COMMUNITIES AND CIVIL SOCIETY LEARNING NEEDS FOR STRENGTHENED ENGAGEMENT IN GLOBAL FUND AND RELATED PROCESS IN THE MENA REGION

ASSESSMENT REPORT
2024

Contents

Acronyms

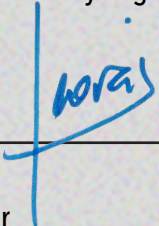|	
CBOS	COMMUNITY BASED ORGANIZATIONS
CCM	COUNTRY COORDINATING MECHANISM
CD	COUNTRY DIALOGUE
CRG	COMMUNITY, RIGHTS AND GENDER
CSOS	CIVIL SOCIETY ORGANIZATIONS
FR	FUNDING REQUEST
GF	GLOBAL FUND
GM	GRANT MAKING
M&E	MONITORING AND EVALUATION
MENA	MIDDLE EAST AND NORTH AFRICA
MOH	MINISTRY OF HEALTH
NGOS	NON-GOVERNMENTAL ORGANIZATIONS
NSP	NATIONAL STRATEGIC PLAN
PR	PRINCIPAL RECIPIENT
SR	SUB RECIPIENT
SSR	SUB- SUB- RECIPIENT
TRP	TECHNICAL REVIEW PANEL
WHO	WORLD HEALTH ORGANIZATION

Acknowledgment and Foreword

The Middle East and North Africa (MENA) Learning Hub is proud to present this Learning Needs Assessment, an effort that underscores our commitment to empowering communities and civil society organizations (CSOs) in their critical role within Global Fund (GF) processes. This work, supported by the Global Fund's GC7 Community Engagement Strategic Initiative (CE SI), shines a light on the barriers faced by CSOs and communities in the MENA region and paves the way forward to strengthen their engagement in addressing HIV and tuberculosis (TB).

Civil societies and communities are the cornerstone of the response to these public health challenges. Their involvement ensures that the voices of those most affected are heard and that programs are designed to meet the needs of key populations. However, as this report demonstrates, systemic challenges such as limited representation, knowledge gaps, restrictive laws, and resource constraints continue to hinder meaningful participation. These obstacles highlight the urgency of equipping CSOs and communities with the tools, knowledge, and resources they need to actively engage in the design, implementation, and evaluation of GF programs.

This comprehensive assessment, covering 11 countries in the MENA region and drawing on the insights of over 100 survey participants and key informants, is both a diagnostic and a roadmap. It identifies critical areas for capacity building, resource allocation, community-led monitoring, improved representation, and data-driven advocacy. The recommendations presented in this report offer actionable steps to create more inclusive, community-centered approaches to combating HIV and TB, aligning with global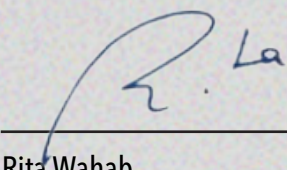 efforts to leave no one behind. We extend our heartfelt gratitude to Ms. Arabia Osseiran, whose expertise, dedication, and vision were instrumental in the development of this report. Her meticulous research and analysis have provided an invaluable resource for advancing the role of civil societies and communities in GF processes across the region. We also thank the individuals and organizations who participated in this assessment, sharing their experiences and insights to illuminate the path forward.

As the MENA Learning Hub, we reaffirm our commitment to fostering collaboration, building capacity, and amplifying the voices of communities. Together, we can create a more equitable and inclusive response to HIV and TB, ensuring that the most vulnerable populations are at the heart of decision-making processes. We invite all stakeholders to engage with the findings and recommendations of this report and join us in our collective effort to strengthen community engagement in the MENA region.

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Executive Summary

This learning needs assessment, conducted by the Middle East and North Africa (MENA) Learning Hub with the support of the Global Fund's GC7 Community Engagement Strategic Initiative (CE SI), explores the challenges and gaps faced by communities and civil society organizations (CSOs) in their engagement with Global Fund (GF) processes. The assessment identifies the learning needs and support required to strengthen the participation of these groups in GF-related activities, particularly in the context of HIV, and tuberculosis (TB) across the MENA region.

Civil societies and communities play a vital role in GF processes, ensuring that communities most affected by HIV and TB are represented and that interventions address their needs. However, they face several barriers, including limited representation in decision-making platforms, knowledge gaps regarding GF processes, restrictive national laws, resource constraints, and insufficient coordination among Civil societies and communities. These factors hinder their ability to engage meaningfully in GF processes and to influence policies and programs that directly affect their communities.

To address these issues, the assessment collected data through a combination of literature reviews, eleven key informant interviews (KIIs), and an online survey targeting Civil societies and communities working with people living with HIV (PLHIV), people affected by TB, and key populations, including, female sex workers (SW), men who have sex with men (MSM), and people who use or inject drugs (PWID/PWUD), among others. The study covered 11 countries in the MENA region and included 100 survey responses.

Key findings from the assessment highlight the importance of:

• **Capacity Building:** Civil society organizations and communities need ongoing training to deepen their understanding of Global Fund processes and strengthen both their technical skills, such as generating and using data for advocacy/ using technology to reach hard to reach communities, and managerial capacities, including strategic planning and monitoring and evaluation.

• **Resource Allocation:** There is a need for dedicated funding for community engagement and management costs for /CSOs and Community Based Organizations (CBOs), ensuring that organizations can effectively participate in GF programs.

• **Community-Led Monitoring:** Empowering communities to actively monitor HIV/TB interventions, particularly those funded by the GF, is essential for ensuring accountability and responsiveness.

• **Improved Representation of key and vulnerable populations in decision making and Governance:** Transparent selection processes for Country Coordinating Mechanism (CCM) representatives, alongside more meaningful involvement of Ministries of Public Health, will help align GF programs with national health priorities and ensure more inclusive decision-making.

• Improved data collection and digital systems are essential to effective reporting and monitoring of interventions that would provide civil society organizations and communities with accurate, reliable data for effective advocacy.

The recommendations outline a comprehensive strategy to strengthen the engagement of civil society and communities in GF processes. Key actions include increasing direct support to community organizations, investing in capacity building to engage effectively in all stages of the GF grant cycle, program planning, and implementation skills, addressing legal and political barriers, and promoting data-driven approaches to monitoring and evaluation. Implementing these changes will enable the GF to adopt more inclusive, community-led approaches to combating HIV, TB, and malaria, ensuring that key, vulnerable and marginalized populations play a central role in decision-making processes.

Introduction

This learning needs assessment was carried out by the Middle East and North Africa (MENA) Learning Hub, with support from the GC7 Community Engagement Strategic Initiative (CE SI) of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Similar assessments were conducted by other Regional Learning Hubs, including those in Anglophone Africa; Asia Pacific; Eastern Europe and Central Asia; Francophone Africa; and Latin America and the Caribbean. The primary goal of these assessments was to identify the learning needs and gaps among communities and civil society who are living with, affected by, or vulnerable to HIV, TB, and malaria in terms of their effective engagement in national Global Fund and related processes. Addressing these gaps will help facilitate stronger and more effective engagement of communities and civil society in Global Fund processes and related initiatives.

MIDDLE EAST & NORTH AFRICA
LEARNING HUB

SCALING UP
HARM REDUCTION IN MENA
MENAHRA

MENA
Rosa

Background

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) is an international health financing organization established in 2002 to combat HIV/AIDS, tuberculosis (TB), and malaria. It collaborates with governments, civil society, the private sector, technical agencies and affected communities to mobilize resources and support country-led programs that prioritize local ownership and sustainability. In addition to addressing these epidemics, the GF focuses on strengthening health systems, promoting gender equality, and upholding human rights, with a particular emphasis on ensuring equitable access to healthcare for key and vulnerable populations. Through its efforts, the GF has played a significant role in saving millions of lives and enhancing global health security.

