Report on the HIV and TB Financing Activist Workshop

Strengthening Key Population Advocacy for the Best Use of Global Fund Resources and Sustainable Funding for HIV & TB in Botswana, Malawi and Tanzania

March 9-13, 2015

Aviator Hotel, Johannesburg, South Africa

ARASA AIDS & Rights Alliance for Southern Africa

ITPC INTERNATIONAL TREATMENT PREPAREDNESS COALITION

MSMGF

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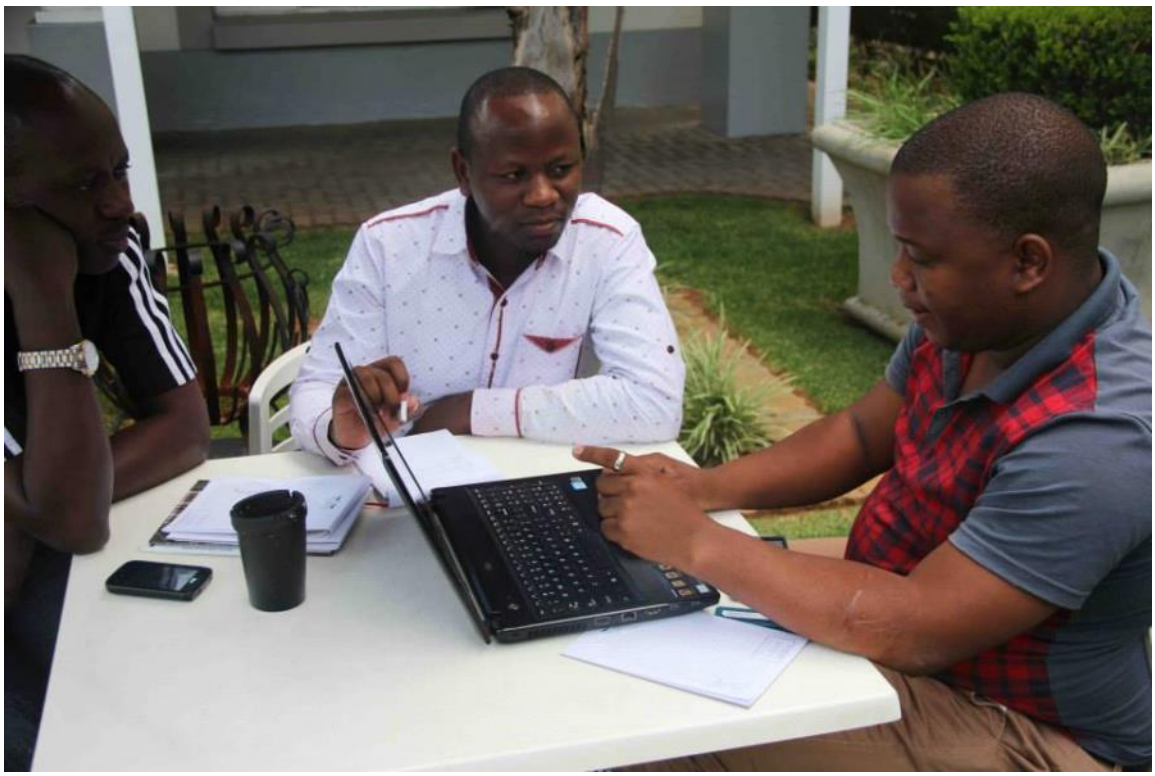

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARASA	AIDS & Rights Alliance for Southern Africa
ASO	AIDS Service Organisation
AU	African Union
CCM	Country Coordinating Mechanism
CEGAA	Centre for Economic Governance and AIDS in Africa
CN	Concept Note
COP	Country Operational Plan
CRG	Community, Rights and Gender Committee
CSO	Civil Society Organisation
CSS	Community Systems Strengthening
FBO	Faith Based Organisation
GAC	Grant Approval Committee
GF	Global Fund to fight AIDS, TB and Malaria
GIZ	German Backup Initiative
HIV	Human Immunodeficiency Virus
ITPC	International Treatment Preparedness Coalition
KP	Key Population
LGBTI	Lesbian, gay, bisexual, transgender and intersex persons
M&E	Monitoring and Evaluation
MSMGF	Global Forum for Men who have Sex with Men
NFM	New Funding Model
PEPFAR	President's Emergency Plan for AIDS Relief
SADC	Southern African Development Community
SALC	Southern African Litigation Centre
TNCM	Tanzania National Coordinating Mechanism
TRP	Technical Review Panel
RCNF	Robert Carr civil society Networks Fund
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS

About ITPC and ARASA

The International Treatment Preparedness Coalition (ITPC) and AIDS and Rights Alliance for Southern Africa (ARASA) have entered into a strategic partnership to improve human rights and treatment access in southern and east Africa. The ITPC's vision is "a longer, healthier more productive life for all people living with HIV" through enabling communities in need to access optimal HIV treatment. ARASA has a vision of a southern and east Africa in which all people are able to access and enjoy their fundamental human right to health. The organisation aims to achieve this by promoting a human right- based and gendered response to HIV, AIDS and TB in southern and east Africa through capacity strengthening and advocacy.

Through the support of the Robert Carr civil society Networks Fund (RCNF), ITPC and ARASA are working to promote a human rights-based response to HIV and TB that enables communities in need to secure access to optimal and affordable HIV and TB prevention and treatment. In 2015, the partnership works to equip key population leaders with tools, skills and capacity to ensure that Global Fund (GF) and other funding resources are used for the right interventions at country level.

Executive Summary

From 9 to 13 March 2015, ARASA and ITPC hosted 13 key populations, human rights and treatment activist leaders from Botswana, Malawi and Tanzania for an activists workshop titled: "Strengthening Key Population Advocacy for the Best Use of Global Fund Resources and Sustainable Funding for HIV & TB in Botswana, Malawi and Tanzania".

Participants were drawn from strategic organisations led by and serving people who use drugs, sex workers, women and LGBTI populations in the 3 focus countries. Experts from the Global Forum on MSM (MSMGF), the Southern African Litigation Centre (SALC), the Centre for Economic Governance and AIDS in Africa (CEGAA) and the GF itself also contributed to the workshop. ARASA staff and ITPC's Regional Coordinators in West, Central and East Africa, who are leading community monitoring projects supported by the German Backup Initiative (GIZ) also supported the facilitation of the meeting and group discussions.

The meeting was a forum for information-sharing and advocacy agenda-setting through lively debates and discussions. Key issues that emerged during the course of the 5 days included the following:

* Key population groups require sustainable support to ensure active, informed and consistent participation in the Country Coordinating Mechanism (CCM) and other funding platforms and processes. This support should include investment in communications mechanisms, which facilitate consultation and feedback to members of their constituency at all levels;
* Participation of key population groups on Country Coordinating Mechanism (CCM) and other funding platforms and processes should move beyond discussion of challenges faced by key populations to translate into political will and allocation of resources for programming that addresses the needs of those most affected by HIV and TB;
* Advocacy for investment of GF resources in interventions that address challenges faced by key populations should not only focus on the concept note development stage and should continue throughout the entire GF grant-making process and beyond to ensure that there is actual programming, budgeting, implementation as well as ongoing monitoring and evaluation of interventions addressing the needs of key populations;
* Although there are isolated efforts underway in the 3 focus countries to advocate for investment of domestic resources for sustainable HIV and TB responses, this advocacy should be strengthened; and
* There is a need to build capacity of key populations and their allies to undertake health finance and budget analysis and tracking as a means to strengthen the evidence-base for effective advocacy for domestic HIV and TB financing.

The meeting culminated with each country developing (either joint or by organization) a peer- and facilitator-reviewed advocacy work plan that would form part of their application for direct support through a closed request for proposals from ITPC/ARASA.

Aim of the Workshop

The aim of the HIV and TB Financing Activist Workshop was:

To equip key populations, human rights and treatment activist leaders with knowledge, skills, tools, resources and opportunities to ensure that Global Fund resources are used for evidence-based interventions that support those most affected by HIV in their country; and

To increase the capacity of participants to advocate for sustainable financing solutions from their governments and other key stakeholders/ donors.

Objectives of the Workshop

The objectives of the Workshop were to allow participants and facilitators to interact and share information, knowledge and skills based on their collective experience and the participants' national realities (gains, gaps and challenges), in order to:

1. Review the fundamentals of **HIV and TB financing**;
2. Discuss the **Global Fund as a mechanism for funding** HIV and TB and the Global Fund New Funding Model;
3. Discuss **HIV and TB financing advocacy**;
4. Determine advocacy entry points and issues at country, regional and global level and explore ways to expand **advocacy for increased national and international investment** in community-led evidence informed human rights programming
5. Undertake strategic small group work for the **development of action plans / capacity strengthening and advocacy plans** for activists to cascade the learning to their peers at country level, expand and strengthen meaningful engagement of key populations across Global Fund related processes and platforms and advocate for better investment of Global Fund and other resources; and
6. Explore **opportunities for further collaboration** and support among organizations and with ARASA/ITPC.

Expectations

The participants gave the following perspectives on what they hoped to achieve during the 5 day workshop:

* Understand more about the involvement of key populations (KPs) and civil society organisations (CSOs) in the Global Fund to fight AIDS, TB and Malaria concept note development process, including
    1. Finding out about the levels of involvement of KPs and CSOs in different countries;
    2. Discussing challenges in the country dialogue process;
    3. Identifying how to strengthen the involvement and inclusion of key population's issues in country dialogues, including how to access funding to do so; and
* Identifying how to feedback information from the GF to their constituents
* Discuss strategies and develop clear action plans for strengthening GF and other funding for engaging governments on integrating key populations / human rights issues, through appropriate interventions, in national plans and budgets

Share country experiences and efforts towards sustainable HIV and TB financing.

A workshop evaluation was conducted at the conclusion of the workshop to assess the extent to which the workshop met its objectives and how it can be improved in the future. The evaluation found that the expectations of 71% of all participants were definitely met, while 29% of participants stated that their expectations were somewhat met. None of the participants responded that their expectations were not met at all.

