



TOOLKIT

ICWEA Engagement in the Global Fund Processes Under the New Funding Model (NFM) of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

THE CASE OF UGANDA AND KENYA

With Support From:



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Acronyms

ARVs	Anti-Retroviral Drugs
AGYW	Adolescent Girls and Young Women
AVAC	Global Advocacy for HIV Prevention
CCM	Country Coordination Mechanism
CSOs	Civil Society Organizations
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
ICWEA	International Community of Women Living with HIV Eastern Africa
ICW-K	International Community of Women living with HIV – Kenya Chapter
JAAR	Joint AIDS Annual Review
MTR	Mid-Term Review
MOH	Ministry of Health
MoFPED	Ministry of Finance Planning and Economic Development
NSP	National Strategic Plan
NSC	National Steering Committee
NFM	New Funding Model
PC	Partnership Committee
RCNF	Robert Carr Civil Society Networks Fund
TWG	Technical Working Group
TB	Tuberculosis
WLHIV	Women Living with HIV
UAC	Uganda AIDS Commission



Acknowledgement

The International Community of Women living with HIV Eastern Africa (ICWEA) greatly appreciates the indispensable support from all our partners who enabled Women living with HIV and the networks of Women living with HIV working on gender and human rights to engage in all processes of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) under the New Funding Model. The toolkit was developed based on the experiences of women living with HIV gained overtime as we engaged at all stages of these processes. ICWEA is indebted to Robert Carr Civil Society Networks Fund (RCNF), Global Advocacy for HIV Prevention (AVAC) and Health Gap for the financial and technical support throughout the processes and over the years.

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ICWEA acknowledges all Women living with HIV who engaged, raised their voices and followed up to ensure that they informed the Uganda and Kenya's funding agenda

MAXIMIZE IMPACT AGAINST
HIV, TB AND MALARIA

BUILD RESILIENT
& SUSTAINABLE
SYSTEMS FOR
HEALTH

PROMOTE & PROTECT
HUMAN RIGHTS AND
GENDER EQUALITY

MOBILIZE INCREASED
RESOURCES

SECTION 1:

Introduction of the Toolkit

1.1 Development of the toolkit

The Toolkit on engaging in the Global Fund to fight AIDS, Tuberculosis and Malaria processes under the Global Fund New Funding Model was developed by the International Community of Women living with HIV Eastern Africa (ICWEA). ICWEA is the only regional network for and by Women living with HIV in Eastern Africa that was founded in 2005. ICWEA is a registered regional advocacy network and membership-based organization that provides visibility to women living with HIV.

ICWEA Vision:

Our vision is a world where all Women Living with HIV:

- Have a respected and meaningful involvement at all political levels; local, national, regional, and international, where decisions that affect our lives are being made;
- Have full access to care and treatment services; and
- Enjoy full rights particularly sexual, reproductive, legal, financial and general health rights irrespective of our culture, age, religion, sexuality, social or economic status/class and race.

ICWEA Mission:

A regional network, run by and for women living with HIV that promotes all our voices and advocates for changes that improve our lives.

ICWEA Core values

- Self-determination,
- Mutual Respect, Honesty, Integrity and Confidentiality
- Commitment to advocacy,
- Accountability

The toolkit was developed based on the experiences of women living with HIV who were engaged in the processes of New Funding Model for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) at community, national, regional and global levels. This was supported by Robert Carr Civil Society Networks Fund (RCNF) and Global Advocacy for HIV Prevention (AVAC) and Health Gap.

The toolkit consists of experiences of women living with HIV in In-Country Dialogues; Performance review of the National Strategic Plans (NSP) 2011/2012 in both Kenya and Uganda engaging in the Technical Working Groups under the coordination of Uganda AIDS Commission (UAC). In Kenya, women participated in Joint Inter Agency Coordination Committees (ICC) that identified their key priorities, mapped out and prioritized the key interventions and modules, participated in the Country Coordination Mechanism (CCM) and Global Fund Concept Note drafting process.

