for improved advocacy capacity

Though Part III of this appraisal shows that community advocacy efforts to get their priorities included in the funding request were reasonably successful—getting 16 of their 26 priorities either fully or partially included in the request—several key informants felt that community advocacy strategies in Malawi have room for improvement. In particular, communities highlighted the need for improved access to data and information, exploring different entry points, trying new negotiation strategies, and building the confidence of communities to push for their issues:

“Everything that has to do with advocacy—people think it is a confrontational thing. But it is not like that. We negotiate and we compromise. Most of the CSOs are not confident, so many people will think that they should shy away from these engagements.”

– Key Informant Interview, 18 April 2018 (SSR for MSM program, Informant #2)

“Yes—they are there—but most of the time, what I have noticed, is that they do miss a lot of these meetings and there is not much documentation being done. Sometimes, you feel like they do not have the capacity in accessing data, data analysis, and actually taking their position as CSOs—what they are actually trying to push and advocate for.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

“Even statistics were also new to most of the CSOs, as we do not have access to such data.”

– Key Informant Interview, 20 April 2018 (Prisoner-focused CSO)

“For MANASO to be able to effectively play this role they need to build their advocacy capabilities to be able to advocate with evidence.”

– Key Informant Interview, 20 April 2018 (HREP, MGFCCM Member)

“We seem not to have a clear advocacy platform, where if you’re representing the CSOs, you’re not there in your personal capacity. Rather, you are representing a constituency. And what kind of mechanisms are there for you to generate input from the CSOs and then have a position that you take to the CCM? And also communicate back the issues from the CCM to CSOs? This is not effectively communicated and as a commission we have faced a lot of fire.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

Theme 8: The need for improved coordination

Many key informants attributed the challenges with effective advocacy and engagement in the process with weaknesses in coordination structures. Informants said this led to challenges in finding common ground and joint-issues, which in turn resulted in uncoordinated advocacy among different community sectors:

“The CSOs do not have a structure to combat these barriers because the CSOs themselves are divided. Those that are working with FSW—the society accepts them better. They don’t want to go deep into the structural barriers because they will seem like they are ‘promoting’ [sex work]. In other cases, they are worried their clients will out them [so they keep quiet].”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

“Meetings like these need to be happening amongst CSOs. It would have greater impact. There is usually a lack of cooperation amongst the CSOs.”

– Key Informant Interview, 20 April 2018 (Prisoner-focused CSO)

“CSO coordination meetings would improve the feedback issues [on the CCM]. It should be among all the CSO, not only the international NGOs. They should have a forum and meet on a monthly basis. In some cases, they do invite local CSOs—but rarely.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“Mainly—there is a need for coordination through MANASO.”

– Key Informant Interview, 19 April 2018 (Youth-focused CSO)

“Gaps are also there on the CSOs’ lack of capacity to meet and engage—the lack of having an HIV/AIDS forum, which I think a month ago they have managed to establish.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

Two key informants noted that there is a general sense that coordination of CSOs is important, but that the investment case for these activities is not as strong as it needs to be:

“The coordination and leadership aspects are the weakest in Malawi right now—and it does not attract a lot of funding.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

“Everyone agrees that we need coordination, but no one is paying for it. [This is] because it difficult to link the coordination of the CSOs with the prevention and treatment activities on the ground. As a result, we do not make a good case for funding CSO coordination.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

Some of these gaps are being addressed by technical assistance partners, including The German BACKUP Initiative. One key informant noted that BACKUP is supporting a project to build CSO structures, including quarterly meetings, data management systems and (potentially) a CSO dashboard to improve monitoring.

Theme 9: The need for improved community monitoring of Global Fund grants

Many key informants felt that engagement in the development of Global Fund funding request is comparatively stronger to engagement in the oversight and monitoring of grant implementation. Several community members flagged the need for technical assistance and coordination for community-based monitoring and feedback during grant implementation:

“In the meetings that I attended, I was surprised and lost because [the SR] reported that something had happened when we did not do that thing. I had to come back and ask if we did, and we didn’t. If we had another partner we would have said ‘they got their information from that partner’, but we were the sole implementer. In the end, we did not own that report.”

