Workshop Report: Enabling Women to Track Global Fund Investments Towards Gender Equality Across HIV, Tuberculosis & Malaria in Cameroon, India and Tanzania

(19-28 April 2021)

Contents

Acronyms and abbreviations

ART	Antiretroviral treatment
CCM	Country Coordinating Mechanism
CSS	Community systems strengthening
CLM	Community-led monitoring
DSD	Differentiated service delivery
FGD	Focus group discussion
GAM	Global AIDS Monitoring
M&E	Monitoring and evaluation
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
PRs	Principal Recipients
PEPFAR	US President's Emergency Plan for AIDS Relief
SMART	Specific, Measurable, Accepted, Relevant and Timebound
SPICED	Subjective, Participatory, Interpretable, Cross-checkable, Empowered, Diverse and disaggregated
SRHR	Sexual and reproductive health and rights
SRs	Sub-recipients
STIs	Sexually transmitted infections
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
W4GF	Women4GlobalFund
WHO	World Health Organization

Executive Summary

As part of Women4GlobalFund's (W4GF) effort to accelerate progress on gender equality in the Global Fund, a workshop titled *Enabling Women to Track Global Fund Investments Towards Gender Equality Across HIV, Tuberculosis & Malaria* took place with 30 women from Cameroon, India, and Tanzania over eight separate days from 19–28 April 2021. The training was part of a pilot project to implement W4GF's Accountability Toolkit in the three countries.

The goal of the training was to ensure that women understand key CLM concepts and how the Global Fund works. The **training objectives** were to:

- build understanding of community-led monitoring (CLM) and to strengthen the capacity of women to influence national health programmes and services supported by the Global Fund;
- create an active and well-coordinated group of women engaged at national levels who are able to track and monitor to highlight what is/ is not working well in Global Fund–supported programmes and services and advocate to reprogramme and scale up programmes and services that are effective;
- support women to hold their countries accountable so that countries take the right steps to achieve gender equality and uphold human rights at national levels;
- strengthen strategic partnerships between women and the organisations and institutions implementing the grants, which is essential to enable women to remain meaningfully engaged; and
- agree to a way of working as a coalition with lines of reporting and virtual organising.

Participants included women in all their diversity and affiliation with a network or networks willing to support this work. The selection criteria resulted in 30 women becoming the W4GF Accountability Toolkit Implementation Group and include young people, people living with HIV and affected by TB and malaria, women living with disabilities, transgender women, sex workers and women who use drugs.[1] Each country team has a 'lead organisation' to oversee all aspects of the project implementation at the national levels.

The virtual training formed part of Stage 2 of 4. Stage 3 - which began near the end of the training, is centred around the W4GF Accountability Toolkit Implementation Group in each country planning how they will implement the work. Stage 4 is the implementation phase and is envisioned to cover six months, from July to November/December 2021.

CLM is already being conducted in all three countries to some extent but with no real focus on women and girls. Some of the advocates participating in the training (and their organisations) are involved in various ways. Here are key examples of what is happening:

- In **Cameroon** CLM was described as relatively new. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the US President's Emergency Plan for AIDS Relief (PEPFAR) are among the funders supporting CLM initiatives. For example, UNAIDS is supporting the Cameroon National Association for Family Welfare (CAMNAFAW) and several community-based organisations to design and implement CLM activities, including groups led by and focusing on people living with HIV, men who have sex with men and sex workers.

[1] Greater detail about the participants: They included 13 openly living with HIV, 10 under the age of 30, 3 sex workers, 3 who use drugs, 4 transgender women; 1 as non-binary, 4 affected by TB, 5 with experience with malaria, and 1 living with disabilities.

- In Tanzania PEPFAR and UNAIDS are supporting CLM. One project led by the National Council of People Living with HIV (NACOPHA) reportedly has initiated CLM for HIV services in the country, with funding from PEPFAR. Reportedly there are no specific CLM interventions around women or adolescent girls and young women.
- In India there are some CLM initiatives taking place supported by PEPFAR or through community systems strengthening (CSS) components from the Global Fund but none of these focus on women. UNAIDS is supporting a CLM pilot to be rolled out by Swasti Health Catalyst that will be overseen by a working group of community representatives. This work includes a cadre of community representatives (key populations, people living with HIV, women, and other affected groups) who will ensure routine CLM and follow-up.

Although the contexts are different across Cameroon, India and Tanzania, many of the challenges women face are similar and underscore the need for improved progress on gender equality in all countries with Global Fund programmes. This report cites key challenges faced by women in the three countries and highlights where the Global Fund must do more. It includes summaries of presentations and discussions around how to conduct CLM, including different methods and approaches to ensure the work is efficient and effective. Participants learned about:

- the difference between and best uses of SMART and SPICED indicators;
- the World Health Organization (WHO) quality of care principles and how they can influence CLM approaches and priorities;
- the change matrix, which refers to what to do in different steps of a CLM process; and
- a range of different tools and methodologies that can be used to gather and present data, with sessions focusing on how to develop scorecards, focus group discussions (FGDs), shadow reports, and conduct a community mapping.

Near the end of the training, each country team prepared a ***first draft of work and action plans for their CLM project*** and presented them to the group. In feedback after the presentations, participants were encouraged to consider the following as they further build their plans after the training:

- Action plans should be realistic in terms of capacity and budget. The timeframe is brief (six months) and the amount of money that W4GF have been able to secure is relatively small (US$25,000 per country), which means that focused, streamlined initiatives are more likely to be manageable and successful. Focusing on one core problem instead of multiple ones is likely to be a smart strategy as well.
- Ensure that qualitative indicators are used, not only quantitative ones. This is especially important because CLM is one of the best ways to gather qualitative data, which countries often fail to do. As noted during the training, quantitative refers to numbers, percentages, etc. Qualitative refers to perceptions, knowledge, and attitudes – for example, what women feel and what their understanding is of certain issues, etc.
- Ensure that the final plan is adequately broken down so that it is clear when specific activities will happen, including the order and whether they should take place separately. This is important to determine how work will be shared and how all the parts connect with each other.
- Recognise the difference between 'lines' of communications and 'means' of communications. 'Means' refer to the tools used, such as WhatsApp, email, etc. 'Lines' refer to how country teams communicate among themselves during the CLM activity, such as who makes decisions, who community members and W4GF should communicate with directly, etc.

Annex 2 contains the full text of each country's preliminary work and action plans.

The 19–28 April workshop was a learning experience not only for the participants but also for the W4GF Team and many of the partners that supported the training by providing information and input through presentations and responding to participants' questions. The collective learning and observations will guide the support offered to women from other countries and contexts during future trainings and roll out of the W4GF Accountability project.

The information – e.g., about different CLM methods and tools – was one component of the overall learning. Other important factors that were considered during the planning and training included: How the learning took place; and how participants responded to the various sessions; how they interacted with each other, the presenters and facilitators; and how they experienced the information and their expectations.

The training was designed with these priorities in mind and included activities for the women to get to know each other – their lives, experiences, and interests. This helped to build trust, so they felt more comfortable speaking freely about their own frustrations, challenges and needs as advocates and (for many) as members of highly marginalized and stigmatized populations. These activities enabled participants to hear different perspectives, which could broaden and improve their monitoring and advocacy work. Among them was a session in which participants were encouraged to identify and discuss their own 'health journeys' and priorities as women, and another in which they created and shared their own personal community maps.

1. Introduction and overview

Purpose and objectives

One of the four strategic objectives of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is to "promote and protect human rights and gender equality". By putting such a visible spotlight on gender equality, the Global Fund has sent a strong signal to all partners that the rights, needs, priorities and challenges of women and girls should be acknowledged, integrated and responded to in all its investments. However, this vision has not always translated into reality. Global Fund-supported programmes in most countries have continued to fall short in terms of ensuring and sustaining gender equality.

As part of its efforts to accelerate progress on gender equality in the Global Fund, Women4GlobalFund (W4GF) supports women in all their diversity in countries around the world to push the Global Fund and its partners to do more at local, regional and global levels. A key part of this work is providing women with information and a platform that builds on their skills and strategic positioning to strengthen and expand their national advocacy. This overall goal was at the centre of a virtual accountability training workshop W4GF organised with a total of 30 women from Cameroon, India and Tanzania over eight separate days from 19–28 April 2021. Titled *Enabling Women to Track Global Fund Investments Towards Gender Equality Across HIV, Tuberculosis & Malaria*, the training was part of a pilot project to implement W4GF's Accountability Toolkit.

This pilot project, which extends through to December 2021, works with ten women from the three countries who are embarking on research and monitoring activities to gather data and observations from women who are accessing programmes and services supported by the Global Fund. The data will support them as they engage in dialogue with stakeholders to hold implementing partners and the Global Fund accountable for promises made. The training workshop was designed to help guide the country teams in all steps of the implementation process, including designing monitoring methodologies and plans, undertaking research activities, analysing and organising the findings, and setting advocacy strategies. The experience and knowledge gained through the project will support the participants to be better prepared to lead and expand similar monitoring and advocacy work in their

countries moving forward. Effective and consistent monitoring is critical to ensure accountability across Global Fund structures and processes for improved progress on gender equality.

The training objectives were to:

- build understanding of community-led monitoring (CLM) and to strengthen the capacity of women to influence national health programmes and services supported by the Global Fund;
- create an active and well-coordinated group of women engaged at national levels who are able to track and monitor to highlight what is/ is not working well in Global Fund–supported programmes and services and advocate to reprogramme and scale up programmes and services that are effective;
- support women to hold their countries accountable so that countries take the right steps to achieve gender equality and uphold human rights at national levels;
- strengthen strategic partnerships between women and the organisations and institutions implementing the grants, which is essential to enable women to remain meaningfully engaged; and
- agree to a way of working as a coalition with lines of reporting and virtual organising.

About the participants

The 30 participants included 10 women each from Cameroon, India and Tanzania. (Annex 6 includes a list of all participants.) The countries were selected by W4GF based on criteria including actively engaged W4GF advocates in country coordinating mechanisms (CCMs) and national processes; Global Fund priority countries that receive matching funding related to gender, which could include adolescent girls and young women and human rights (e.g., addressing gender-based violence); addressing gender and TB; and CLM efforts already underway.

Individual participants were selected on criteria including representation of women in all their diversity and affiliation with a network or networks willing to support this work. (The W4GF website provides a list of all selection criteria for the countries and participants.) The 30 women are members of a wide range of populations and communities including young people, people living with HIV and affected by TB and malaria, women living with disabilities, transgender women, sex workers and women who use drugs.[2]

Each country team has a 'lead organisation' with the responsibility to oversee all aspects of the project implementation. The three lead organisations are part of the 30 women who make up the W4GF Accountability Toolkit Implementation Group and who participate in the training.

About the training

The original plan was to hold an interactive training session bringing together all advocates to meet, share and learn in person. With the onset of COVID-19 a virtual gathering became the reality across multiple time zones, which meant that the overall number of days had to be extended since it was not possible for all participants to meet for a full day each time.

[2]Greater detail about the participants: They included 13 openly living with HIV, 10 under the age of 30, 3 sex workers, 3 who use drugs, 4 transgender women; 1 as non-binary, 4 affected by TB, 5 with experience with malaria, and 1 living with disabilities..

The training sessions held over eight days were a mix of presentations, plenary discussions and break-out groups by country. The W4GF Team as well as invited guests from several multilateral institutions and organisations[3] provided information and insights on a range of issues relating to women, the Global Fund, accountability and specific methodologies for CLM. Group work was used to enable country teams to explore and test different approaches and ideas as they were introduced. As indicated in the workshop agenda (see Annex 7), each session built on the previous, as participants moved from learning key concepts to drafting action plans for implementing specific activities.

About the W4GF Accountability Toolkit

The W4GF Accountability Toolkit supports women health and human rights advocates to:

- conduct independent, community-led monitoring and tracking of Global Fund–supported programmes and services to assess the effectiveness of services, including by gathering client perspectives;
- ensure that countries take the right steps to achieve gender equality and uphold human rights by highlighting what is/is not working well in Global Fund–supported programmes and services and advocate to reprogramme and scale up programmes and services that are effective; and
- build and strengthen strategic partnerships between communities and the organisations and institutions implementing the grants, which is essential to enable women to remain meaningfully engaged and to assess their own effectiveness as W4GF advocates in Global Fund processes at the national level.

There are four stages of the work. The training formed part of Stage 2. The first was confirming the three countries and identifying participants to create the W4GF Accountability Toolkit Implementation Group. Stage 2 was the training discussed in this report. Stage 3, which began near the end of the training, is centred around the lead organisations and the W4GF Accountability Toolkit Implementation Group in each country planning how they will implement the work. Stage 4 is the implementation phase and is envisioned to cover six months, from July to November/December 2021.