Further, 57% of participants found all sessions / topics useful while 21% found the sessions on the basics of the Global Fund most useful and 14% found the sessions on domestic financing most useful. 31% of participants responded that budget monitoring was the most important thing they learnt from the workshop while 82% of respondents agreed that they would like to have domestic financing covered in more detail in future workshops of this nature.

Several participants mentioned that the highlight of participating in the workshop was the sharing of experiences with participants from other countries as this allowed a reflection on what has worked and what has not worked well in regards to KP engagement in Global Fund and other donor processes and platforms. The main challenge encountered during the workshop as reported by the participants was the limited amount of time allocated to the workshop as "a lot of topics were covered [with], little time to digest".

Outcomes of the Workshop

The outcomes of the Workshop were the following:

* Participants shared information and experiences regarding HIV and TB financing, their country experiences with the GF NFM, their achievements, lessons learned, challenges and gaps as well as opportunities
* Increased knowledge: Pre and post session tests were conducted throughout the workshop to assess the extent to which there was a shift in the participant's knowledge of the specific topics covered. An analysis of the results showed that there was a 56% change in the average score (using 11 pre-tests and 11 post-tests) following the session on the basics of the Global Fund (including the New Funding Model). Following the session on treatment access, there was a 78% change in the average score. Likewise, the average correct responses increased from 75% to 84% following the sessions on advocacy and budget monitoring.
* Targeted advocacy activities and plan at country level (See Country Advocacy Plans)

Since the workshop, participants have continued to share updates on their engagement with Global Fund and other donor processes and platforms through the kp_financing email list, which was established for this purpose. In addition, ARASA and ITPC conducted an outcome/ impact assessment with the participants of the workshop in June to capture the medium term outcomes / impact of the workshop. Although only 5 (from Tanzania, Botswana and Malawi) of the 13 participants have responded to the survey by the time this report was published, the reflections they provided were quite insightful.

For example, all 5 participants stated that the skills they acquired through participation in the workshop include how to make use of new or existing opportunities to influence funding for key populations (Global Fund or other) as well as how and where to participate in national government budget decision-making processes and how to prioritize and develop a plan around key issues in your country using a rights-based approach. All 5 respondents also stated that these newly acquired skills and competencies aligned very well with their organisation's advocacy efforts as all 5 respondents have used these skills to further the work of your organization by participating in national Global Fund and other donor (PEPFAR) processes since the workshop. All 5 respondents also stated that they have shared information and resources on HIV and TB Financing with other organisations while 3 stated that they have discussed domestic HIV and TB Financing with government officials and other stakeholders. All 5 respondents also stated that they have been able to use the resource materials provided during the workshop to further the work of their organization. Two respondents reported that they have trained other organisations on HIV and TB Financing while 4 respondents stated that they have developed project proposals related to HIV and TB Financing (which could include proposals for the grants provided by ARASA and ITPC as part of this project).

A respondent reported that they have met with PEPFAR officials and other partners (who did not participate in the training) to inform them about the project and explore how they can engage in ongoing donor processes and platforms.

Yet another respondent stated that since participating in the workshop, they are actively participating in Global Fund concept development / grant making processes as well as in PEPFAR COP development and mobilizing other civil society organisations to participate in GF processes.

A respondent from Tanzania stated that they have been discussing funding for LGBTI programmes

with various ambassadors during the Universal Periodic Review processes, which were recently conducted in their country. Another respondent from Tanzania stated that they have been advocating for the dedication of a seat for key populations on the Tanzania National Coordinating Mechanism during the recent review of the governance manual of the TNCM. This participants also reported that they facilitated the participation of the representatives of key population organisations from Tanzania, who attended the Activists workshop, to the non-state actor's forum, where they were able to advocate for a seat for key populations on the TNCM.

The Fundamentals of HIV and TB Financing and the Global Fund New Funding Model

International and Regional Funding Commitments for HIV and TB

Global and African leaders have committed to a number of international and regional human rights instruments as well as funding commitments over the years, many of which are relevant to HIV, AIDS and TB and some of which are even specific to HIV and TB.

In recent years, the Millennium Development Goals gave increased impetus to HIV, TB and malaria programming and funding resulting in a scale up of resources for the three diseases over the decade that followed. In addition, the Abuja Declaration of 2000 saw African leaders committing to achieving specific targets for HIV, TB and malaria. This was followed by the United Nations General Assembly Special Session Declaration of Commitment of 2001, which committed global and African governments further to not only funding responses to HIV but working towards rights-based responses. The 2012 African Union (AU) Roadmap on Global Solidarity and Shared Responsibility for the Responses to HIV, TB and Malaria set out specific focus areas for African Member States to achieve the commitments set out in the Abuja Declaration and the updated Abuja Call of 2006, including through the use of diversified financing. The AU Roadmap recognises that African countries rely too heavily on donor funding for health and frames the commitments towards diversified funding into 3 priority actions – developing sustainable action plans with targets that include support for people living with HIV and key populations; ensuring development partners are meeting their commitments; and maximising all opportunities to diversify funding sources.

See presentation "Promises, promises… International and Regional Funding Commitments" for further detail of international and regional funding commitments and human rights instruments relevant to HIV, AIDS and TB.

Challenges

Participants discussed a number of challenges with funding in the years ahead:

* There is a general trend towards moving beyond a specific focus on HIV, TB and malaria to talk about health and to look at broader funding for health and health systems strengthening as opposed to funding for specific diseases; this may make it more difficult to get funding for HIV and TB-specific programmes.
* The human rights instruments and commitments have limited 'teeth' to hold governments accountable and to be enforced, both in terms of human rights and allocation of funding. Many commitments have in fact not been met due to various competing concerns. In many countries, the most that CSOs can do is to seek accountability for "progressive realisation" of the socio-economic rights set out in these commitments

Opportunities:

Participants recognised, however, a number of important opportunities with respect to funding commitments, which they need to monitor and participate in, where possible:

* There are important discussions happening at policy level within Regional Economic Communities such as the Southern African Development Community (SADC), with respect to funding, domestic contributions towards health from Member States and innovative financing mechanisms – this is a positive sign.
* In 2015, the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the GF are both developing new strategies; these are important opportunities to ensure that commitments are integrated within long-term strategies.
* A number of countries are developing Investment Framework approaches to HIV and TB, and are integrating political

commitment for financing within these Frameworks.

Global Fund Structures and the New Funding Model

The GF is an international financing institution that fights AIDS, tuberculosis and malaria with a 21st century approach based on partnership, transparency, constant learning and performance-based funding. The GF was created in 2002 to increase resources for AIDS, TB and malaria and promotes a partnership approach between government, CSOs, the private sector and communities living with the diseases as the most effective way to fight AIDS, TB and malaria. The GF does not manage or implement programmes on the ground but rather funds them, relying on local expertise to implement programmes. As of mid-2014 the GF supported programmes in over 140 countries for about US$ 26 billion.

The New Funding Model (NFM) has been designed to improve the way in which the GF assesses, approves, disburses and monitors grants. It aims to have a bigger impact by focussing on countries with the highest disease burden and lowest ability to pay; ensure predictable funding supporting a higher success rate of applications; allows for flexible timing and is more streamlined. The NFM places more emphasis on alignment to country processes such as the National Strategic Plan (NSP) or Investment Framework of the country. A key element of the ongoing and country-led GF funding process is the 'country dialogue' process, which refers to ongoing discussions that should take place at country level to prioritise how to fight the three diseases and how to strengthen health and community systems. It is seen as an open, participatory and inclusive process involving meaningful participation from a range of stakeholders including academia, the private sector, CSOs and KPs, technical partners, the GF, the country government and other donors. The stakeholders involved should match the country's epidemic and the country dialogue and inputs of those most affected feed into the development of a Concept Note (CN) setting out the country context and funding request for the review of the Technical Review Panel (TRP). This then moves forward to grant-making, for review by the Grant Approval Committee (GAC) and submission to the Board for final approval before implementation.

See presentation "New Funding Model" for more detail of the Global Fund Structures and NFM principles and processes.

Opportunities

Participants also noted various opportunities available to strengthen their engagement with the GF NFM, including the following:

* The NFM requires greater involvement of community members in the GF application process and requires evidence of inclusive country dialogue processes and the issues identified during such processes, at every step.
* The NFM has a budget available for each country to organise country dialogues and meetings to bring key populations together, for which a proposal may be developed. The Community, Rights and Gender Committee (CRG) at the GF head-quarters in Geneva is a new civil society team which has a budget to support proposals for strengthening CSO participation, from the time of the country dialogues right through to grant-making (e.g. with hiring a consultant to support the development of the CN, with organising CSO meetings, setting up a Task Force for key populations and related CSOs, developing communication mechanisms for input and feedback to key populations etc.). Other organisations, such as UNAIDS, are also available to provide financial and technical support to civil society engagement during this process.
* Grants are available to support organisations to monitor the recipients of GF funding and their effective use of the funding, identify gaps and challenges in implementation and to address these outstanding issues through advocacy, including media briefings and approaching policy makers. There are also resources available to increase the capacity of CSO representatives to participate meaningfully in the CCM.
* Countries and communities have expertise available and should encourage south-south collaboration and support in the development of GF concept notes.

Achievements and Lessons Learned:

Participants noted that the NFM has greatly Improved GF processes; it has led to increased participation of and collaboration between key

populations, such as sex workers and men who have sex with men, in the GF funding process at the national level. In some countries like Tanzania this was done through the creation of a Task Force of KPs who met to co-ordinate their submissions to the country dialogue processes. In Tanzania, this Task Force is now well accepted by and integrated with the CCM and is a strong group at the country level. In other countries such as Cameroon, the participation in GF processes has contributed to strengthening and growing KP organisations and growing solidarity between diverse organisations. This has resulted in the creation of a national consortium of CSOs for HIV, TB and malaria and the identification of committed representatives who represented their constituents' collective interests well. CSO activists developed a work plan and activities, at a national workshop, identifying how they would proceed to participate in and advocate around issues for inclusion in GF processes. This was identified as a useful strategy to overcome divisiveness – recognising the benefits of collaboration and developing advocacy goals and key points for each organisation to take into meetings and feed into the GF strategy.

The GF NFM process has also resulted in GF representatives and partners visiting countries to provide technical support to the country dialogue processes, ensure adequate participation, discuss the prioritised issues and support the development of a successful CN. The TRP input has also helped to strengthen country proposals to ensure that programming reflects and responds to key issues.

