



**SUPPORTING
COMMUNITIES OF WOMEN
TO INFLUENCE C19RM FUNDING REQUESTS:**

CASE STUDY

**ON SHORT-TERM
TECHNICAL ASSISTANCE
IN FOUR COUNTRIES**



**WOMEN4
GLOBAL FUND**

SUPPORTING COMMUNITIES OF WOMEN TO INFLUENCE C19RM FUNDING REQUESTS:

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ON SHORT-TERM TECHNICAL ASSISTANCE IN FOUR COUNTRIES

This case study discusses short-term technical assistance provided by Women4GlobalFund (W4GF) and the International Community of Women Living with HIV Eastern Africa (ICWEA) to women, including adolescent girls and young women, to enable them to articulate key priorities for inclusion in C19RM funding requests in four countries in 2021: Botswana, Cameroon, Tanzania and Zambia.

W4GF provided three days of virtual TA support in Cameroon and Zambia and ICWEA provided more in-depth and in-person TA (12 days per country) in Botswana and Tanzania. This support was funded by the Global Fund's Community, Rights and Gender Strategic Initiative (CRG SI).

The case study aims to explore the TA provided and highlight key impacts, benefits, challenges and lessons learned. It also includes recommendations for the Global Fund, based on the research findings. The analysis and observations will contribute to a growing body of knowledge on how to best support women and other marginalised communities to engage with the Global Fund in their countries, including ensuring that their needs and priorities are recognised and met by the Country Coordinating Mechanism (CCM).

CONTENTS

Executive summary	4
Reception and impact of the TA	4
Lessons learned	5
Recommendations	6
Introduction and overview:	
Why was TA requested by communities of women?	8
Deciding how and where to provide women-focused TA	9
About the TA:	
What technical assistance was provided and how was it organized?	10
Process of delivering the TA	10
Identifying participants	11
Expectations and content of the priorities documents	12
How the TA was received:	13
Overall enthusiasm but some process challenges observed	13
TA impact and results:	
Findings and observations	16
How successfully were women's priorities integrated into 2021 C19RM grants?	16
Examples of inclusion and integration	17
Other impacts: Increased engagement and capacity among communities of women	19
Lessons learned	21
Recommendations	24
<hr/>	
Appendix 1	
Methodology	26
Appendix 2	
Snapshot of impact: Analysis of funding requests submitted by CCMs	27

EXECUTIVE SUMMARY

Developed and implemented by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the COVID-19 Response Mechanism (C19RM) has provided additional funding at country and regional levels (through multi-country grants) to address challenges in the delivery of HIV, TB and malaria services that are caused by the COVID-19 pandemic and country responses. To address existing gaps in influence and involvement, the Global Fund's Community, Rights and Gender (CRG) Strategic Initiative (CRG SI) supports a range of technical assistance (TA) opportunities for communities and marginalised groups to ensure meaningful engagement in the C19RM initiative.

Women4Global Fund (W4GF) and the International Community of Women Living with HIV Eastern Africa (ICWEA) were requested by the Global Fund's CRG SI to provide short-term TA to women's health and rights advocates and service providers in the context of the C19RM. In May and June 2021, W4GF provided remote and virtual TA, spread over three days, in five countries: Cameroon, Dominican Republic, Jamaica, Venezuela and Zambia. Over the same period, ICWEA provided short-term peer-to-peer TA in four countries (12 days per country): Botswana, Kenya, South Africa and Tanzania. This case study discusses the TA process and results in four of those countries: Cameroon and Zambia (provided by W4GF) and Botswana and Tanzania (provided by ICWEA).

The principal objective of the TA was to support women's health and rights advocates and service providers to develop a list of priority areas and interventions to be included in their country's 2021 C19RM funding request. This list of priorities was then turned into a detailed document of five pages which included evidence and analyses to support the requested interventions and focus areas.

The priorities documents emerging from all four TA processes had some key similarities. All requests included language and interventions to enhance and ensure women's engagement in providing, leading and monitoring the delivery of services, with the aim of reducing the vulnerability of women in all their diversity to HIV, TB and malaria and key impacts of COVID-19, such as increased violence against women.

RECEPTION AND IMPACT OF THE TA

Research that informed this case study suggests that most TA participants and providers viewed the overall TA process positively, both in terms of how the TA was delivered and what they learned. Some respondents also noted some challenges and shortcomings regarding the TA process in one or more of the four countries. Nearly all respondents noted the limited time available to prepare and provide the TA.

Impact of varying degree can be seen in the language and content of the funding requests. **There are clear signs that the women's priorities documents have directly and indirectly influenced decisions in the drafting of C19RM funding requests.** In all countries, there was substantial evidence of language in funding requests that was copied verbatim from the priorities document or that recognisably reflected what was requested.

Beyond funding request inclusion, the TA also had the following impacts:

- › Built the capacity of women in the four countries to meaningfully engage in important Global Fund processes. Through this empowering exercise, the women gained knowledge and skills to better advocate for increased and sustained services that are vital for women living with and vulnerable to HIV, TB, malaria, COVID-19 and other health and well-being concerns.
- › Bolstered the quality of C19RM grant implementation because it laid the groundwork for communities of women to hold their Country Coordinating Mechanisms (CCMs) accountable for ensuring that the C19RM funds have the intended effect spelled out in the funding requests.
- › Brought communities of women together who had rarely or ever before engaged in such work, including representatives of diverse groups, such as transgender women, women living with disabilities and young women living with HIV or TB. Their voices and input are essential to ensure that no one is left behind or further marginalised and hopefully their participation in these targeted C19RM TA processes will set a precedent for continued engagement in the future.

LESSONS LEARNED

A top-level lesson learned is that **short-term TA, such as that provided by W4GF and ICWEA, can influence the content of C19RM funding requests.**

However, one inescapable take-home message is that **the CCMs did not consider many of the women's priorities as vital and essential despite the fact that** the Global Fund has stressed the importance of activities benefiting and led by communities and vulnerable populations. It was clear in the funding requests that the above base allocation requests appear to include disproportionately larger numbers of and funding for key activities and interventions from the women's perspective. This is a concern because above-allocation activities are considered less of a priority than those included in base allocation requests and funding is far less likely to be made available for them.

Some additional lessons learned include:

- › The rapid and timebound nature of the short-term TA inevitably results in a process that cannot meet all demands or needs.