The goal of the training was to ensure that the Accountability Toolkit Implementation Group members understand the most important concepts around CLM and how the Global Fund works. The training also helped participants reflect upon what they want to measure and how they will go about doing the overall monitoring work.

The Accountability Toolkit was developed to support women already engaged in Global Fund national processes to maintain their focus on implementation and to monitor if the money allocated by Global Fund was having the most impact and reaching those it was intended for. It informs women on how to collect qualitative data to monitor rights-based, gender-responsive programmes that are funded by the Global Fund and its annexes provide detailed supporting information – for example, a sample survey and how to conduct a focus group discussion (FGD). The toolkit can also be useful for conducting independent (not only related to Global Fund) monitoring and tracking work more broadly.

W4GF aims to roll out the overall initiative to more countries after assessing the current pilot project involving advocates from Cameroon, India and Tanzania. T

[3] The following were among those represented: Accountability International, Salamander Trust, Swasti Health Catalyst, the Global Fund Secretariat, the US President's Emergency Plan for AIDS Relief (PEPFAR), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Cameroon, India and Tanzania.

he intended eventual outcomes of the work include:

- An active, supported and well-coordinated group of W4GF advocates engaged at the national level
- Stronger advocacy for gender equality and human rights, and to address the needs of women in all their diversity
- More effective programmes that are monitored by women
- Increased number of community gender advocates working with and supporting those on Country Coordinating Mechanisms (CCMs)
- Global Fund policies (global and national) are strengthened around meaningful engagement of women.

About this report

This report provides a summary overview of the 19–28 April 2021 training. It is not intended to be an in-depth account of all proceedings. The goal is to highlight some of the key ideas, messages, focus areas and observations, with particular attention to the perspectives and interests of the participants. The full presentations, which include more extensive and detailed information, were shared with participants following the workshop.

2. Background information

2.1 Why is this work important? Current challenges and priorities women see in their countries

Although the contexts are different across Cameroon, India and Tanzania, many of the challenges women face are similar and highlight the need for improved progress on gender equality in all countries with Global Fund programmes. The following are challenges cited by women in the three countries and highlight where the Global Fund must do more and where gains made in these areas have been threatened by the impact of COVID-19:

- SRHR services and information are lacking in many areas and health services are often not friendly to women and girls from key affected populations, with many service providers being judgmental and unresponsive to specific needs and priorities and treatment literacy remains low among many women living with HIV.
- Adolescent girls and young women often have limited access to information and resources, which heightens their vulnerabilities – not enough movement has been seen in the Global Fund 13 priority countries focusing on adolescent girls and young women.
- Women and girls are at greater risk of gender-based and intimate partner violence and few services exist for transgender persons, including in areas such as mental health.
- Young people who are questioning and exploring their gender identity often have nowhere to turn for support and information. Stigma and discrimination are widespread, including in health facilities, with gender non-conforming children and adolescents poorly prepared to face the impacts of this ‘welcome’.
- All women especially women from key affected populations such as sex workers and women who use drugs need sustained access to treatment, care, and social support for HIV, TB and malaria as well, especially in the communities where they live and work.

2.2 Key concepts, structures, and approaches to accountability

Several sessions of the training were devoted to understanding and discussing key concepts and structures behind the W4GF Accountability Toolkit. Annex 3 includes a summary of why gender equity and equality matters in HIV, TB and malaria responses and programmes; analysis of accountability; an overview of the Global Fund, including how it works at national and global levels; and an overview of CLM.

Annex 4 of this report includes summaries of presentations and discussions around how to conduct CLM, including different methods and approaches to ensure the work is efficient and effective.

Participants learned about:

- the difference between and best uses of SMART and SPICED indicators
- the World Health Organization (WHO) quality of care principles and how they can influence CLM approaches and priorities
- the change matrix, which refers to what to do in different steps of a CLM process
- a range of different tools and methodologies that can be used to gather and present data, with sessions focusing on how to develop scorecards, focus group discussions (FGDs), shadow reports, and conduct a community mapping.

The training's participatory process included country teams learning about and then trying out different types of methodologies – e.g., community mapping and scorecards. This interactive training helped to build confidence as well as create bonds among advocates with different experiences and from different contexts – which was important given that the workshop was taking place virtually. (Section 3 of this report discusses the methodology and learning.)

Listed below are summaries of other discussions that helped provide a background for participants who will be designing and implementing CLM activities as part of this project.

Current CLM activities and support in the three countries

CLM is already being conducted in all three countries to some extent. Some of the advocates participating in the training (and their organisations) are involved in various ways. Some examples give an idea of what is happening and who is involved.

- In Cameroon CLM was described as relatively new. UNAIDS and PEPFAR are among the funders supporting CLM initiatives. For example, UNAIDS is supporting the Cameroon National Association for Family Welfare (CAMNAFAW) and several community-based organisations to design and implement CLM activities, including groups led by and focusing on people living with HIV, men who have sex with men and sex workers.
- In Tanzania PEPFAR and UNAIDS are supporting CLM. One project led by the National Council of People Living with HIV (NACOPHA) reportedly has initiated CLM for HIV services in the country, with funding from PEPFAR. Reportedly there are no specific CLM interventions around women or adolescent girls and young women.
- In India there are some CLM initiatives taking place supported by PEPFAR or through community systems strengthening (CSS) components from the Global Fund but none of these focus on women. UNAIDS is supporting a CLM pilot to be rolled out by Swasti Health Catalyst that will be overseen by a working group of community representatives. This work includes a

cadre of community representatives (key populations, people living with HIV, women, and other affected groups) who will ensure routine CLM and follow-up.

Monitoring Global Fund grants

CCMs have the responsibility to monitor Global Fund programmes in countries. This happens in different ways including through oversight committees, with Principal Recipients (PRs) and sub-recipients (SRs) also monitoring their work. These activities take place in all three countries, however training participants noted dissatisfaction with the level of effort and processes. The following were among the challenges cited:

- In Cameroon, the CCM oversight committee reportedly picks a small number of regions and sites and assumes they are a fair representation of what is happening across the country. Advocates do not think that is fully representative and want to expand geographically and go deeper to communities. Also mentioned by advocates the malaria community interventions only use 7 of 31 indicators that the oversight committee use to measure progress (in other words, well-documented, evidence-based, etc.). Many of the other 24 indicators that are not being fully reported against are those that are critical for women and children.
- A similar concern was noted in Tanzania – that the existing CCM oversight committee cannot reach the whole country, thereby jeopardising the quality of the monitoring done. Another concern was that the oversight committee does not include community members, including groups representing women. A proposed solution to expand reach was for community actors to be supported and allowed to participate in oversight field visits.
- Training participants from India expressed concern about the oversight reports not fully matching the reality on the ground, including by failing to reflect key gaps and challenges. Also faulted was the CCM's failure to communicate to communities what is in reports and the actions taken in response to the findings.

In addition to these big picture concerns noted by participants, it was also observed that the monitoring that is being done by CCM oversight committees in the countries does not speak to the quality of the services being provided.

As noted in the Accountability Toolkit: "The CCM's oversight role is different from the PR's responsibility to monitor and evaluate the implementation of grants. Oversight requires the CCM to understand how the grants are working, follow progress and challenges, and bottlenecks and follow up on actions for improving performance. Oversight is focused on governance and understanding whether or not the program is meetings its targets. The CCM is responsible for understanding grant implementation at the macro level, but does not need to immerse itself in the micro details, which is the responsibility of the PR. In contrast, monitoring is the tracking of the key elements of program/project performance, usually inputs and outputs, through record-keeping, regular reporting and surveillance systems as well as health facility observation and surveys." Monitoring is often more detailed than oversight and focuses on measuring adherence to targets. Oversight ensures that monitoring is being done, that results are being reported, and the program is meeting its targets. The CCM depends on implementation updates provided by the PRs on a quarterly basis during the Oversight Committee meetings and CCM meetings. The CCM also conducts oversight field visits, which are supposed to be conducted every three - six months depending on the country."

3. Applying skills learned

The final two days of the training consisted largely of country teams beginning to apply the skills learned and using the information and observations from the presentations and discussions over the previous days. In group work, they initiated the process of developing CLM activities they will undertake over the six months through November 2021. A top priority is that this CLM work be focused on Global Fund-supported programmes and services as closely as possible.

The final two days included choosing the communities they will focus on, choosing the problem, choosing indicators, choosing methodologies to do the research, and putting together an action plan for how the process will be implemented and when.

They were urged to pay close attention to the ***difference between a 'core' problem and 'symptoms' of such a problem***. A core problem is usually something deeper and entrenched that needs to be addressed for real and long-lasting change to occur. Efforts to address the symptoms of the core problem should also seek to have an effect against the core problem – which should always be the goal of advocacy work.

An example of a core problem mentioned at the training is the patriarchal system that is embedded across societies. This is the larger overall problem that limits many women's ability to think and act freely and make their own decisions. Symptoms of this problem often include child marriage, violence against women, lack of education (as girls are taken out of school early or not allowed to go at all), and higher levels of poverty among women.
As part of their efforts to consider how to approach a problem and improve a situation, training participants were also encouraged to think about how the symptoms intersect and build on each other. This '***intersectionality***' analysis can give a good picture of the type and scope of marginalisation and challenges that many people face – and indicate where the greatest support and advocacy needs are.
An example given at the training of intersectionality analysis showed how factors regarding gender, race, and wealth affect vulnerability. A black woman living in a poor area is at the bottom of social status and power – not only because she is woman, but because she is also black and because she happens to be also poor. On the other end of such a spectrum, intersectionality works in a positive way for white, male, rich people, who are privileged.

Near the end of the training, each country team prepared a ***first draft of work and action plans for their CLM project*** and presented them to the group. In feedback after the presentations, participants were encouraged to consider the following as they further built their plans after the training:

- Action plans should be realistic in terms of capacity and budget. The timeframe is brief (six months) and the amount of money that W4GF have been able to secure is relatively small (US$25,000 per country), which means that focused, streamlined initiatives are more likely to be manageable and successful. Focusing on one core problem instead of multiple ones is likely to be a smart strategy as well.
- Ensure that qualitative indicators are used, not only quantitative ones. This is especially important because CLM is one of the best ways to gather qualitative data, which countries often fail to do. As noted during the training, quantitative refers to numbers, percentages, etc. Qualitative refers to perceptions, knowledge, and attitudes – for example what women feel and what their understanding is of certain issues, etc.
- Ensure that the final plan is adequately broken down so that it is clear when specific activities will happen, including the order and whether they should take place separately. This is important to determine how work will be shared and how all the parts connect with each other.

- Recognise the difference between 'lines' of communications and 'means' of communications. 'Means' refer to the tools used, such as WhatsApp, email, etc. 'Lines' refer to how country teams communicate among themselves during the CLM activity, such as who makes decisions, who community members and W4GF should communicate with directly, etc.

Annex 2 contains the full text of each country's preliminary work and action plans.

4. Training methodology and learning

This CLM project led by women in Cameroon, India and Tanzania is the first set of activities undertaken through the W4GF Accountability project. The 19–28 April workshop was a learning experience not only for the participants but also for the W4GF Team and many of the partners that supported the training by providing information and input through presentations and responding to participants' questions. The collective learning and observations will guide the support offered to women from other countries and contexts during future trainings and roll out of the W4GF Accountability project.

The information – e.g., about different CLM methods and tools – was one component of the overall learning. Other important factors that were considered during the planning and during the training including: How the learning took place; and how participants responded to the various sessions; how they interacted with each other, the presenters and facilitators; and how they experienced the information and their expectations.

The training was designed with these priorities in mind and included activities for the women to get to know each other – their lives, experiences, and interests. This helped to build trust, so they felt more comfortable speaking freely about their own frustrations, challenges and needs as advocates and (for many) as members of highly marginalized and stigmatized populations. These activities enabled participants to hear different perspectives, which could broaden and improve their monitoring and advocacy work. Among them was a session in which participants were encouraged to identify and discuss their own 'health journeys' and priorities as women, and another in which they created and shared their own personal community maps.

Approaches to encourage interaction

Several different methods encouraged interaction and feedback from participants. They include the use of two online programmes aimed at facilitating instant feedback with responses displayed for all to see: ***Jamboard***, a digital interactive whiteboard, and ***Slido***, a Q&A and polling platform. Both were used as outlets for participants to note their thoughts and feelings in response to both general and specific questions, as well as to help sustain their engagement.

For example, through Slido, participants were asked to type in a word describing how they felt at the end of the day, with all the inputs presented in a collective word cloud. Through Jamboard, they were able to provide brief but more specific feedback that was also collectively shared. Jamboard input provided by participants included: "The week was very informative. It has transformed the group"; "I took home the importance of planning, identifying and putting in place a team for an FGD, ensuring moderators master their task"; "The session on scorecard with evidence base was amazing"; "The FGD session was explained so easily with the group work".