Recognizing the critical role of civil society organizations (CSOs) and communities in in-country governance and implementation processes, the GF has established platforms for their engagement at every stage, from country dialogue to grant oversight. One of the key mechanisms facilitating community participation is the Country Coordinating Mechanism (CCM), which ensures the involvement of civil society and communities in decision-making processes. According to the Global Fund, "it is communities themselves that are best placed to guide and often lead the implementation of programs tailored to address their needs."[1]

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[1] Global network of people living with HIV (GNP+). **A Guide to meaningful community engagement in Global Fund GC7 Processes. Retrieved from chrome-extension:** https://gnpplus.net/wp-content/uploads/02/2023/A-Guide-to-meaningful-community-engagement-in-GC7.pdf

Despite this acknowledgment, challenges such as power imbalances, capacity limitations, and procedural complexities continue to hinder meaningful community engagement in national responses for the three diseases.

The subsequent literature review examines the various dimensions of community engagement in GF-related processes globally, with a particular focus on the Middle East and North Africa (MENA) region. It explores the challenges, best practices, and strategies identified in existing literature to strengthen community engagement in GF activities.

An Overview of Community Engagement

Civil society and communities most affected by HIV, TB and malaria are vital in GF processes, ensuring that the voices of the most affected populations are heard and that interventions are responsive to their needs. Civil society and community-led organizations play an integral role in advocacy, policy formulation, program implementation, and monitoring and evaluation. Their engagement is essential for representing marginalized populations and ensuring inclusive health responses.[2]

However, civil society and communities face several challenges in engaging meaningfully. Power imbalances within CCMs often place civil society and community representatives at a disadvantage compared to government and technical partners, limiting their influence in decision-making processes.[3]

Capacity constraints, particularly among smaller key population-led networks or organizations, are another significant barrier. Many of these organizations lack the technical expertise, financial resources, and administrative capacity needed to navigate complex GF procedures effectively. [4]

Furthermore, the bureaucratic and complex nature of GF procedures can be a barrier for civil society and community participation. The rigorous requirements for grant applications and reporting can be overwhelming for smaller organizations, which may lack the administrative capacity to comply with these demands. [5]

To address these challenges, capacity-building initiatives, such as the GF Community Engagement Strategic Initiative's Technical Assistance Program, have proven instrumental. This program provides communities and civil society with training and support needed to engage effectively in GF processes.

Inclusive and transparent CCMs are also critical for fostering meaningful participation. Strengthening the representation of key and vulnerable populations and ensuring that their voices are heard in decision-making processes can improve the overall effectiveness of GF interventions.[6]

[2] Global Fund. (2019). Civil Society and Communities: Driving Global Fund Processes. Global Fund. Retrieved from https://www.theglobalfund.org
[3] UNAIDS. (2016). Participation of Civil Society in the Global Fund's Country Coordinating Mechanism (CCM): A Review of Best Practices. UNAIDS. Retrieved from https://www.unaids.org
[4] Amaya, A. B., King, E. J., & Srikantiah, V. (2020). Civil Society Engagement in Global Health Governance: Lessons from the Global Fund. Global Health Governance, 36-17 ,(2)14.
[5] Duvvury, N., Raghavendra, S., Ashe, S., & Murthy, R. K. (2019). Capacity Challenges in Civil Society Organizations: A Case Study of HIV/AIDS Programs in India. Health Policy and Planning, 82 5-573 ,(8)34.
[6] UNAIDS. (2016). Participation of Civil Society in the Global Fund's Country Coordinating Mechanism (CCM): A Review of Best Practices. UNAIDS. Retrieved from https://www.unaids.org
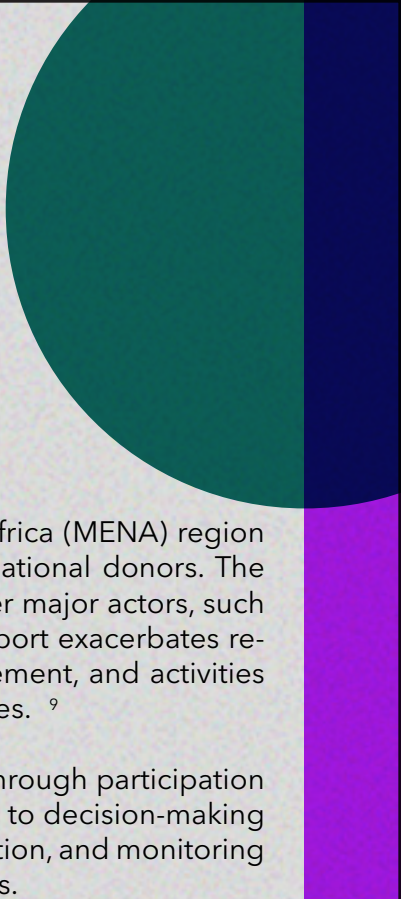
Community Engagement in the MENA Region

The MENA region faces unique public health challenges, particularly in addressing HIV, TB, and malaria. Communities in this region, including people living with HIV (PLHIV) and key populations such as men who have sex with men (MSM), female sex workers (FSW), transgender women, and people who use or inject drugs (PWUD/PWID), are critical in shaping interventions that address the specific epidemiological and socio-political contexts of the region. [7]

The Global Fund continues to play a pivotal role through multilateral grants, such as the MC MENA initiative, which supports countries like Egypt, Lebanon, Tunisia, Morocco, and Jordan. This initiative emphasizes community-based interventions, harm reduction, and advocacy to address stigma and discrimination. While localized successes have been recorded, such as improved access to testing and harm reduction services, overall progress remains uneven. MENA still lags in key metrics, such as viral suppression and treatment uptake, with many countries far from achieving the 95-95-95 targets recommended by UNAIDS. [8]

7 Global Fund. (2021). Community, Rights and Gender Technical Assistance Program Annual Report. Global Fund. Retrieved from https://www.theglobalfund.org

The sustainability of HIV and TB programs in the Middle East and North Africa (MENA) region faces critical challenges, mainly due to the decreasing presence of international donors. The GF has become the primary large-scale donor for HIV programs, while other major actors, such as UNAIDS, have scaled back operations in the region. This decline in support exacerbates resource gaps and weakens efforts in advocacy, coordination, policy engagement, and activities previously led by UNAIDS to ensure regional coherence in health responses. [9]

One of the main channels for community engagement in GF processes is through participation in CCMs, where representatives of civil society and communities contribute to decision-making processes to ensure that their needs are reflected in the design, implementation, and monitoring of GF grants. [10] However, only few countries in the MENA region have CCMs.