Others included implementation of the Global Fund grant as sub recipients; monitoring the implementation of the GFATM grant; and Partnerships for learning, informing, shaping and influencing the GFATM.

1.2 Background to the Toolkit

The ICWEA study, *Are Women Organisations accessing funding for HIV&AIDS (ICWEA 2014)?* revealed that to a large extent, organisations of Women living with HIV and Women's Rights Organizations, particularly organizations dealing with human rights and advocacy, were not adequately

accessing funding from the funding agencies in their respective countries, yet women comprised 59% of the adults living with HIV in sub-Saharan Africa in 2014¹. Some of these funding agencies include external Multi-lateral sources like the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the United States President's Emergency Plan for AIDS Relief (PEPFAR)². Although the world celebrated the great achievements in the fight against HIV, Tuberculosis and Malaria over the past 15 years, women and girls did not register the same progress due to structural, legal and cultural factors. The unequal power relations and gender inequalities, harmful cultural practices, Gender Based Violence (GBV) and differential treatment for girls and women in all their diversity continued to fuel a disproportionate number of new HIV infections among women, adolescent girls and young women (AGYW), and increase their overall health risks.

The 2014 ICWEA research report also revealed that most international and global forums, stakeholders and development partners in particular, held a false assumption that by putting resources in the existing global funding frameworks and mechanisms like the Global Fund and PEPFAR, access to these funds by organisations of women living with HIV and gender and women's rights organisations was guaranteed.

1 http://www.who.int/gho/hiv/epidemic_status/cases_adults_women_children_text/en/

2 (<http://www.icwea.org/2015/04/report-are-women-organisations-accessing-funding-for-hiv-aids/>)

As a result, funding that was considered to impact on girls and women were on direct service delivery and not on aspects of advocacy. For example, violation of human rights of women and girls within the health care settings and other places is the major focus of organizations of Women living with HIV and other organizations working on gender and human rights.

In 2010, ICWEA has been trying to engage in GF by responding to call for Concepts in Uganda in the round-based system. Difficulties and complexities in applying for and managing GF monies have excluded organizations and networks of WLHIV from applying for, receiving and using GF resources.

However, the New Funding Model for the GFATM paused a huge opportunity for Women living with HIV in all their diversities to participate all through the GFATM processes to ensure that their needs and priorities were considered. ICWEA capitalized on those opportunities and engaged at all levels and in various processes of GFATM. The experiences and lessons learnt formed the basis for developing this toolkit.

1.3. Purpose of the toolkit

The purpose of developing this toolkit is to help Civil Society Organizations (CSOs) Communities engaged in fighting HIV, Tuberculosis and Malaria; Networks of People living with HIV; and Organizations of Women, Gender, Human Rights and Women living with HIV to meaningfully engage in the entire processes of the GFATM starting from the a national strategic

plan development and review process, which should be an inclusive process of all stakeholders engagement, leading to development of strategies which would use critical evidence to identify barriers to services. This is in addition to good programs that need to be scaled up, concept note writing, grants making and grants implementation to ensure that continuous dialogues throughout the GF lifetime process is achieved.

The toolkit provides useful information and is designed as a reference instrument for communities who may be unfamiliar with GFATM processes as well as the experts in the GFATM processes who may be unfamiliar with how to meaningfully engage the communities affected by the three diseases. The toolkit shares ICWEA lessons learnt and best practices that can be replicated elsewhere in the world.

The toolkit also provides valuable information to other networks of Women living with HIV to exploit the opportunities that the GFATM and other funding mechanisms present. Furthermore, the toolkit will enable policymakers to use the information as a springboard to improve the mechanisms for engaging affected communities.

1.4 How to use the Toolkit

The toolkit can be used as an independent reference resource for meaningful engagement in influencing the funding mechanisms in the country like the GFATM, PEPFAR and how to be involved in any processes especially where decisions are being made. It can also be used in conjunction with other tools, depending on the country. Women's organizations including women living with HIV who are advocating gender and human rights should also refer to the Global Fund Strategy 2017-2022 for more detailed guidance. The Strategy provides an opportunity for advancing gender equality in its key strategic objectives and sub-objectives that correspond to the Global Fund Gender Equality Strategy, 2008. The 2014-2016 Gender Equality Strategy Action Plan is another tool that lays out a roadmap of how the partnership will achieve strategic and high-impact investments to promote the human rights of girls and women in all their diversity. It is very important to refer to the national and regional plans, guidelines, policies and legal frameworks that advocating advancement of gender equality and equal participation in the GF processes under the NFM depending on the country's context.