- › Having relevant evidence available prior to the TA process (e.g., data on the impact of COVID-19 on women) can help accelerate prioritisation and strengthen output.
- › Having ‘champions’ on writing teams and CCMs often makes the process smoother and opens important doors; in Cameroon, the head of the local civil society group that formally requested the TA was the vice-chair of the CCM; in Botswana, the local expert who oversaw the TA was a member of the CCM as well as a member of the writing team; in Zambia, the head of the civil society (secular) writing team not only participated in the initial TA consultation but also supported the drafting and finalisation of the priorities document.
- › Collaborations with grassroots networks and using existing platforms enhances engagement with women in all their diversity, including adolescent girls and young women and key and vulnerable populations.
- › Ensuring that all participants have adequate knowledge about the C19RM and the Global Fund more generally can prove to be essential for the full participation of women in all their diversity.
- › Costing is difficult and complex; greater support is required for communities of women to identify key costing variables and inputs and to enable them to access existing Global Fund costing guidelines and templates.

RECOMMENDATIONS

Listed below are recommendations for the Global Fund based on the findings of this research, including the detailed lessons learned (which also include suggestions), as follows:

- › **Ensure that additional time is available in TA processes** to allow the full engagement of communities, regardless of which window¹ a country chooses. A potential approach would be to **expand the scope and scale of the TA so that engagement is stronger and continuous**. This could include supporting extra days of TA even in shorter and virtual TA provision; mandating or strongly encouraging local physical meetings (provided local conditions allow during the pandemic); and having the TA process cover a country’s entire funding proposal drafting process, and not just stop with the identification and submission of priorities.
- › **Ensure that all final documents associated with the TA process are easily and regularly accessible to all who engaged**. This is important for building and sustaining ownership, sharing experiences across different contexts and boosting ongoing interest and capacity among women and girls (including accountability for C19RM grant implementation). As part of this effort, the Global Fund should remind all countries that submit C19RM funding requests that minimum, they should share their final proposals with communities, including women’s advocates.

¹ Window 1: 14 May 2021; Window 2: 31 May 2021; Window 3: 15 June 2021; Window 4: 30 June 2021; Window 5: 16 July 2021; Window 6: 17 September 2021

- › **Develop clear and detailed costing guidance specifically for communities: this should be publicly available and regularly updated.** Among other key areas, this could include information and examples on how to cost community-led monitoring activities and gender-responsive budgeting and costing.
- › **Invest in global women's networks that focus on and routinely discuss Global Fund issues and developments.** A strong baseline of women's local capacity and interest in engaging with the Global Fund is essential. W4GF, ICWEA and similar groups continuously increase awareness and understanding of the Global Fund among women and girls in countries around the world. Helping to strengthen their ability to reach more women with vital information will help to make local women's work and engagement more effective during TA processes and, more broadly, in Global Fund activities in their countries.
- › **Explore ways to keep women informed and engaged.** There was very little follow-up with participants after the priorities documents were submitted. This meant that in December 2021, several months after the TA ended – and after the Global Fund had formally approved grants to all countries and notified them of what they would receive – many of the women were not aware of whether their requests had been included in the funding requests or what progress had been achieved.

One solution proposed by research respondents to this case study is for the Global Fund and partners to invest in three complementary areas aimed at TA participants' more extensive and ongoing involvement, as follows:

- 1 Ensure that at least some TA participants can engage throughout the C19RM process, including implementation, review and monitoring;
- 2 create a mechanism to inform communities of women of what has occurred and how they might engage in the future; and
- 3 assess the impact of this type of TA in a timely and detailed manner.

INTRODUCTION AND OVERVIEW: WHY WAS TA REQUESTED BY COMMUNITIES OF WOMEN?

Developed and implemented by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the COVID-19 Response Mechanism (C19RM) has provided additional funding at country and regional levels (through multi-country grants) to address challenges to the delivery of HIV, TB and malaria services that are caused by the COVID-19 pandemic and the response of countries to these difficulties.

The special funding opportunity created by the C19RM is especially valuable for women because in many countries, women have been disproportionately affected by the impact of COVID-19 as well as the policies and efforts taken to control its spread. COVID-19 has drawn into sharp focus and exacerbated existing inequalities and vulnerability that affect the health and lives of women and girls daily – including in areas such as economic stability, food and nutrition security, overall health and security (including safety when faced with violence), self-determination and agency to enjoy their sexual and reproductive rights and health.

All these vulnerabilities heighten risk to HIV, TB and malaria and make the lives of women living with just one of the three diseases all the more challenging. They were among the many significant effects referred to in the Global Fund's recent [Results Report](#), released in September 2021, which highlights the devastating impact that COVID-19 had on HIV, TB and malaria programmes in 2020.²

Reaching and supporting more women and girls therefore should be a top priority for the Global Fund as countries use C19RM funds to mitigate the impact of COVID-19. Without the meaningful engagement of women and girls, countries will fail to identify actions and interventions that are most needed. This important involvement is often difficult to attain if their needs are not taken seriously and if they are excluded from decision-making processes.

To address existing gaps in influence and involvement, the Global Fund's Community, Rights and Gender Strategic Initiative (CRG SI) supports a range of TA opportunities for communities and marginalised groups to ensure meaningful engagement in all Global Fund processes, structures and systems. Women4Global Fund (W4GF) and the International Community of Women Living with HIV Eastern Africa (ICWEA) were requested by the CRG SI to provide short-term TA to women's health and rights advocates and service providers who were selected by advocates who had agreed to lead this process nationally. In May and June 2021, W4GF provided remote and virtual TA, spread over three days, in five countries: Cameroon, Dominican Republic, Jamaica, Venezuela and Zambia. Over the same period, ICWEA provided short-term peer-to-peer TA (12 days per country) in the following four countries: Botswana, Kenya, South Africa and Tanzania.

2 Global Fund Results Report reveals COVID-19 devastating impact on HIV, TB and Malaria Programmes: www.theglobalfund.org/en/news/2021-09-08-global-fund-results-report-reveals-covid-19-devastating-impact-on-hiv-tb-and-malaria-programs/

This case study discusses the TA process and results in four of those countries: Cameroon and Zambia (provided by W4GF) and Botswana and Tanzania (provided by ICWEA). These countries were selected for the case study for a combination of reasons, including access to relevant information, potential ability to ensure the work is done in the very tight timeline and geographic and contextual diversity. All four countries also had clearly identified disruptions in critical HIV, TB and malaria services due to COVID-19, including in areas such as HIV testing uptake, initiation on antiretroviral treatment (ART) and TB case notification/registration. Evidence and observations also revealed the pandemic's negative impact on broader health and well-being measures among women in the four countries, in particular among key and vulnerable populations.

Appendix 1 details the methodology used for developing the case study, including one-on-one interviews and an online survey

DECIDING HOW AND WHERE TO PROVIDE WOMEN-FOCUSED TA

W4GF consulted and coordinated with women's advocates and organisations as well as with the five CRG regional platforms (LAC, EECA, AP, MENA, ESA) and other key providers of TA in the context of C19RM, including ICWEA, to determine the countries where TA would be provided.³ This allowed W4GF to avoid duplication and focus TA in countries and among communities of women who had either not received support, or whose support did not include specific focus or inclusion of women's rights and gender. In countries where TA was identified as missing or was not focused on women, W4GF contacted W4GF advocates in those countries to determine whether or not they required TA.