The facilitators and presenters also showed several ***short videos*** to help explain, illustrate, and expand understanding about various concepts, tools and ideas. One showed an example of people conducting a community mapping, with particular attention to how organizers can interact and share with people

in the community at all steps of the process. Another video was used to illustrate the difference between a core problem and symptoms of the problem – an important distinction when designing CLM activities and using the results for advocacy. A third video discussed steps that could be taken when putting together a monitoring and evaluation (M&E) plan, including a 'problem tree' analysis.

The agenda also built in substantial time for ***reflections*** by participants, including at the end of each day. In these open-ended sessions, participants highlighted positive experiences about what they learned and how the information was presented as well as, on occasion, some challenges they were experiencing with parts of the training. Along with regular efforts by facilitators to 'check in' with participants at other times throughout each day, these end-of-the-day reflection periods helped the W4GF Team determine how successfully the learning was taking place, including whether additional time was needed on topics or issues and what presentations seemed to be more effective than others. In addition to the end-of-the-day reflection session, the W4GF Team together with the lead organisations had a debriefing session to discuss challenges experienced during the training, possible changes needed to keep the attention of the participants, and how to deal with basic operational issues.

The ***Zoom chat function*** was another commonly used interactive tool during the training. Members of the W4GF Team and some external presenters used it to provide information on useful websites and to respond to specific questions by participants that were not addressed during the main training process. Implementation Group members used it to pass brief messages to each other, to offer explanations and clarifications, and to indicate when they were having difficulty following discussions or points raised. They also extensively used chats to support and care for each other. A large share of all chats were devoted to comments such as the following: "Very beautiful and clear drawing by Sobhana"; "This was very interactive and made us active".

Engagement and support: practicing and sharing to improve skills and knowledge

'Learning by doing' was the guiding principle of several sessions focused on how to prepare for and implement CLM activities. By using and exploring different methodologies and discussing both the process and results, participants gained a better understanding of what to expect and how they might best work with and engage those providing input for the monitoring work (e.g., women participating in FGDs and surveys). Practicing with peers and sharing insights is a vital way to ensure the quality of both CLM inputs and outcomes, including by making those providing input feel more comfortable, more engaged and valued, more willing to share, and more trusting.

In planning a shadow report, for example, participants discussed specifics including the steps, who to involve (including allies), what kind of topics or priorities such a report might be useful for, and what to report against (e.g., CEDAW commitments[4], Maputo Plan of Action[5], Global Fund funding request), etc. The lengthy and creative sessions on community mapping were a step-by-step approach from the personal to the collective, a deliberate strategy that promoted critical thinking about their own experiences, biases, and priorities. They started with each participant developing their own personal community map and then getting together with their country teams to share these drawings and then select one community to focus on for the project.

The feedback from such practice and critique sessions underscored the seriousness and commitment of most participants to improve their CLM design and implementation skills – and to support others. For example, the India team in its presentation on a proposed FGD provided 'tips for interviews' that

[4] The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is an international treaty adopted in 1979 by the United Nations General Assembly. It has been ratified by nearly all UN member-states. See www.un.org/womenwatch/daw/cedaw.
[5] The Maputo Plan of Action 2016-2030 is the road map for the continental policy framework for SRHR as agreed by the African Union. See https://au.int/sites/default/files/documents/24099-poa_5-_revised_clean.pdf

included “active listening”, “safe space”, “mutual respect”, “non-judgmental attitude”, and “don’t miss body language”. Comments in response to the FGD presentations included cautions about what data and information is permissible to be revealed, including warnings about not mentioning FGD participants’ names and upholding strict confidentiality and ethical standards. Feedback during the community mapping sessions included questions to country teams about whether their maps were showcasing an actual community or an ‘ideal’ one that does not actually exist.

Such comments in these practice sessions prompted many participants to rethink their teams’ initial outputs, explain their decisions in a more detailed manner (including to themselves), defend their choices, change how they previously had conducted some activities in their advocacy work, and consider again what might be missing in their chosen communities and what they should focus on for the CLM project. As one participant noted in a chat, “The presentation was clear, and I realized that when conducting our FGD we can sometimes miss some reactions of the participants because we are both moderator and observer.” Similarly, another participant highlighted appreciation for new knowledge and guidance on FGDs in this chat: “The presentation has brought a lot of knowledge especially in considering the small things which we never follow them when conducting a FGD such as selecting the group team members and maintaining confidentiality.”

The overall process was not easy for everyone. Some participants were reluctant to draw attention to themselves, including by showing their work and commenting on others’ inputs. The training aimed to move them through these concerns and help participants gain confidence. A key message conveyed throughout was that there are no right or wrong answers, but that there are ways to maximize the impact of a FGD, shadow report and community map and thereby make the CLM work more meaningful and incisive for all involved.

The interaction and ‘pushing beyond boundaries’ extended beyond the practice sessions. Participants were encouraged to be directly engaged in all sessions as part of an effort to ensure that they were getting all they could out of them. Often this included asking for clarification and more discussions, such as the difference between an output and outcome and how and when a scorecard could be used. In response to the latter question, the presenter walked everyone through a scorecard her organization had developed in extensive detail. Participants were also challenged constructively as they started putting together and drafting work and action plans near the end of the training, including about how many core problems they could realistically identify, the importance of using qualitative as well as quantitative indicators, and how members of the country team will organize themselves to share responsibilities most effectively and efficiently.

And finally, the empathy and connections resulting from regular sharing and engaging with each other came through in numerous supportive comments and actions. For example, India country team members asked on several occasions for the time and space to translate information from English into Hindi to ensure that all of their colleagues were at the same level of understanding. These requests were always greeted positively, with interpreters being urged to take as much time as they needed. Members of the Tanzania and Cameroon country teams also offered kindness, condolences and flexibility, via comments and in chat, for their India counterparts who were personally and professionally affected by the severe COVID-19 wave the country was experiencing during the training.

CLM and engagement challenges

Throughout the training, participants noted challenges in many areas, including in relation to their work with the Accountability Toolkit project and CLM more generally. Some were associated with concerns about the ***limitations of government data*** and ***governments not being able or willing to share data*** for reasons including that they see advocates as a threat and refuse to engage with them. In such instances,

it was suggested that it might be necessary to get data through 'the back door', which is not always ideal because it can be difficult to verify such information.

Lack of access to data is a core symptom of the bigger problem of women being denied the space and platforms to engage fully and meaningfully. One participant from Tanzania reported having been 'kicked off' the writing team during the process of preparing a Global Fund funding request to make room for a doctor on the basis of that person having more experience – even though the woman's life experience as someone living with HIV surely qualifies as expertise. In Cameroon, community and civil society groups, including those led by and focusing on women in all their diversity, are often denied the ability to carry out activities due to legal and social barriers.

Some participants also referred to ***challenges in using various tools with certain populations***. For example, participants from India referring to challenges in arranging FGDs with the highly vulnerable population of sex workers who inject drugs, people with disabilities, and in prisons. In all such cases, one key piece of advice was to consider using other tools to gather data (e.g., one-to-one interviews with sex workers at the time of day that best meets their needs and ability to fully engage).

Another challenge cited was the ***impact of COVID-19*** on many steps in a CLM process. Gathering data virtually is possible, but it can also be much more complicated due to factors such as weak or lacking Internet connections in communities and the difficulty in building trust when not meeting in person. In addition to being more difficult to arrange and draw people out in, online FGDs also risk security breaches including people listening in when they should not be participating.

From an operational perspective, the ***virtual nature of the training presented several challenges***. Some of them were related to technical difficulties, including poor or intermittent Internet connections and problems with displaying information and group work inputs. Others were related to the virtual medium's inherent weaknesses in allowing people to express and share as comfortably and clearly as possible. Engagement by nature is better in person, especially when sensitive, painful and emotional subjects are being discussed, as was often the case at points during the training. Such challenges are even greater when people's faces are not visible, thereby limiting the ability to see, read and use body language.

5. Next steps

The preliminary action plans prepared near the end of the training will serve as the basis for Stage 3 of the pilot project, which will conclude with the lead organisations from each country submitting a work plan along with a budget to be implemented in Stage 4. All members of the W4GF Accountability Toolkit Implementation Team are expected to be involved in drafting and approving these documents.

The W4GF Accountability Project Director will work closely with each country team in this process, including by meeting with them individually to help refine plans. The deadline for completion of this task is the end of July 2021, after which Stage 4 – implementation of the CLM project – can begin.

6. Recommendations

The lessons learned during the 19–28 April 2021 training suggested some recommendations for the W4GF Team to consider during the remainder of the pilot project and subsequent work in the overall Accountability Toolkit initiative. They include the following, most of which are related to improving future virtual trainings:

- Ensure **translators** so that all participants fully understand the training content and are able to engage extensively both in conversations and in chat.

- Ensure participants are connected as best as possible, including by requesting that all participants to keep their video on whenever possible, which helps to encourage and sustain engagement
- While focused technical and logistical support was available in advance to ensure that participants had good Internet access to accommodate video as well as audio connections, budget constraints limited the level of connectivity provided; hence, a technology needs analysis should be conducted in advance and the best form of connectivity be chosen with a supportive budget.
- Take steps to ensure that participants from all countries and contexts are comfortable with using the chat function and are able and willing to engage through it as needed, perhaps by addressing this issue during a pre-workshop training session. This can help to address potential imbalances that occur when participants from one or more countries engage more frequently and extensively than those from others – and thereby have greater influence over steering commentary and discussions.
- Break up or stagger some of the longer information sessions. Multiple, highly detailed presentations can be difficult to follow in person, a challenge that is even greater in virtual settings.
- Consider conducting a preliminary session that covers basic aspects on background information – for example, how the Global Fund functions.

Annex 1. Outcome statement

Listed below is the text of the outcome statement drafted by a small working group of workshop participants that was then reviewed, revised and approved by all participants near the end of the workshop. The statement was publicly released shortly after the workshop's conclusion. It provides an overview of the context of the workshop as well as a series of recommendations targeted to different partners in participants' work on gender, HIV, TB, malaria and the Global Fund, including Global Fund Country Coordinating Mechanisms (CCMs), the Global Fund Secretariat, technical partners, and donor partners.

OUTCOME STATEMENT: Enabling Women to Track Global Fund Investments Towards Gender Equality Across HIV, Tuberculosis & Malaria: A call from the Women4GlobalFund Accountability Toolkit Implementation Group to Country Coordinating Mechanisms, technical partners, the Global Fund Secretariat, and donor partners

We make up 30 Women4GlobalFund (W4GF) advocates from Cameroon, India and Tanzania who gathered virtually from 19–28 April 2021 to learn more about community-led monitoring (CLM) and the Global Fund. We came together to strengthen our capacity to track Global Fund–supported services to ensure that they have the greatest possible impact over the next three years in the lives of women and girls in all our diversity and further drive progress toward the core Global Fund principle of gender equality.

We believe that an active and well-coordinated group of women engaged in CLM at national levels can complement existing monitoring being done by implementing partners. We aim to highlight what is and is not working well in Global Fund–supported programmes and services, particularly from the perspective of women, and advocate if needed to reprogramme or scale up programmes and services that are effective.

We represent women in all our diversity. We are engaged at global, regional and national levels in Global Fund processes and structures in key regions most affected by HIV, TB and malaria. We are not homogenous, & we include women living HIV, affected by TB and malaria; heterosexual; lesbian & bisexual; transgender; intersex and non-binary; women who use drugs; sex workers over 18 years old; adolescent girls & young women; Indigenous women; women who are sometimes displaced; migrant women; Indigenous people; and women with visible & invisible disabilities.

Our workshop took place virtually due to COVID-19, a global pandemic that has exacerbated existing inequities and vulnerabilities that affect the health and lives of women on a daily basis. These include direct threats to our economic stability, our food and nutrition security, our overall health and security (including safety when faced with violence), our self-determination, and our ability to enjoy our sexual and reproductive rights and health (SRHR). All of these vulnerabilities heighten our risk to HIV, TB and malaria and make the lives of those of us living with or otherwise affected by the three diseases even more challenging.

We are at a critical time when the Global Fund is developing its new post-2022 Strategy. We hope and expect that the vulnerabilities we continue to face reinforce the need for gender equality to remain a key strategic objective, and one that the Global Fund prioritises more extensively in all its investments. We hope to see the Global Fund step up action on SRHR and gender transformative and affirming approaches and care. Our role now and during the new Strategy is to hold the Global Fund and partners accountable to better meeting the needs of women affected by the three diseases. **Now is the time for us to take strong and bold actions to improve the health and well-being of women and girls in all our diversity by tracking investments and using the evidence to inform targeted advocacy that leads to**

radical improvements. We also hope to further our steps toward gender equality and human rights at national levels – including by building strategic partnerships with the organisations and institutions implementing the grants, including our governments, which is essential to our meaningful engagement.