I.5 Summary of the tools developed by ICWEA

Tool #	Description
Tool 1	In-Country Dialogue: Discusses the importance of engaging communities affected by the diseases and considering their diverse needs and priorities during the process of priority setting.
Tool 2	National Technical Working Group: Highlights the importance of representation in the National Technical Working Groups during the review and/or development of the National Strategic Plans (NSPs) by the National AIDS Councils.
Tool 3	National Policy Frameworks: Discusses the importance of reviewing the relevant National Policy Framework including the NSPs.
Tool 4	Country Coordination Mechanism (CCM): Presents ICWEA's experiences of representation in CCMs and building on the strength of partnerships within the CCMs
Tool 5	Development of GFATM Concept Note: Discusses ICWEA' experience of engaging and influencing the Country -GFATM Concept Note development.
Tool 6	Implementing the GFATM Grant: Discusses the ICWEA's experiences of implementing the GFATM grant under the NFM.
Tool 7	Monitoring and Evaluation: Presents ICWEA's monitoring the implementation of the GFTAM in collaboration and working in partnership with like-minded organizations at local, national and global levels.
	Discussing Coordinating Civil Society and WLHIV engagement in the New Funding Model Process and Influencing the GF process



SECTION 2

Tools Developed Based on ICWEA's Experience

Tool #1: In-Country Dialogue:

Discusses the importance of engaging communities affected by the diseases and considering their diverse needs and priorities during the process of priority setting. The tool focuses on Uganda and Kenya.

Good practice

Facilitating the engagement of Women living with HIV in all our diversity (adolescent girls and young women (AGYW), older women, Women living with disabilities, sex workers and women living with HIV from the rural and urban areas) in the In-Country dialogues provided a big opportunity to our constituency members to participate meaningfully. They also provided input to the country reviews, Uganda National Strategic Plan (NSP) and Kenya AIDS Strategic Framework (KASF), and funding applications from Uganda and Kenya.

Good practice

Developing Issues papers that contained the gender and human rights concerns as well as the needs and priorities of Women living with HIV in a wide-consultative and participatory way by Women living with HIV in all our diversity strengthened ownership of the advocacy message

The Issues papers were developed during In-Country dialogues prior to the commencement of the NSP and KASF reviews by the respective governments. The papers were used as a tool to inform, shape and influence the old NSP review and new NSP development processes as well as drafting the GF concept note.

Funding and having access to resources was a big push towards enabling ICWEA to host dialogue meetings with Women living with HIV. We were able to set priorities of women living with HIV for inclusion in the Country Global Fund Concepts both for Kenya and Uganda.

The GFATM New Funding Model that recommended countries to engage communities was another push factor strengthened by In-country dialogues.

In-Country dialogue is an open and inclusive conversation which goes beyond the CCM representatives to reach out to various stakeholders involved in the response to the three diseases including the communities living with and affected by the diseases. The purpose of In-country dialogues is to identify needs and concerns, work on national strategies to respond to them, build resource mobilization efforts and prioritize programs that will have the most impact. In-Country dialogue is an ongoing process. It begins before the development of the GF application and continues throughout the implementation of the GF grant.

Consultation with Women living with HIV in all diversity

ICWEA carried out consultations in Uganda and Kenya with individuals, networks and organizations of women living with HIV representing women with disability who are living with HIV, women living with HIV and engaged in sex work, women living with HIV from the rural areas, women living with HIV from urban areas, and young women living with HIV.

The overall objective of the consultation was to identify the gaps in the old NSP from the perspective of women living with HIV including AGYW that informed the priority setting for the revised NSP and GF concept note.