To be eligible for ICWEA's TA, a country had to meet all of the following criteria: (a) ICWEA country presence, directly or through partners; (b) one of the CRG SI's 13 adolescent girls and young women priority countries;⁴ and (c) plans for the C19RM funding request to be submitted after Window 1.⁵

Based on a rapid mapping process to determine which countries were receiving TA and for what specific purposes, W4GF and ICWEA contacted women's groups in several countries to determine if they wanted and required TA. Of the four countries covered in this case study, TA also was provided in Cameroon, Tanzania and Zambia by other partners such as the Stop TB Partnership, but none of these TA processes focused on women.

3 Other key providers of TA in the context of C19RM included the Stop TB Partnership, Civil Society for Malaria Elimination (CS4ME), the International Council of AIDS Service Organizations (ICASO) and MPact Global Action for Gay Men's Health and Rights. Along with ICWEA, they are among the 26 civil society and key population networks and organisations pre-qualified as CRG technical assistance providers for the 2021-2023 implementation period. W4GF is not one of the 26 pre-qualified TA providers, but it was brought into the C19RM support process by the CRG due to its expertise in gender and women's issues.

4 The thirteen priority countries are Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

5 Window 1: 14 May 2021; Window 2: 31 May 2021; Window 3: 15 June 2021; Window 4: 30 June 2021; Window 5: 16 July 2021; Window 6: 17 September 2021

ABOUT THE TA: WHAT TECHNICAL ASSISTANCE WAS PROVIDED AND HOW WAS IT ORGANIZED?

The principal objective of the short-term TA provided by W4GF and ICWEA in the four countries was the same in all contexts: to **support women's health and rights advocates and service providers to develop a list of priority areas and interventions to be included in their country's 2021 C19RM funding request**. This 'list of priorities' was then consolidated into a detailed document of approximately five pages which included evidence and analyses to support the requested interventions and focus areas.

During the brief but intense TA process, the actions and approaches taken by TA providers to support the development of this priorities document were broadly similar across the countries, as follows:

- › building and increasing awareness among TA recipients of the C19RM initiative and other relevant Global Fund processes and structures
- › highlighting important entry points and opportunities for women's priorities in the C19RM proposal form and Global Fund guidance
- › facilitating the drafting, review, revision and formal submission to the CCM of the priorities document
- › strategising about key allies and 'champions', including those in the country writing team and CCM, who are well-placed to help ensure that the priorities are seriously considered and integrated into the funding request

PROCESS OF DELIVERING THE TA

Although the main objectives, approaches and general timeframes were the same, the W4GF and ICWEA TA were delivered differently, with the main distinction being that the W4GF process was designed from the beginning to be briefer and delivered virtually. Some of the process differences are illustrated in Table 1.

Table 1	'SHORT-TERM' TECHNICAL ASSISTANCE	
	Provided by W4GF	Provided by ICWEA
What was the total number of days allocated to the TA?	3 days per country	12 days per country
Who provided the TA?	International consultant with expertise in the Global Fund, gender and women's health and rights	Local women's advocates
How was TA provided?	Virtual only	In-person and virtual
How long was the main TA session?	Two slots of two hour sessions	One day (Botswana); two days (Tanzania)
Who prepared the first draft of the priorities document?	International consultant, based on input from initial meeting	Local TA providers
What was the process used to finalise the priorities document?	Overseen by smaller group (Cameroon); email coordination (Zambia)	Full group follow-up meeting
Was a template used for the priorities document?	Yes	No
Were there additional champions on the writing team?	In Botswana, Cameroon and Zambia a member of the country's C19RM funding request writing team participated in all or part of the TA process	

IDENTIFYING PARTICIPANTS

In all four countries, the national civil society partner that formally requested or supported the TA had the responsibility to identify and invite potential participants.⁶ The goal was to convene as diverse a group as possible, including women living with and affected by HIV, TB and malaria; young women; sex workers, transgender women and members of other key population groups, women from other marginalised and vulnerable populations, including young mothers, people living with disabilities, residents from mining regions and from rural areas of the country, etc. No pre-determined maximum or minimum limit on the number of participants was required, but 20 women was considered large enough to ensure a relatively wide range of voices whilst also being small enough to allow all those voices to be heard and responded to. In many cases, such as Zambia, there was simply not enough time to ensure all communities were represented.

6 The civil society partners were as follows: Botswana – Botswana Network on Ethics, Law and HIV/AIDS (BONELA); Cameroon – Health Development Consultancy Services (HEDECS); Tanzania – Dignity and Well-being of Women Living with HIV in Tanzania (DWWT); Zambia – Community Initiative for Tuberculosis, HIV/AIDS and Malaria plus related diseases (CITAMplus).

EXPECTATIONS AND CONTENT OF THE PRIORITIES DOCUMENTS

Throughout the TA process in all countries, participants were reminded that developing and submitting a priorities document from communities of women was highly encouraged by the Global Fund, which placed a strong focus in the C19RM on strengthening partners' and communities' engagement.⁷ As guidance, the Global Fund stressed that eligible investments in all the areas of the C19RM funding opportunity "should also incorporate cross-cutting activities that bolster community responses to COVID-19".⁸ Guidance also required CCMs to submit a full list of community priorities as an attachment to the funding request, with the list including both priorities responded to in the funding request and those that had been omitted.

The priorities documents that were prepared after all four TA processes presented some key similarities. All the requests included language and interventions that aimed to enhance and ensure women's engagement in providing, leading and monitoring the delivery of services, with the objective of reducing the vulnerability of women in all their diversity to HIV, TB and malaria and key impacts of COVID-19, such as increased violence against women.

However, there were some differences in certain areas. In Cameroon, for example, there was especially strong overarching reference in the priorities document to including, reaching and protecting adolescent girls and young women in particular. In Tanzania, women living with HIV and women with disabilities received particular attention, including adolescent girls and young women. In comparison to the others, that country's priorities list also included much more discussion and proposed interventions related to responding specifically to COVID-19, such as access to tests and information on the pandemic. In Zambia, specific detailed references were made to women in mining communities, women's mental health and financial support for at-risk girls and women.