In addition, the region presents several barriers to effective engagement, including legal restrictions, stigma, and discrimination against key populations. These factors significantly limit the ability of communities to participate openly and meaningfully in GF processes. [11]

Capacity constraints are another major challenge in the MENA region. Many CSOs, community based organizations (CBOs) and community-led organizations (CLOs) lack the technical expertise and resources necessary for sustained engagement with the GF. Moreover, the MENA region receives relatively less GF support compared to other regions, which limits opportunities for capacity building and technical assistance.[12] In conflict-affected areas such as Yemen, Syria, Iraq, Lebanon, and Libya, security concerns further complicate community engagement. Ongoing instability disrupts health service delivery and hampers the ability of communities to participate in GF processes. [13]
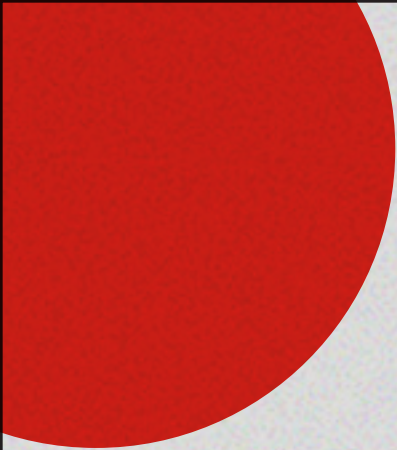
[9] Burki, Talha . (2023). UNAIDS departure leaves vacuum in leadership in MENA. The Lancet HIV, Volume 10, Issue 10, e637. Retrieved from https://www.thelancet.com/action/showCitFormats?doi=2%10.1016FS5-2900234%2823%3018-2352&pii=S5-2900234%2823%3018-2352

[10] UNAIDS. (2020). The Role of Communities in the MENA Region's Response to HIV: Challenges and Best Practices. UNAIDS. Retrieved from https://www.unaids.org

[11] Alkan, C., & Timothy, A. (2019). Challenges and Opportunities for Civil Society Engagement in Global Fund Processes in the MENA Region. Journal of Global Health, 41-32 ,(1)9.

[12] Global Fund. (2020). Guidelines on Country Coordinating Mechanism Eligibility and Performance Assessment. Global Fund. Retrieved from https://www.theglobalfund.org

Several best practices have been identified to enhance community engagement in GF processes, both globally and within the MENA region. Capacity building remains a critical strategy, as it equips communities with the skills and knowledge required to participate effectively. The GF Community Engagement Strategic Initiative Technical Assistance Program has provided targeted support to civil society and communities in the MENA region, strengthening their advocacy capabilities. [14]

Partnership-building between civil society and community organizations and other stakeholders, including governments, international organizations, and donors, is another effective strategy. These partnerships amplify community voices and enhance their influence in decision-making processes. [15]

In addition, fostering transparent and inclusive selection processes for CCM members, alongside efforts to reduce stigma and discrimination, can further strengthen community participation. [16]

Finally, adapting GF processes to the specific socio-political contexts of the MENA region is essential. Flexible approaches that account for cultural, legal, and security challenges can promote more meaningful community participation despite these obstacles. [17]

A learning needs assessment for civil society and communities in the MENA region is critical to understand their learning needs and gaps for enhancing their engagement in GF and related processes. By identifying capacity gaps, understanding current socio-political barriers, and identifying strategies to adapt to regional instability, this assessment can provide insights to inform targeted learning and capacity-building initiatives through the MENA Learning Hub. Strengthening the participation of civil society and communities will enable more effective and inclusive responses to HIV, TB, and malaria in the region, contributing to the achievement of global health goals.

[14] Global Fund. (2021). Community, Rights and Gender Technical Assistance Program Annual Report. Global Fund. Retrieved from https://www.theglobalfund.org

[15] UNAIDS. (2020). The Role of Communities in the MENA Region's Response to HIV: Challenges and Best Practices. UNAIDS. Retrieved from https://www.unaids.org

[16] Alkan, C., & Timothy, A. (2019). Challenges and Opportunities for Civil Society Engagement in Global Fund Processes in the MENA Region. Journal of Global Health, 41-32 ,(1)9.

[17] Donnelly, J. P., Gage, A., & Harb, W. (2019). Conflict and Health: The Impact of Insecurity on Health Service Delivery and Community Engagement in the MENA Region. Global Public Health, 645-630 ,(5)14.

Methodology

Study Objectives

The assessment aimed to explore the following key questions regarding the engagement of civil society and communities, and their organizations, in GF processes within the MENA region:

1. To what extent, and in what ways, are civil society and communities engaged in GF-related processes?

2. What challenges and gaps are hindering their engagement with the GF?

3. What type of support or information is needed to improve their participation in GF processes?

4. What are the learning needs to enhance their engagement in these processes?

5. What are the communities' preferred learning and communication methods?

6. What strategic actions can the GF take to strengthen community engagement in its funding processes?

Definition of Target Audience

For the purpose of this study, the term "CSOs and communities" refers to the target audience, including civil society organizations (CSOs), community-based organizations (CBOs), and community representatives—such as people living with the disease, key populations, and civil society members on the Country Coordinating Mechanism (CCM). These stakeholders are distinct from the government, private sector, donors, or international non-governmental organizations (NGOs).

Data Collection

The assessment aimed at targeting communities living with or most affected by HIV and TB, in particular people living with HIV (PLHIV), women living with HIV (WLHIV), people who use or inject drugs (PWUD/PWID), men who have sex with men (MSM), Transgender people, female sex workers (FSW), and TB survivors in countries eligible for GF funding in the MENA region, including Algeria, Djibouti, Egypt, Jordan, Morocco, Iraq, Lebanon, Libya, Palestine, Syria, Tunisia, and Yemen. [18]

To address the assessment questions, three methodological approaches were employed:

• **Literature Review:** Both published and unpublished documents from civil society organizations, governments, foundations, the United Nations, and the GF were reviewed. The literature review was conducted via Google search to gather information on community engagement in GF processes globally, with a specific focus on the MENA region. The review also aimed to understand Global Fund standards and requirements for ensuring community engagement.

• **Key Informant Interviews (KIIs):** Eleven in-depth interviews were conducted via Zoom with key stakeholders, including Country Coordinating Mechanism (CCM) members, key populations (KPs), Principal Recipients (PRs), Sub-recipients (SRs), and Sub-sub-recipients (SSRs) from Algeria, Jordan, Lebanon, Morocco, Tunisia, and Yemen. Additional countries were targeted, but some did not respond to the interview requests. The KIIs focused on gaining insights into the country contexts, learning needs of CSOs/CBOs, challenges hindering engagement, and potential solutions to enhance community engagement in GF processes.

• **Online Survey:** A survey was developed using QuestionPro, translated into English, French, and Arabic, and pilot-tested to ensure clarity and consistency. The data collection tool was developed in collaboration with CE SI team and MENA regional learning hub and was adapted from similar tools that were developed by GF learning hubs for Latin America and the Caribbean (LAC), Eastern Europe and Central Asia (EECA), and Anglophone Africa. The survey consisted of 42 mostly closed-ended questions, with only one open-ended question. The survey was distributed to target audiences through various channels, including email and social media, accompanied by an introductory letter explaining its purpose. Dissemination was coordinated by the CE SI team and the MENA learning hub, targeting community representatives on the CCMs, PRs, and partners (SRs, SSRs, CBOs, and CSOs) in 12 countries. Data collection took place from August 1–25, 2024, with 100 responses received from 11 countries. Of these, 57 participants fully completed the survey, resulting in a 57% completion rate.

Data Analysis

The descriptive data analysis of the online survey, conducted using QuestionPro, provided a comprehensive overview of respondent demographics and key engagement metrics. The data, primarily quantitative, was analyzed to identify patterns and trends in the level of civil society and community involvement in GF processes across the MENA region. Responses were categorized and summarized using frequency distributions and percentages for each of the 42 questions, which were mostly closed-ended. This allowed for a clear understanding of how civil society communities perceive their engagement, the challenges they face, their learning needs and their preferred methods of learning and communication. The analysis also highlighted common barriers to participation in GF processes and identified specific areas where additional support is needed. The single open-ended question was analyzed using basic thematic coding to capture recurring themes and insights, which provided qualitative context to the quantitative data.

As to the qualitative data that was compiled through the KIIs, all interviews were recorded with participants' consent, and transcribed using the online transcription tool, Maestra. The transcriptions were then imported into Delve, a qualitative analysis software, to conduct thematic analysis.