Agenda for In-country dialogue facilitated by ICWEA

1. Arrivals, registration, introduction of participants, and welcome remarks
2. Presentation of the meeting objectives
3. Presentation on the Global Fund new funding model
4. An update on the processes for the development of the revised National Strategic Plan
5. An update on the processes for the development of the Global Fund Concept Note
6. Group Work:
 - Divide the participants according the thematic areas in the NSP (where it exists)
 - Each group to identify the needs and problems faced by women and girls from a perspective of Women living with HIV
 - Prioritize the problems identified from each of thematic areas
 - Propose recommendations for consideration in the new NSP
 - Plenary discussion
7. Allow participants to volunteer and join a small taskforce that will be tasked with synthesizing the meeting report and draft an Issues paper for informing the NSP review processes, drafting of the new NSP and development of the GF concept note.

Tool #2: National Technical Working Group:

Discusses the importance of representation in the National Technical Working Groups during the review and/or development of the National Strategic Plans (NSPs) or AIDS Strategic Frameworks (ASFs) focusing on Uganda.

During the mid-term review (MTR) of the NSP 2011/2012 - 2014/2015, Uganda AIDS Commission (UAC) formed four Technical Working Groups (TWG) which worked with and guided Consultants on the following four thematic areas:

TWG 1: Prevention;

TWG 2: Care and Treatment;

TWG 3: Social Support and Protection;

TWG 4: Systems Strengthening which had three sub-

TWGs (Human Resource, Infrastructure and Governance; Monitoring and Evaluation; and Financing and Costing).

Good Practice

ICWEA successfully lobbied for the establishment of a 5th Technical Working Group: Gender and Human Rights (GHR). This was achieved after ICWEA argued that gender and human rights issues remain cross-cutting issues in all the thematic areas for the three diseases. ICWEA chaired GHR TWG during the MTR of the NSP processes and drafting of the new NSP. The GHR was later institutionalized by Uganda AIDS Commission which led to the establishment of the Gender and Human Rights Desk with an officer recruited in 2016 by TASO as the GF Principle Recipient (PR)

ICWEA strategized and ensured representation of women living with HIV in each of the TWG. This enabled the constituency of women living with HIV to influence from inside. Each of the chairpersons of the TWGs and their respective members were availed with the Issues paper for reference. The paper contained gender and human rights concerns which were collectively identified by Women living with HIV after reviewing the NSP with technical guidance from the representatives of the PLHIV in the CCM. It also entailed the needs and priorities of Women living with HIV for consideration in the new NSP.

The representatives of Women living with HIV in the TWG played a key role in ensuring that the gender and human rights concerns which were identified by Women living with HIV were included in the report of the MTR of the NSP processes (which involved literature review and field-based inquiry). The outputs by the Consultants and TWGs were shared with the National Steering Committee (NSC) for further guidance, which in turn provided updates to the Partnership Committee (PC).

Lessons learnt

- **Sharing documented priorities of Women living with HIV with members of the TWG for reference and being present around the tables where strategic decisions about the three diseases were made contributed a great deal to sensitivity in the language used and inclusion of gender and human rights concerns in the new NSP.**

Tool #3: National Policy Frameworks:

The tool discusses the importance of reviewing the relevant National Policy Frameworks including the NSPs/NSFs focusing on Uganda.

The GFATM NFM encourages countries to base their funding application on a country's investment case or its National Strategic Plan for the diseases. ICWEA convened a Technical Working Group composed of women living with HIV to review the Uganda investment case and assess its performance in the implementation of NSP 2014/15 - 2014/15 and the reports on the implementation of the AIDE Memoir for 2012, 2013 and 2014.

The TWG split into two groups. One team was tasked to carry out a literature review of public documents while another team was commissioned to carry out field-based inquiry and on-line inquiry by contacting the service providers and users in all the regions of the country. The findings of both teams informed the advocacy agenda during the GFATM processes of developing the NSP and Country GF proposals, grant making process and the implementation of the grants in-country.