Where funding allows participation beyond the development of the CN, this is particularly helpful for CSOs to ensure ongoing monitoring of the process and adequate reflection of the prioritised issues in programming and budgeting during grant making. The GF NFM process has also enabled communities that were already undertaking monitoring activities (e.g. monitoring of drug delivery and stock-outs), to access funding do so in a more systematic, organised manner.

Challenges

Participants identified a range of challenges with the NFM process, based on their experiences:

* Ensuring consistent and collaborative involvement of all relevant CSO stakeholders in GF NFM processes, from year to year, is a challenge due to resource constraints and limited human resource capacity within the organisations. At other times, not all CSOs are included in all meetings and since there may be several concurrent initiatives and processes at the same time, creating challenges for CSO participation. CSOs may also have conflicts of interest between organisations, different political allegiances, competing resource needs and/or conflicting goals and it is difficult to ensure that each key population and organisation's interests are represented, while still speaking with one voice. It is critical for CSOs to assess the country context, find ways to identify joint goals and overcome internal politics between them and access the required technical and financial resources to ensure appropriate representation of all KP's issues and providing feedback to constituents consistently..

* Securing political will for involving key populations in the country dialogue process and in the funding request remains a challenge. In some cases countries define key populations so as to exclude marginalised populations such as sex workers, men who have sex with men, transgender persons and people who inject drugs. In other countries, even with the evidence, the CCMs find it difficult to integrate KP issues into their strategies, due to limited political will.

* In addition to lack of political will, there may also be limited technical capacity amongst consultants who are contracted to support the CN development process to integrate interventions that will address challenges faced by KPs; there is a need for consultants who have a sufficient understanding of the NFM as well as of the country context and the importance of including KPs and human rights programming. There should be greater access to resources for hiring consultants that understand KP interventions and greater involvement in the choice of consultants, when required.

* It is critical to recognise that the development of the CN is not the end of engagement and that the engagement of CSOs needs to continue after the submission of the CN. CSOs should ensure representation of their issues throughout grant making, thus ensuring that budgets reflect their priorities and that appropriate sub-recipients receive funding. CSOs should also continue to monitor implementation of the programme to ensure funds are spent on the activities they were intended for. Many countries discuss KPs in their CNs, particularly within the narrative of the CN, but fail to adequately programme for KPs in the grants. In some cases political will is lacking but in other cases, countries simply lack the technical expertise to programme for KPs. Similarly, budgets often fail to adequately provide for KPs, with data

showing that only 1% of the budgets for some CN being earmarked for KP programming.

* It is important to ensure independent monitoring of the CCM as well as of those implementing GF projects in each country, by CSOs, and to ensure that this information is fed back to the CCM. It may mean that CSOs have a difficult role to play as watchdogs monitoring other CSOs who are sub-recipients of grants as well as of the CCM, on which their representatives may sit, to ensure funds are spent on activities they were intended for.

* It may become increasingly difficult to convince funders such as the GF to fund middle income countries such as Botswana in the future, now that countries will be differentiated by the 'band' they fall into based on their ability to pay for interventions themselves and their burden of disease.

Country Experiences with GF NFM

Prior to the workshop, participants were requested to collect information regarding the country dialogue process and previous GF funding in their countries, the HIV and TB funding architecture in their country, including the national budget allocation for health, as well as human rights instruments and information on barriers to KP access to HIV and TB services.

During the workshop, participants from the three countries (Botswana, Malawi and Tanzania) were each given an opportunity to discuss their country dialogue processes and were questioned on the achievements, gaps, challenges and lessons learned. Key issues which emerged during the discussions are set out below:

Botswana has 7 sectors represented by CSOs in the CCM, namely people living with HIV, people with disabilities, people living with malaria, people living with TB, faith-based organisations (FBOs), AIDS service organisations (ASOs) and youth. It also includes the law, human rights and ethics sector and key population sector. Nominations include an alternative member for each sector, to ensure ongoing representation at meetings. Representatives work to ensure that they were well prepared and factually informed, with the latest evidence on issues affecting KPs, to ensure effective use of the platform through advocacy during the meetings.

CCM representatives ensure feedback through various mechanisms including various forums and dialogues (e.g. including kgotlas / community meetings at community level), quarterly meetings, electronic correspondence, requests for feedback and accessing grants to support representatives to attend meetings.

In previous years, key populations were not as involved but now are represented by Men for Gender Justice. During the CN development process, steps were taken to ensure the involvement of other KPs (sex workers, men who have sex with men, transgender persons) through convening of meetings, reviewing the CN and budget and feeding back to the CN writing team.

Resources from various sources such as the International HIV and AIDS Alliance were accessed and in some cases pooled, to bring together KPs from several provinces to ensure broad input into the process. The process of engaging CSOs was extensive and transparent and those elected to the CCM were given the mandate to represent CSO issues and ensure financing for interventions targeted at KPs.

Reaching people at ground level and including the perspectives of various KP communities during the consultations was seen as one of the most useful lessons learned during the process. As part of the country dialogue, Botswana reviewed its National Strategic Plan (NSP). This process also included reviewing budgetary allocations for different interventions, which was a learning experience and allowed for changes to be made to ensure interventions targeted at KPs are prioritised.

Going forward, it will be critical to ensure that KPs are not 'left behind' in Botswana, since there is high HIV and TB prevalence amongst KPs. However, Botswana's classification as a middle income country may result in dwindling funding support. In light of this, it will be critical to raise alternative sources of domestic funding through various strategies.

Malawi received its first GF country grant in 2004 and has had around 6 GF grants with an allocation of around USD 600 million over the years. Over 90% of the Malawi government's HIV budget is supported by the GF. Programming for key populations is limited by the fact that there is no data on people who inject drugs and transgender people and Malawi criminalises same-sex sexual relationships and sex work. CSOs have been involved in discussions regarding which KPs

should be targeted and prioritised in the GF proposal, based on the country context; however this is complicated by the limited data on HIV prevalence rates and access to services for different key populations and the sensitivities around criminalised KPs. CSOs have played an important role in monitoring the National AIDS Commission as previous principal recipient of the GF funds and dealing with controversies surrounding misuse of funds.

To date, the country dialogue process has included numerous consultations to support the prioritisation of issues for inclusion in the CN. There has been improved engagement with a range of KPs, although there remain challenges with the selection of which key populations are invited to participate in the processes and with ensuring that KP issues are integrated at a programmatic level throughout the CN and grant-making. It is important that those chosen to represent KP issues on the CCM are committed to representing KP issues, have solid experience with their constituents and understand the GF and country dialogue process. They also require funding to consult and report back to their constituents. CSOs have recognized that they should work together on cross-cutting issues to ensure maximum benefit from the process.

Although there is representation of people living with HIV, academics and KPs on the CCM, the platform is largely made up of government representatives, which is problematic since there has been a retrogression with the current government in terms of willingness to discuss or address KP issues, including the moratorium on arrests under the sodomy law. It is critical that the CCM composition is reviewed and restructured in line with the GF terms of reference for the CCM. In addition, the report on research that has been conducted over the past 2 years on men who have sex with men needs to be disseminated; this will help to convince CCM stakeholders of the importance of programming for KPs such as men who have sex with men.

With the recent downgrading of Malawi to 'Band 2' under the GF, there has been a shift in the approach to the CN development. During the transition period it will be important to ensure that KPs are not denied services and CSOs in Malawi aim to enter into ongoing discussions with the GF and PEPFAR to discuss what can be done during this period to ensure KPs continue to receive services. Additionally, it is important to ensure that a mapping exercise is undertaken to identify the gaps in services included in the CN and the NSP and ensure that these gaps are addressed. Additionally, CSOs can advocate to ensure that the new principal recipient is open to including KPs in the GF proposal.

In 2002 the CCM in **Tanzania** was set up as the coordinating body and principal recipient of GF grant. In 2005 it was restructured and renamed the Tanzania National Coordinating Mechanism (TNCM) which now looks at coordinating funds from GF as well as a range of other development partners. Currently the TNCM has 19 members including government ministries (health, finance and adminstration), development partners and non-state actors such as CSOs, people living with HIV, academics, workplace representatives and the media. CSOs have 2 representatives on the TNCM, so KP representation will fall under these 2 representatives. Due to resource constraints, there is limited opportunity to consult on issues discussed by the TNCM. A few national dialogues were held initially to look at the NSP, identify gaps in services and identify issues for the development of the CN, which were incorporated.

The KPs identified in government policy are men who have sex with men, sex workers, transgender persons, people living with HIV, people who inject drugs, prisoners, migrants and refugees. A smaller sub-set have since been prioritised: people living with HIV, men who have sex with men, sex workers (there is no data on male sex workers, so female sex workers are the focus), people who inject drugs and transgender persons. Also, there are political sensitivities around working with men who have sex with men due to laws criminalising sodomy, even though they are recognised in policies and plans as beneficiaries of health services.

A substantial portion of the GF grant has gone to funding commodities such as condoms and testing kits as well as for treatment. Access to treatment at government centres is limited by barriers such as stigma and discrimination and access to services for men who have sex with men (such as lubricant) is problematic with service providers uncertain of distributing lubricant due to attitudes towards sex between men. There have also been incidents of commodities such as lubricants being waylaid at customs and distribution significantly delayed, which is a major challenge.

After 2016, funding for HIV and TB services will be a major concern for Tanzania. An AIDS Trust Fund has been developed to source funds from beyond GF, but it needs to be formalised in statute.

Human Rights Programming

There are ongoing HIV-related human rights violations against PLHIV and KPs in the 3 countries. These include the mandatory HIV testing of women in prevention of mother-to-child transmission (PMTCT) services in Tanzania and the testing and treating of sex workers in Malawi.

Bad laws, policies and practices that violate the rights of people living with HIV and key

populations are recognised to create barriers to universal access to health care. The Global Commission on HIV and the Law has made several key recommendations relating to ways in which laws, policies and practices around stigma and discrimination, criminalisation of HIV transmission, key populations, women and children should be reviewed and how access to justice and law enforcement may be improved.