Limitations

This assessment faced several constraints. First, time was a significant challenge, with less than one week between contract signing and the development of the survey tool. Ideally, Key Informant Interviews (KIIs) would have been conducted to inform the tool's design, but the tight timeframe made this impossible.

Additionally, data collection occurred in August 2024, coinciding with the summer break for many stakeholders the assessment aimed to reach. As a result, the response rate from the target audience was low, and many responses were delayed until stakeholders returned from vacation.

Furthermore, the ongoing conflicts in the region significantly impacted survey participation. Some respondents expressed difficulty in completing the survey due to limited familiarity with Global Fund (GF) processes and the terminology used in the questions. This concern was raised by several individuals we approached, who indicated that, although they are involved in GF processes, they felt uncertain about their role or understanding of the specific processes explored in the survey.
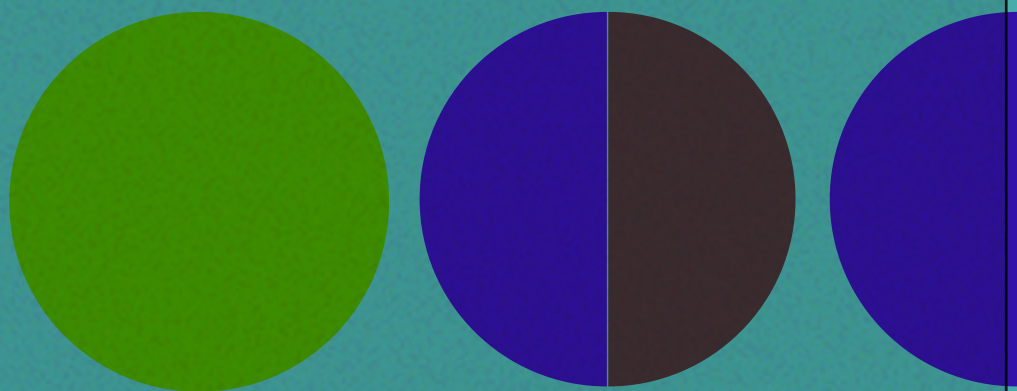
Findings

This section outlines the key findings of the assessment, based on data gathered from the on-line survey and the eleven KIIs that were conducted in five countries across the MENA region. The KIIs offered deeper insights into the survey results and helped validate the findings. The first part of this section provides an overview of the respondents' demographics, followed by a detailed analysis of responses to the primary questions outlined in the assessment objectives.

Respondent Demographics

A total of 100 people responded to the survey; however, the completion rate was only 57%, resulting in 43 incomplete responses being excluded. Despite repeated outreach efforts by the MENA learning hub to boost participation, the overall response rate remained low. The highest response rate came from Morocco (25%), while Iraq, and Yemen had the lowest (2% each). In total, respondents represented 9 countries within the MENA region, including Algeria, Morocco, Egypt, Lebanon, Jordan, Tunisia, Yemen, Iran, and Iraq (Chart 1).

CHART 1

% Distribution of respondents by country (n=56)
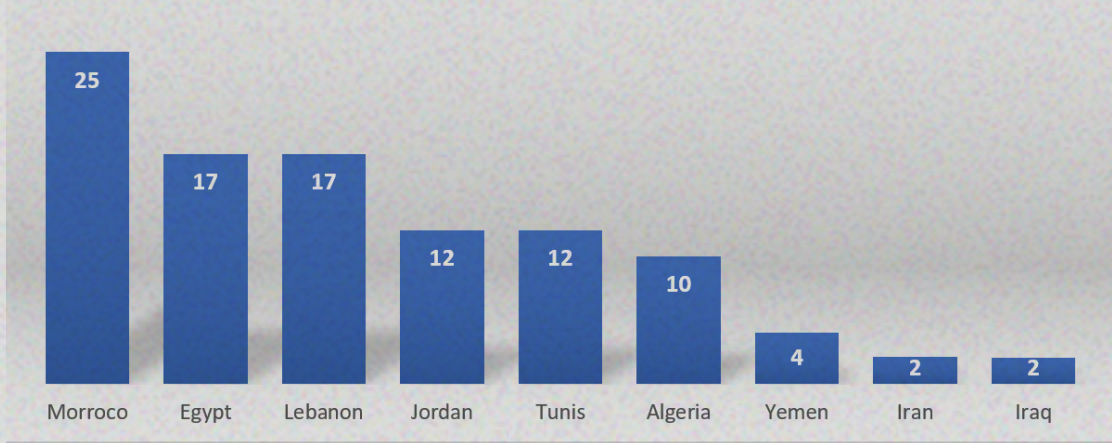
Females made up the majority of respondents (59%), followed by males (28%), with very few responses from transgender or gender diverse people (Chart 2).

CHART 2

Percentage distribution of respondents by gender

Legend: ■ Female ■ Male ■ Transgender ■ Gender non-conforming/non-binary/fluid ■ Rather not specify
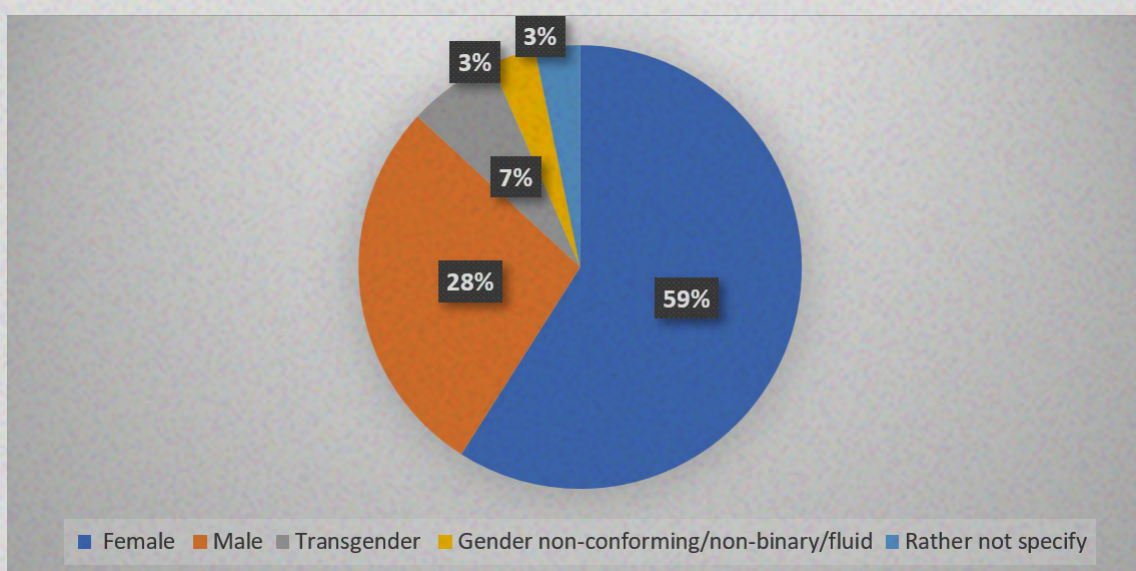
The majority of respondents worked for national or local organizations (70%), while 17% were from regional organizations and 13% from global organizations (Chart 3).