ICWEA organized the CSO's national consultation workshop on the NSP 2011/2012 - 2014/2015 which brought together CSOs of key populations, gender equality and women's rights organizations, human rights organizations and Community-

based organizations to facilitate effective consultation and build a critical mass and support for our priorities.

The overall objective of the workshop was to generate views from the participants regarding the NSP performance under review, identify the gaps and proposals for the new NSP.

Agenda for the wider CSO Consultation workshop on the NSP 2011/2012 – 2014/2015

1. Presentation of the Inception report on the NSP MTR as shared by the Team Leader of the Consultants working on the MTR of the NSP
2. Presentation of the report by women living with HIV on the implementation of the old NSP
3. Divide the participants according to the five NSP thematic areas to review the performance of the government and propose recommendations under each thematic area below.
 - i. Health Systems Strengthening;
 - ii. Care and Treatment;
 - iii. Gender and Human rights;
 - iv. Prevention; and
 - v. Social Support and Protection
4. Plenary discussions of the outcome of the group work
5. Form a small taskforce to synthesize the meeting report, further review other relevant documents and develop an Issues paper for submission to the

consultants and TWG working on each thematic area and the GF Concept Note drafting team

6. Follow up and participate in the CCM meetings as observers.

The outcome of the CSOs consultation workshop was a submission that was shared with the members of thematic consultants, TWGs and National Steering Committee for the NSP's MTR.

ICWEA builds on the strengths of networking, collaboration and partnerships with CSOs working on Gender, Human Rights, the three diseases and key populations. The CSO's consultation workshop presented an opportunity for building synergy around the concerns that were earlier identified by Women living with HIV.

The concerns and priorities of Women living with HIV that were in the Issues paper were included in the submission that was developed by the wider CSOs working on Gender, Human Rights, three diseases and key populations. The final issues papers were submitted to the Lead Consultants for the NSP/KASF Reviews and Development and the GF concept note for the respective countries.

Good practice

ICWEA made sure that women living with HIV were members in all the Thematic Technical Working Groups that were established. This enabled them to have access to all the NSP Review reports in time to inform our advocacy agenda and push for the priorities of women living with HIV.

Good Practice

Making use of the media to publicize and make our priorities known broadly at a press conference.

ICWEA provided input to the whole process of the NSP review and the development of the new NSP 2015/2016 – 2019/2020. To communicate widely this important engagement, ICWEA in collaboration with the wider CSOs working on gender, human rights, three diseases and key populations convened a Pre-Joint AIDS Annual Review (JAAR) press conference and disseminated a statement which contained the concerns/gaps in the old NSP and the recommendations for the new NSP.

Good Practice

Eyes on the Ground and inviting self to meetings

Women living with HIV never waited to be invited to meetings. The moment we learnt about them, we took ourselves there, pushed our way in and where women needed to be transported, we provided some transport. Our agenda was already drawn, our mission set and all we needed was inclusion of our issues and priorities. As a result of this advocacy and hard work, most of the recommendations proposed by Women living with HIV and other organizations working on gender, human rights and key populations were considered in the current NSP 2015/2016 – 2019/2020.

WLHIV AT THE CENTER OF THE NATIONAL AND COUNTY HIV&AIDS RESPONSE



Who We Are

We, Kenyan women living with HIV (WLHIV) from the organizations and networks of women living with HIV (young; older women; women with disabilities; and engaged in sex work) representing most of the counties of Kenya participated in two consultative meetings for priority setting from our perspective for informing the process of development of the Kenya HIV and AIDS Strategic Framework 2014/15 – 2018/2019 and for the Global Fund Concept Note drafting process on October 4, 2014 at Olive Gardens Hotel and on 21st-23rd October 2014 at Silver Springs Hotel. This meeting was held in line with the principles and requirements for the New Funding Model (NFM) for Global Fund for Tuberculosis, HIV and AIDS, and Malaria Prevention.

As the International Community of women living with HIV, Kenyan Chapter (ICW- K); we welcome the fact that there is need to increase visibility and involvement of Women Living with HIV (WLHIV) in Kenya at **all decision making levels**.