See presentation "Unpacking Human Rights" for more detail of the recommendations of the Global Commission on HIV and the Law and "HIV / SRHR and Human Rights in SADC" for a presentation on ARASA's 2014 report on HIV and Human Rights in Southern and East Africa.

There are a number of critical HIV-related human rights programmes that have been identified for integration within responses to HIV, as well as TB, at country level. These include:

* Stigma and discrimination reduction programmes
* Legal support services
* Monitoring and reforming laws, regulations and policies
* Legal literacy
* Training healthcare workers
* Training lawmakers and law enforcement officials
* Reducing gender inequality, harmful gender norms and gender-based violence
* Core community-led interventions

The Global Fund's new policy stipulates that if a programme funded by GF funding violates human rights, this can be reported to the GF Inspector General who will investigate whether the programmes meet their human rights requirements.

The GF NFM's focus on human rights is a critical opportunity for communities to include human rights programming in the CNs of their countries and other national processes. Human rights programming activities can cut across and be included in many of the various areas for intervention, providing an opportunity for including specific activities even at a later stage. The GF NFM also includes a module on community systems strengthening (CSS). This is an important area for inclusion of advocacy and networking interventions in your CN. The challenge is that there is limited understanding of community systems strengthening and it is important that countries explain why CSS is important, why advocacy adds value to HIV responses and how this links to every activity in order to create a clear link between achieving CSS interventions and broader goals.

In addition, UNAIDS has developed a costing tool to support countries to cost and budget for these programmes appropriately and to enable informed advocacy for including critical enablers such as human rights programming in a country's investment framework. Often, governments are not able to accurately cost and include critical enablers into their investment framework programming. This is even more critical at the grant-making stage of the NFM process. Additionally, the United Nations Development Programme has developed detailed costing for conducting a legal environment assessment in a country, supporting countries to integrate this intervention into their proposals.

The GF Technical Review Panel (TRP) notes the following in relation to human rights programming in CNs:

Renewed efforts need to be made to ensure that KPs are engaged in the CN development process

Many CNs lack meaningful and effective interventions to address human rights barriers to access to services. In a number of CNs, human rights barriers for KPs are dealt with in the narrative / background section but are not included in programming. CNs need to clearly articulate the human rights (and gender equality) issues and ensure that they integrate activities and interventions to address these barriers, including prevention and advocacy activities.

There is a need for more gender specific data, a stronger focus on gender equality and for more substantive interventions to address gender inequality and gender-based violence.

There is a need to include KPs often overlooked such as the female sexual partners of MSM, the sexual partners of people who inject drugs.

CNs need to include an analysis of the factors driving the limited success of existing programmes and how these challenges will be overcome

Budgets often failed to adequately provide for KPs and are often around 1% of the total budget. Targets and budgets for interventions were seldom broken down by KPs, sex and age groups which limited the TRP's ability to assess the focus of the proposals. There is a lack of gender specific indicators

See Presentation on "Human Rights Programming" for more detail on the individual human rights programmes and examples of each.

See presentation "Community Systems Strengthening" for more information on the Global Funds approach to Community Systems Strengthening.

Most countries have committed to addressing HIV -related human rights issues within their NSPs; however these commitments often do not prioritize key populations and in practice, there is a tendency to prioritise programming around basic stigma and discrimination reduction

programmes and training of health care providers.

Litigation may be a useful advocacy strategy to challenge human rights violations, actions taken against KP organisations (such as prohibiting their registration) as well as impact on law review and reform for KPs (such as challenging laws regarding same-sex sexual relationships). The success of the LEGABIBO case to protect freedom of association for lesbian, gay, bisexual, transgender and intersex (LGBTI) populations in Botswana is significant for the region and paves the way for KP organisations to bring cases to challenge prohibition on registration of their organisations as well as to bring cases that challenge non-discrimination for other reasons.

Participants discussed the importance of building legal literacy amongst key populations, in order to encourage complainants to bring issues to organisations and to court. There is also a need to create a strong cadre of paralegals who are able to document violations to build the evidence base for purposes of litigation and/or advocacy.

See presentation "Litigation: A Strategy to Protect Key Populations" by Southern African Litigation Centre for further details of litigation as a strategy for protecting KPs in the region.

Budget Monitoring

The national budget cycle has four stages. Treasury guidelines from each country usually provide a timetable for the various stages through the year. It is important to find out the budget calendar and to engage at each stage of the cycle in various ways:

Phase 1: Budget Formulation: The executive formulates the budget, negotiated and aligned with broader budgeting frameworks

Phase 2: Budget Enactment: The Minister of Finance or President presents the budget to the Legislature, which debates, amends and approves it

Phase 3: Budget Execution: Funds are transferred to government departments and agencies, spending is initiated, payments are made and in-year accounting takes place.

Phase 4: Budget Oversight and Assessment: Budgeting and Expenditure is assessed by the Supreme Audit Institution and the Legislature, recommendations are made, corrective actions taken.

Civil society and others can influence the budget cycle in various ways:

* Conduct costing and needs assessments
* Analyse past policies and budgets, current budgets, reports
* Publicise findings
* Mobilise communities on issues
* Engage with decision-makers

Access to publicly available information is a major challenge in budget monitoring.

In order to change allocation and service delivery, focus advocacy efforts on the Budget Formulation stage. Research and monitoring activities can focus on the execution stage. Interventions in the enactment and auditing stages increases transparency and public awareness but it won't get any real or direct results in terms of improving how government delivers services.

See Presentation on "Understanding the Budget Cycle" for more information on budget monitoring.

Many organisations are not interested in or do not have the capacity to undertake budget monitoring. CSOs need capacity building to understand what it means for them and the implications of, for example, donors pulling out of the country. For example:

COSs need to be aware when priorities are set and become involved in the various meetings held to make decisions regarding allocation of funds; if they are not present at these meetings then their priorities will not be taken on board.

CSOs need to engage in expenditure tracking in order to determine which organisations receive funds (e.g. if international NGOs, rather than national, receive NGO funds).

CSOs need to become involved in processes to ensure 'country ownership' for funding and implementing HIV services currently being funded by donors such as PEPFAR, which are exiting the country in the coming years. Governments need to start showing commitment to 'country ownership' for these programmes to ensure that these interventions continue once donors pull out. Political will needs to be translated into actual allocations and serious discussion around the need to absorb funding commitments at national level.

Similarly at health facility level, facility managers are often not aware of the national budget process or how to budget, despite the fact that they are responsible for providing information to Ministries of Health and Finance for purposes of

health budgeting.

The CEGAA provides training, supports CSOs to develop advocacy plans and provides technical support to them to conduct budget monitoring. There is also an Open Budget Index done in about 120 countries, which measures transparency, participation and accountability of government in budgets. CSOs can view their country's scores and use that as a starting point for advocacy efforts.

Other Funding Sources

The President's Emergency Plan for AIDS Relief (PEPFAR) released a new operational plan for 2015, but their plans / documents are not always as accessible as, for example, GF docs which are all available online. There are a number of engagement opportunities for KPs in the PEPFAR 2015 Country Operational Plan (COP) process. PEPFAR is shifting the way they work to focus on KPs with highest burden, in order to contribute towards achieving the UNAIDS 90-90-90 goals. The new targets for the human rights agenda include reducing stigma and discrimination in health service delivery and supporting patient rights and access to quality services.

Amongst others, PEPFAR will engage with CSOs to develop the COPs. Countries are being asked to provide information regarding a range of issues including human rights and legal assessments. PEPFAR staff and ambassadors in countries will receive training on KPs. However, there is still a strong emphasis on biomedical interventions and individual in-country representatives may be less sensitised to KP issues. There is also a concern that funding may tend to go towards larger international NGOs rather than funding local CSOs.

See Presentation on "New Engagement Opportunities for Key Populations in the PEPFAR 2015 Country Operational Plan Process" for more information on PEPFAR funding for 2015.

Funding for treatment is a human rights issue. It is critical to prevent illness, death and future infections as well as to impact on poverty. It can come from various sources including domestic and donor governments, private foundations and household income. Middle income countries require prioritisation – they have a large and growing share of HIV infections, spend an enormous amount on ARVs and receive limited focus. Likewise, there is a need to prioritise KPs – there is limited prioritisation of KPs in access to treatment as well as insufficient data on access to treatment for KPs. Intellectual property rights continue to create barriers to access to treatment and require to be challenged and addressed at country and at regional level.

See Presentation on "Funding for Treatment" for more information on funding and treatment access.

Advocacy Plan Development

An advocacy plan consists of an advocacy agenda and advocacy strategy:

* An advocacy plan should start with issue mapping – identifying the issue / problem to be addressed, researching and understanding the issue and identifying objectives to achieve the goals.
* An advocacy strategy will set out the activities that need to be undertaken to achieve that goal, who the targets would be and what resources would be needed to achieve the goal.
* Research is critical to develop evidence-informed advocacy based on community needs and solid facts about the diverse communities we serve.
* Monitoring and Evaluation (M&E) helps to maintain checks and balances of the advocacy actions and draw on lessons learned. Since there is no 'one size fits all' approach to advocacy, M&E is critical to learning from the successes and failures of campaigns.
* Messaging can help to create persuasive statements about the advocacy goals and there are a number of factors to take into account to develop successful messaging. Controversial messaging can be very effective, but there is a danger it can be detrimental to a campaign.

Country Advocacy Plans

The people living with HIV, human rights and key populations representatives from each country worked together to develop advocacy plans for implementation during 2015. The Advocacy Action Plans include activities such as:

* Advocating for domestic investments and other donors to fund KP treatment and prevention gaps not covered by GF funding
* Training of peers in country
* Monitoring of the allocation and use of GF national resources
* Targeted in-country advocacy actions focused on increased domestic and other funding as well as better investment of these and GF.

Action plans seek to strengthen and build on platforms and processes already existing at the national level – e.g. if there is already community monitoring going on, plans can build on this skill set rather than set up a whole new process. Organisations should create strategic partnerships with communities to build their capacity regarding their health rights and to report on actual issues at health care facilities and the reasons for these (e.g. the reasons for limited availability of medicines).

