

Webinar Notes: Window 1- How are we doing on women and girls?

1. Introduction

Women4GlobalFund (W4GF) hosted a webinar 8 May 2020 to share lessons learnt from countries that submitted funding request in Window 1. The speakers - engaged at the national level - advocate for women and girls and shared their experiences and leadership. The engagement will be helpful for those who are currently in the process of grant writing and submitting in window 2 either on 31 May or 30 June 2020. The invited speakers included:

- Boingotlo Gupta (Botswana), Director of the Botswana chapter of the Pan-African Positive Women's Coalition as well as their Continental Chair
- Mara Banda (Malawi), Technical Advisory to the Paradiso TB Patient's Trust and on the CCM
- Salome Atim (Uganda), human rights activist representing affected communities on the CCM and team leader at Engendering Gender Uganda
- Marie-Claude Julsaint, Adviser, PEPFAR and Global Fund Implementation in the UNAIDS Country Office in Haiti
- Tendayi Westerhof (Zimbabwe), National Coordinator of the Pan-African Positive Women's Coalition-ZIM and the Zimbabwe Women Living with HIV National Forum and recently appointed NAC Board Member.

These notes highlight key interventions. To listen to the webinar recording click [here](#).

2. Discussion

The panel was asked specific questions and speakers shared their experiences.

2.1 Tendayi Westerhof (Zimbabwe)

Women living with HIV in Zimbabwe applied for Technical Assistance (TA) from Global Fund community, rights and gender (CRG) which looked simple on the surface. The group was successful on the third submission and CRG team and EANNASO were helpful in assisting to achieve a successful application. EANNASO have been a great ally. We learnt that applications must be evidence based and clearly show how the activities will have impact. The TA allowed wider engagement with women across the country including those who did not know about the Global Fund. The TA enabled women to organize different expertise and engage in research on viral load testing as research assistants and the questionnaire was translated into local languages. The TA enabled consultations with women in different districts in Zimbabwe and this led to research around women's challenges to access viral load testing in all 10 districts of Zimbabwe.

2.2 Mara Banda (Malawi)

Mara was involved in the Global Fund process facilitated by the CRG support and with TA from GIZ. Women were involved at all levels which was previously not the case. Consultation was done extensively from the rural to urban and young women and key populations who engaged to develop the funding request. The Malawi CCM now includes a sex worker representative as well as men who have sex with men. Mara highlighted the need to include community women in these discussions. So many women are not aware that the services that they access are supported by the Global Fund and this helps to create accountability. The CCM Evolution has ensured that the Malawi CCM is doing better in terms of their responsibility to constituencies. We needed to make sure that the CCM listens to community members and the TA enabled



meaningful community consultation. Malawi has included programmes and services around adolescent girls and young women including on addressing human rights related barriers to access.

2.3 UNAIDS Haiti (Marie-Claude Julsaint)

In 2018 UNAIDS and other partners supported the CCM to re-establish itself in Haiti which was not functioning. The Global Fund provided TA and UNAIDS ensured that women from the ten departments of the country participated. Most CCM members are new and are learning about the Global Fund and its processes. The CCM includes representatives from sex workers; men who have sex with men and women living with HIV.

There is no one platform or network of people nor women living with HIV and UNAIDS is trying to support the rebuilding of a platform of women living with HIV. The funding request was submitted under pressure due to COVID-19, political and social unrest – all compounded by having no parliament. Having more time would have been helpful and would have enabled more participation of women who were invited to take part in the national dialogue but the focus was on women from key populations and given all the challenges being faced by the country the level of participation was not enough.

The joint UN team provided through UNDP a consultant from Cameroon - to focus on human rights and gender. The impact of all this is being seen now in the COVID-19 response where women's groups are taking more leadership around advocacy. Key advice is to start the dialogues before the formal country dialogues and continue training with the new CCM. Civil society and communities must continue to push international and technical partners to support this work which is not always supported by national authorities as it is not considered a priority.