– Key Informant Interview, 18 April 2018 (sub-sub-recipient for MSM program)

“On the implementation, there were activities pushed by NAC and CSOs that there should be a task force comprising of CSOs and key partners that should help with the monitoring of the 2018-2020 grant. Of course, it not yet set [up]. But this being a national project, and the CSOs being party to that, they should know what is going on.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“When you involve the CSOs in the process, it is important to go back to them and provide feedback which also—in a way—helps in their capacity building so they can now know what is happening. This will help them in playing an active role in the monitoring of the grant implementation.”

– Key Informant Interview, 17 April 2018 (CSO umbrella body)

“Country ownership becomes very important in improving efficiency and accountability. Due to the lack of capacity on the part of the CSOs to check the accountability of the PRs, SRs and SSRs—if they are properly implementing on the ground—the transparency and accountability is also very weak. As you know, the CSOs play a large role in accountability, and being on the ground where the implementation occurs. Since it is weak, no such accountability is available on the ground. There is also no checking on the quality of the process in the field in the implementation process.”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

“There is need to do more monitoring, especially to find out how the money is able to trickle down to the ground.”

– Key Informant Interview, 19 April 2018 (Women’s focused organization)

Theme 10: The need to build community advocacy capacity in TB and malaria

“CSO participation in the overall funding model is much more skewed towards HIV as oppsed to TB and malaria. When the PRS for both malaria and TB are doing something, the CSOs should also be involved. They need to became familiar with these sectors, so that at the end, we also have strong stakeholders in the field of malaria and TB in the country.”

– Key Informant Interview, 18 April 2018 (Civil Society PR)

“There are a number of forums that these CSOs have. The effective use of such forums—the already existing structures—to hold meetings in the case of TB, by the CSOs that are also dealing with the HIV [would be good]. Then let them also bring in HIV as an agenda [item].”

– Key Informant Interview, 18 April 2018 (National AIDS Commission, Informant #1)

Theme 11: The need for more flexible sub-granting approaches for communities

“There is dissatisfaction on grant-making. The organization hasn’t made it as SSR. We thought by participating, we will have a better chance at getting a grant, as we are currently looking for funds to implement our work.”

– Key Informant Interview, 20 April 2018 (Prisoner-focused organization)

“If we were a little more flexible on CSO involvement in the grant—in doing the work—we would have better products. Some of the CBOs do the work for little funding and more of the money is at the top.”

– Key Informant Interview, 19 April 2018 (National AIDS Commission, Informant #2)

“There is a general outcry that the money for HIV/AIDS is hardly reached. There are several activities like HTS and condom distribution that have suffered, due to the fact that grants are for INGOs. These do not have field presence and are not able to reach out to the CBOs.”

– Key Informant Interview, 19 April 2018 (Women’s focused organization)

“The numbers of SSRs that are to benefit from the grant has also been limited. In the last grant, we had 9 SSRs but now we have reduced to 4. The reason is that there is a need to lower the risk. Most of the local CSOs have higher risk due to corruption.”

– Key Informant Interview, 17 April 2018 (Civil society SR)

“I told the parliamentary committee to come up with ways to raise supplementary funds. One good way would be to set up an HIV fund that can be used. CBOs don’t need a lot of money even though most of the work they do have such great impact on people.”

– Key Informant Interview, 20 April 2018 (HREP, MGFCM Member)

“We could do a satellite approach where we have bigger CSO together with the smaller CSOs – who already have a network – working together before they begin to write that proposal. Then, in the process, the smaller CSOs can benefit from mentorship from the bigger CSOs. This will help deal with the selection bias during grant-making where you only get those who already have the capacity and not the ones that know what is happening on the ground.”