CHART 3

% Distribution of respondents by the scope of their organization operation

Legend: ■ National or local ■ Regional ■ Global
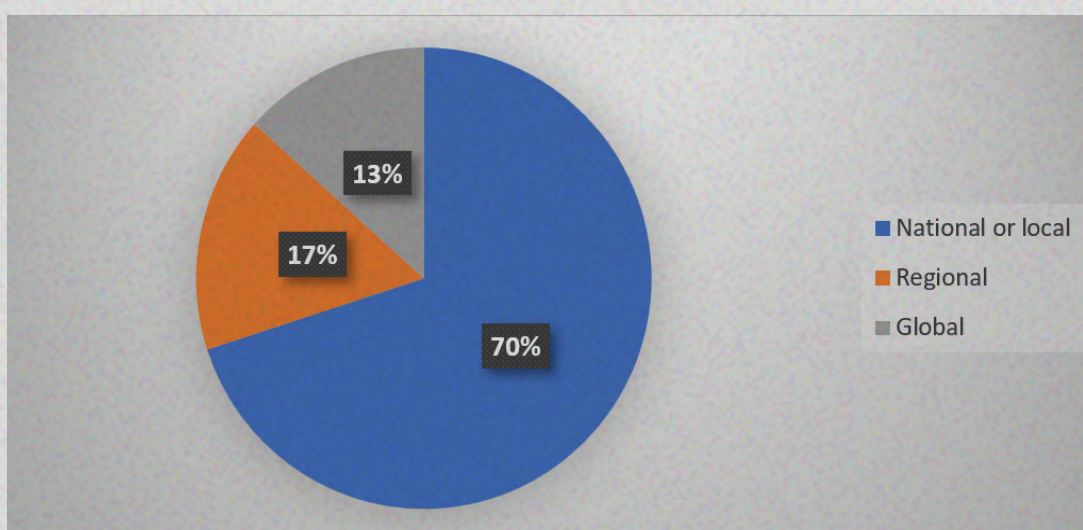
In terms of the nature of the respondents' organizations, the majority were affiliated with CSOs (36%), followed by CBOs (27%), and networks of people living with or most affected by HIV or TB (19%) (Chart 4).

CHART 4

Type of organization

Type of organization	Value
TECHNICAL ASSISTANCE PROVIDER	4
WOMEN'S ORGANIZATION	9
YOUTH ORGANIZATION	6
NETWORK/ORGANIZATIONS/GROUPS OF PEOPLE…	19
COMMUNITY-BASED ORGANIZATION	27
CIVIL SOCIETY ORGANIZATION (CSO/ NGO)	36
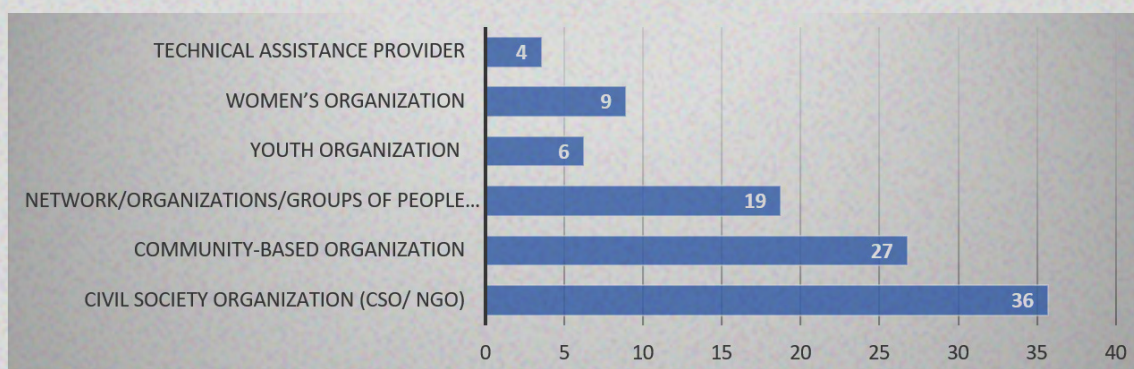
When asked about the populations they serve, respondents were given the option to select the primary groups they work with. The results revealed a relatively balanced distribution of respondents across the various key and vulnerable populations studied. The data indicated that a higher proportion of CSOs and communities work with PLHIV (13%) compared to those working with individuals affected by TB (3%).

CHART 5

% Distribution of respondents by the type of populations they serve/ work with

Population	Value
OTHER	2
INTERNALLY DISPLACED PEOPLE	2
TB AFFECTED INDIVIDUALS/TB SURVIVORS	3
TB KEY POPULATIONS	4
PEOPLE IN PRISONS	5
ADOLESCENTS AND YOUNG PEOPLE	6
TRANS AND GENDER DIVERSE PEOPLE	7
REFUGEES	7
MIGRANTS	8
WOMEN AND GIRLS	9
GAY/ BISEXUAL MEN	9
PEOPLE WHO USE/INJECT DRUGS	11
SEX WORKERS	11
PEOPLE LIVING WITH HIV	13
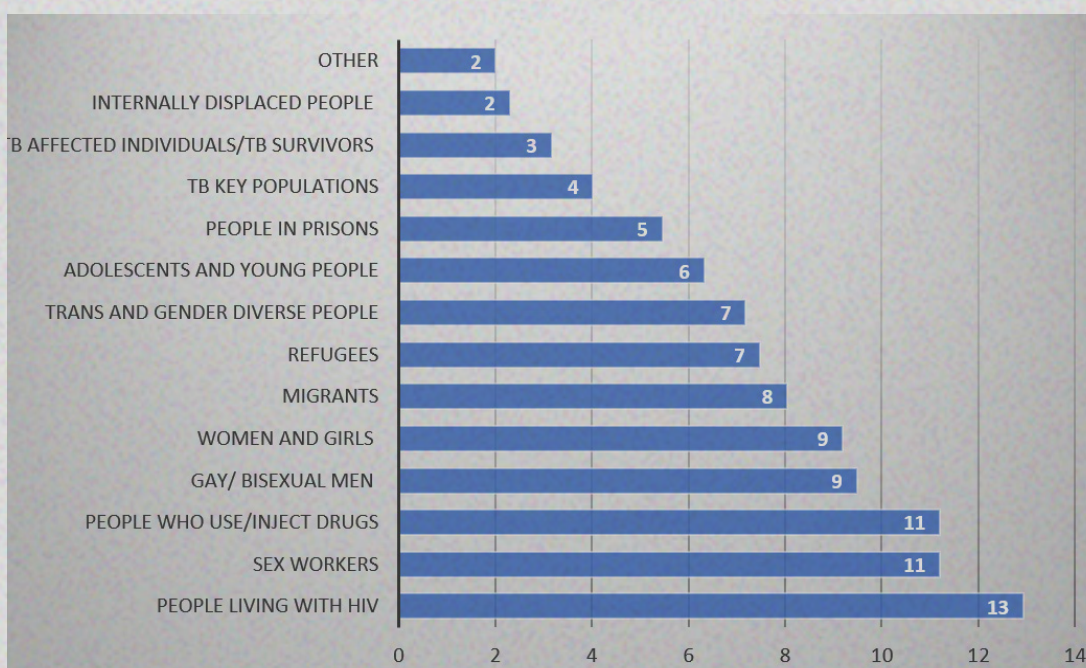
Engagement in GF-related processes

To assess the current level of engagement with (GF processes, respondents were asked to indicate their involvement in these processes and to indicate the capacity in which they engaged. The majority of respondents reported being engaged as GF Sub-recipients (SR) (20%), Principal Recipients (PR) (13%), Sub-sub-recipients (SSR) (12%), or as advocates and activists (18%), and only 10% of the respondent indicated that they are members of the CCM. Only 7% indicated that they are not currently involved in GF processes (Chart 6).