Recommendations

We recognise that our countries are diverse and face a myriad of different challenges, but our overall priorities for CLM are similar: to promote and protect human rights and gender equality in Global Fund–supported programmes. We call upon our partners globally and in our three countries to support and work with us in the following ways:

Country Coordinating Mechanisms (CCMs)

- We demand that CCMs **recognise our voices and expertise through the country ownership model and respect our involvement, expertise and rights as key stakeholders in the Global Fund partnership**. This is especially important for young women and key and vulnerable populations most affected by the three diseases. Whilst we agree that Conflict of Interest policies are important, they should be implemented equally and not be used as a barrier to the engagement of people living with the three disease on the CCM as happens in India. Whilst the Global Fund's recent Partnership Forums noted the CCM as a successful model it was also observed – and we agree – that more needs to be done to remove barriers to equal participation and influence. Even when we are sitting at the same table, our voices are not equal. One critical step to overcoming this barrier is for CCMs to expand our engagement and acknowledge we are experts by taking the evidence we present seriously, listening to us, and integrating changes and recommendations that we bring to your attention. We should be included in all final decisions made by the CCM.
- We request that CCMs **support our efforts to collect qualitative rights-based data** to monitor the Global Fund's impact in parts of Cameroon, India and Tanzania. We want CCMs to ensure we have the information we need to understand what is happening and where so that we can complement the global indicators that currently only count people tested and treated but do not speak to the quality of services or the reality of our lives. To address this gap, we hope to collect qualitative data to measure progress around women and girls in all our diversity, and we want and need CCMs' support.

Technical partners

- We acknowledge the action and coordination around CLM. **As we move forward, we request continued support as we engage in this work and further complement and diversify it.** As we collect and build an evidence base, we need you to support and facilitate our connections, as we provide feedback and validation, and build our collective voice to advocate for changes we consider vital.
- As we scale up CLM, **we ask you to continue to invest in community systems as a backbone of health care and therefore an essential component of overall health systems**. Strengthened community structures, mechanisms, and processes are necessary to support our work – especially now in the context of COVID-19. We need adequate resources to sustain and expand our efforts to manage and deliver services, support women who are marginalised or discriminated, address broader determinants of health, conduct advocacy and monitor services.

The Global Fund Secretariat

- **Maintain a focus on promoting and protecting human rights and gender equality as a standalone strategic objective.** Gender equality should be addressed specifically and measurably through all Global Fund policies, programmes and actions and remain at the heart of everything the Global Fund does. Generalised approaches such as 'mainstreaming gender' will result in a dilution of complex issues and fail to advance robust action to address the priority needs and concerns of all genders.

- **Clearly acknowledge, promote and support the principle of local ownership and the community-led approach to deliver services.** The Global Fund cannot deliver on its mandate without better ensuring that women-led, key population-led and community-based organisations are supported to enhance capacity and lead our own programmes for services and advocacy. In addition to and as part of this strategic emphasis, communities systems strengthening (CSS) must become a core component of robust responses.
- Ensure that more focused allocations **support women-led community networks and organisations responding to HIV, TB and malaria at the national levels**. Our CCMs must follow the new UNAIDS Strategy and work towards achieving the target of 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. In addition to securing more focused community allocations, we want a quota system that clearly directs funding to community-based and other local civil society organisations to become Principal Recipients, sub-recipients and sub-sub recipients. This could require more directive requirements regarding dual-track financing and also ensuring that communities and women in all our diversity are supported with increased and more sustainable capacity-building opportunities.

Donor partners: Thank you for supporting this work. As we move forward, we will need your continued support and investment. Funding women's networks and organisations – including for mobilisation, service delivery, monitoring, and advocacy – is a shared responsibility to strengthen community responses that contribute to stronger national systems and programmes grounded in reality.

While W4GF recognise tremendous gains achieved through Global Fund investments, we also acknowledge that we are not where we should be. We must make sure the evidence we collect through our unique and important CLM work has demonstrably positive impacts on the lives of women and girls who access services supported by the Global Fund.

Who we are in Cameroon: *Emilia Miki, Denis Miki Foundation; Evelyne Lum, Hope for Vulnerable Children Association; Loique Chanel Kouankep, TRANSAMICAL; Miranda Ekema Ndolo, HER Voice Fund; Nancy Bolima, Health Development Consultancy Services; Ngatcha Sonia Calixte Ndjamen, EMPOWER CAMEROON; Nghombomboung Glory Mbeghe, Positive Vision Cameroon; Suzanne Bilo'o Meye, Cameroon Youths Network; Tebi Honourine Azoh, Sustainable Women Organization; Yougang Tame Henriette Nafissa, Women Organization for Worldwide Islam.*

Who we are in India: *Amrita Sarkar, India HIV/AIDS Alliance; Anandi Yuvaraj, Positive Women Network of India; Arunida Khumukcham, Ya_All; Ayeesha Rai, National Network of Sex Workers; Daisy David, National Counsel for People Living with HIV/AIDS; Daxa Patel, National Counsel for People Living with HIV/AIDS; Mona Balani, National Coalition of People Living with HIV in India; Pooja Mishra, Bihar Network for People living with HIV/AIDS Society; Poonam Zankhariya, Gujarat State Network of People living with HIV AIDS Sobhana Sorokhaibam, Nirvana Foundation*

Who we are in Tanzania: *Happy Assan, Salvage women, youth and children from drug abuse; Hellen Benedict, Voice of Young Girls and Women; Hortencia Nuhu Mbalahami, Her Voice Fund; Irene Mongo, Green Community Initiative; Janeth Kiko, Binti makini foundation; Joan Chamungu Msuya, Tanzania Network of Women Living with HIV and AIDS; Lulu Nyenzi, Women with Dignity; Veronica Lyimo, Dignity and Well-being of Women Living with HIV in Tanzania; Veronica Rodrick, Safe Space For Children And Young Women Tanzania/ Women With Dignity; and Victoria Emmanuel, Green Community Initiative.*

W4GF is a dynamic global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and priorities of women and girls in all our diversity. For more information, please contact Yumnah Hattas, Project Director W4GF EMAIL | WEB | FACEBOOK | TWITTER To find out more about the national work – please click on our countries: Cameroon, India and Tanzania

Annex 2. Preliminary work and action plans from the three countries

Near the end of the training, participants began the process to develop work and action plans to guide their CLM activities in the W4GF Accountability Toolkit pilot project. Listed below are the outputs from preliminary discussions on focus, methodology and roles.

The text is taken directly from participants' presentations, with small changes for clarity and consistency. These outputs are expected to form the basis for further discussions and decisions as the final action plans are developed and implementation begins.

Cameroon country team

Overview of focus and approach to the CLM activity

Core problem identified: Inadequate policies on HIV for adolescent girls and young women (AGYW) and the low enforcement of existing programs that address their needs

Symptoms:

- High prevalence of HIV among AGYW
- Increase in drug use among AGYW
- Increase in stigmatisation and discrimination
- Poor access to information and services
- Inaccessibility of HIV services / facilities
- Insufficient HIV youth-friendly spaces
- Limited participation of AGYW in decision-making processes
- Increase in transactional and commercial sex
- Increase promiscuity and delinquency

Possible intersections

- Different religious backgrounds
- Different cultural backgrounds
- Poverty from underserved communities (rural displaced persons, school drop-outs, slums/informal settlement communities, conflict-affected communities, etc.)
- Low education and economic power

How we want to address this issue(s)

Change matrix

- At community level: collect information through FGDs (adolescent girls and young women, parents/guardians, teachers, boys/men, religious, community and traditional leaders, local council)
- At facility level:
    - One-on-one consultations with policy makers and service providers (RTGs/HIV, Ministry of Public Health (district magistrate officers, DMOs), day care hospital (UPEC), chief minister office (CMO), regional delegations
    - One-on-one consultations with line ministries: regional and divisional delegations of Ministry of Youth and Civic Education, Ministry of Women's Empowerment and the Family, Ministry of Social Affair, Ministry of Secondary Education and Ministry of Higher Education.

Tools and activities

- Desk review of existing policies and programmes
- Administration of questionnaires
- Use of surveys
- Personal experience reporting
- Community scorecard
- Shadow reporting
- Advocacy briefs
- Restitution workshop to share shadow report and advocacy brief with stakeholders
- Media awareness and advocacy

Monitoring

Community scorecard
Indicators:

- Percentage of adolescent girls and young women who are knowledgeable about HIV
- Number of documents reviewed
- Number of stakeholders we have had
- Number of FGDs
- New policies and programs developed
- Dormant and existing policies enforced

SPICED indicators

- New policies and programs developed
- Dormant existing policies enforced

Data collection methods

- Primary data collection (interviews, surveys, questionnaires)
- Secondary data collection (document reviews)
- Participatory active research – community engagement (which would involve training community members and sending them to the field to do data collection, which could also be done with an FGD)

Advocacy methods

- Organise a multistakeholder restitution meeting where all key actors including adolescent girls and young women representatives will be involved – and where the findings and advocacy paper will be shared
- Share our shadow reports
- Present our advocacy briefs
- Media awareness

Reasons for these choices

- To promote community participation and engagement
- To promote the participation and engagement of adolescent girls and young women in decision-making processes through their involvement in all reviews and briefings that we organise
- To bring adolescent girls and young women and key stakeholders to the same platform / table for discussion

Action plan for the CLM activity

Lines of communication

- The country team members will communicate with the country lead organisation and the lead will communicate with the W4GF Team
- The country team will develop a communications plan to be used in the implementation of the programme
- Where there is resistance at the community level, the lead will be informed

How we will together

- We will work together as a team
- We will continue using our existing country WhatsApp group
- We will organise regular planning and feedback meetings on Zoom
- We will share resources and contacts, where possible and necessary, to facilitate access to key stakeholders
- We will make partner introductions we have access to where necessary

Elements of success

- Total collaboration and commitment
- Ready to work under pressure
- Availability
- Teamwork

Assistance needed from W4GF

- We will always solicit support and advice from W4GF when faced with a challenge
- Support and continuous communication and information
- Financial support
- Support in developing our advocacy briefs and ensuring our shadow reports meet standards

India country team

Overview of focus and approach to the CLM activity

Main issue / problem to focus on: SRHR of women in all their diversity across Global Fund grants. (Main question to consider: Are Global Fund grants providing gender-transformative services to women in all their diversity?)

Sub-issues and problems:

- Lack of human rights-based approaches in HIV services
- Lack of human rights-based approaches to SRHR services of women in all their diversity
- Lack of specific services catering to women in all diversity (e.g., gender-affirming care)
- Women with co-morbidities (TB/hepatitis C/cervical cancer and HIV)
- Mental health issues of women in all their diversity

Populations to highlight during the work

- Women and girls
- Women living with HIV
- Women who use drugs
- Transgender women
- Sex workers
- Women living with HIV with disabilities (one of many groups left out in programmes)

Challenges, barriers and problems to explore – and their consequences

- SRHR guidelines exist (e.g., from WHO), but there are operational challenges – including no integration at service level (grassroots) and lack of coordination among different partners
- Lack of gender-affirming care (e.g., hormone surgery, therapy, counselling)
- Only male condoms available – limited availability of and access to women-controlled prevention tools including vaginal rings, female condoms and pre-exposure prophylaxis (PrEP).
- Lack of referrals and linkages from HIV to SHRR, services for sexuality transmitted infections (STIs), and TB services
- Partner notification – lack of proper approach to reach out to partners of transgender women
- Discrimination faced by transgender women, women living with HIV and female drug users
- Lack of treatment literacy for young women of reproductive age to make informed decision on HIV treatment due to lack of counselling on treatment guidelines, including the risks and benefits of dolutegravir
- Lack of information and referral from the ART Centre for cervical cancer and pap smear problems
- Aging women living with HIV – pre-menopause/post-menopause issues
- Lack of services for young women and girls – including testing and counselling
- High vulnerability of women in prison settings –TB and other services not available
- Women and girls from young key population women are stigmatised at facilities when they access services – due to multiple intersectionalities that might including living with HIV, being young, being a key population, co-morbidities, etc.
- 'Double stigma' experienced by women and girls who inject drugs, sex workers, women in prison settings – and many problems they face including physical violence/rape/sexual violence and lack of health services for them
- Needle syringe programme – the number of needles calculated is based on males who inject drugs. Women and girls who inject drugs need more needles compared to their male counterparts
- Pregnancy issues of women and girls who inject drugs – they are often left on their own to manage with no support (financial or otherwise)

Intersectionality

- Identify – third gender/ sexual orientation
- HIV infection and vulnerability
- Practices – injecting drugs/sex work
- Being women
- Power dynamics – women's social and economic status/financial
- Incarceration – women in prison and captive settings
- Gender-based violence/intimate partner violence