GOOD PRACTICE: QUALITY AND ACCESSIBLE BACKGROUND MATERIALS

The Global Fund, W4GF and ICWEA all prepared materials in advance that proved to be useful for those involved in the TA. Several participants from the four countries indicated that their ability to engage was enhanced by these additional resources that were available before the TA commenced. For example:

W4GF drafted and disseminated a background document that was released in early May 2021 entitled: 'Action Alert: Everything women need to know to engage in the Global Fund C19RM'. Shortly thereafter, W4GF hosted webinars (in English, French and Spanish) to explain and discuss the C19RM. Most survey

⁷ <https://aidspan.org/en/c/article/5673>

⁸ The three areas of eligible investments include: (1) actions to reinforce national responses to COVID-19; (2) COVID-19-related adaptation of HIV, TB and malaria programmes; and (3) strengthening health and community systems (highlighted in <https://aidspan.org/en/c/article/5673>)

respondents for this case study stated they had read the action alert, with the majority of readers adding that it was useful. Most respondents also had viewed the webinars on the C19RM, with most saying that they too were useful. Both of those resources focused specifically on gender and women's health and rights issues.

In advance of the TA it supported, **ICWEA** carried out rapid desk reviews in the four countries of relevant documents relating to the impact of COVID-19 on women and girls in their diversity. The information was then shared with the local technical experts who were providing the TA and the participants.

Almost three quarters of survey respondents had read at least some information from the Global Fund about the C19RM funding opportunity, including guidance notes or application materials on the Global Fund's website. Of those, over two thirds stated that they were useful. One comment reflected both the value of the guidance and the potential benefits of making it even more accessible.⁹

“ The guidance notes were the most useful because [they] clearly articulated what could or could not be funded, etc. and helped manage expectations. That said, it would be even more useful if a summary fact sheet could be developed to make it really easy to refer to and, if possible, translated into local dialects.”

HOW THE TA WAS RECEIVED: OVERALL ENTHUSIASM BUT SOME PROCESS CHALLENGES OBSERVED

Results from research for this case study suggest that most TA participants and providers viewed the overall TA process positively, both in terms of how the TA was delivered and what they learned. About three quarters of respondents to the online survey strongly agreed with the statements “I was pleased with the instruction and advice provided during the TA” and “I learned a lot about the C19RM funding proposal that I did not know before”, with about half of survey respondents choosing the same response to the statement, “I learned a lot about gender and human rights that I did not know before”.

Some respondents also noted some challenges and shortcomings regarding the TA process in one or more of the four countries. One cited by nearly all respondents was **the limited time available to prepare and provide the TA**, which is discussed

9 Online survey comment, December 2021

in the lessons learned section of this case study. Some other challenges included the following:

- › Virtual participation for many was hindered by limited access to sufficiently strong Internet connections or useful equipment such as quality smartphones. More than half of survey respondents indicated that they had some **technical problems** during the TA.
- › **Participation by women living in rural or isolated areas** was limited in some countries due to weak Internet access or lack of resources to travel to and stay in urban settings where in-person consultations were held. These gaps reduced overall diversity of input. Had there been more time the TA providers could have organised information and targeted support to be sent in advance to address these foreseen challenges.
- › **Language** challenges appeared to have some negative impact on participants' engagement in two countries: Cameroon and Tanzania. In both places, the TA was provided primarily in English, although some participants were more comfortable in French (in Cameroon) or Swahili (in Tanzania). This was more of a hassle than an obstacle for the most part, especially in terms of trying to ensure that documents available only in English were translated into or explained sufficiently in the other language.
- › In some TA settings, it reportedly was a challenge at times to ensure that the identified and prioritised needs were **relevant for the realities of the C19RM mechanism**. As noted by W4GF in a report submitted to the Global Fund CRG shortly after the TA processes concluded, "It was challenging to find the right balance between what the women identified as needed in the longer term, including strengthening capacity to engage in implementation, and remaining within the scope of what the Global Fund can support with these emergency funds."¹⁰
- › **Costing/budgeting** was difficult to provide effectively or at all. One problem was a lack of time during the process. Another reason that participants struggled with making progress in costing is that Global Fund guidance on this issue was not readily available, a fact confirmed by Global Fund CRG representatives.

**Good practice:
Weekly calls with civil society partners**

The Global Fund CRG department organised weekly coordinating calls with a wide range of civil society partners, networks and platforms that were providing TA. Representatives from different Global Fund structures often participated, including from the Secretariat and CCM hub, to provide updates or offer troubleshooting support. These calls were also seen as highly useful because they promoted the sharing of information, progress and challenges across different TA processes – with, for example, W4GF comparing ideas about engagement and content from ICWEA colleagues in Tanzania, and vice versa.

¹⁰ Women4GlobalFund Report CRG SI - C19RM Narrative Report May 1 – June 30, 2021

- › The issue of '**parallel TAs**' was cited as a confusing factor in settings including Cameroon and Tanzania. This relates to multiple TA processes being organised and supported, including by the Global Fund CRG SI and other stakeholders, to provide information about and promote engagement in the overall C19RM among a range of different communities and on various issues. In addition to communities of women, TA was being offered in some of the countries on human rights, youth issues and LGBTI+ issues, among others. Expectations that there would be greater coordination in the provision of these types of complementary TA were not met, according to some respondents to this case study. W4GF worked hard to mitigate this concern, including by having coordination calls with TB Women, the Stop TB Partnership, Civil Society 4 Malaria Elimination (CS4ME) and the Global Network of Young People Living with HIV (Y+).

TA IMPACT AND RESULTS: FINDINGS AND OBSERVATIONS

HOW SUCCESSFULLY WERE WOMEN'S PRIORITIES INTEGRATED INTO 2021 C19RM GRANTS?

One obvious measure of impact from the TA is the extent to which the women's priorities documents were reflected in the funding requests approved by the Global Fund. However, this measure is difficult to assess for several reasons. One is that language in the funding requests referring to civil society, women, gender-based violence (GBV) and other main areas of interest is often general in nature and not necessarily tied to specific activities. Another obstacle is that until the final detailed budgets based on the Global Fund-approved awards are prepared and released – which was not the case as of early January 2022 – it is not possible to know where funds will be allocated and to whom with any degree of precision.

This kind of impact information was also missing among TA participants at the end of 2021, several months after all countries' funding requests were finalised and submitted to the Global Fund. More than three quarters of respondents to an online survey question about **knowledge of priorities' inclusion in the C19RM funding request** selected the following response, "I am not certain. I heard that some of our priorities were included, but I have not seen for myself."¹¹ A typical observation in the research was the following, from a TA participant in Cameroon: "I don't know what happened in the end. I haven't seen the document with signatures, saying that this was the final document and we can see what is in it."¹²

A participant in the Zambia TA process said that some of what the women wanted got into the funding request, but that there had been no opportunity to closely review and quantify it. According to that individual, a key gap in Zambia was lack of funding and other resources for civil society to "have a post-mortem", which would have included a gap analysis and discussion of what went well and not so well.