The participants noted the following during the process of developing their country advocacy plans:

* Advocacy plans should include, in their context mapping, work already being done with CSO support to strengthen engagement with CCMs and to build on this work. They may also wish to look at KP representation on CCMs, as in some countries the composition of CCMs themselves is still a basic challenge. It may be useful for plans to include activities to support caucusing at CCM meetings too;
* It is important to include advocacy interventions needed throughout the GF grant-making stage, to ensure that the budget includes specific allocations and activities for KPs and human rights programming. This should also mapping of organisations that have the capacity to implement interventions for key populations to ensure that the selection of principal recipients and sub-recipients is appropriate;
* It is important to remember funders other than GF (such as PEPFAR) and it is helpful to develop a timeline of the GF and other funding platforms processes in countries and to get copies of the various documents developed to date;
* It is challenging but a great learning experience to develop plans to advocate on both HIV and TB issues;
* Four of the 5 respondents who completed the outcome /impact assessment reported that they found the collaborative work to develop country-based action plans for the grants useful. A respondents explained that the process helped them think about the appropriate interventions and strategies needed to respond to challenges faced by key populations. Another respondent explained that the process facilitated capacity building and knowledge sharing as newly formed organisations with less experience were able to learn from those with more experience. Another respondent explained that having a coalition to implement the project will reduce duplication of efforts and ensure efficient use of resources. However, one respondent felt that the process of working on a joined action plan would have been more productive if it was accompanied by a process to strengthen the capacity of less established key population organisations to ensure effective participation and involvement in discussion of issues concerning them.
* There is funding for communication and documenting of KP advocacy and involvement in GF processes, and organisations should think about what may be useful to document (e.g. what worked as best practices, what didn't, bottlenecks, challenges, what can be changed) during their advocacy work– e.g. KP involvement at CCM level, dialogues at community level – being able to show what works for donors;
* ARASA and ITPC would like to support some coordinated action on domestic financing, e.g. in August or November. CEGAA may be available to support this work through co-ordinated budget analysis in the 3 countries to support domestic financing advocacy. Organisations will be contacted to discuss further.

* ITPC will be doing advocacy around routine viral load testing, since this is something that is happening at country level but can be taken up to regional level too.

* The ARASA/ITPC training in November 2014 around access to affordable medicines and free trade agreements for countries (also supported by the Robert Carr civil society Networks Fund) was useful to support KP organisations on how to use IP and TRIPS flexibilities to increase access to treatment and can be built on as some of the organisations attending the Financing Workshop also participated in that process. The ITPC Advocacy for Community Treatment (ACT) Toolkit is available online and downloadable and includes case studies on KP advocacy. Organisations are encouraged to access and use it.

Country Action Plans

Botswana

HOST ORGANIZATION: BONELA in collaboration with Silence Kills Support group, Rainbow Identity, Sisonke and Men For Health and Gender Justice Organisation

PROJECT TITLE: Advancing meaningful participation of key populations (sex workers, transgender and intersex persons, men who have sex with men (MSM), people living with HIV (PLHIV) and people who use drugs (PUDs) in Global Fund and other health financing platforms and processes in Botswana

GOAL: Strengthened key population involvement in Global Fund and other health financing platforms and processes in Botswana to ensure increased allocation of resources for policies, programmes and services that serve the needs of key population communities

OBJECTIVES:

1.To strengthen the technical and advocacy capacity of key population groups in Botswana to participate in Global Fund and other donor processes and platforms to advocate for additional resources to address human rights and HIV/ TB care, treatment and prevention gaps affecting key populations;

2.To strengthen the capacity of key population groups to monitor the implementation of Global Fund programs and advocate for the allocation and use of resources for policies, programmes and services that serve their communities; and

3.To advocate for the government of Botswana and other donors such as PEPFAR to invest in organisations addressing the needs of key populations in order to increase their human rights and improve HIV/TB health outcomes for these groups

Outcomes:

1.Members of key population organisations (sex workers, transgender & intersex persons, MSM, PLHIV and PUDs) in Botswana have increased knowledge of HIV, TB and human rights issues, leading to increased capacity to advocate for investment in interventions that impact their communities;

2.Increased allocation of resources for policies, programmes and services that serve key population communities in Botswana; and

3.Improved national understanding of importance of increasing domestic financing for health and ensuring that resources are invested in key population organisations to fund work that improves the quality and existence of policies, programmes and services that improve the health and rights of these communities

OUTCOME 1: Members of key population organisations (sex workers, transgender & intersex persons, MSM, PLHIV and PUDs) in Botswana have increased knowledge of HIV, TB and human rights issues, leading to increased capacity to advocate for investment in interventions that impact their communities;

ACTIVITY	INPUTS	OUTPUT & OUTPUT INDICATORS	DATA SOURCES	TIME FRAME	BUDGET	LEAD ORGANISATION
1.1 Convene a training work-shop for different key population constituencies on Global Fund/ PEPFAR processes and funding, HIV, TB, human rights concepts and effective advocacy techniques	Conference package for 100 participants, 25 people per day for 4 days Accomodation for 10 participants from the 10 Global fund concept notes districts Transport Reimbursement @ P200 return for 10 participants Transport Reimbursement @ P500 return for 2 participants from Kasane Perdium for 15 participants (Lunch and Dinner Perdium) Transport Reimbursement @ P20 per person for 100 participants Stationery @ P400 per constituency Fuel and Mileage @ P1,75 per constituency for 100kms	100 members of key populations groups/ networks trained on Global Fund/PEPFAR processes and funding, HIV, TB, human rights concepts and effective advocacy techniques # of workshops conducted # of participants attending # of representatives of each key population group/ network # of facilitators	•Activity report •Attendance Register •Pictures •Workshop evaluation forms	July	USD$5 155	BONELA

1.1 Convene a training workshop for different key population constituencies on Global Fund/PEPFAR processes and funding, HIV, TB, human rights concepts and effective advocacy techniques	Conference package for 100 participants, 25 people per day for 4 days Accomodation for 10 participants from the 10 Global fund concept notes districts Transport Reimbursement @ P200 return for 10participants Transport Reimbursement @ P500 return for 2 participants from Kasane Perdium for 15 participants (Lunch and Dinner Perdium) Transport Reimbursement @ P20 per person for 100 participants Stationery @ P400 per constituency Fuel and Mileage @ P1,75 per constituency for 100kms	100 members of key populations groups/ networks trained on Global Fund/PEPFAR processes and funding, HIV, TB, human rights concepts and effective advocacy techniques # of workshops conducted # of participants attending # of representatives of each key population group/ network # of facilitators	•Activity report •Attendance Register •Pictures •Workshop evaluation forms	July	USD$5 155	BONELA
1.2 Convene quarterly meetings for representatives from the MSM, sex workers, trans/ intersex and PLHIV constituencies to discuss pertinent issues pre and post CCM meetings	Refreshments for 25 pax per constituency @ P50 per person per Quarter Venue Rental @ P500 per constituency per quarter Accommodation for 4 people travelling from outside Gaborone per quarter Transport Reimbursements for 25 pax per quarter per constituency @ P20 Transport Reimbursements for 4 people from outside Gaborone @ P200 each per quarter Fuel @ P1,75 per constituency for 200km Transport Reimbursements for 25 pax per quarter per constituency @ P20 Stationery @ P400 per constituency	3 Quarterly pre and post CCM meetings for 4 key population constituencies convened. # of meetings held for KPs held # Pre and Post evaluation # of quarterly reports # of representative of each constituency # of participants attending	Meeting Reports Attendance Register	July	USD$3 875	Rainbow Identity, Men for Health and Gender Justice Organisation , Silence Kills, BONELA
1.3 Conduct a training for members of the MSM community in Lobatse, Selebi Phikwe, Kang, Nata, Kanye, Gantsi, Kasane and Maun to improve technical skills to advocate on issues related access to HIV/TB treatment and human rights	Conference package per area for 20 people in seven districts Accommodation for 2 officers for 2 nights in Districts Per diem for 2 officers for 3 days per district, Transport reimbursement for 120 participants 20 per district, Stationery @ P400 per district, Fuel and Mileage @ P1,75 per district @ 6 000 Km	HIV/TB treatment and human rights training for 120 MSM members # of trainings conducted # of districts # of participants attending # of facilitators # of training evaluation forms completed # and type of information materials distributed	Attendance Register Training Reports	July, August	USD$8816	Men for Health and Gender Justice
1.4 Conduct a training on HIV, TB, health financing and human rights literacy for 20 members of the Transgender and Intersex community in 4 areas (Lobatse, Gaborone, Selebi Phikwe and Molepolole)	Conference package per area for 20 people in 3 areas, Accommodation for 2 officers for 2 nights in 3 districts, Per diem for 2 officers for 3 days per district, Transport reimbursement for 60 participants 20 per district, Stationery @ P400 per district, Fuel and Mileage @ P2.50 per district @ 1500 Km	Training on HIV, TB, health financing and human rights literacy for 80 Transgender and Intersex community conducted Number of Health and Human rights issues Identified in four areas. # of trainings conducted # of areas/towns # of participants attending # of facilitators # of training evaluation forms completed # and type of information materials distributed	Pre and Post training evaluation Training reports Attendance List Pictures	July, August	USD$3233	Rainbow Identity