– Key Informant Interview, 18 April 2018 (Multilateral partner)

PART V: Good Practice Roadmap

Based on Malawi’s lessons learned, this part of the paper presents a good practice roadmap for community engagement in Global Fund funding request development processes.



Step 1: Understand the allocation letter

When the allocation letter is received from the Global Fund, it is key to understand what it says. Important parts include the amount of funding available, the disease split, and other requirements and guidance such as how much a country should invest in building resilient and sustainable systems for health. Malawi’s experience shows that few civil society organizations attended the initial briefing meeting on the allocation letter, which might have been a missed opportunity.



Step 2: Form a civil society working group, with clear leadership and accountability

To engage effectively, it is key that civil society and community groups are organized, with clear leadership and accountability mechanisms (including terms of reference for members of the group). In Malawi’s experience MANASO has demonstrated effective coordination of civil society groups, convening them for consultations and then taking their issues to the CCM for consideration, but feedback is limited.



Step 3: Request technical assistance

It can be really helpful to secure financial and technical assistance to support community engagement processes, synthesis of priorities, and advocacy road-mapping. Technical assistance for civil society and communities is available from a variety of partners, including the Global Fund, the UN Family, GIZ’s BACKUP Health initiative, among others.



Step 4: Develop an advocacy roadmap

An advocacy roadmap should include the planning stage, information collection, consultation timeline, and advocacy plan. Entry points, point people, timeframes and desired outcomes should be clearly stated.



Step 5: Review and update existing civil society priorities charters

Review priorities that communities set during the last Global Fund funding cycle, or that were set in other key processes (i.e. National Strategic Planning, PEPFAR Country Operation Planning, etc.). Malawi’s experience of reviewing and adding to its 90-90-90 priorities charter is an effective way of ensuring advocacy messages build on previous successes and challenges.



Step 6: Collect and understand current program reviews and implementation reports

Increasingly, the Global Fund encourages countries to articulate their funding requests in the context of lessons learned, especially those from current Global Fund program implementation. Several communities articulated that this step was not comprehensively taken in Malawi's most recent funding request development process.



Step 7: Conduct a data review

Successful advocacy often hinges on priorities being evidence-based. Review recent epidemiological studies, behavioral surveys and community research to see what the evidence is saying. All priorities should be linked to at least one sound piece of evidence that supports its inclusion in the funding request.



Step 8: Hold national-level civil society and community consultations

Under the leadership established in Step 2, convene an initial national-level consultation. This consultation is a good opportunity to set the general framework for priorities, with greater implementation detail to be fleshed out during sub-national dialogues.



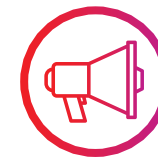
Step 9: Hold sub-national level civil society and community consultations

After the initial national-level consultation, it is critical to ensure that more and diverse communities can engage in the process. A key success for Malawi in the 2017-2019 cycle is the cascading of consultations to sub-national regions. These dialogue spaces enabled a more diverse group of civil society to provide input into the request.



Step 10: Publish a brief and simple document which lists and justifies the main priorities

Having a published list of priorities is an important advocacy tool. This should be published on the websites of the civil society working group lead, as well as the CCM (if it has a website). Publishing the document ensures that all community members can advocate with the same voice, and allows other stakeholders to access and consider community priorities.



Step 11: Advocate for priorities to be included in the funding request

Using the published priorities document, push for these issues to be included in the funding request. This advocacy can be done at CCM level, on the writing team, with the Global Fund Country Team, among other strategic entry points. It is important to push for issues to be included in both the narrative and the budget. Global Fund budget review meetings might be strategic to include in this Step.



Step 12: Review the Final Request To Assess Advocacy Wins

It is important to review the final funding request, comparing what is included (and excluded) to the priorities that were set by communities. It is important to understand the content of the final funding request, as well as to self-assess where advocacy efforts were successful, where they were not, and what the enabling and inhibiting factors might be.