Independent reviews of early drafts of C19RM funding requests in several countries – including three of the four in this case study (Botswana, Tanzania and Zambia) – highlighted **significant shortcomings in community, rights and gender interventions**, even though the C19RM funding request instructions specifically stated that all applications must show that such activities and approaches were considered and integrated as extensively as possible.

According to a general assessment of different countries' drafts, there was a "lack of data on GBV and even more so on human rights violations" and "missed opportunities to link services for adolescent girls and young women (AGYW) to ANC, GBV, sexual and reproductive health and rights (SRHR) and STIs, including HIV."

Source: www.aidspace.org/en/c/article/5697

¹¹ The survey question was: "Do you know if any of the priorities, areas and interests agreed by women during the TA got into the C19RM funding request eventually submitted by your country? (Please select one only.)" The possible responses were: (1) Yes, I know that some of our priorities and asks got into the funding request submitted by the CCM; (2) I am not certain. I heard that some of our priorities were included, but I have not seen for myself; and (3) No, I do not know if any of our priorities and asks got into the funding request.

¹² Research interview for this case study, December 2021.

EXAMPLES OF INCLUSION AND INTEGRATION

Appendix 2 discusses some of the key results of analysis for this case study of the C19RM funding requests submitted by the four countries. That analysis of funding amounts aimed to indicate how and the extent to which the priorities specified by TA recipients made it into the proposals formally submitted by CCMs to the Global Fund. Two notable observations are (1) the shares of proposed overall funding for intervention areas that are most closely aligned with TA participants' priorities are generally quite small in all countries, with the exception of Botswana; and (2) those funds are disproportionately included in 'above base' allocations, which signals that the CCMs consider these intervention areas to be less important.¹³

But beyond the percentages and numbers underpinning that analysis, impact of varying degree can be seen in the language and content of the funding requests. **There are clear signs of the women's priorities documents having directly and indirectly influenced drafting decisions.** In all countries there was substantial evidence of language in funding requests that was copied verbatim from the priorities document or recognisably reflects what was requested.

For example, the **Cameroon** funding request includes this language: "This funding request integrates interventions aimed at mitigating the effects of COVID-19 on human rights violations, gender-based violence, domestic violence, other forms of violence suffered by vulnerable groups (lesbians, gays, bisexuals, transgender individuals, female sex workers, those chronically ill, TB, HIV, malaria, etc.). Focus is made on strengthening the capacity of communities to identify and document human rights violations, gender-based violence, as well as strengthening equitable access to mechanisms to prevent and respond to these violations/violence."

In **Zambia**, the women's priorities document requested financial support to strengthen communications regarding GBV, and for women's organizations. The funding request has language stating that the response "will include investment in community-led responses to support women experiencing GBV and advocacy to ensure that they are classified as essential services to be able to continue – even during lockdowns – to support services for women who experience violence" and the intention of "strengthening women's organizations' capacities around the prevention of, and response to GBV."

Also in Zambia, the funding request states the following: "Community-based volunteers (CBVs) are a key pillar of the HIV program, and through this funding request we plan to leverage additional CBVs to improve service delivery access to not only [key populations] and priority populations like [adolescent girls and young women] and children in the community, but also to provide community GBV sensitization and training. We plan to support the work of CBVs in the community through supporting their stipends as well as necessary transport and telecommunication needs, in addition to provision of PPE [Personal Protective Equipment]."

¹³ Information about the difference between 'base' and 'above base' allocations can be found on the Global Fund website at <https://bit.ly/34PVTsu>.

In **Tanzania**, language in the ‘risk communication and community engagement’ intervention area of the base allocation request was almost exactly the same as that in the priorities document: “[Adolescent girls and young women] and women led organizations (peer led groups inclusive) should be capacitated and prioritised in providing education and creating communication materials which will be used in the community and health facilities to create awareness, demand creation and community mobilization.” Tanzania’s document also has some very specific targets for various interventions of high importance to the TA group, including “[Adolescent girls and young women] in target council reached with defined package of HIV prevention services increased from 11,000 in 2019 to 201,000 in 2023” and “GBV by intimate male partner among ever-married women reduced from 39% in 2016 to 10% in 2024”.

Another interesting achievement in Tanzania was the inclusion in the funding request of language about the direct impacts of weak COVID-19 policies, which was a priority issue for the community of women there. The funding request includes this language under challenges encountered in the COVID-19 response to date: “High cost of COVID-19 tests: Failure of adolescent girls and young women and women living with HIV to access and afford the high-priced COVID-19 tests, compromising their access to testing. Currently for one to access a COVID-19 test they need 100 USD”. Furthermore, in the laboratory and diagnostics intervention area, the funding request includes these activities: “Support accessibility and affordability of COVID-19 testing services” and “Availability of COVID-19 test fee exemption for COVID-19 test for specific vulnerable community groups not limited to, vulnerable adolescent girls and young women, people living with HIV, key and vulnerable populations, children and elderly groups.”

In **Botswana**, the funding request refers to many specific activities and interventions prioritised by the TA recipients and their women’s health and rights organizations. For example, the following are all noted in the base allocation request:

- › “54 Community monitors retained have capacity to deliver and support referral systems, address GBV & other rights violations, COVID-19, HIV and TB related cases in the districts” (C19RM Full funding request, under community led monitoring intervention area)
- › “Training on Covid-19 messaging for female sex worker provision and GBV screening and messaging” (C19RM 2020 Carry Over Activity, under risk communication intervention area):
- › “Contact tracing for FSW” (C19RM 2020 Carry Over Activity, under surveillance: epidemiological investigation and contact tracing intervention area):
- › “Support training costs for COVID, GBV and PrEP acceleration” (C19RM 2020 Carry Over Activity, under HIV mitigation intervention area):
- › “Training of 25 CSO personnel who are providing GBV services” and “Conduct awareness raising for key and vulnerable populations, adolescent girls and young women, and people living with HIV communities on GBV, human rights

and service pathways (beyond the existing Global Fund districts)” (C19RM Full funding request, under gender-based violence and post-violence care intervention area)

OTHER IMPACTS: INCREASED ENGAGEMENT AND CAPACITY AMONG COMMUNITIES OF WOMEN

Beyond funding request inclusion, other types of impact are important to consider in terms of the value of the TA process. Most are not quantifiable but are nevertheless relatively self-evident. One overarching one is that **the TA helped build the capacity of communities of women in the four countries to advocate for increased and sustained services that are vital for women living with and vulnerable to HIV, TB, malaria, COVID-19 and other health and well-being concerns.** As one participant noted, “Without the TA, we would have had difficulty putting our thoughts across effectively,”¹⁴ with another saying, “The TA pushed us to be able to lobby, so that we could be able to part of the funding request.”¹⁵ As these comments suggest, the information and skills learned during the process can support women’s advocacy efforts not only in Global Fund-related issues at the national level, but more broadly for the benefit of their communities locally, nationally and globally.