2.4 Salome Atim (Uganda)

Key affected populations are defined in the Uganda national HIV strategic plan 2020 - 2025. Having UNAIDS describe adolescent girls and young women as vulnerable and at high risk ensured their involvement in consultations in the funding request development. The support from the Global Fund's CRG department, EANNASO and GIZ ensured civil society were well coordinated and organized. The team of consultant created a five-year comprehensive plan for public health responses to removing equity barriers to HIV, Malaria and TB services. Uganda allocated over \$7 million for community systems strengthening (CSS) within the main allocation.

Most request made by women were included in the funding request. Key issues were around: commodity security (from treatment to lab needs); prevention of young people; scaling up economic empowerment programmes for adolescent girls and young women; strengthening community-based monitoring; addressing harmful gender norms and integration of sexual and reproductive health and rights and HIV - amongst others. Key recommendations included: applying for TA early; inter-constituency and CCM caucus meetings; and having data driven discussion ensured that civil society worked in harmony and spoke the same language. The proposals were well researched, and costed and this meant they were not able to be ignored.

2.5 Boingotlo Gupta, (Botswana)

Botswana will submit its funding request in August 2021 so women are preparing. Women living with HIV in Botswana faced similar challenges to other countries including meaningful representation, reaching people in rural areas, and building understanding of meaningful engagement. They adopted the theme

“Those close to pain should be close to power” and gathered to prioritize their needs. The group established a national forum for women and girls living with HIV to enabling meaningful engagement and advocacy. This will be called the Botswana network of women and girls living with HIV. They hope to include men and boys to support women’s rights and to deliver integrated sexual and reproductive health and HIV services – especially for disabled women who are left behind. Boingotlo advised women to leverage the TA offered by CRG with support from EANNASO and allies like UNAIDS. Through the assistance of UNAIDS and others slowly but surely women are being recognized and taken seriously.

3. Discussion, comments, questions

Heather Doyle from the Global Fund reflected on the following:

- It is great that the TA is relevant, and is working and the Global Fund Secretariat welcome feedback on what needs to improve and how this can be sustained.
- The Technical Review Panel review of window 1 is happening now. The Global Fund Secretariat reviewed a subset of countries and are comparing trends from previous rounds. The TRP are asking many questions around community responses for both TB and HIV and are looking for more on Malaria. The TRP is exploring issues around capacity - not just of the PRs but of SRs and how community led organizations are integrated and involved in grant making.
- There has been a quicker evolution of the work in countries with existing matching funds for human rights or adolescent girls and young women compared to those without previous work on this. This is something Global Fund should think about even as the models are country owned and driven, to incentivize these types of investments in countries backed up by data.
- There are not enough on Malaria components linked to data and/or even key populations at higher risk so we hope to see this more in future windows.
- CSS is disjointed and not supported as comprehensively. The analysis on gender tends to be stronger than the programmes that response to the issues and the language is not translating into the budgets and into grant making.

Question: What advice would you give to those going through grant making for the first time to ensure gender priorities remain? **Answer:** It all depends if you are getting new PRs and SRs. The Global Fund Secretariat recommends that the country do a capacity assessment conducted by local fund agents that includes gender and human rights components. Although participation of communities is embedded in the funding request process this changes during the grant making. The process is also quick so whatever technical partners can do to make it as collaborative as possible - the better. The Global Fund Secretariat is advising the TRP that counties need to define a consultative process during grant making and focus components based on key challenges communities are facing.

Question: Is there a budget for CCM members to give feedback to their constituencies that they are representing? **Answer:** Yes, CCMs have a civil society engagement budget that was increased from 15% to 25%. Reach out to CCM secretariat to know more about the engagement funds and how these are used.

This webinar had 16 participants: Boingotlo Gupta, Gemma Oberth, Ida Savadogo, Lesley Odendal, Lois Murray, Lorraine Kiswaga, Mara Banda, Marie-Claude Julsaint, Martin-Mary Falana, Patricia Humura, Salome Atim, Tendayi Westerhof, Zanenkone Menkand. The Global Fund Secretariat representative was Heather Doyle. The W4GF Team was represented by Lucy Wanjiku Njenga and Sophie Dilmitis.