Change matrix/indicators

- Collection of information at community and service provider level
- % of women and girls who inject drugs with non-regular partners in the past 12 months who report the use of condom during their last intercourse
- Proportion of ever married or partnered women aged 15–49 who experienced physical violence or sexual violence from a male intimate partner in the past 12 months

[*Note from participants*: Need to identify qualitative indicators here – referring to the main issue/problem: SRHR of women in all their diversity]

Potential SPICED indicators

- Women-friendly comprehensive SRHR services are available in public health systems with Global Fund-supported programmes
- % of women and people living with HIV who report difficulty in accessing services and discrimination at health care settings
- Women and girls in all their diversity are clear that intimate partner violence is a human rights abuse and actively support one another to develop and uphold mutually respectful relationships

Data collection and methodology

- Develop a scorecard
- Survey Monkey (for online survey)
- Social audit
- Slido/Jumbo through online consultation
- Focused group discussion – how many/where to be determined if they would be useful
- Key informant interviews – possibly with respondents from CCM, PRs, NACO, TB Department, district hospitals, care support centres (CSCs)
- Case studies of Global Fund beneficiary – focus on women in all diversity
- Design a sampling process
- Data analysis using Nvivo and other software tools
- Geographic area to be covered under this CLM activity – realistic approach needed
    - NCPI to identify district/state for implementing CLM activity
    - Work with PRs (Alliance, SAATHI, PLAN India, Reach, NACO, CTBD)

Advocacy tools

- Implementation report (to help identify gaps)
- Checklist of gender-transformative services/interventions for women in all diversity
- Position paper/brief
- Fact-finding sheet on Global Fund grants based on scorecard
- Dissemination meeting/consultation with PR/CCM members/NACO/TB division/donors/UN agencies

Rationale for methodology

- To scale up Global Fund-supported programme
- Need to ensure discrimination-free service delivery points are available
- Strengthened linkages and referrals
- To identify gaps in the programmes
- To identify gaps for young people – e.g., in adolescent-friendly SRHR services, access and quality. Same for sub- groups of women (women living with HIV, transgender women, women and girls who inject drugs, sex workers)
- To develop social support systems
- To advocate with PRs/CCM/NACO/TB Division
- For better impact of programmes
- Mainstreaming CLM systems in the HIV/TB response
- Increased involvement and engagement with communities to influence programmes and policies

Action plan for the CLM activity

1. Sharing of responsibilities (how to work together and to report back to the team members)
2. Collection of information, evidence (virtual) – FGDs; data collection for needs assessment (e.g., geographic area) through social media and virtually; analysis of country-specific Global Fund mechanisms (including review of Global Fund reports) regarding SRHR issues of women; and allies/departments/donors, etc. to get engaged with when utilising the findings/report for further advocacy
3. Planning and ensuring women-led community involvement in the CCM and other bodies involving PRs, SRs, and SSRs, through virtual consultations (because of the pandemic)
4. Advocacy to increase women-centric funding/resource by Global Fund and other donor agencies
5. Monthly meetings of women's groups
6. Preparation and sharing of the entire six months report

Timeline

			Month of project implementation					
Activities	Sub-activities	Responsible person	M1	M2	M3	M4	M5	M6
Sharing of responsibilities (how to work together and to report back to the team members)	Distribution of work among the 10 members	Supervision - lead agency - NCPI	Yes					
	1. Development of survey tool 2. Collection of data 3. Review of Global Fund reports 4. Data analysis 5. Report preparation	1. Anandi, supported by Daisy 2. As per members' association and belonging with the different groups 3. Anandi, Amrita, Daxa, Mona, Daisy,) 4. Arunida, Anandi, Puja 5. Anandi, support from Daxa, Amrita	Yes	Yes				
Planning and ensuring women led community involvement in CCM and other bodies involving PRs, SRs, SSRs, through virtual consultations (due to the pandemic)	Ensuring meaningful and increasing participation of women living with HIV in all diverse groups in CCM and other country specific GF mechanisms	1. Communication with CCM - Daxa 2. Communication with SR/SSR - Mona, Daisy 3. Consultation - 10 members (lead by NCPI)			Meetings with CCM			Consultation to disseminate the findings
Advocacy to increase women-centric funding/resource by Global Fund and other donor agencies		1. Daxa, Mona, Amrita			Yes	Yes	Yes	Yes
Monthly meetings of women's groups		lead organisation to supervise		Yes	Yes	Yes	Yes	Yes
Preparation and sharing of the entire six months report		Anandi, support from Daxa, Mona and Amrita						Yes

Lines of communication

- Person to be appointed from the group will communicate with different groups. To be decided by the lead organisation.
- To communicate with the CCM and other Global Fund structures (in country) – by the lead organization
- Final reporting person – NCPI

Methodology to work together

- Planning meetings
- Discussion
- Coordination with each other

[All to be led by NCPI]

Ensuring that the 'right people' are involved:

- Woman living with HIV (including young woman)
- Bisexual women
- Transgender men, transgender women
- To be added – from sub-groups including women who inject drugs, women in prison, female sex workers, adolescent women, older women, widows, pregnant women

Defining success

- NCPI needs concrete data and full participation from all 10 women in the group, so that all the activities can be implemented successfully

Expectations from W4GF

- To ensure resource allocation and funding for the Global Fund programmes
- Influencing Global Fund's existing polices, conveying the needs of the working groups
- Technical and handholding support
- W4GF to take our demands, needs, findings to the higher level for the necessary policy changes

Tanzania country team

Overview of focus and approach to the CLM activity

Focus: women and young women in all their diversity

Key problems:

- Stigma (including self-stigma) and discrimination – which often cause them to drop out of care and stop taking medication
- Access to health services and information – lack of friendly services, related to the attitude of health workers to these women when they access HIV, SRHR and other services, etc.
    - long waiting times at health centres are another major access challenge
- Gender-based violence

Indicators

- Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months
- Percentage of women and young women with non-regular partners in the past 12 months who report the use of condom during their most recent intercourse

- Percentage of adolescent girls and young women reached with HIV prevention programmes (defined package of services)
- Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months
- Number of adolescent girls and young women who were tested for HIV and received their results during the reporting period
- Percentage of adolescent girls and young women using pre-exposure prophylaxis (PrEP)
- Percentage of pregnant women who know their HIV status
- Percentage of HIV-positive pregnant women who received antiretroviral therapy during pregnancy

Data collection methods

- Key informant interviews, using questionnaire
- FGD – and in this, will also look at community mapping
- Observation – will get this data through community outreach
- Desk review – e.g., previous policies and what they say about women and young women and all their diversity

Tools to use for advocacy purposes:

- Policy brief. Will compare what country policies say regarding women and young people in their diversity and what was obtained from data collection; this will help determine what should be changed and/or highlighted more.
- Media campaign (TV, radio, social media platforms) in addition to physical campaign in the community. Will be based on data collected, to raise awareness
- Roundtable discussion with relevant stakeholders (e.g., Ministry of Health, the CCM)

Why these methods?

- It is assumed that reaching out to women and young women in all their diversity through focused group discussion provides room for self-expression, but also that having a questionnaire can guide interviewees more specifically and directly.
- Through media, we should be able to reach out many people in the community, especially through television and social media (e.g., Instagram, Facebook and Twitter).

Action plan for the CLM activity

Objectives

- Enhance the capacity of women in all their diversity on advocating and demanding SRH services that meet their needs
- Generate information that will enable different actors to compare SRH realities against the target, highlight key issues that affect service delivery, and determine what is needed in an action plan
- Strengthen strategic partnership with service providers to ensure friendly SRHR services for women in all their diversity
- Strengthen the capacity of marginalised groups and networks across all three diseases to engage in all Global Fund-related processes more effectively and safely.

Activities

1. Convene project inception, which will include introducing where it will be implemented
2. Conduct community outreach
3. Conduct sensitisation services

4. Conduct SRH assessment for at least four organisations of young women and women-led organisations working in SRH in the targeted area
5. Compile SRH assessments for at least four organisations of young women
6. Develop materials to support capacity development for at least four organisations of young women
7. Conduct sensitisation to groups that support women and their rights
8. Conduct media engagement and advocacy – TV, radio, social media platforms
9. Strengthen capacity training, mentoring, and funding among key constituents, including CCM representatives and other leaders, adolescent girls and young women; and create task force to engage in consultation and advocacy and policy initiatives

When will happen next and when will this happen?

- Will do a project inception around May-June, then immediately will start implementation in the selected targeted area
- Expect to be on time as to fit exactly in the six months

Lines of communication

- Will use different means of communication, including physical meetings, WhatsApp, email, virtual meetings as needed

How we will work together

- By strengthening communication but also assigning each individual certain responsibilities for easy monitoring

Having the right people in the team

- Will work to ensure team chemistry whereby everyone is an expert, as this will make the implementation easier. 'Chemistry' in this respect refers to different expertise among team members, including some who are sitting on the CCM, some who are health workers, some who have strong advocacy backgrounds, some who are women living with HIV, etc.

What the lead organisation needs from all team members

- Commitment, consistency, availability, accountability, transparency

What is expected from W4GF

- Technical and financial support as well as guidance and their presence throughout the process.

Annex 3. Key concepts and structures: overview of presentations and discussion

Several sessions of the 19–28 April 2021 virtual training were devoted to understanding and exploring some of the key concepts and structures of direct relevance to the W4GF Accountability Toolkit initiative. Listed below are summaries of presentations and discussions related to many of them, including gender, accountability, community-led monitoring and the Global Fund.

Gender

A general overview of gender aimed at providing a baseline for understanding why gender equity and equality matters, including in HIV, TB and malaria responses and programmes. One key reason, as seen by the challenges mentioned by training participants, is that stigma and discrimination affect the health and well-being of women in all their diversity. For example, if transgender women feel that they are not welcome and their identities are not accepted, they will not go to get services.

Being 'gender blind' or 'gender sensitive' is not enough. ***Overcoming such challenges and achieving true gender equality requires policies and interventions that are 'gender transformative'***. This refers to addressing and changing the underlying norms and dynamics at the root of inequities and inequalities that disadvantage women and girls in particular. Only change of this sort, which can be difficult, complex and time-consuming, can ensure that women and girls in all their diversity are treated in the same way and have the same status in society as men.

One example noted at the training referred to condoms. A 'gender-blind' intervention would simply hand out condoms. A 'gender-sensitive' one would hand out male and female condoms, but nothing more. A 'gender-transformative' approach would go much further by considering ways to respond to difficulties women often have in negotiating condom use with their partners – and maybe also include peer-led behaviour change activities on women's decision-making, to help them with negotiating.

W4GF and allies have long been advocating with the Global Fund to take stronger and more effective action to ensure that support and services in countries are gender transformative. Data and observations gathered by women and girls through research and monitoring are important ways to make the case that gender equality is not being promoted and protected across the Global Fund to the extent it must be for the programmes to have their necessary overall impact.

Accountability

The concept of 'accountability' covers a wide range of issues and areas, which can make it difficult to grasp. One session in the training centred around what accountability is (and what it is not), the different types of accountability, and what kind of mechanisms and actions can be used to get accountability.

Put simply, accountability refers to people, governments, companies, organisations, etc. doing what they said they would do. (In some cases, the issue is governments not doing what they said they would not do, which also refers to them keeping up their end of a commitment.). For W4GF advocates, important areas of accountability include government policies and commitments. Some of these might be national or local – such as those stating that no one should be charged fees when going to a clinic – and some might be global, such as when governments sign declarations about ensuring that women have access to the SRHR services they need when they want them. Holding governments accountable for these promises can be an important step toward getting them to move faster and more effectively to meeting them.

Vertical or 'bottom up' accountability is the type that most country-level advocates will be engaged in. This includes communities using their own experiences and power to highlight shortcomings in implementing policies or meeting commitments, including by talking to people, observing and gathering information. They can then use the information they gathered to compare the experiences of women, girls and other community members with what they have been promised.

A snapshot of some of the key issues and points in the discussions during the training included:

- At the core of this work is ***data and evidence, which are essential for accountability***. An important consideration is that 'data' in this sense does not only refer to numbers, such as how many women say that they have paid user fees when they went to a clinic recently. ***Narratives and personal stories are equally important***, and they can be especially powerful in changing the minds of decision makers. For example, a woman's story about how she was unable to get tested for a possible sexually transmitted infection (STI) because she could not afford the fee charged – and then the infection spread and she was sick for weeks, and risked becoming infertile – could be a powerful and influential story to tell.
- '***Naming and shaming***' is often what people think of when referring to accountability. But it is not always a wise strategy and might not lead to the changes needed.
- Accountability is ***more than just monitoring and evaluation***. The same is true regarding budget monitoring, which is often necessary for overall accountability but might also not be relevant or enough. For example, a government that incites violence against gay and transgender people is showing a lack of accountability to its legitimacy in representing all residents. But holding the government accountable for this failure has nothing do with M&E or money.