1.5 Develop IEC material on domestic health financing for human rights programming for key populations to be shared with members of the MSM, SW, PUDs and PLHIV constituencies	500 pamphlets, 5 banners, 100 USB sticks, 250 t-shirts (50 per organisation) printed and disseminated Consultancy	IEC materials on domestic health financing for Human Rights programming for Key populations developed. # of pamphlets produced # of Banners Printed and produced per organization # of T-shirts per organization # of USB Sticks for information sharing # of posters printed	Report Documentation Pictures Distribution lists	June, July	USD$5321	Men for Health and Gender Justice
1.6 Develop a communication feedback system (through sms and whats app) for communication between the KP representative on the CCM and members of the MSM and SW constituency	Air time/ data bundles	Communication feedback system developed # of members of MSM and SW constituency reached and engaged through SMS and Whats app # of issues raised and discussed	Database of contact numbers Feedback report Documentation	July, August, September, ,October, Novem-ber	USD$507	Men for Health and Gender Justice Organisation
OUTCOME 2: Increased allocation of resources for policies						
2.1 Conduct training for human rights defenders linked to a KAP community based organisation in the 10 Global Fund concept note identified districts in Botswana to be able to monitor the Global Fund grant at community level	Conference package for 25 participants including facilitation Accommodation for 10 participants (1 per district included in concept note) Transport Reimbursement @ P200 return for 8 participants Transport Reimbursement @ P500 return for 2 participants from Kasane Per diem for 10 participants (Lunch and Dinner Per diem) Transport Reimbursement @ P20 per person for 25 people Stationery @ P400 per constituency Fuel and Mileage @ P2,5 0per constituency for 200kms	10 Human rights defenders from districts covered in concept note trained to monitor Implementation of Global Fund grant and Community level # of training conducted # of participants attending	Training evaluation forms Training report	June	USD$3887	BONELA
2.2 Conduct training and awareness raising for support groups of PLHIV in the 6 districts identified in the Global Fund concept note to apply to become sub-sub recipients	Venue, Accommodation for 2 officers (SSG), Travel, Stationery, Perdium for 2 officers, Communication and Transport Reimbursement	Training and awareness raising for support groups of PLHIV conducted # Of workshops conducted in the 10 districts to prepare support group of PLHIV # of support group members trained # Pre and post workshop evaluation test	Activity report Attendance Register	August	USD$6944	SILENCE KILLS/ BONELA
2.3 Train CCM members on human rights for LGBTI people, human rights programming for KPs and the importance of health financing for human rights programming for key popula-tions.	Conference package per area for 40 people Stationery @ P400 Fuel and Mileage @ P2,50 Per area @ 400 Km	45 Botswana CCM members trained on Human rights, gender and LGBTI rights # of training conducted # of CCM members trained # of facilitators	Activity report Attendance Register	July	USD$1,327	BONELA, Men for Health and Gender Justice , SISONKE and Rainbow Identity

2.4 Engage the CCM members on the writing team during the grant making and selection of sub-recipients process in order to advocate for inclusion of key populations organisations	Stationery @ P400 Per diem for 1 officer for 4 meetings Fuel and Mileage @ P2,50 per area @ 800 Km	3 Botswana CCM members engage with CCM writing team TWG # of engagements with CCM members # of CCM members engaged	Activity report Attendance Register	August	USD$268	BONELA
2.5 Monitor the Global Fund budget to ensure that key population and human rights interventions are included in the final budget for grant making	Stationery @ P400 Per diem for 1 officer for 4 meetings Fuel and Mileage @ P2,5 0 per area @ 600 Km	Global fund budget monitoring conducted to ensure that key population and human rights interventions are included in the final budget for grant making # of interventions that support key population and human rights included in the final budget	Global Fund concept note Final budget	September	USD$174	BONELA
2.6 Conduct rapid assessment of people who use drugs amongst other key population groups to provide initial evidence on the need to include PUDs as KPs in Botswana and potential beneficiaries of Global Fund	Venue and refreshments in 3 areas (Gaborone, Francistown and Kasane) Accommodation for 2 officers for 2 nights in 3 Districts Per diem for 2 officers for 3 days per area Stationery @ P400 Fuel and Mileage @ P2,50per area @ 2800 Km	Rapid assessment of people who use drugs amongst other key population groups conducted # of people participating in the focus group discussions # of people identifying as drug users	Questionnaire Assessment report	October	USD$4157	Men for Health and Gender Justice Organisation
OUTCOME 3: Improved national understanding of importance of increasing domestic financing for health and ensuring that resources are invested in key affected population organizations to fund work that improves the quality and existence of polices, programs and services that improve the health and rights of these communities						
3.1 Write policy brief on domestic financing for health of PLHIV, MSM and sex workers on domestic financing/ innovative health financing to present to relevant parliamentary sub committees	Stationery @ P400 Fuel and Mileage @ P1,75 per area @ 500 Km	Policy brief on Domestic financing for health for PLHIV, MSM and Sex workers written and presented to parliamentary sub-committees # of members of parliament sensitized on human rights of PLHIV, MSM and sex workers # of members of parliament sensitized and supporting domestic financing/innovative health financing A motion "the need for domestic financing/ innovative health financing" debated in parliament # of policy briefs written and presented	Question appears on Hansard following parliamentary sitting Copies of policy briefs	November	USD$264	BONELA, Sisonke, Men for Health, Silence Kills, and Rainbow Identity
3.2 Convene a high level dialogue with members of parliament, Government officials, PEPFAR, UN family and Embassies to mark "National day of Action" on domestic financing for health	Venue and refreshments @ P400 per person for 35 delegates Fuel and Mileage @ P2,50 for 200km Stationery @ P400	National Day of Action commemorated # of members of parliament, Government official, PEPFAR, UN family and different embassies engaged	Agenda Attendance Register Meeting Report Pictures	September	USD$1872	BONELA, Men for Health and Gender Justice Organisation

3.3 Form a coalition of key populations organisations and human rights organisations to engage the Ministry of Health, National AIDS Coordinating Agency and PEPFAR on how to be meaningfully involved in the 2016 country budget	Refreshments for 10 coalition members for 2 meetings @ P300 per person Fuel and Mileage @ P2,50 per area @ 400 Km	#Coalition of key populations and human rights organizations formed and monthly meetings held # of organizations being members of the coalition # of engagement with MoH, NACA and PEPFAR # of participants from relevant bodies	Activity report Attendance Register	August	USD$ 679	Men for Health and Gender Justice Organisation, Rainbow Identity

Malawi

HOST ORGANIZATION: Malawi Network of Religious Leaders living with or personally affected by HIV AIDS (MANERELA+) in collaboration with the Malawi National Female Sex Workers Alliance and Centre for the Development of People

PROJECT TITLE: Strengthening advocacy for financing for HIV and TB interventions targeted at MSM, PLHIV, sex workers, prisoners and transgender persons in Malawi
GOAL: To strengthen key populations advocacy for increased investment in HIV and TB interventions that improve the health and rights of key populations (MSM, PLHIV, Sex workers, prisoners and transgender persons) in Malawi

OBJECTIVES:
1. To increase the knowledge and deepen the understanding of MSM, PLHIV, sex workers, prisoners and transgender persons and CSOs that work with them on the New Funding Model of the Global Fund in Malawi so that they effectively participate in all GF processes and platforms.
2. To build capacity of MSM, PLHIV, sex workers, prisoners and transgender persons and CSOs that work with them in Malawi to monitor the implementation of Global Fund programmes and advocate for the allocation and utilisation of resources for policies, programs and services that serve their communities.
3. To strengthen the capacity of MSM, PLHIV, sex workers, prisoners and transgender persons and CSOs work with them to advocate for additional resources to address the human rights and HIV/TB care, treatment and prevention gaps not covered by Global Fund resources.

Outcomes:
1. Members of key populations organizations (MSM, sex workers, PLHIV, prisoners and transgender persons) have increased capacity to advocate for HIV and TB funding as well as investment of GF resources in interventions that impact their communities;
2. Increased allocation of resources for policies, programs and services that serve MSM, sex workers, PLHIV, prisoners and transgender persons in Malawi
3. Improved national understanding of importance of increasing domestic resources for health and ensuring that resources are invested in key affected population organizations to fund work that improves the quality and existence of polices, programs and services that improve the health and rights of these communities

OUTCOME 1: Members of key populations organizations (MSM, sex workers, PLHIV, prisoners and transgender persons) have increased capacity to advocate for HIV and TB funding as well as investment of GF resources in interventions that impact their communities

ACTIVITY	INPUTS	OUTPUT & OUTPUT INDICATORS	DATA SOURCES	TIME FRAME	Responsible party	BUDGET
1.1 Conduct a situation analysis to identify analyze and document all gaps all gaps in human rights and HIV/TB care, treatment and prevention gaps not covered by Global Fund resources	Consultancy fees	1 meeting targeting key affected populations to identify, analyze and document all gaps in human rights and HIV/TB care, treatment and prevention gaps not covered by Global Fund resources conducted	Inception Report/ Proposal, Situation analysis report, Attendance list	June	MANARELA+ CEDEP	$ 4651.16
1.2 Host sensitization workshop on HIV, TB and human rights concepts, budget monitoring and advocacy for health financing (including the Global Fund New Funding Model) and upcoming opportunities within national GF platforms and processes) for representatives of PLHIV, LGBTI and sex worker organisations as well as other CSOs represented on the CCM	Accommodation for 2 days for 8 people, transport refund for 20 participants, lunch, stationery, venue Consultant fees	1 workshop conducted with key populations organizations and CSOs represented on the CCM # Key populations organizations represented in the workshop # of CSOs on the CCM represented # of participants	Workshop report, Attendance list	June	MANERELA+	$ 6412.67

1.3 Conduct 3 regional trainings on human rights (incl. human rights programming), HIV and TB advocacy and related issues facing MSM, PLHIV, sex workers, prisoners and transgender people as well as funding required to address these issues	Travel, accommodation for 3 days for 25 representatives per training, facilitator, stationery, fuel , venue (for 3 days)	3 regional trainings conducted for 75 representatives of MSM, PLHIV, sex worker, prisoner and transgender constituencies conducted # of participants # of representatives of each constituency # of day of the meeting # of facilitators	Advocacy plan and an action plan developed by participants, Activity report Attendance register	August	MANERELA+ CEDEP	$ 6933.02
1.4 Support the registration of the Malawi Sex Workers Alliance in order to strengthen their capacity to advocate for resources to address human rights Issues affecting sex workers in Malawi	Registration and legal fees	Sex workers alliance registered as an NGO with Coalition of NGO in Malawi. Bank account opened. Board of Trustees constituted.	Registration certificate, constitution	August 2015 to end October	Malawi Sex workers Alliance	$ 1232.56
1.5 Strengthen district committees of the Malawi Sex Workers Alliance in 12 districts. (Election of leaders for the National Alliance, Establishment of district representatives in 12 Districts)	Travel for 3 people, accommodation for 12 days, facilitator, stationery, venue	District committees of sex workers established in 12 districts (4 districts per region) # of members in the committees # of committees established # of regions with sex worker district committees	District mapping report, meeting reports, list of representatives	July	Malawi Sex workers Alliance	$ 7554.42
OUTCOME 2: Increased allocation of resources for policies, programs and services that serve MSM, sex workers, PLHIV, prisoners and transgender persons in Malawi						
2.1 Convene meeting with CSO members of the CCM to develop response to Technical Review Panel (TRP) comments	Refreshments, venue, fuel, stationery and transport refund for 25 participants for 2 days	Meeting with CSO members of the CCM to review TRP comments conducted. # CSO member of the CCM represented in the meeting # of participants # of comments from the TRP addressed	Meeting minutes / reports Attendance list	June	MANERELA, CEDEP, SWA	$ 1267.44
2.2 Convene 2 meetings with CSO members of the CCM to provide input into grant-making and selection of Sub-recipients	Refreshments stationery, venue, fuel and transport refund for 25 participants for 2 1 day meetings	Meeting with CSO representatives on CCM conducted. Concept finalized and submitted. # of CSO members of the CCM attending	Meeting minutes / reports Attendance list	June	Malawi Sex workers Alliance, MANERELA &CEDEP	$ 2239.53
2.3 Conduct 3 consultative meetings to identify key populations representatives for the CCM and strategise on how to advocate for increased number of informed and active key populations members on the CCM	Transport refund, Lunch, Refreshments, stationery, venue and fuel for 20 participants per meeting for 3 meetings.	Key populations consultative meeting held and representatives identified for CCM # of consultative meetings # of representatives identified # key populations representatives sitting on the CCM # of informed and active key populations representatives on the CCM	Updated CCM member list, Consultative meeting minutes/report	July	Malawi Sex workers Alliance	$ 1255.81