More specifically, the **TA process has a strong potential to boost the quality of C19RM grant implementation.** By thinking carefully and critically about what they and their peers want and need, and emphasising them in the priorities document, TA participants laid the groundwork for **holding their CCMs accountable** for ensuring that the C19RM funds have the intended effect spelled out in the funding requests. This would include making serious progress toward meeting the expectations behind the funding request language on issues such as GBV, community- and women-led interventions, etc.

“ Getting priorities into a document that you can then share and extract from to inform the funding request is very useful in advocacy, adding credibility especially when your country allocation is very little and there are several priorities fighting for the same pot. ”

—Survey respondent from Botswana

Observers in Cameroon were among those who praised the quality of the priorities documents and referred to their potentially strong influence on the funding request. One consultant in that country observed, “What came out of it was rich. The priorities were realistic.”¹⁶ Another observer from Cameroon said, “Considering that there were a lot of requests, you had to be really good at convincing others for your activities to be retained. This is why I think they were pretty strong.”¹⁷

¹⁴ Online survey comment, December 2021.

¹⁵ Online survey comment, December 2021.

¹⁶ Research interview for this case study, December 2021.

¹⁷ Research interview for this case study, December 2021.

The TA process also succeeded in **bringing in communities of women who had rarely or ever before engaged in such work**. The consultations and follow-up collaboration to prepare priorities documents were the first time that many of them had been at the table, including representatives of diverse groups such as transgender women, women living with disabilities and young women living with HIV or TB. Their voices and input are essential to ensure that no one is left behind or further marginalised, and hopefully their participation in these targeted C19RM TA processes will set a precedent for their continual engagement moving forward.

The inclusiveness of the TA processes was remarked upon positively by respondents in all four countries. The local TA provider in Tanzania observed the following, for example:¹⁸

“ It’s not what usually happens. I’ve been in this advocacy space for over three years now and I participated in the Global Fund writing process last year...and I tell you I’ve not heard of anyone at country level who was interested to know what other women were saying or thinking about. No one was thinking about putting resources to know what young women were thinking about. It’s usually just a room of experts. So, having ICWEA provide resources to bring in the specific voices of adolescent girls and young women and women living with HIV was powerful, regardless of the fact that it was a bit later in the process. ”

¹⁸ Research interview for this case study, December 2021.

LESSONS LEARNED

A top-level lesson learned is that **short-term TA such as that provided by W4GF and ICWEA can influence the content of C19RM funding requests**. In all countries, it is evident that the priorities documents directly contributed to some extent, including in many cases when language was directly copied into the funding request itself.

However, analysis of the four countries' funding requests underscored how difficult it can be to align women's and communities' priorities with maximum impact. One inescapable take-home message and lesson learned is that **the CCMs did not consider many of these priorities as vital and essential**, even though the Global Fund has stressed the importance of activities benefiting and led by communities and vulnerable populations. It was clear in the funding requests that the above base allocation requests appear to include disproportionately larger numbers of and funding for key activities, interventions from the women's perspective. This is a concern because above-allocation activities are considered less of a priority than those included in base allocation requests and funding is far less likely to be made available for them. In Zambia for example, the amount of money (US\$524,387) in the above base allocation request for the 'respond to human rights and gender-related barriers to service' intervention area was nearly three times greater than the amount in the base amount (US\$176,834).

This concern was noted by several respondents for this case study. A peer reviewer of the Botswana funding request noted the following, "It is a pity so many good CSS [community systems strengthening] activities have had to go into the above base allocation and so many pure COVID activities remain in the base allocation. Especially as you are considering the involvement of so many of them in implementing activities."¹⁹ Commenting in the online survey, a TA participant from Botswana said, "A key point to note though was that quite a few of the asks were allocated to the above allocation request, which is not always guaranteed and so this needs to be looked into such that it's an exception and not the norm. It may need some bold steps like a request for ring fencing a minimum amount that should go to KVP [key and vulnerable populations] including AGYW and women."

The following are among other lessons learned based on the findings from research for this case study.

- › **The rapid and timebound nature of short-term TA inevitably results in a process that cannot meet all demands or needs.** The opportunity to request targeted support for civil society engagement in the C19RM process, along with the guidance notes and other supporting material, was not announced by the Global Fund until early April, which was only a bit more than a month before the first submission window (15 May). There was limited time for outreach to inform communities about the opportunities or to undertake

¹⁹ Research interview for this case study, December 2021.

important development steps such as identifying participants and providers and various logistics, even for countries that submitted their proposals in later windows. This meant that the time period was quite brief between the initial consultation and the deadline for submitting a finalised priorities document.

Many participants felt that the TA process was too fast and not comprehensive enough. The majority of survey respondents said they strongly or somewhat agreed that they felt rushed due to the tight overall timeline. An even greater share of respondents, more than 80%, strongly or somewhat agreed that the TA was too short and that they would have liked more time and sessions.

- › Having **relevant evidence available prior to the TA process** can help to make the prioritization effort quicker and the output stronger. In Cameroon, several participants were part of a group that in 2020 had done research on access by adolescent girls and young women to key HIV and other health and well-being services. Evidence of barriers to access from that research was used to strengthen the justification for the interventions included in the priorities document.

This type of underlying evidence can make a big difference because a key focus of the C19RM initiative is on mitigating the impact of COVID-19 on HIV, TB and malaria programmes, including on women and girls. These impacts can best be seen and understood through data and evidence in areas such as increased violence against women, lack of access to SRH services, and difficulties getting HIV, TB and malaria testing and treatment.

- › Having **'champions' on writing teams and CCMs** can make the process smoother and open important doors. In Cameroon, the head of the local civil society group that formally requested the TA was the vice-chair of the CCM. In Botswana, the local expert who oversaw the TA was a member of the CCM as well as the writing team. This helped to ensure two things in particular in those countries: (1) that the priorities document would be written and shaped in ways more likely to be responded to affirmatively by the writing team, and (2) that the document would get the attention of other members of the CCM, which has to sign off on and submit the funding request. Similar benefits were seen in Zambia, where the head of the civil society (secular) writing team not only participated in the initial TA consultation but also supported the drafting and finalising of the priorities document.
- › Ensuring that **all participants have adequate knowledge about the C19RM and the Global Fund more generally** can be essential for the full participation of women in all their diversity. In any group of TA participants, there will be differences, sometimes quite large, in background understanding of the C19RM initiative and Global Fund. In some cases, participants will know almost nothing at all. Bringing them up to speed is important to enable them to participate meaningfully.

This could point to the need for spending extra time during the early parts of TA, even if the information is not new for many other participants, or organising

'pre-TA' or a special additional brief meeting for those with significant gaps in knowledge. Another approach to overcome such gaps early on might be to encourage participants to review selected background information (e.g., Global Fund guidance, W4GF Action Alerts) in advance. Actions such as these could make the overall TA process more substantive and efficient.