Community-led monitoring (CLM)

The Global Fund defines CLM this way: "Mechanisms that service users or local communities use to gather, analyse and use information on an ongoing basis to improve access, quality and the impact of services, and to hold service providers and decision makers to account."

That definition is broadly accurate for the purposes of the W4GF Accountability Toolkit project, although CLM is not specific to the Global Fund. It can be used to hold any institution or system or person or group accountable – including to ensure that programmes and services remain relevant and on track. CLM is simply a process in which communities independently:

- decide what they want to monitor and select indicators to measure against,
- conduct research,
- analyse the results,
- decide which findings are important,
- undertake advocacy based on the priority findings and desired changes, and
- monitor whether the desired changes are happening.

The Global Fund considers CLM to be a valuable way to know about the impact and value of its investments. The main reason is that CLM is one of the best ways for the voices of communities who are using and receiving services to be heard and highlighted. These voices can help identify barriers and problems, including who or what is responsible and why. The voices can also point to more positive

things that could benefit programmes everywhere – including best practices for successful, acceptable services and solutions for addressing existing gaps and challenges.

As was stressed during the training, CLM does not replace monitoring done by governments and other institutions (including in regard to Global Fund-supported programmes). Instead, it complements and enriches them by providing more and different data. CLM can be used to gather both quantitative and qualitative data, both of which are important for the work of advocates participating in the W4GF Accountability Toolkit initiative. But CLM is especially valuable because it can help provide qualitative data, which refers to the people's perceptions, knowledge and attitudes – as opposed to quantitative data, which refers to numbers and percentages. Qualitative data does not measure an issue or topic, but instead describes how people relate to it. This kind of information is essential to get the full picture of what people are experiencing, what they need, and what they want (or do not want).

Selected priorities to ensure quality CLM

Presenters at the training highlighted several points to ensure that CLM activities are effective, reliable, acceptable and ethical. They included the following:

- ***Data is vital*** and must be of highest reliability possible for the results of CLM to be respected and responded to, and to achieve accountability. The more specific the data is, the easier it is to highlight problems and develop solutions. That is why disaggregated data is especially important if it is available – for example, data disaggregated by sex and gender (e.g., female, trans, male, etc.) and age (e.g., 0-10, 11-20, etc.).
- ***Confidentiality is critical*** in gathering data for CLM or any other research. Informed consent is essential, and everyone involved must be aware of exactly what the research is for, who will be reviewing it, and where the results might be seen.
- ***Action is essential***. CLM and other accountability processes should not include simply gathering information and reviewing findings. The research results should be used to drive advocacy work and other efforts to inform policy makers and leaders of what was found and what it means.
- ***Some indicators do not include disaggregated perspectives and nor do they include key populations***, especially if there are no or only a few disaggregated indicators. This means that many marginalised and minority groups are not always captured during research and reflected in data. CLM is often one of the few opportunities for what is happening on the ground to be identified and more broadly known – which underscores the importance of selecting the 'right' indicators.

The Global Fund

The Global Fund is a complex institution with numerous structures, policies, rules and guidelines. The training provided an opportunity for participants to learn some basic information about what it is, how it is governed, where its money comes from, its funding model, and key structures including the Secretariat (at the global level) and country dialogues and CCMs at the national level.

The following were among the key observations and highlights during the training:

- The Global Fund calls itself a **partnership**, which is also one of its four main principles. The partnership idea covers all those involved in responses to disease, including but not limited to government, civil society, communities affected by the diseases, and technical partners such as UNAIDS. Civil society and communities are positioned as equal partners – and they have the right to demand to be treated this way at national level.

- Three of the Global Fund's 20 **Board seats are reserved for civil society**. Voting rules make it possible for them to block decisions if all three stand together.
- The **Strategy Committee** is one of the most important global bodies from the perspective of gender and human rights advocates. Influencing its decisions is critical because it is often too late for anything to be changed once it goes to the Board for approval.
- The Global Fund does **not have staff in countries**. National-level activities, including applying for funding and overseeing programs, are the responsibility of CCMs.
- Global Fund funding proposals are supposed to be based on **national strategic plans (NSPs)** for HIV, TB and malaria. This is why advocacy related to Global Fund programmes should start with and include advocacy on NSPs.
- The **Technical Review Panel (TRP)** reviews all funding requests and provides comments on them to CCMs, often asking for revisions. All CCM members, including from civil society and communities, should ensure that they see these comments and participate in discussions about how to respond. (For example, if the TRP says that not enough is being done to support sex workers, it is critical for advocates to know this.)

Summaries of many of these important Global Fund issues are available on the W4GF website. Also, more detailed and extensive information is available throughout the Global Fund's website, including many information notes and technical briefs that are directly relevant to advocates' work. Some of them are also available on the W4GF website.

Annex 4. Putting community-led monitoring into action: overview of presentations and discussions

Several sessions of the training were devoted to understanding and exploring how to conduct CLM, including different methods and approaches that can be used to make the monitoring work as efficient and effective as possible. Listed below are summaries of presentations and discussions related to many of them, including SMART and SPICED indicators; WHO quality of care principles; the change matrix and the different steps of a CLM process; and some tools and methodologies that can be used to gather and present data, including scorecards, focus group discussions (FGDs), shadow reports, and community mapping.

SMART and SPICED indicators

Selecting the 'right' indicators is one of the most important steps in putting together a CLM project. Two kinds of indicators were discussed at the training: SMART and SPICED.

SMART is an acronym for 'Specific, Measurable, Accepted, Relevant and Timebound'. These indicators typically gather quantitative data. Two examples of SMART indicators:

- Percentage of adolescent girls and young women reached with HIV prevention programs-defined package of services
- Number of adolescent girls and young women who were tested for HIV and received their results during the reporting period

SPICED is an acronym for 'Subjective, Participatory, Interpretable, Cross-checkable, Empowering, Diverse and Disaggregated'.[6] It is the framework for an approach in which indicators are determined based on what is important and relevant for the community members themselves. SPICED indicators generally can be determined only through direct engagement with community members and exercises such as workshops and 'body maps' that can bring out their main issues. In this way, the community essentially develops its own indicators. Examples of the different kinds of indicators are available in the Accountability Toolkit itself, which includes the following chart:

Global indicators	SMART indicators	SPICED indicators
Percentage of adolescent girls & young women reached with HIV prevention programs	School management has a policy on the SRHR of pupils & they are able to address challenges if students need additional support	Young people were part of developing the school policy on SRHR and understand it & feel safe enough to report issues as and when they arise.
HIV prevalence among adolescent girls & boys (15- 19) & young women & men (20-24)	Young people in school understand their SRHR & are able to access HIV-related services and treatment	Young people know their own HIV status & feel comfortable sharing it, if they want to, with others around them.
Maternal mortality ratio among 15-24-year-old females	The school provides services & young people have access to support & information they require.	Young pregnant women are well and can stay in school with access to support including cash transfers.
Proportion of all women aged 15-19 and 20-24 who agree that a husband is justified in beating his wife for specific reasons	Increased numbers of young people accessing SRHR services in the community & school in year 1,2,3	Both young women & young men are clear that intimate partner violence is a human rights abuse and actively support one another to develop & uphold mutually respectful relationships

[6] In some definitions, slightly different words are used – including 'Evaluable' instead of 'Empowered', 'Cross-checked' instead of 'Cross-checkable', 'Interpreted' instead of 'Interpretable', etc.

Both SPICED and SMART indicators are useful for CLM projects through the W4GF Accountability Toolkit. ***Taking the time to develop more SPICED indicators was encouraged during the training because of their value in understanding multiple perspectives, embracing diversity, and reframing viewpoints***. They can help to get a fuller picture of what is going on in women's lives, which in turn can make CLM findings and advocacy stronger and more effective in generating real and lasting positive change.

WHO quality of care principles

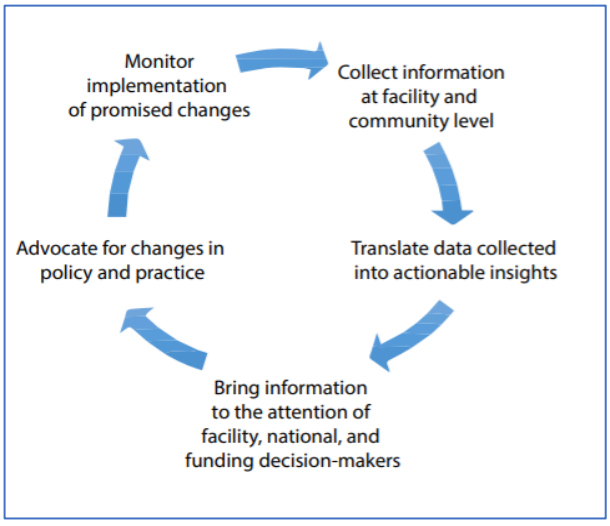
Quality of care and services is often a central focus of monitoring efforts. The World Health Organization (WHO) has identified five principles that it recommends being the basis of monitoring by and on behalf of women in all their diversity. Advocates were encouraged to think about them carefully when developing indicators for their CLM projects:

- ***Equitable***: All women, in all their diversity, are able to obtain the health services they need.
- ***Accessible***: Women in all their diversity are able to obtain the services that are provided.
- ***Acceptable***: Health services are provided in ways that meet the expectations of women, in all their diversity.
- ***Appropriate***: The health services that women, in all their diversity need are provided.
- ***Effective***: The right health services are provided in the right way and make a positive contribution to the health of women, in all their diversity.

WHO reportedly is also developing service delivery guidelines that can help to determine indicators/metrics used for monitoring projects. They include things such as metrics for differentiated service delivery (DSD) of antiretroviral treatment (ART), which is an approach that can have a big impact on the quality principle of 'acceptable' listed above. An example of a potential indicator that can tell something about the quality of care in this area is: 'Percentage of facilities with functioning health committee (or similar) that includes community members and meets at least quarterly'.

Change matrix: what to do in different steps of a CLM process

The steps in the CLM process can be visualised in the change matrix, which provides an easy-to-understand illustration of how it should work (see image below). As the image indicates, CLM can and should be an ongoing process for the best results to be achieved and sustained.



The ***first step*** is to collect information against indicators, ideally getting both quantitative and qualitative data. Approaches for how to do that include the following, some of which are discussed elsewhere in Annex 4 of this report):

- Direct observation by community monitors
- One-on-one interviews with clients, staff, facility managers, etc.
- Focus group discussions
- Community forums
- Community scorecards
- Surveys
- Social media

The ***second step*** in the change matrix ('translate data collected into actionable insights') refers to analysing or 'interpreting' the data. This will help determine what the core problem or problems are.

This should be done carefully and faithfully: The data cannot be changed, for example by altering what people said.

The ***third step*** is about dissemination – sharing the insights and findings from the data analysis. Among the stakeholders the knowledge might be shared with are the managers of facilities, government officials at national and local levels, civil society and community groups, international donors, and technical agencies such as UNAIDS.

It is important during this step that those who conducted the monitoring are clear on what they are talking about, including what they believe the findings mean. Otherwise, some stakeholders that might support the efforts might not understand what advocates want.

The ***fourth step*** is to clarify the messages through advocacy. This is where direct action is taken to hold whoever is accountable for making the requested changes – the government, the Global Fund, donors, other groups, etc. Raising awareness through advocacy could include releasing and publicising reports, holding a meeting, engaging with the media, protesting and much more.

Getting the messages across clearly is essential during advocacy. A good strategy can also be to have an action plan that stakeholders (and especially decision-makers) can sign up to, in which they agree or 'commit' to certain actions designed to address challenges and lead to improvements.

And the ***fifth step*** is to monitor the commitments by decision-makers, which includes following up to see if they actually took the actions they said they would. This often involves collecting information again, which starts the CLM cycle all over again.

Methodologies – tools to gather and present data

The different CLM methods were presented and discussed are summaries below. When deciding which to use participants were advised to consider which methods make the most sense given their human and financial capacities and the timeframe. The Toolkit includes more extensive information on tools and methods as well as tips for how and when to use them.

- ***Recording of observations by individuals***, such as by having local observers write down or take pictures of what they see outside a clinic (e.g., watching the length of queues, the comfort of people standing in line and how long they must wait, etc.)
- ***Meetings***, which could include roundtable discussions, seminars with presentations, focus groups, traditional gatherings, and virtual options such as webinars and trainings.
- ***Population surveys***, which could include a range of different options (e.g., questionnaires, semi-directed interviews, etc.) and can collect both quantitative and qualitative data. Surveys can be difficult and expensive to undertake because they require extensive planning (to ensure the right questions are included), training for people involved, understanding ethical standards, and careful and detailed analysis. On the other hand, surveys often can produce the most useful sets of quantitative and qualitative data for monitoring and advocacy purposes. Surveys can also be done online which can reduce the level of effort required by the team to collect the data, meaning one person can coordinate the online survey and the software can do the analysis.