Key finding: *A significant proportion of respondents have been actively engaged in key stages of the Global Fund (GF) funding cycle, including the National Strategic Plan (NSP), Country Dialogue (CD), participation in Country Coordinating Mechanism (CCM) meetings, and grant implementation, demonstrating the breadth of their involvement in GF processes. However, the limited participation as CCM members can be attributed to the absence of CCM structures in many countries across the MENA region.*

"CSOs/CBOs in Tunis are involved in the Global Fund processes primarily through the CCM. However, their involvement could be improved. Although we participate in country dialogues and the CCM listens to our concerns, our needs are not fully met due to limited funding and legal challenges, particularly laws related to key populations and the laws pertaining to CBOs in Tunis." KII Tunis

"Key populations are not adequately represented on the CCM due to resistance and pushback from the Algerian government." KII Algeria

As a follow-up to the question on their involvement in GF processes, respondents were asked to specify how they have participated. 15% indicated involvement in the development of the National Strategic Plan (NSP), participation in meetings and workshops related to the GF at the national, regional, or global level (13%), country dialogue and development of funding requests (11%), attending CCM meetings (11%), and grant implementation (10%). In contrast, participation in review meetings organized by PRs/SRs, oversight meetings, technical assistance, and engagement in GF strategic planning processes was lower (see Chart 7). 4% of the respondents only were not involved in any GF processes at the time of the survey.

Key finding: *While some respondents are actively participating in essential processes like strategy development, meetings, and funding requests, involvement in oversight, technical support, and strategic planning is notably lower. This could highlight challenges in accessibility or capacity for civil society and community actors to engage in more complex processes. It may also suggest a need to enhance inclusion efforts for those less represented in grant governance and oversight roles.*

"In 2024, Civil societies and communities faced significant challenges in accessing GF grants. The application process, conducted in English, posed a barrier, particularly for smaller CBOs with limited resources and language skills. Larger, well-established associations (organizations) were able to secure funding with external support, but many smaller CBOs were excluded from the process, leading to financial difficulties and the suspension of operations for some." KII Tunis

"We are active on the ground, working in both advocacy and service provision for PLHIV. However, we lack the time, opportunities, and resources to fully immerse ourselves in understanding the GF processes. We need support to engage more effectively in the GF grant cycle." KII Jordan

CHART 6

% Distribution of respondents by engagement with GF processe

Category	Value
YES, AS AN OBSERVER OF THE CCM	2
YES, A MEMBER OF THE CCM OVERSIGHT COMMITTEE	6
NO, MY ORGANIZATION IS NOT INVOLVED, I AM…	6
NO, WE ARE NOT INVOLVED IN GLOBAL FUND PROCESSES	7
YES, IN ANOTHER ROLE	7
YES, AS MEMBER OR ALTERNATE MEMBER OF THE CCM	10
YES, SUB-SUB-RECIPIENT OF THE GLOBAL FUND-…	12
YES, PRINCIPAL RECIPIENT OF THE GLOBAL FUND-…	13
YES, I AM AN ACTIVISTS/ADVOCATE	18
YES, SUB-RECIPIENT OF THE GLOBAL FUND-SUPPORTED…	20

CHART 7

% Distribution of respondents by type of engagement

Type of engagement	Value
OTHER	1
I HAVE NOT BEEN INVOLVED IN ANY GLOBAL FUND PROCESSES	4
ENGAGED IN THE 2023-2028 GLOBAL FUND STRATEGIC PLANNING PROCESS	5
ENGAGED IN TECHNICAL ASSISTANCE EFFORTS SUPPORTED BY THE GLOBAL FUND	6
GRANT OVERSIGHT MEETINGS ORGANIZED BY THE CCMS	7
REVIEW/ FEEDBACK MEETINGS ORGANIZED BY THE PRINCIPAL RECIPIENT OR SUB RECIPIENTS	8
PARTICIPATED IN GLOBAL FUND COUNTRY TEAM VISIT MEETINGS	10
GRANT IMPLEMENTATION PROCESS AS PRINCIPAL RECIPIENTS, SUB RECIPIENTS, OR SUB-SUB RECIPIENTS	10
CCM MEETINGS	11
COUNTRY DIALOGUE/ FUNDING REQUEST DEVELOPMENT PROCESS FOR NATIONAL GRANTS/MULTI COUNTRY GRANTS	11
PARTICIPATED IN NATIONAL/REGIONAL MEETINGS/CONSULTATION/WORKSHOPS RELATED TO GF	13
PARTICIPATED IN HIV/TB NATIONAL STRATEGIC PLAN DEVELOPMENT & REVIEW MEETINGS	15

Respondents were also asked to rate their familiarity with GF funding processes. The results showed varying levels of familiarity with GF processes among respondents, highlighting both strengths and gaps in awareness. While 40% (12% extremely familiar and 28% very familiar) have a solid understanding of GF processes, a significant portion—29%—only possess a moderate level of familiarity. Additionally, 24% are slightly familiar, and 7% have no familiarity at all, indicating that nearly one-third of respondents have limited or no knowledge of the processes (Chart 8).

The level of familiarity with GF processes was further analyzed by country to identify where the respondents who indicated being extremely familiar were located. The results showed that only 6 out of 50 respondents were extremely familiar, with these individuals coming from Morocco, Tunisia, Lebanon, and Egypt (Chart 9).

"I am not familiar with the policies regarding GF funding processes. We should be the ones fully informed about the Global Fund process and involved in its operations. should be able to articulate the Global Fund policies, but we lack that knowledge. My experience with UNAIDS has shown me that the processes are much easier to navigate." KII Yemen

"We need to learn more about GF funding processes." KII Lebanon

CHART 8

% Distribution of respondents by level of familiarity with GF
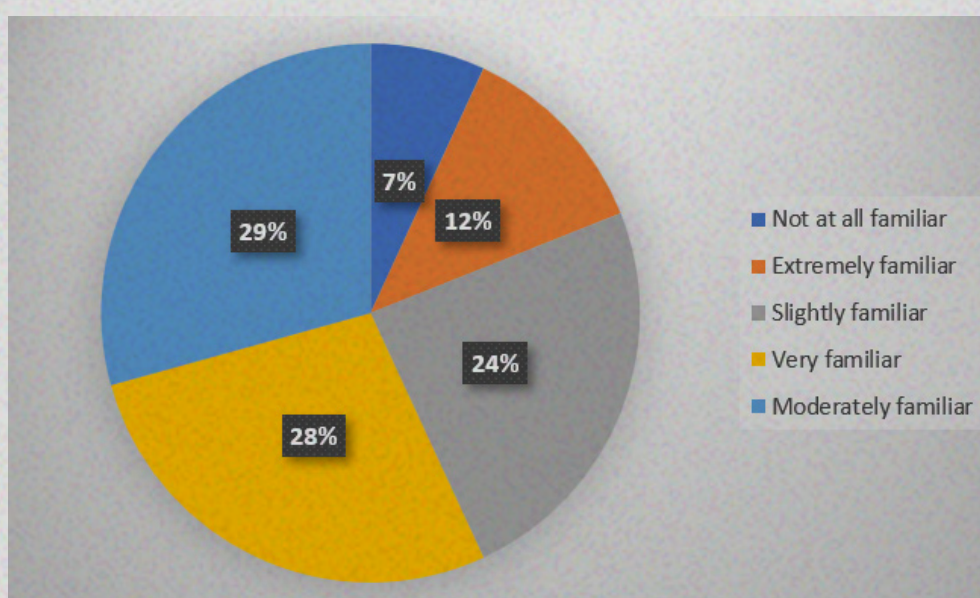
"I know that the Global Fund announces grant rounds every year or two, along with certain re-strictions. However, the actual process and how it works in practice may not be fully clear to us, likely because we have mostly been sub-recipients rather than principal recipients, so we haven't been as involved in the full process. As a result, I would say our knowledge of the Global Fund process ranges from weak to intermediate." KII Jordan