Step 13: Engage in community-based monitoring and feedback

While the funding request development stage is important, staying engaged during grant implementation is arguably more critical. Community-based monitoring and feedback is vital to ensure that the program is delivered as designed. Civil society organizations have an important role to play in holding implementing partners accountable.

Recommendations

Recommendations for civil society

- ▶ **Consider setting fewer priorities**, with greater specificity and use of supporting data.
- ▶ **Ensure a strong evidence-base for priorities**, by partnering with technical agencies, NGOs or academic institutions.
- ▶ **Build alliances** and common advocacy agendas through finding common ground.
- ▶ **Follow up on the final funding request** and perform an appraisal of which priorities were included and which ones were not. Perform an analysis of why certain priorities were not included, feedback to communities, and strategize for the next iteration.
- ▶ **Improve documentation of engagement processes** so that successful strategies can be replicated and unsuccessful ones can be adjusted.
- ▶ **Engage throughout the funding cycle**—not only until the funding request is submitted. Actively engage in grant implementation through representatives on the MGFCCM, through MANASO, through the various TWGs, and through the newly-established National HIV/AIDS Forum.

Recommendations for MGFCCM members

- ▶ **Identify innovative ways of providing feedback** between the MGFCCM and the members' constituencies. The MGFCCM could explore electronic based systems for providing feedback. In particular, regular feedback between the MGFCCM and key populations is needed to enhance support of key priorities before decisions are made.
- ▶ **Applications to the Global Fund should include interventions to strengthen technical capacity of CSOs**

Recommendations for partners/technical assistance providers

- ▶ **Structure community engagement support so that it extends throughout the Global Fund grant cycle**, including funding request development, grant implementation, and monitoring and evaluation.
- ▶ **Invest in strengthening TB and malaria communities**, and strengthening HIV communities' capacity to engage in TB and malaria advocacy.
- ▶ **Invest in strengthening the monitoring, evaluation, oversight, and knowledge management mechanisms for MANASO** as the key coordinating body for CSOs. This will help ensure that lessons learnt are taken forward and used in future Global Fund funding cycles and other key national processes.
- ▶ **Support communities to improve their advocacy capabilities**, particularly in accessing and using available data.

Recommendations for the Global Fund

- ▶ **Explore creative ways of making sub-granting more flexible**, such that smaller, community-led organizations can take part in grant implementation. This may be especially important for reaching key populations in rural areas of the country.
- ▶ **Ensure enough time between issuance of the allocation letter and submission windows**, so that rigorous and meaningful community engagement can take place in the development of the request.
- ▶ **Ensure that the differentiated application process does not limit space for communities to effect change** to Global Fund grants. This is especially the case for tailored and program continuation requests.

Conclusions

There is evidence that community engagement in Malawi's Global Fund processes is improving, and leading to more responsive programming.

There is increased funding for—and quality of—key and vulnerable populations programming. It is apparent that community engagement in Global Fund processes has contributed, in part, to these improvements.

Civil society umbrella bodies are supporting consultative processes that are reaching populations previously left behind (such as AGYW and prison communities), and reaching communities in rural areas (such as Zomba and Mangochi).

Efforts to set, refine and review community priorities are underway. Analyses show marked success from community engagement in Global Fund processes, both in the 2014-2016 funding cycle, and in the 2017-2019 one. It is notable that of the 26 priorities that community set for the 2017-2019 funding request, 16 were either fully

or partially included in the final submission. Many of these priorities relate to improving the package design for key and vulnerable populations.

However, there remain plenty of gaps and opportunities for improvement. Engagement needs to continue throughout the funding model, including during grant implementation. Support for community-based monitoring and feedback is limited, which compromises civil society's ability to play its role as watchdog and for community representatives on the MGFCCM to play their role as a functioning accountability mechanism. There is a need to increase investment and support for civil society coordination, advocacy capacity and community monitoring in particular.