The following methods and tools were discussed in greater detail during the training, with participants also exploring how to prepare and use them in group work as part of the larger learning process.

Scorecards

Scorecards are one method to present data for accountability purposes. They can show progress against key indicators, and therefore they rely on data that can be analysed and presented clearly and concisely. Scorecards can be a good, quick method to compare things – for example, to analyse and see who or what is doing better, best or worst according to certain indicators. Advocacy can then be focused on improving what is 'worst' or not the best, with the ratings clearly indicating where improvements are needed.

Scorecards can be simple or complex – e.g., one map or table, or an 80-page report. One benefit is that they can often send simple and clear messages, and therefore be an easy, accessible and powerful advocacy tool. Yet scorecards can often have limitations. For example, the data used in scorecards is often from secondary sources such as UNAIDS and the Global Fund. Women in all their diversity might not be covered or reflected by the data, including transgender women, sex workers and other marginalised populations.

Focus group discussions (FGDs)

FGDs are an excellent way to gather qualitative data in particular. They usually consist of a moderated discussion with a small group of people from similar populations and experiences (e.g., young sex workers or married women living with HIV). The following are among the observations, suggestions and tips about FGDs made during the training:

- An ideal size of a focus group is about 8-12 people.
- Transparency is essential from the beginning, including by making it clear what the purpose of the research is, what will come out of it, and the role of every staff person involved (if there are additional staff on site).
- Ensuring confidentiality should be a top priority, including in terms of where they meet and when. Having people sign confidentiality agreements and asking if they are comfortable being photographed are among the important steps in this area.
- Recording the gathering in as many ways as possible is a good idea – for example, including audio, video, notes, etc. This can help to ensure that nothing is left out when data analysis takes place.
- If interpreters are needed and used, it is critical that they know they are only there to translate what others are saying and should not give their own version or modify the input.
- Power dynamics should be considered. For example, mixing community leaders and community members could discourage some from speaking freely.

In group work during the training, participants highlighted several key issues and components that they would keep in mind when designing and implementing FGDs, with priorities such as 'active listening', 'safe space', 'mutual respect', and 'non-judgmental attitudes' being mentioned.

Shadow reports

Shadow reports are independent reviews by civil society groups and communities of government reviews. They are meant to give another perspective on what governments report when they measure progress against indicators in specific commitments, strategies or policies – which can help to determine whether implementation took place and promises have been fulfilled.

For example, to monitor the 2016 United Nations Political Declaration on Ending AIDS, governments are required to regularly prepare Global AIDS Monitoring (GAM) reports against a variety of indicators. In many countries, national civil society groups prepare shadow reports at the same time against the same indicators.

During the training, another example was mentioned of when, how and why a shadow report could be useful. In Cameroon, the National Strategic Plan and Guidelines for the promotion of SRHR and HIV education among adolescent girls and young women state that a curriculum should be developed for HIV and SRHR and be taught in schools officially. But local advocates know this is not happening in reality.

The following are among the observations, suggestions and tips about shadow reports made during the training:

- A shadow report should use the same indicators as governments do (although it is not necessary to review all of them).
- Shadow reports are usually best done by a consortium or group of strategic partners, each of which can take responsibility for different parts of what can be a highly detailed and complicated process.
- It is a good idea to see what has been done before – for example, previous reviews against a particular commitment or treaty.
- Shadow reports should add to the overall review by bringing out something new and different. They are not very useful if they repeat what the main (government) report says.
- Data integrity is critical for a shadow report. All data should be relevant and up to date.
- When setting up a report-writing team, it can be helpful to bring in people with experience who can at least put a first draft together and then share with the team. This can make the process much easier, especially if a lot of data has been gathered.
- An action plan and accountability framework for the shadow report can help to ensure the work gets done. These internal plans can show who is responsible for specific actions, when they are supposed to be done, and who is responsible to follow up to see if the work is being done.

Community mapping

Community mapping is a participatory data-gathering process that can give a wider sense of a community's assets, resources and challenges. The information therefore can be helpful in identifying advocacy priorities that closely align with a community's needs and wants.

At a basic level, community mapping consists of community members identifying and highlighting physical structures, institutions, organisations and services in a local area – for example, clinics, schools, shops, markets, restaurants, police stations, etc. The mapping should also indicate other important physical and social spaces from the perspective of communities, such as places where people gather to talk (social hubs), places where it is not safe to go, etc. Through interaction with community members, it should also be possible to consider things such as whether there are lights on the roads, if and where people have access to running water, the status of toilets (private or public), etc. All these things influence the lives and well-being of community members, including their access to health services.

Data collected through community mapping – with community members themselves – should be brought back and presented to them after the exercise is completed. This is a critical part of the

participatory approach. It also offers an opportunity to be 'corrected' by the community on some of the data gatherers' information and assumptions.

The following are among the observations, suggestions and tips about shadow reports made during the training:

- Community mapping is not always a once-off activity. Mapping can be a regular activity, which can help to see any changes (good or bad) that occur over time. This information can be used for advocacy and accountability purposes on an ongoing basis.
- Any suggested solutions that come out of a community mapping should be cleared by and supported by the community. Solutions should never be imposed by anyone or anything. For example, it might seem as though a community would benefit most from a new school, but what community members actually want and need the most might be new water taps.
- Putting specific names on landmarks and buildings in a map (e.g., giving the name of a school) is not necessary. It is more important in a mapping to simply show the landmarks and resources and identify what they are and where they are.
- The size and scope of a community mapping will often depend on the resources and time available. For the purposes of the W4GF Accountability Toolkit pilot project, the scope should be relatively small and narrow to stay within the funding and deadline limits.

Annex 5. Resources and support

The follow is a list of some key resources mentioned during the training.

Global Fund Data Explorer: https://data.theglobalfund.org/investments/home
This tool on the Global Fund website allows to search for data regarding Global Fund investments (e.g., its grants), donors and results. Specific information is included for each country in areas such as budgets and where the funds are supposed to go.

Global Fund resources on community-led monitoring: www.theglobalfund.org/en/updates/other-updates/2020-05-18-resources-for-community-based-monitoring.
Available here are some documents that discuss CLM in general and the Global Fund's perspectives on it.

Global Fund funding request tracker for the 2020-2022 funding cycle:
www.theglobalfund.org/en/funding-model/updates/2020-01-28-funding-request-tracker-for-the-2020-2022-funding-cycle/
This tool on the Global Fund website tracks the submission, review and approval of funding requests in the 2020-2022 funding cycle. Information related to all countries and their grant programmes is available.

Navigating the Global Fund Allocation Cycle 2020-2022: Guide for W4GF Advocates –
https://women4gf.org/wp-content/uploads/2021/01/Navigating-the-Global-Fund-Allocation-Cycle-2020-FINAL-with-infographics.pdf
This W4GF document was prepared to support W4GF Advocates and other gender equality activists who intend to influence their countries' funding requests for the Global Fund's 2020–2022 allocation to ensure gender-transformative programming. It summarises the most important structures, issues and approaches to ensure that proposals and final budgets and programmes are gender responsive.

UNAIDS AIDSInfo portal: https://aidsinfo.unaids.org
This tool offers access to extensive information regarding HIV epidemics and responses in individual countries, with results organized by key indicators that countries use when reporting to the United Nations.

Accountability International

- Several **examples of scorecards** that Accountability International has supported and worked on are available to review: https://accountability.international/scorecards/. One that might be particularly interesting is the **CCM Scorecard and Country CCM Shadow Reports**, a nine-country study that saw communities and civil society watchdogs evaluate the CCMs against the Global Fund's own Eligibility Performance Assessment, and research for themselves how their CCMs are performing, as a means to improve accountability: https://accountability.international/scorecards/ccm-scorecard-country-ccm-shadow-reports-2016-2017
- Contact information was provided during the meeting for Accountability International staff, who have said they would welcome any questions and provide as much as support as possible.

Annex 6. List of participants

Listed below are the names and affiliations of participants in the virtual workshop held 19-28 April 2021. They are listed in alphabetical order in the individual categories. The **bolded entries** are the lead organisations for each country.

Cameroon

- Tebi Honourine Azoh, Sustainable Women Organization
- **Nancy Bolima, Health Development Consultancy Services (HEDECS)**
- Loique Chanel Kouankep, Transamical
- Evelyne Lum, Hope for Vulnerable Children Association
- Nghombomboung Glory Mbeghe, Positive Vision Cameroon
- Suzanne Bilo'o Meye, Cameroon Youths Network
- Emilia Miki, Denis Miki Foundation
- Ngatcha Sonia Calixte Ndjamen, Empower Cameroon
- Miranda Ekema Ndolo, HER Voice Fund
- Yougang Tame Henriette Nafissa, Women Organization for Worldwide Islam

India

- Mona Balani, National Coalition of People Living with HIV in India (NCPI+)
- Daisy David, National Coalition of People Living with HIV in India
- Arunida Khumukcham, Ya All
- Pooja Mishra, Bihar Network for People living with HIV/AIDS Society
- **Daxa Patel, National Coalition of People Living with HIV in India**
- Ayeesha Rai, National Network of Sex Workers
- Amrita Sarkar, India HIV/AIDS Alliance
- Sobhana Sorokhaibam, Nirvana Foundation
- Anandi Yuvaraj, Positive Women Network of India
- Poonam Zankhariya, Gujarat State Network of People living with HIV/AIDS

Tanzania

- Happy Assan, Salvage Women, Youth and Children from Drug Abuse
- Hellen Benedict, Voice of Young Girls and Women
- Victoria Emmanuel, Green Community Initiative
- Janeth Kiko, Binti Makini Foundation
- Veronica Lyimo, Dignity and Well-being of Women Living with HIV in Tanzania
- Hortencia Nuhu Mbalahami, HER Voice Fund
- Irene Mongo, Green Community Initiative
- **Joan Chamungu Msuya, Tanzania Network of Women Living with HIV and AIDS**
- Lulu Nyenzi, Women with Dignity
- Veronica Rodrick, Safe Space for Children and Young Women Tanzania/ Women With Dignity

W4GF Team

- Sophie Dilmitis, W4GF Global Coordinator
- Yumnah Hattas, W4GF Accountability Project Director
- Lucy Wanjiku Njenga, W4GF Programme Officer

Annex 7. Agenda

Listed below is workshop agenda sent in advance to all participants.

W4GF Accountability Training Agenda

19 - 28 April 2021

1. Training objectives

- To build understanding of community led monitoring (CLM) and to strengthen the capacity of women to influence national health programmes and services supported by the Global Fund;
- To create an active and well-coordinated group of women engaged at national levels who are able to track and monitor to highlight what is/is not working well in Global Fund–supported programmes and services and advocate to reprogramme and scale up programmes and services that are effective;
- To support women to hold their countries accountable so that countries take the right steps to achieve gender equality and uphold human rights at national levels.
- To strengthen strategic partnerships between women and the organisations and institutions implementing the grants, which is essential to enable women to remain meaningfully engaged
- To agree to a way of working as a coalition with lines of reporting and virtual organising.

2. Workshop times

This workshop will take place virtually on 19 - 28 April over eight separate days and the agenda will run from 7:30 – 13:40 hours CAT (6 hours and 10 minutes) and will happen across the following times:

- Cameroon: 7:30 – 13:40 hours
- South Africa/Zimbabwe: 8:30 – 14:40 hours
- Kenya/Tanzania: 9:30 – 15:40 hours
- India: 12:00 – 18:10 hours

*On day 7 and 8 the times go to 15:00 hours

3. Workshop outputs

- A workshop report
- A training package that can be used again at national levels
- A workshop outcomes statement will have key requests and recommendations for PRs, SRs and technical partners who support the work of Global Fund funded programmes- further direction to be decided by workshop participants

4. Workshop at a glance

Day 1 19 April Monday	Day 2 20 April Tuesday	Day 3 21 April Wednesday	Day 4 24 April Thursday	Day 5 25 April Friday	Day 6 26 April Monday	Day 7 27 April Tuesday	Day 8 28 April Wednesday
07:30 – 13:40 Cameroon		08:30am – 14:40 South Africa/ Zimbabwe		09:30am – 15:40 Tanzania		12:00pm – 18:10pm India	
To get to know each other and the role of the W4GF Accountability Toolkit Implementation Group; to understand the training objectives and the virtual platform and tools; and to connect with the Global Fund, County Coordinating Mechanism (CCM) and key partners	To strengthen understanding on Accountability; gender inequality and of the Global Fund and in-country programmes and services being supported	To understand community led monitoring (CLM) and what is being done in the three countries	To introduce key concepts and CLM approaches to collect data	To strengthen understanding of key concepts and CLM approaches to collect data and measure results. *(scorecards and or focus group discussion)*	To strengthen understanding of key concepts and CLM approaches to collect data and measure results. (*shadow reports and or community mappings)*	To practically explore the planning of CLM	To develop action plans for Stage3 and agree ways of work moving forward.