ICW- K expressly welcomes the fact that WLHIV in Kenya can unite, only in this way can a “level playing field” be achieved, a basic prerequisite for advocating favorable policies at both devolved and national levels.

This paper aims to provide a position statement by girls and women living with HIV; of the need to have girls and women living with HIV in Kenya at the center of the national and county HIV and AIDS response.

Why Women and Girls Living with HIV

Statistically, Kenyan women and men as well as girls and boys are disproportionately affected by HIV, tuberculosis (TB) and malaria disease burden. Women aged (15-64 years) have a higher HIV prevalence (6.9%) compared to their male counterpart (4.4%) same age group. Young women aged (20-24 years) are 4 times more likely to be infected (4.6%) compared to their male counterpart (1.3%) same age group (Kenya AIDS Indicator Survey, 2012).

The evaluation of the previous KASP III revealed that despite the various successful interventions towards mitigation the impact of HIV and AIDS, women and girls continue to face challenges in accessing HIV prevention, treatment, care and support services that are compounded by an acute unmet needs for FP and SRHR services for WLHIV which potentially limits their access to health services and information.

Therefore the participation and inclusion of WLHIV in the development, implementation and monitoring of the next KASF and other related policies, strategies ad programs at county and national level will ensure increased access to services by women and girls and reverse the trend of the epidemic at both the national and county level.

Tool #4: Country Coordination Mechanisms (CCMs): Discusses ICWEA's experiences in CCMs and building on the strengths of partnerships within the CCMs to include priorities of Women living with HIV such as gender and human rights.

ICWEA lobbied and worked hard to ensure that women living with HIV and members of ICWEA in Kenya, Uganda and Burundi were elected to the Country Coordinating Mechanism (CCM). At least two members of ICWEA in Kenya (ICW-K), one in Burundi and one in Uganda were successfully elected as members of the CCM representing the three diseases.

Having our own on CCM enhanced our advocacy because they facilitated easy access to information that strengthened our messaging but also we furnished them with timely information to facilitate their effectiveness at the CCM proceedings.

Good practice

Lobbying successfully to be represented at the CCM and supporting our representatives with accurate information to perform, allowing them time to engage in CCM related work and providing them all the support needed for effective engagement and meaningful representation. Our advocacy was further enhanced by creating social media platform (ICWEA WhatsApp Group on Global Fund with members from East Africa) through which our CCM representatives provide feedback to the constituency members and consult with the constituency for input.

Global Fund Strategy 2017-2022: Investing to end epidemics – detail

1. MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA	2. BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH	3. PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY	4. MOBILIZE INCREASED RESOURCES
<p>1a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases</p>	<p>2a. Strengthen community responses and systems</p> <p>2b. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery</p> <p>2e. Strengthen data systems for health and countries' capacities for analysis and use</p>	<p>3a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights</p> <p>3b. Invest to reduce health inequities including gender- and age-related disparities</p> <p>3c. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services</p> <p>3d. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes</p> <p>3e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes</p>	<p>4d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models</p>

Tool #4: Country Coordination Mechanisms (CCMs):

Discusses ICWEA's experiences in CCMs and building on the strengths of partnerships within the CCMs to include priorities of Women living with HIV such as gender and human rights.

The CCM is a very important policy making organ within the GFATM. It brings together multiple stakeholders to collectively identify country needs, design programming, and oversees implementation of GFATM supported interventions. It is composed of many categories of representatives such as the government, private sector, researchers, service providers, civil society organisations and communities living with and/or affected by HIV, TB and malaria.

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Tool #5: GF Concept Note development:

Discusses ICWEA' experience of engaging and influencing the GFATM Concept Note development

According to the New Funding Model (NFM), the applications for the Global Fund are submitted in the form of a concept note. This is quite different from the proposals that were submitted under the round-based system of the GFATM.

The Country Coordinating Mechanism is responsible for developing and submitting concept notes according to the outcomes of the In-Country dialogue and the Country NSP/Investment Case.