If recommendations are heeded, the Global Fund's grants to Malawi can be made more effective and efficient, and the country can move towards achieving its targets of ending HIV and TB.

Annex 1: List of Key Informants

Name	Position	Organization	
1	Shawn Aldridge	Technical Advisor	National AIDS Commission (NAC)
2	Joel Suzi	Behavioural Change Program Manager	National AIDS Commission (NAC)
3	Abigail Dzimadzi	Executive Director	The Malawi Network of AIDS Service Organizations (MANASO)
4	Maziko Matemba	Executive Director	Health and Rights Education Programme (HREP)
5	Masautso Nzima	Senior Strategic Information Adviser	The Joint United Nations Programme on HIV/AIDS (UNAIDS)
6	Humphrey Kamkwamba	HIV/AIDS Coordinator	Independent Schools Association of Malawi (ISAMA)
7	Robert Mangwazi	Executive Director	SRHR Africa Trust (SAT)
8	Tiferanji Vizyalona	National Program Manager	Center for the Development of People (CEDEP)
9	Rodney Chalera	Senior Program Manager	Center for the Development of People (CEDEP)
10	Innocent Malomo	Program Manager	ActionAid Malawi
11	Clement Chiwala	Executive Director	Positive Steps (Zomba)
12	Milliam Chisoni	Executive Director	Young Women's Rights (Chiradzulu)
13	Max Mdoka	Director	Prison Partners for Health Improvement and Monitoring (PPHIM)

Annex 2: Key Informant Interview Guide

1. Name of Key informant, position and organization details
2. Brief organization profile
3. HIV programming in the country how has it changed overtime (with a particular focus on civil society and community-focused interventions)
4. Would you say it has improved? Why and How
5. What key arrangements/structures have been put in place to ensure civil society participate/influence HIV programming and implementation in the country (probe for examples)
6. How relevant and effective are these arrangements
7. How have these arrangements been implemented with regards to the Global Fund grant? How effective were these arrangements in developing the Global Fund grant?
8. What key civil society priorities does your organization champion? Does the new Global Fund grant reflect your priorities?
9. How has you/your organization been involved in Global fund processes in 2017, when the last funding request was being developed and submitted? Has it been different from how you were involved in the past? Better or worse? Why?
10. Do you think key populations (men who have sex with men, sex workers, transgender people, etc.) are effectively engaged in Global Fund processes?
11. What key civil society priorities have been integrated in the new global funding grant as compared to the last one (discuss each one and how they are integrated)?
 - a. Can you think of specific "wins" for civil society in the content of the last (2017) funding request?
 - b. Can you think of specific "losses"?
12. Do you think civil society leadership on the MGF-CCM has improved? Do they hold consultations with their constituencies and does the content of those consultations get taken to the MGF-CCM and advocated for? Has this improved in recent years?
13. Are you aware of any specific initiatives that civil society members on the MGF-CCM led to engage civil society in the 2017 funding request development process? Are you aware of technical support that was provided from donors/partners to support community engagement in Global Fund processes?
14. What implementation arrangements have been put in place to ensure the implementation of these priorities (how will civil society structures be involved in the implementation of these priorities)
 - a. How are CSOs being involved in grant-making?
 - b. How many CSOs have been able to qualify as SRs and SSRs
 - c. What are some of the key challenges CSOs encounter in grant-making
 - d. What are your suggested solutions to these challenges
15. What monitoring mechanism have been put in place to ensure civil society participate in monitoring of the global fund grant? How are these arrangements different form the one in the past grant?
16. What are key challenges to CSO involvement in Global fund processes and HIV Programming in the country in general
17. Suggested solutions to these challenges
18. What kind of investments/technical support from partners/donors are the most useful in terms of supporting civil society to effectively engage in Global Fund processes and improve community content in Global Fund grants?
19. Any other comments?



icaso
until we end aids