CHART 9

Level of familiarity with GF Processes by Country (n=50)
Processes (n=58)
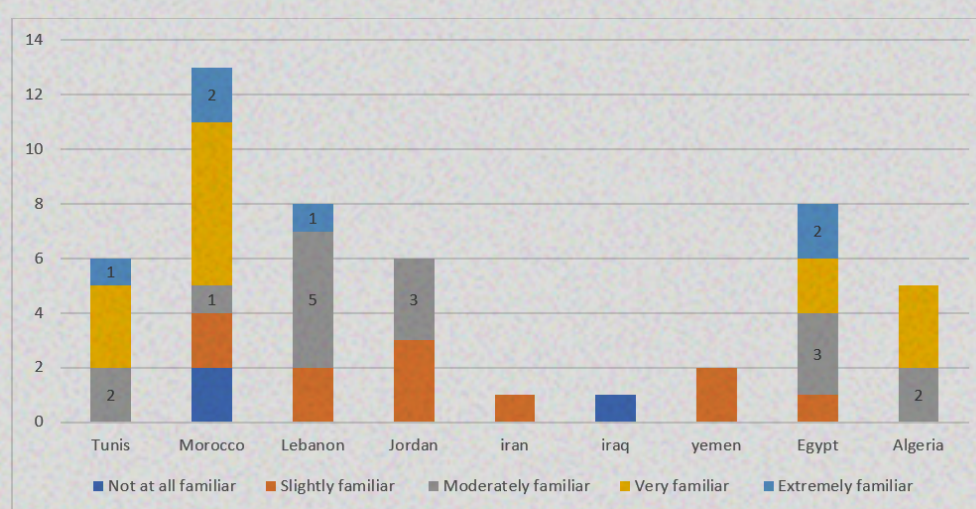
Key finding: *The geographic concentration of respondents with high familiarity—primarily in Morocco, Tunisia, Lebanon, and Egypt—also points to regional disparities in awareness and capacity. The concentration of highly familiar respondents in a few countries may suggest that certain regions or organizations have more access to information, resources, or training opportunities related to GF processes.*

The fact that nearly one-third of respondents only possess moderate or limited knowledge of GF processes reflects significant gaps in awareness. This lack of familiarity can prevent organizations from fully understanding how to navigate funding processes, apply for grants, or participate meaningfully in strategic dialogues.

As such, Efforts to simplify processes and provide training—particularly in local languages—would improve engagement, especially for smaller CBOs.

In conclusion, these findings reveal encouraging levels of engagement in GF processes but also highlight significant gaps in governance roles, strategic planning, and awareness levels. The uneven distribution of knowledge and representation poses a challenge to the inclusiveness and effectiveness of GF programs. Strengthening regional cooperation, capacity-building, and transparent selection processes will be essential to ensure that all stakeholders can meaningfully engage and that interventions are tailored to community needs. Addressing these challenges will result in a more equitable and effective use of GF resources.

Country Coordinating Mechanism (CCM)

To gauge the current level of community engagement and awareness of GF processes, the assessment focused on the availability of representation spaces within decision-making platforms such as the CCM. It was crucial to explore the CCM's role in facilitating civil society and community participation in GF processes, as well as its effectiveness in advancing community, rights, and gender-related issues. However, it is important to interpret the findings with the understanding that many countries in the MENA region lack a CCM structure, and therefore, countries without a CCM are excluded from these results.

The findings highlight a generally positive awareness and engagement with the CCM, but they also point to gaps that could be addressed to improve community representation and advocacy. When asked if they were aware of the civil society and community members representing key and vulnerable communities on the CCM, the majority of respondents (70%) indicated they were familiar with the CCM members, while the remaining respondents were not. Additionally, 8% reported that their country does not have a CCM, but they are familiar with CCM members from other countries as part of a multi-country grants, and 10% stated that their country lacks a CCM altogether (Chart 10).

"Key populations are not adequately represented on the CCM due to resistance and pushback from the Algerian government." KII Algeria

Among those who indicated that they know the CCM members, the majority also indicated that they know how to contact their CCM members (75%).

When asked about the frequency of their contact with CCM members, 35% of respondents reported being in regular contact. In contrast, 25% indicated they have never had contact, 30% said they interact sparingly, and 10% stated they only engage during special meetings (Chart 11).

The findings revealed that the majority of respondents view their representatives on the CCM as either very effective (33%) or mostly effective (27%) in advocating for the rights of their communities (Chart 12).

The KIIs provided additional insights that reflect the overall capacity of the CCM and its effectiveness in serving the community needs.

"To enhance inclusivity and participation, it's crucial to improve the selection criteria for CCM representatives from both civil society organizations and government. The Global Fund should establish minimal selection criteria to ensure the best representatives are chosen for the CCM. Additionally, the Ministry of Public Health should have more representatives and be more actively engaged in the CCM process." KII Tunis

"The CCM consists of 21 members, and conflicts sometimes arise when trying to reach solutions, primarily due to legal laws and regulations concerning people who use drugs (PWUD)."
KII Morocco

"Community members on the CCM lack the capacity and knowledge to effectively voice their issues. They need to develop the skills and expertise to advocate for the needs of the communities they represent and to propose solutions to the challenges these communities face." KII Tunis

Key findings: *A significant portion of respondents were aware of the civil society or key population members representing their community on the CCM. This high level of familiarity suggests that community members are informed about their representation, which is a positive indicator of transparency and engagement. However, in terms of communication with CCM members, respondents reported lack of regular contact, suggesting that while many are familiar with their representatives, regular interaction remains limited.*

The perceived effectiveness of CCM representatives is another crucial finding. Most respondents believe that their representatives are either very effective or mostly effective in advocating for community rights. While this is a positive reflection of the work being done by CCM members, it also suggests that a significant portion of the community may feel there is room for improvement in how their representatives advocate for their needs. Ensuring that these representatives have the tools, resources, and support necessary to effectively push for their communities' rights and priorities.

In conclusion, while the assessment shows a promising level of awareness and perceived effectiveness in community representation within GF processes, there remain areas for improvement, particularly in regular communication, establishing clear and minimal selection criteria for representatives from civil society and government to ensure that the most qualified individuals are chosen, greater involvement from the Ministry of health, the necessity for training and support to CSOs, and community representatives on the CCM to enable these individuals to effectively advocate for their communities' needs and engage in meaningful discussions about solutions to the challenges they face.