- › **Costing is hard to do, and extra support is likely to be needed.** Many activities and interventions that communities of women often prioritize, such as increasing their engagement and leadership, are very difficult to cost. Expecting participants to be able to do this in a comprehensive, effective way in short-term TA processes might not be realistic, especially in the absence of easy-to-understand guidance or adequate training for TA providers. Sending preferred activities and interventions to outside experts to cost them, as was done in Cameroon, is one option that might help to address this concern. Given the time constraints of short-term TA, such solutions might also be worthwhile as they would free up more time for evidence-gathering analysis and support.
- › **Context matters in how priorities documents are written and presented.** W4GF prepared a template to be used for the documents prepared in Cameroon and Zambia. It was seen as a benefit by many people involved, as it provided a ready-made structure for priority activities to be entered into and some boilerplate language that could be adapted by document drafters. However, some concern was expressed that such templates could unintentionally weaken the credibility of a priorities document if it is seen by the C19RM writing team as a generic or 'cookie-cutter' approach that does not fully take into account the specific context and local women's distinct voices. These two perspectives suggest that in every context, TA providers and participants should carefully consider which formats, approach, language and tone are likely to have the most positive influence on the writing team and CCM.
- › **The process of TA opens potential avenues for more meaningful engagement of women and girls in Global Fund systems and structures.** In their discussions and priorities documents, participants in some of countries (e.g., Zambia) requested that the CCM also include seats for women and key populations, while Cameroonians requested that adolescent girls and young women be among appointed focal points in future Global Fund national processes. Women in these countries and other places where W4GF provided TA said that overall, the number of women and key population members on the CCM was inadequate to represent such a diverse group. For example, Cameroon is one of the Global Fund's 13 priority countries around adolescent girls and young women, but currently no young women are on the CCM or engaging as one of the focal points who have been tasked to go out and consult communities around the development of the country's C19RM grant.

RECOMMENDATIONS

Listed below are a few recommendations for the Global Fund based on the findings of this research, including the detailed lessons learned (which also include some suggestions). Some of the recommendations focus specifically on TA processes such as those provided by W4GF and ICWEA for the 2021 C19RM funding opportunity, while others also look more broadly at the engagement of women and girls in the Global Fund in their countries.

- › **Ensure that more time is available in TA processes** to allow the full engagement of communities, regardless of which window a country chooses.
- › **Expand the scope and scale of the TA so that engagement is stronger and continuous.** This could include supporting more days of TA; mandating or highly encouraging local physical meetings (if local conditions allow during the pandemic); and having the TA process cover the entire drafting process, and not just stop with the identification and submission of priorities.
- › **Ensure that all final documents associated with the TA process are easily and regularly accessible to all who engaged.** This is important for building and sustaining ownership, sharing of experiences across different contexts, and boosting ongoing interest and capacity among women and girls (including in terms of accountability for C19RM grant implementation). As part of this effort, the Global Fund should reach out to all countries submitting C19RM funding requests and remind them that, at a minimum, they should share their final approved funding requests including detailed budgets with communities, including women's advocates.
- › **Develop clear yet detailed costing guidance specifically for communities that is publicly available and regularly updated.** Among other key areas, this could include information and examples about how to cost community-led monitoring activities and gender-responsive budgeting and costing.
- › **Invest in global women's networks that focus on and routinely discuss Global Fund issues and developments.** A strong baseline of women's local capacity and interest in engaging with the Global Fund is essential. W4GF, ICWEA and similar groups continuously seek to increase awareness and understanding of the Global Fund among women and girls in countries around the world. Helping to strengthen their ability to reach more women with vital information will help to make local women's work and engagement more effective during TA processes and more broadly in Global Fund activities in their countries.
- › **Explore ways to keep women informed and engaged after the TA ends.** The TA processes were timebound, stopping at the moment the priorities documents were formally submitted to the CCM. There were no steps or resources included for following up, including to keep TA participants informed on the extent to which their priorities were integrated into the funding requests. This

is one of the reasons that so many of the TA recipients remained unaware of the impact several months after they came together to draft these important documents and also after the Global Fund sent formal approval letters to CCMs.

This is a concern and potential missed opportunity to further build and strengthen advocacy and engagement among communities of women. Many participants will fall away, understandably, if they do not feel valued or see no clear avenue to further engage and remain a part of the whole process. In Tanzania, for example, TA participants at the feedback meeting said they wanted to be part of the implementation process but had heard nothing more about the process they had engaged in. A TA provider there summarised the participants' reaction in these words: "It's frustrating to know that people only look for you when they want to know what your ideas and solutions are and then they disappear until the next time they need to call you and have a meeting with you."²⁰ The consequences in terms of loss of important voices and input can be seen in results from the online survey showing that half of respondents strongly or somewhat agreed with this statement: "I engaged in the beginning but then I did not follow through after the TA ended."

One solution proposed by research respondents to this case study is for **the Global Fund and partners to invest in three complementary areas aimed at TA participants' more extensive and ongoing involvement**: (1) ensuring that at least some TA participants can engage throughout the C19RM process, including implementation, review and monitoring; (2) creating a mechanism to keep communities of women informed of what happened and how they might engage in the future; and (3) assessing the impact of this type of TA in a timely and detailed manner.

The team highlight the following as essential not to forget when providing urgent and short term TA. Ensure that:

- › All parameters and deliverables of the work should be agreed with those who requested the TA, even if the time is tight.
- › The TA provider should have all the details of all those who will engage in this TA
- › There must be a clear process to identify and ensure wide representation of women in all their diversity
- › A clear timeline should be agreed and the group should be clear about who will submit the priorities document to the CCM
- › Any challenges to virtual participation should be addressed early on including identifying any interpretation requirements
- › Ample time should be provided for verbal and written reflections on the priorities document
- › Additional time should be built in to strengthen the knowledge base around the Global Fund as it is needed.

²⁰ Research interview for this case study, December 2021.

APPENDIX 1

METHODOLOGY

Research for this case study took place in December 2021 and January 2022. It included the following components:

- › Desk review of relevant documents, including C19RM 2021 funding requests and related information on the Global Fund website.
- › Virtual interviews (via Zoom) with a total of 14 individuals, including participants in the TA process across the four focus countries, TA providers and supporters, Global Fund personnel involved in C19RM TA efforts, and independent experts who have reviewed and assessed C19RM funding requests. Three interviews with Swahili speakers were conducted with an interpreter present; all others were solely in English.
- › Results from an online survey disseminated among all TA participants in the four countries.