ICWEA considered this step very important and lobbied for participation in drafting the concept note. In Uganda, ICWEA, through the coalition on financing was able to lobby the CCM Secretariat to include two of the coalition members including a woman living with HIV (who is a staff member of ICWEA) on the writing team for the Uganda Global Fund Concept Note.

Good practice

ICWEA's representation on the concept note drafting team was an achievement. Most importantly, our representatives were supported throughout the process with additional accurate and timely information since the concept writing was based on evidence. We forget partnerships with members of the writing teams working on different thematic areas to make sure that in each of these groups, our issues were not left out.

In Kenya and Uganda, ICWEA followed through to make sure that priorities set out in the respective Issues papers for both countries were not left out as the process progressed.

Strengthening the Voices and Participation of Women and Networks of Women Living with HIV in the GFATM process

The lack of or limited voices of Women living with HIV on CCMs meant that even when priorities of women living with HIV were initially raised, they were frequently not incorporated, prioritized, funded and/or implemented. ICWEA sought resources from Robert Carr Civil Society Network Fund (RCNF) and build capacity through training of women living with HIV in the three countries (Uganda, Kenya and Burundi). The trainings empowered them to meaningfully and effectively engage in GFATM processes such as planning, implementation and monitoring at the country level; understanding gender analysis; and embedding gender in the New Funding Mechanism and HIV responses.

The workshops brought together representatives of Women living with HIV, PLHIV organizations and communities and CCM representatives of PLHIV and TB.

Through our work, we have seen an increase in the number of women engaging in CCMs who have been effective in representation, participation and influencing of processes.

Lessons learnt

- Capacity Building and enhancing knowledge is a key entry point to greater and effective engagement. The workshops enhanced the capacity of membership to meaningfully participate and engage in Global Fund governance, programme development, implementation, monitoring and evaluation at global and national levels.
- Expertise from other regional organizations with experience, CCM representative and the PRs were a resource to the workshops.
- The training opportunities supported the women living with HIV to open up for greater engagement to ensure that they can access direct and indirect funding and continue their advocacy so that the Global Fund programmes can respond to their needs at country level.



Tool #6: Implementing the GF Grant:

Discusses the ICWEA's experiences of implementing the Global Fund grant under the New Funding Model.

In Uganda, ICWEA working in partnership with Uganda Network on Law Ethics and HIV (UGANET), National Community of women living with HIV (NACWOLA) and Maama's Club engaged meaningfully with the Principal Recipients and are currently the sub- recipients and implementing the gender and human rights component on the Uganda Global Fund Grant.

Best Practices

ICWEA and other CSOs with a specific niche were ready to face up to the Principal Recipient and articulate this aggressively and with a determination to win. The ability to agree to work while positioning ourselves as a consortium brought in a rich experience and different expertise but all focusing on one issue of fast tracking the Global fund processes.

Tool #7: Monitoring and Evaluation:

Discusses ICWEA's monitoring the implementation of the GFTAM in collaboration with like-minded organizations at the local, national and global levels.

ICWEA in collaboration with other CSOs continued with the in-country dialogue to ensure high impact of the funding. ICWEA collaborated and networked with other CSOs and stakeholders including policy makers and technocrats in line-ministries, CCM, law enforcement agents and others to ensure that the implementation is consistent with what was proposed within gender and human rights framework.

For instance, a team from Global Fund Delegations came to Uganda in response to CSOs' call to action against stock out of ARVs and TB drugs in 2015. Uganda was among the countries that faced stock out of life-saving drugs (HIV treatment – ARVs and TB drugs). ICWEA in collaboration with other like-minded CSOs took the initial step to engage with the technocrats and policy makers from the line ministry and CCM. However, when the situation could not be rectified, media was engaged and it publicized the status quo. Other follow-up actions are highlighted below.

Good practice

Information sharing through various channels and connecting the voices of the communities with the policy makers at the national, regional and global levels was paramount for evidence-based response.

Establishing rapport with the media and engaging the media in advocacy amplified our voice and facilitated quick response where there were unmet needs of Women living with HIV. Media is a key tool in ICWEA's advocacy efforts which can be replicated by other countries.



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