Prior to the workshop participants will complete a pre- workshop survey to assess level of understanding relate to key Global Fund structures as well as the content of the Accountability Toolkit. This will enable the W4GF Team to review the draft agenda and ensure it matches existing expertise and expectation. Following the online training a post- workshop survey will establish a quick dipstick analysis of the changes in understanding of the content delivered.

5. Workshop Agenda (Timing in red is CAT)

Day 1: 19 April - Monday Orientation

To get to know each other and the role of the W4GF Accountability Toolkit Implementation Group; to understand the training objectives and the virtual platform and tools; and to connect with the Global Fund, County Coordinating Mechanism (CCM) and key partners.

Time	Session
07:30 – 10:00 Yaoundé 08:30 – 11:00 Harare 9:30 – 12:00 Dar es Salaam 12:00 – 14:30 Delhi	**Session 1.1 Welcome** . W4GF welcome and introduction of participants . Technology overview, ground rules and logistics . Why are we here? Overview of objectives and agenda . Role of the W4GF Accountability Toolkit Implementation Group and lead organisations . The outcome statement
11:00 – 11:15 (CAT)	Break
10:15 – 11:30 Yaoundé 11:15 – 12:30 Harare 12:15 – 13:30 Dar es Salaam 14:45 – 15:30 Delhi	**Session 1.2 Official opening** . Overview of workshop objectives . What we will be covering . Next steps beyond this workshop Guests: CCMs including technical partners (UNAIDS, WHO), Global Fund, Frontline AIDS, GIZ, ViiV Healthcare, Donors, etc
12:30 – 13:00 (CAT)	Break
12:00 – 13:30 Yaoundé 13:00 – 14:30 Harare 14:00 – 15:30 Dar es Salaam 16:30 – 18:00 Delhi	**Session 1.3 Getting to know each other** . Identifying our own health journeys . What are our health priorities as women? . What policy and programmatic gaps exist to access to services/treatment? . What is/isn't working and what needs to change? Remembering this picture over the days
14:30 – 14:40 (CAT)	**Session 1.4 Reflections from day 1**

DAY 2: 20 April Tuesday: To strengthen understanding on gender inequality and of the Global Fund and in-country programmes and services being supported.

Time	Session
07:30 – 07:40 Yaoundé 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	**Session 2.1 Welcome**
07:40 – 08:40 Yaoundé 08:40 – 09:40 Harare 09:40 – 10:40 Dar es Salaam 12:10 – 13:10 Delhi	**Session 2.3: Gender transformative programming** Objective: To strengthen understanding of gender transformative programming and why it matters for vulnerability/responses linked to the socio-economic model
08:40 – 10:00 Yaoundé 09:40 – 11:30 Harare 11:00 – 12:00 Dar es Salaam 13:30 – 14:30 Delhi	**Session 2.2. What is accountability?** . Understanding accountability . Explaining the various types of accountability . Recognising mechanisms for accountability . Understanding the commitments and their strength and weaknesses . What is social accountability and how can we use that as an advocacy tool?
11:30 – 11:45 (CAT)	Break

10:45 – 12:00 Yaoundé 11:45 – 13:00 Harare 12:45 – 14:00 Dar es Salaam 15:30 – 17:00 Delhi	**Session 2.4 Understanding the Global Fund** . Objectives: To strengthen understanding of the Global Fund funding model (including NSPs, CCMs, TRP and country dialogues)
13:00 – 13:30 (CAT)	Break
12:30 – 13:30 Yaoundé 13:30 – 14:30 Harare 14:30 – 15:30 Dar es Salaam 17:00 – 18:00 Delhi	**Session 2.5 Understanding supported programmes and services in Cameroon, India and Tanzania** . What is being supported by the Global Fund for women and adolescent girls and young women . Who is responsible for implementation? . Where exactly is this happening? . Are programmes transformative/sensitive, including age diversity approaches? DISCUSSION: Participants share experiences and lessons learned from the reality of country-level Global Fund processes.
14:30 – 14:40	**Session 2.6 Reflections from day 2**

Day 3: 21 April Wednesday: To develop a deeper understanding of community led monitoring (CLM) and what is being done in the three countries.

Time	Session
07:30 – 07:40 Yaoundé 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	**Session 3.1 Recap of day 2**
07:40 – 09:00 Yaoundé 08:40 – 10:00 Harare 09:40 – 11:00 Dar es Salaam 12:10 – 13:30 Delhi	**Session 3.2 Panel discussion with partners** . What is CLM? . What are the key principles around CLM? . And how does this differ from what the CCM and its oversight structures do? . Different approaches of CLM (PEPFAR)
09:00 – 10:00 Yaoundé 10:00 – 11:00 Harare 11:00 – 12:00 Dar es Salaam 13:30 – 14:30 Delhi	**Session 3.3** . Who is funding CLM efforts related to women? . Who is doing the monitoring (Global Fund funded and other)? . Who supports the monitoring (funders, technical, research, evaluation)? . What is being monitored? . How is it being monitored/tools and methodologies used? . How are the results of the monitoring used (advocacy targets e.g. health providers, government officials responsible for disease response)?
11:00 – 11:15 (CAT)	Break
10:00 – 11:30 Yaoundé 11:00 – 12:30 Harare 12:00 – 13:30 Dar es Salaam 14:30 – 15:30 Delhi	**Continuation of sessions 3.3** . What they feel they are doing well? . What they would like to strengthen/improve (probe e.g. ease of tools, compiling and using information, reaching and influencing advocacy target)
12:30 – 13:00 (CAT)	Break
12:00 – 13:30 Yaoundé 13:00 – 14:30 Harare 14:00 – 15:30 Dar es Salaam 16:30 – 18:00 Delhi	**Session 3.4 Understanding the Accountability Toolkit phases and steps** Group work
14:30 – 14:40 (CAT)	**Session 3.5 Reflections from day 3**

DAY 4: 22 April Thursday: To introduce key concepts and CLM approaches to collect data.

Time	Session
07:30 – 07:40 Yaoundé 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	Session 4.1 Re-cap of Day 4
07:40 – 08:40 Yaoundé 08:40 – 09:40 Harare 09:40 – 10:40 Dar es Salaam 12:10 – 13:10 Delhi	Session 4.2 What does a social audit look like?
08:40 – 09:30 Yaoundé 09:40 – 10:30 Harare 11:40 – 12:30 Dar es Salaam 13:10 – 14:00 Delhi	Session 4.3 The WHO quality of care principles
09:30 – 10:15 Yaoundé 10:30 – 11:15 Harare 11:30 – 12:15 Dar es Salaam 14:00 – 14:45 Delhi	Session 4.4 Global Indicators and SPICED indicators
11:15 – 11:30 (CAT)	Break
10:30 – 11:30 Yaoundé 11:30 – 12:30 Harare 12:30 – 13:30 Dar es Salaam 15:00 – 16:00 Delhi	Session 4.5 Exploring and understanding the change matrix and indicators
12:30 – 13:00 (CAT)	Break
12:00 – 13:30 Yaoundé 13:00 – 14:30 Harare 14:00 – 15:30 Dar es Salaam 16:30 – 18:00 Delhi	Session 4.6 Exploring community-based monitoring methodologies
14:30 – 14:40 (CAT)	Session 4.7 Reflections from day 5

DAY 5: 23 April Friday: To develop a deeper understanding of key concepts and CLM approaches to collect data and measure results. Everything you need to know about develop a scorecard (morning) and or conducting a focus group discussion in the afternoon.

Time	Session
07:30 – 07:40 Yaoundé 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	Session 5.1 Recap of day 4
07:40 – 08:40 Yaoundé 08:40 – 09:40 Harare 09:40 – 10:40 Dar es Salaam 12:10 – 13:10 Delhi	Session 5.2 Score Card Development
09:00 – 10:00 Yaoundé 10:00 – 11:00 Harare 11:00 – 12:00 Dar es Salaam 13:30 – 14:30 Delhi	Session 5.3 Score Card Development
11:00 – 11:15 (CAT)	Break
10:15 – 11:30 Yaoundé 11:15 – 12:30 Harare 12:15 – 13:30 Dar es Salaam 14:45 – 15:30 Delhi	Session 5.4 How to conduct a Focus Group discussion

12:30 – 13:00 (CAT)	Break
12:00 – 13:30 Yaoundé 13:00 – 14:30 Harare 14:00 – 15:30 Dar es Salaam 16:30 – 18:00 Delhi	Session 5.6 How to conduct a Focus Group discussion
14:30 – 14:40 (CAT)	Session 5.7 Reflections from day 5

Day 6: 26 April Monday: To develop a deeper understanding of key concepts and CLM approaches to collect data and measure results. Everything you need to know about writing a shadow report (morning) and or conduct a community mapping (afternoon)

Time	Session
07:30 – 07:40 Yaoundé 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	Session 6.1 Recap of day 5
07:40 – 09:00 Yaoundé 08:40 – 10:00 Harare 09:40 – 11:00 Dar es Salaam 12:10 – 13:30 Delhi	Session 6.2 How to write a Shadow report
09:00 – 10:00 Yaoundé 10:00 – 11:00 Harare 11:00 – 12:00 Dar es Salaam 13:30 – 14:30 Delhi	Session 6.3 How to write a Shadow report
11:00 – 11:15 (CAT)	Break
10:15 – 11:30 Yaoundé 11:15 – 12:30 Harare 12:15 – 13:30 Dar es Salaam 14:45 – 15:30 Delhi	Session 6.4 How to conduct a community mapping
12:30 – 13:00 (CAT)	Break
12:00 – 13:30 Yaoundé 13:00 – 14:30 Harare 14:00 – 15:30 Dar es Salaam 16:30 – 18:00 Delhi	Session 6.5 How to conduct a community mapping
14:30 – 14:40 (CAT)	Session 6.6 Reflections from day 6

DAY 7: 27 April Tuesday: Practical day to explore the planning of CLM

Time	Session
07:30 – 07:40 Yaoundé 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	Session 7.1 Recap of day 4
07:40 – 09:00 Yaoundé 08:40 – 10:00 Harare 09:40 – 11:00 Dar es Salaam 12:10 – 13:30 Delhi	Session 7.2 Each lead organisation selects a programme or service currently happening that the group might want to explore. They go through the process to define the methodology; develop their own indicators and start to think about how they might approach this if there were going to develop a score card; conduct a focus group discussion; create a shadow report or xx.
11:00 – 11:15 (CAT)	Break
10:15 – 11:30 Yaoundé 11:15 – 12:30 Harare 12:15 – 13:30 Dar es Salaam 14:45 – 15:30 Delhi	Session 7.3 Three group presentations and discussion

12:30 – 13:00 (CAT)	Break
12:00 – 13:00 Yaoundé 13:00 – 14:00 Harare 14:00 – 15:00 Dar es Salaam 16:30 – 17:30 Delhi	**Session 7.4 Three group presentations and discussion**
13:00 – 14:00 Yaoundé 14:00 – 15:00 Harare 15:00 – 16:00 Dar es Salaam 17:30 – 18:30 Delhi	**Session 7.5 Review of joint statement**

Day 8: 28 April Wednesday To develop action plans for Stage 3 and agree ways of work moving forward.

Time	Session
07:30 – 07:40 Yaounde 08:30 – 08:40 Harare 09: 30 -09:40 Dar es Salaam 12:00 – 12:10 Delhi	**Session 8.1 Welcome, check-in and reminder of final day objectives**
07:40 – 09:00 Yaounde 08:40 – 10:00 Harare 09:40 – 11:00 Dar es Salaam 12:10 – 13:30 Delhi	**Session 8.2 Solidifying action plans and** preliminary objectives and activities – over the next 6 months and beyond: . What will happen next? . When will this happen? . What are the lines of communication? . How will we work together? . Do we have the right people in the room? Who is missing? . Defining elements of successful – what do the leads need from you? . What to expect from W4GF
11:00 – 11:15 (CAT)	Break
10:15 – 11:30 Yaounde 11:15 – 12:30 Harare 12:15 – 13:30 Dar es Salaam 14:45 – 15:30 Delhi	**Session 8.3 Solidifying action plans: Discussion and finalising plans**
12:30 – 13:00 (CAT)	Break
12:00 – 13:00 Yaounde 13:00 – 14:00 Harare 14:00 – 15:00 Dar es Salaam 16:30 – 17:30 Delhi	**Session 8.4 Finalising the joint statement**
13:00 – 14:00 Yaounde 14:00 – 15:00 Harare 15:00 – 16:00 Dar es Salaam 17:30 – 18:30 Delhi	**Session 8.5 Wrap-Up** . Wrap-up of key issues raised throughout workshop . Summary of next steps . Completion of end-of-workshop survey by participants