2.4 Monitor and track CCM and national HIV budgets and advocate as appropriate (press statements, meetings with CCM members and PR etc).	Travel costs, accommodation, fuel, per diem and communication for 25 people for a 1 day meeting	Monitoring and tracking of CCM and national budget conducted to document how much of the CCM budget reflects allocation of resources to key populations programmes and interventions and that funds are being used as intended # of monitoring visits # of sites visits	Monitoring reports	Ongoing	MANARELA+, Malawi Sex workers Alliance, CEDEP,	$ 578.23
2.5 Documentation of project results, lessons learned and good practice	Staff time	Project outcomes / results and lessons learned documented # of reports developed # of reports shared with stakeholders	M&E reports	Continous	MANERELA+, Malawi Sex workers Alliance,	Ongoing
OUTCOME 3: Improved national understanding of the importance of increasing domestic resources for health and ensuring that resources are invested in key affected population organizations to fund work that improves the quality and existence of polices, programs and services that improve the health and rights of these communities						
3.1 Convene a dialogue with policymakers / legislators and representatives of key populations networks to discuss the need to increase domestic funding	Travel, facilitator, stationery, fuel and venue 25 participants for 1 day	Dialogue with legislators, MSM, PLHIV and sex worker's organizations conducted Adoption of the option domestic financing paper (A road map for implementation of domestic funding) # of participants # of policymakers / legislators participating in the dialogue # of key populations representatives	Meeting report, registration form Adoption of the option domestic financing paper (outcome)- A road map for implementation of domestic funding	October	MANERELA+, Malawi Sex workers Alliance, CEDEP	$ 2959.30
3.2 Host 'National day of Action' on domestic financing	Venue for press conference, IEC materials (T-shirts, posters), transport	National day of action on domestic financing host-ed # of press conferences, # of media attending, # of media articles, # of csos participating in day of action # of people participating in the events- # of policy briefs printed # of policy briefs disseminated # of IEC materials developed	Media articles, press statements, policy briefs photographs, materials	September	MANERELA+, Malawi Sex workers Alliance, CEDEP	$ 7903.81

Tanzania

HOST ORGANIZATION: TANZANIA NETWORK OF WOMEN LIVING WITH HIV IN COLLABORATION WITH IMPLEMENTING PARTNER ORGANIZATIONS: CHESA, TANPUD AND WAREMBO FORUM.

PROJECT TITLE: Strengthening KP advocacy for increased allocation of resources (from Global Fund, PEPFAR, USAID, UN Agencies, Embassies and High Commissions, European Union and AIDS Trust Fund) to HIV and TB interventions that improve the health and rights of people living with HIV and key populations (MSM, sex workers, people who inject drugs and transgender) in Tanzania

GOAL: To strengthen key populations advocacy for increased investment in HIV and TB interventions that improve the health and rights of PLHIV and key populations (MSM, SW, PWID, Transgender) in Tanzania

OBJECTIVES:

1. To strengthen the technical and advocacy capacity of PLHIV and key populations (MSM, SW, PWID, Transgender) to participate in GF NFM and other national health financing processes and platforms;
2. To strengthen the technical and advocacy capacity of key populations to advocate for increased domestic resources for health and an investment in HIV and TB interventions that improve the health and rights of PLHIV and key populations in Tanzania; and
3. To strengthen the capacity of key population groups to monitor the implementation of interventions supported by various health financing platforms(Global Fund, PEPFAR, USAID, UN Agencies, Embassies and High Commissions, European Union and AIDS Trust Fund)

OUTCOMES:

1. Members of PLHIV and key populations (MSM, SW, PWID and Transgender) organizations have increased knowledge of HIV, TB and human rights issues leading to increased capacity to advocate for increased domestic resources for health and investment in interventions that impact their communities from Global Fund, PEPFAR, USAID, UN Agencies, Embassies and High Commissions, European Union and AIDS Trust Fund resources in Tanzania;
2. Increased allocation of resources for programs and services that serve key population communities in Tanzania; and
3. Improved national understanding of the importance of increasing domestic resources for health and ensuring that resources are invested in key population organizations to fund work that improves the quality and existence of policies, programs and services that improve the health and rights of their communities.

OUTCOME 1: Members of PLHIV and key populations (MSM, SW, PWID and Transgender) organizations have increased knowledge of HIV, TB and human rights issues leading to increased capacity to advocate for increased domestic resources for health and investment in interventions that impact their communities from Global Fund, PEPFAR, USAID, UN Agencies, Embassies and High Commissions, European Union and AIDS Trust Fund resources in Tanzania;

ACTIVITY	INPUTS	OUTPUT & OUTPUT INDICATORS	DATA SOURCES	TIME FRAME	BUDGET
1.1 Conduct a training of trainers (ToT) workshop on human rights concepts, international, regional and national human rights instruments, budget monitoring and advocacy for health financing (including the Global Fund New Funding Model) for KAP representatives in Dar es Salaam	- 5-day conference package for 25 people -Local transport for 9 participants -Up-country per diem for 16 participants -Transport Refund for 16 people 3-Facilitators 1-Rapporteur	KAP ToT workshop on human rights concepts, international and regional human rights instruments, advocacy and health financing including the Global Fund New Funding Model conducted in Dar es Salaam. # of participants # of representatives of each constituency # of evaluation forms (pre & post-test) completed - # of facilitators	Pre and post evaluation forms, Attendance register, Training materials and agenda, training report, Pictures, Payment sheets	May - July	U$13,945
1.2 Conduct a TOT workshop on human rights concepts, international, regional and national human rights instruments, budget monitoring and advocacy for health financing (including the Global Fund New Funding Model) for KAP representatives in Mwanza	-5-day Conference package for 25 people - Local transport for 4 participants - Up-country per- diem for 16 participants - Air tickets and airport transfers for 4 participants	KAP ToT workshop conducted on human rights concepts, international and regional human rights instruments, advocacy and health financing including the Global Fund New Funding Model conducted in Mwanza	Pre and post EvalUation, Forms, Attendance Register, Time table	May - July	$16,975

	-Transport refund for 16 people - 2 Facilitators 1 Rapporteur TV broadcasting airtime Coordination costs	# of participants # of representatives of each constituency # of evaluation forms (pre & post-test) completed # of facilitators	Training materials and report, Still pictures, TV coverage, Script Payment sheets	May - July	$16,975
OUTCOME 2: Increased allocation of resources for programs and services that serve key population communities in Tanzania					
2.1 Conduct pre and post Tanzania Country Coordinating Mechanism (TNCM) caucus meetings for non-state actors to ensure that KAP issues are addressed adequately in upcoming TNCM meetings	- Local Transport cost for 9 participants - Refreshment	Pre and post TNCM caucus meetings for non-state actors conducted # of meetings # of participants # of organizations represented	Time table of CCM meetings, Minutes / report of the meeting, Attendance Register, Payment sheet	May - October	$1,440
2.2 Advocate for KP seat in TNCM (by communicating with TNCM Chairman and request to attend as observers, rallying support from other non-state actors etc.)	- Staff time - transport allowance for 8 people	- Meetings hosted with TNCM Chairman and non-state actors to advocate for KP seat # of meetings with TNCM chairman # of people attending meeting # of email correspondences	- CCM minutes and resolution - Notes of meetings with Chairman and non-state actors	May - October	$240
2.3 Conduct a one day meeting with TNCM members on programming and funding of KP activities as well as identifying sub-recipients for KP and human rights interventions	Conference package for 50 people -Transport cost for 50 people - 1 Rapporteur - 1 Moderator	- Meeting hosted with TNCM members on programming and funding of KP activities as well as identifying sub-recipients for KP and human rights interventions # of meetings with TNCM chairman # of people attending meeting # of email correspondences	CCM minutes and resolution, Notes of meetings with Chairman and non-state actors	May - October	U$ 3,590
OUTCOME 3: Improved national understanding of the importance of increasing domestic resources for health and ensuring that resources are invested in key population organisations to fund work that improves the quality and existence of policies, programs and services that improve the health and rights of their communities.					