Research limitations and challenges included the following:

- › Internet connections were problematic during some of the interviews, a situation that forced the abandonment of several calls at various points.
- › Many potential respondents were not working or otherwise reachable for multiple weeks due to the end-of-the-year holiday season.
- › Research took place during a surge in COVID-19 cases in southern Africa, spurred by the emergence of the Omicron variant. Key respondents in some countries were either directly or indirectly affected by the virus and thus not able to provide input on a timely basis (or at all).
- › Direct comparisons across the countries were hampered to some extent by a lack of consistent documentation. For example, as of early January 2022, the Global Fund website (via its [Data Explorer function](#)) included information on C19RM 2021 funding requests from Botswana, Tanzania and Zambia, but similar information was not available for Cameroon.

APPENDIX 2

SNAPSHOT OF IMPACT: ANALYSIS OF FUNDING REQUESTS SUBMITTED BY CCMS

Despite limitations in measuring this type of short-term TA's impact, it is still possible to get a general idea of impact by looking at the funding requests submitted by CCMS to the Global Fund. Table 1 below provides a snapshot of information from the four countries' proposals that indicates the share and amount of financial resources that might be allocated to the interventions and activities in the women's priorities documents. It compares the total amount in the funding requests' 'base allocation' and 'above base allocation' categories with the percentage of those amounts that were included in a selection of intervention areas that seem most directly relevant to the women's priorities.²¹

The comparisons and information are not precise for several reasons, including because activities in a range of different intervention areas could support achieving the priority issues identified by TA participants in each country. But these selected intervention areas (or 'modules') in the funding request form are those in which most of the direct references to the priority issues were found. For the purposes of this document, they serve as a rough proxy for what might potentially be available through the C19RM grant – keeping in mind, however, that even in these key target areas, interventions that specifically aim to address the priorities mentioned by the TA participants are likely to be only a small share.

Another signal of impact can be seen by **drilling down more specifically to two intervention areas in the funding request forms that seem absolutely essential to and relevant for the women's priorities**: gender-based violence (GBV) prevention and post-violence care; and respond to human rights and gender related barriers to services. The funding share proposed for these intervention areas are generally quite small, with the exception of Botswana:

- › Botswana – combination of these two intervention areas as total share of funding: 9.38% of base allocation; 4.15% of above base allocation
- › Cameroon – combination of these two intervention areas as total share of funding: 0.28% of base allocation; 3% of above base allocation, but nothing included at all for the GBV prevention intervention area
- › Tanzania – combination of these two intervention areas as total share of funding: 1.17% of base allocation; 0% of above allocation, as neither intervention area is mentioned
- › Zambia – combination of these two intervention areas as total share of funding: 2.78% of base allocation; 7.36% of above base allocation

²¹ Information about the difference between 'base' and 'above base' allocations can be found on the Global Fund website at <https://bit.ly/34PVTsu>.

Table 2 Women's priorities reflected in 2021 C19RM funding requests: Illustrative analysis²²				
	Base allocation amount (in US\$)	% of base allocation amount to intervention areas where most priority issues might be referenced*	Above base allocation amount (in US\$)	% of above base allocation to intervention areas where most priority issues might be referenced*
Botswana***	\$3,077,191	18.89% for 'top' areas; 34.59% if 'additional key' are added	\$5,451,904	17.86% for 'top' areas; 30.24% if 'additional key' are added ^a
Cameroon	€37,499,385**	1.11% for 'top' areas; 5.76% if 'additional key' are added	€36,402,805**	7.64% for 'top' areas; 11.36% if 'additional key' are added
Tanzania	\$88,090,579	4.67% for 'top' areas; 15.76% if 'additional key' are added	\$149,797,428.68	4% for 'top' areas; 11.35% if 'additional key' are added
Zambia	\$47,286,705	4.21% for 'top' areas; 13.95% if 'additional key' are added ^c	\$83,887,665	8.62% for 'top' areas; 29.25% if 'additional key' are added ^b

- * The 'top' selected intervention areas include community-based organizations institutional capacity building; community-led advocacy and research; community-led monitoring; social mobilization; gender-based violence (GBV) prevention and post-violence care; and respond to human rights and gender related barriers to services. The 'additional key' intervention key areas are mitigation for HIV programmes; mitigation for TB programmes; mitigation for malaria programmes; and risk communication.
- ** Equivalent to about \$42.8 million (base allocation) and \$41.5 million (above base allocation), as of January 2021
- a More than half of total is from just two intervention areas, social mobilization and mitigation for HIV programmes.
 - b The vast majority is from just two intervention areas, mitigation for TB programmes and mitigation for malaria programmes.
 - c More than a third is for one intervention area only, mitigation for malaria programmes.
- *** The Botswana funding request divided proposed financing amounts in different intervention areas between two categories: 2021 Full Funding Proposal and 2020 Carry Over amounts. The 'top' intervention areas specified for this table combined for 18.89% of the 2021 Funding Proposal and nearly three times more (53.85%) of the 2020 Carry Over amounts. The 'additional key' intervention areas combined for 15.7% of the 2021 Full Funding Proposal and 29.19% of 2020 Carry Over amounts. These major differences – with such high shares for Carry Over amounts – indicate a disproportionate inability by Botswana to fund activities and intervention in 2020 that were likely to be of particular value and importance to the communities of women participating in the TA. Also of note is that one intervention only, social mobilization, accounts for more than a third of the 18.89% share in the 2021 Full Funding Proposal and more than three quarters of the 53.85% in the 2020 Carry Over share.

22 Information about the difference between 'base' and 'above base' allocations can be found on the Global Fund website at <https://bit.ly/34PVTsu>.

Sources:

Global Fund website, accessed 14 December 2021, for C19RM 2021 Full Funding Requests for Botswana, Tanzania and Zambia; Cameroon C19RM 2021 Full Funding Request shared by a member of the writing team following submission to the Global Fund and formal notification of grant approval. Information on intervention area amounts and shares for Tanzania and Zambia are from budget summary documents on the Global Fund website (accessed 14 December 2021); for Cameroon and Botswana, similar information was calculated from the Full Funding Request form, as budget summary documents were not available on the Global Fund website at time research was conducted. The baseline comparison across all four countries is therefore inexact because the Zambia and Tanzania results take into account what the Global Fund did not end up agreeing to fund, while the Cameroon and Botswana results used here were based on the final submitted proposal (and thus do not take into account what was not eventually approved for funding). This distinction is important because the total amounts that the Global Fund said it was “unable to approve” in the full funding requests were quite extensive in some cases – e.g., €6,825,635 (\$7.8 million) for Cameroon and \$12,220,837 for Zambia. But at the same time, for all countries the ‘not approved’ interventions and areas of work referred almost entirely to things that seem unlikely to be related to the women’s priorities, such as purchases of COVID-19 commodities, vehicles, etc.