3.1 Host national day of action on domestic financing (including launch and dissemination of the policy brief) press conference and march	Venue for press conference, IEC materials (500 T-shirts, 200 posters), transport, Printing and dissemination costs for 1000 policy briefs 1 Consultant for 3 days, 2 Banners	National day of action on domestic financing hosted # of press conferences, # of media attending, # of media articles, # of csos participating in day of action # of people participating in the events- # of policy briefs printed - # of policy briefs disseminated -# of IEC materials developed	Media articles, press statements, policy briefs photographs, materials	September	U$ 10,480
3.2 Conduct a one day meeting on funding for KP programmes with PEPFAR Coordinator and staff	- Transport cost for 8 people - Refreshments for 12 people	Meeting on funding for KP prevention programmes hosted with PEPFAR Coordinator and staff # of meeting with PEPFAR Coordinator and Prevention programmer for KP # of people attending meeting # of emails correspondences	Notes of meetings with PEPFAR Coordinator and staff	May - October	U$ 360
3.3 Conduct a one day meeting with development partners on programming and funding of KP activities	-Conference package for 58 participants -Transport allowance for 50 participants and 6 media personnel - 1 Rapporteur - 1 Moderator	- Development partners meeting on programming for KAP activities held and partners identified as sub-recipient for GF funds 50 participants attended - # of participants # of development partner organizations represented # of partners selected as sub-recipient	Meeting report / notes -Attendance register -Time table / meeting agenda? -Payment sheet	October	U$ 4,050

Agenda

Day 1 – Monday 9th March

Focus on the fundamentals of HIV & TB Financing and The New Funding Model of the GF

Time	Discussion Topic	Facilitator
11:00 am – 11:30 am	Welcome and Introductions, Expectations, Review of Agenda Pre-session assessment Ice Breaker	Felicita/Solange
11:30 am – noon	ARASA/ITPC Partnership on Health and Human Rights Advocacy * Small grants on TB * Intellectual Property * HIV & TB Financing	Solange
noon – 12:15 pm	**TEA BREAK**	
12:15 pm – 1:00 pm	HIV and TB Financing: * Broad landscape * International, regional and national mechanisms for financing * Key declarations and commitments Discussion	Amina Egal Nadia Rafif James/Sylvere/Rose Felicita / Jacob
1:00 pm – 2:00 pm	**LUNCH**	
2:00 pm – 2:45 pm	The Global Fund basics: * What it is * How it is funded * How it works * How doe it work at country level (including civil society involvement and other stakeholders) Key challenges	GF Nadia Rafif Amina Egal
2:45 pm – 3:30 pm	The New Funding Model * What makes it new * Key processes in model Entry points for civil society involvement and key affected populations	GF Nadia Rafif
3:30 pm – 4:00 pm	**TEA BREAK**	
4:00 pm – 4:30 pm	Plenary Q& A on above presentations	Plenary
4:30 pm – 5:30 pm	**Botswana** – TV Interview on the *"State of Global Fund implementation in Botswana"* • Country teams present information to all participants through an interview format on: History of GF in-country Government funding basic statistics Where the country is in the application process Level of CS and KP involvement State of CCM Key challenges • Response to "Caller" Questions • Debrief and quick discussion	Interview by Solange and Jacob

END OF DAY 1

Day 2 – Tuesday 10th March

Focus on Financing and Human Rights in the context of HIV & TB and country presentations

Time	Discussion Topic	Facilitator
9:00 am – 9:30 am	Recap of Day 1 Pre-session assessment	
9:30 am – 10:30 am	**Malawi** – TV Interview on the *"State of Global Fund implementation in Malawi"* ∗ Country teams present information to all participants through an interview format on: ∗ Response to "Caller" Questions Debrief and quick discussion	Interview by Solange Jacob
10:30 am – 11:00 am	**TEA BREAK**	
11:00 am – 12:00 pm	**Tanzania** – TV Interview on the *"State of Global Fund implementation in Tanzania"* ∗ Country teams present information to all participants through an interview format on: ∗ Response to "Caller" Questions Debrief and quick discussion	Interview by Solange Jacob
12:00 – 13:00	Case studies: Civil society participation in donor and government budget decision-making processes ∗ Understanding domestic budget monitoring processes as a tool for effective community engagement in national budget decision making processes ∗ Involvement of key populations in the budgetary decision-making of governments, PEPFAR and the Global Fund (CCM)	Nhlanhla Ndlovu (Centre for Economic Governance and AIDS in Africa (CEGAA))
12:30 pm – 1:30 pm	**LUNCH**	
1:30 pm – 2:30 pm	Unpacking Human Rights: What are human rights (key concepts, terms) What do human rights mean for your government Why are they important in the context of HIV and TB financing How can human rights be used for effective advocacy by KP, human rights and treatment activists: Global HIV Law Commission Recommendations on Key populations	Jacob / Nthabiseng/ HeJin / Felicita
2:30 pm – 3:30 pm	Unpacking Human Rights continues… ∗ Status Report on Human Rights in ESA: ARASA 2014 TB, HIV and Human Rights Report ∗ Case studies: What does human rights programming for KPs look like and how can this be costed ∗ Legal and Policy environment: Litigation as a strategy to protect human rights of key populations	Jacob / Nthabiseng / HeJin/ Felicita Anneke Meerkotter
3:30 pm – 4:00 pm	**TEA BREAK**	
4:00 pm – 5:00 pm	Country group discussions: ∗ Human rights issues that affect key populations in Botswana, Tanzania and Malawi Issue list by constituency End of day plenary Post-session assessment	Participants Facilitators supporting each of the 3 country groups

END OF DAY 2

DAY 3 – Wednesday 11th March

Focus on Human Rights in the context of HIV & TB, HIV & TB financing advocacy and country advocacy plan development

Time	Discussion Topic	Facilitator
9:00 am – 9:30 am	Recap of Day 2 Pre-session assessment	Jacob / Nthabiseng / HeJin
9:30 am – 10:30 am	Report back on group work	Participants
10:30 am – 11:00 am	**TEA BREAK**	
11:00 am – 12:30 am	What are the components of effective, evidence-based advocacy What is effective advocacy ***in the context of Financing*** ∗ Key sensitivities and best practices Case study examples	Jacob / Nhlanhla
12:30 pm -1:30 pm	**LUNCH**	
1:30 am – 2:30 pm	How to prioritize and develop a plan around key issues in your country using a rights-based approach ∗ Advocacy cycle ∗ Advocacy Plan Development ∗ The Issue (s) ∗ The Strategies ∗ Activities ∗ Monitoring change ∗ Capacity gaps Resources needed (Budgeting)	Jacob / Nthabiseng / HeJin/ Felicita
2:30 pm – 3:00 pm	Turning advocacy issues into 9 month action plans that can be submitted as a grant proposal ∗ Goal, objective and main activities with a budget ∗ Metrics – how to measure success ∗ Components of a good proposal	Solange / Felicita / Jacob
3:00 pm – 4:30 pm	Country team group work on advocacy planning – focus on national level issues Post-session assessment	Facilitators supporting each of the 3 country groups
4:30 pm	**END OF DAY 3**	

Day 4 – Thursday 12th March

Focus on collaboration and country advocacy proposal writing

Time	Discussion Topic	Facilitator
9:00 am – 11:00 am	Recap Day 3 Pre-session assessment Country team group work on advocacy planning – focus on constituency-based issues	Facilitators supporting each of the 3 country groups
11:00 am – 11:30 am	**TEA BREAK**	
11:30 am – 1:00 pm	General opportunities for collaboration ARASA/ITPC * Small grants * Campaigns * Documentation of in-country work Technical and other support Discussion	
1:00 pm – 2:00 pm	**LUNCH**	
2:00 pm – 3:30 pm	Proposal development/writing	
3:30 pm – 4:00 pm	**TEA BREAK**	
4:00 pm – 4:30 pm	Proposal development/writing continues…	
4:30 pm – 5:00 pm	Post-session assessment	

END OF DAY 4

Day 5 – Friday 13th March

Advocacy planning, proposal drafting and discussion

Time	Discussion Topic	Facilitator
9:00 am – 10:30 am	Country team group work on advocacy planning – focus on constituency-based issues	Facilitators supporting each of the 3 country groups
10:30 am – 11:00 am	**TEA BREAK**	
11:00 am – 12:30 pm	Country team group work on advocacy planning – focus on constituency-based issues continued…	Facilitators supporting each of the 3 country groups
12:30 -13:30	**LUNCH**	
13:30 pm – 15:30	* Wrap-up * Reflections * Evaluation * Next steps	Solange / Felicita / Jacob

END OF DAY 5 AND WORKSHOP

PARTICIPANTS

Name and surname	Organisation and Country	Constituency
1. Mosweu Onkokame	Rainbow Identity Association, Botswana	Transgender and intersex
2. Thatayotlhe Molefe	Men for Health & Gender justice Org, Botswana	MSM
3. Nana Gleeson	Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Botswana	Human rights
4. Legoreng Keitumetse	Sisonke Association, Botswana	Sex workers
5. Tushabe Bruce	Malawi Network of Religious Leaders living with and personally affected by HIV and AIDS (MANERELA +), Malawi	PLHIV
6. Majawa Zinenani Lucy	National Sex Workers Alliance, Malawi	Sex workers
7. Mr Victor Gama	Centre for the Development of People (CEDEP), Malawi	LGBTI / MSM
8. Msengezi Claudio Ezechias	Community Health Education Services and Advocacy (CHESA), Tanzania	MSM / LGBTI
9. Joan Chamungu	Tanzania Network of Women Living With HIV (TNW+), Tanzania	PLHIV
10. Rutta Alice Julius	Warembo Forum, Tanzania	Sex workers
11. Dalton Bontsi	Silence Kills Support Group, Botswana	PLHIV
12. Abdallah Mazihabi	Tanzania Network of People who Use Drugs (TANPUD), Tanzania	People who use drugs
13. Ouma James Wandera	LGBT Voice Tanzania	LGBTI / MSM
Resource persons		
Felicita Hikuam	AIDS and Rights Alliance for Southern Africa (ARASA), Windhoek, Namibia	
Nthabiseng Mokoena	ARASA, Johannesburg, South Africa	
Jacob Segale	ARASA, Johannesburg, South Africa	
Hejin Kim	ARASA, Cape Town, South Africa	
Solange Baptiste	International Treatment Preparedness Coalition (ITPC), Global	
Kayo James Clovis	ITPC Central Africa	
Biziyaremye Bukiki Sylvere	ITPC West Africa, Ivory Coast	
Rose Kaberia	ITPC East Africa, Kenya	
Amina Egal	Global Fund to Fight HIV/AIDS, TB and Malaria, Geneva, Switzerland	
Nhlanhla Ndlovu	Centre for Economic Governance and AIDS in Africa (CEGAA), South Africa	
Nadia Rafif	MSM Global Forum, Global	
Catherine Grant	Rapporteur	

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