CHART 10

Percent distribution of respondents by their knowledge of CCM members (n=50)

72	Yes
10	No
8	My country doesn't have a CCM but I know the representatives on the CCM of other countries as part of the multi country grant
10	My country doesn't have a CCM

CHART 11

% Distribution of responses by the effectiveness of CCM members

Not effective	Somewhat effective	Mostly effective	Very effective
20	20	27	33
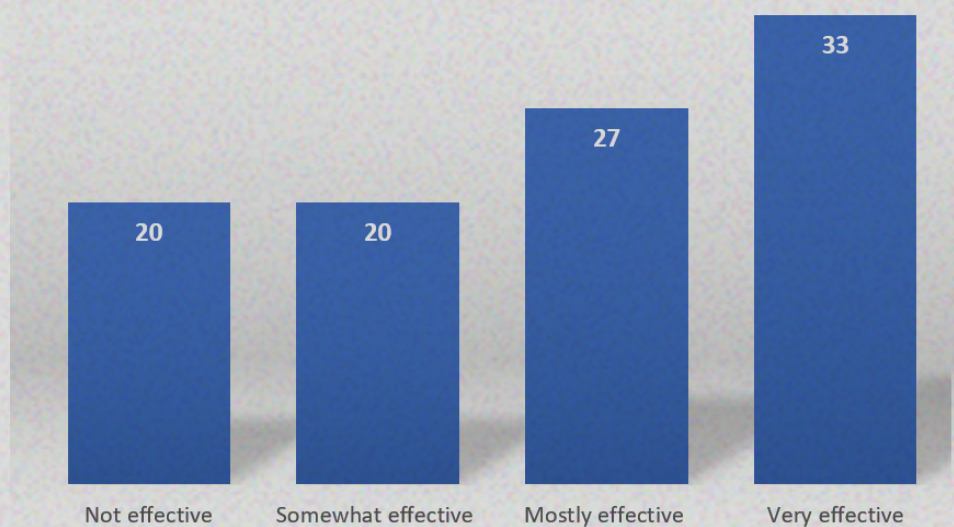
CHART 12

% Distribution of responses by the effectiveness of CCM
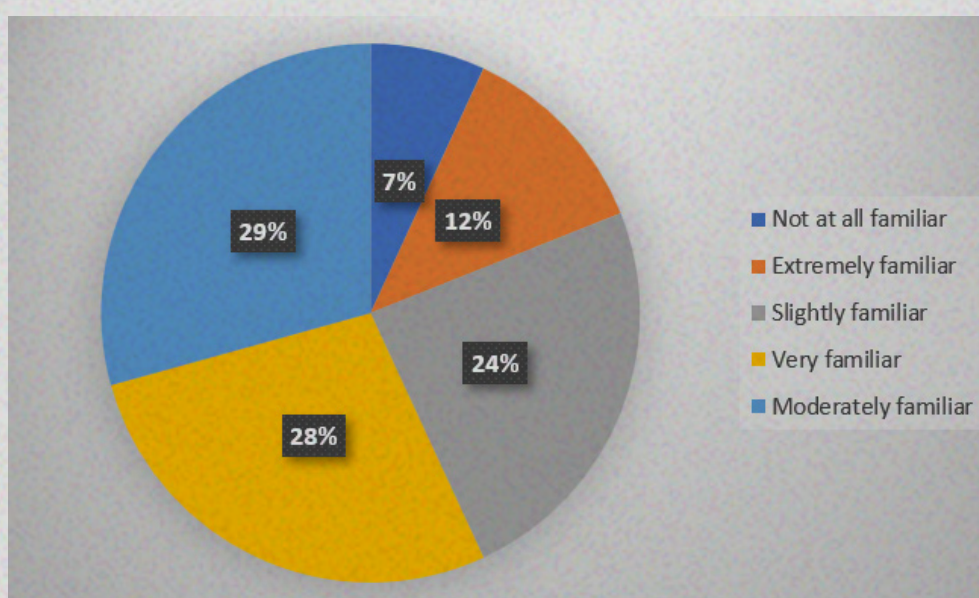
GF Grant Cycle

To further evaluate the current level of community engagement across all stages of the Global Fund grant life cycle, the assessment examined how and to what extent communities were involved in key processes, including the review or development of NSPs, Country Dialogue process, Funding Request development, responding to Technical Review Panel (TRP) recommendations, grant making, grant implementation, and grant monitoring and evaluation. The following section presents the key findings.

1. National Strategic Plan

According to the Global Fund , community engagement in NSPs is essential for several reasons. It incorporates local perspectives, resulting in strategies that effectively address the needs of those affected by the three diseases. Community involvement ensures that programs are culturally appropriate and accepted, fosters a sense of ownership, and enhances accountability by allowing local stakeholders to hold implementers responsible for program outcomes.

Ultimately, this engagement contributes to improved health outcomes by ensuring that programs align with the actual needs of the population.

19 Global Fund. (2018). Community Engagement Framework: A Practical Guide for Community Engagement in the Global Fund. Global Fund Community Engagement Framework.

The results provide valuable insights into the participation of communities and CSOs in the development of the NSP and their perceptions of how well the NSP reflects their priorities. While participation is relatively high, the findings highlight gaps in engagement and inclusiveness that may affect the effectiveness of health strategies.

When asked about their participation in the development of the NSP, 21% of respondents indicated that they did not engage in any way. Among the 78% who did participate, their involvement primarily occurred through the following methods: face-to-face or virtual consultations led by the Ministry of Health (40%), contributing to the writing of the NSP (18%), 10% participated in community-led consultations, while another 10% reported receiving support to consult with their community to understand health priorities and needs (Chart 13).

Overall, these findings suggest that while there is a significant level of participation in the NSP development process, there remains a notable gap, particularly among those who did not engage at all.

"We have a strategy that was developed five years ago, but the needs have changed significantly since then. The behaviors associated with these diseases evolve over time. If I want to assess or evaluate my programs effectively, it needs to be done every six months or annually. Unfortunately, we lack the financial capacity to do this, and the grant does not account for these needs." KII Jordan

Key finding: *These findings suggest that top-down approaches to planning still prevail, limiting grassroots ownership of the NSP. The low rate of community-led consultations points to a lack of empowerment for smaller CSOs and marginalized communities, which may feel excluded from strategic planning processes. In addition, the absence of engagement for 22% of respondents raises concerns about outreach and inclusivity, potentially leaving key voices unheard and compromising the responsiveness of health strategies to local needs.*

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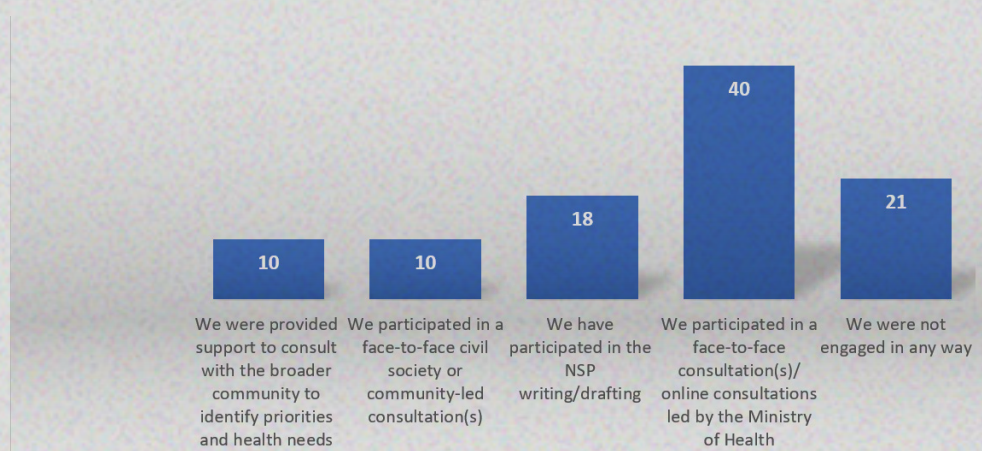
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CHART 13

% Distribution of responses by type of participation in the NSP

10	10	18	40	21
We were provided support to consult with the broader community to identify priorities and health needs	We participated in a face-to-face civil society or community-led consultation(s)	We have participated in the NSP writing/drafting	We participated in a face-to-face consultation(s)/online consultations led by the Ministry of Health	We were not engaged in any way

The level of participation in the development of the NSP was also assessed by examining respondents' perceptions of how well the NSP reflects their community's priorities. Although nearly half of the respondents reported a satisfactory alignment with their priorities, the large proportion (43%) indicating only partial inclusion reflects gaps in the NSP's responsiveness to diverse community needs (Chart 14). The 10% feeling excluded or uncertain suggests that communication during the planning process may not have been clear or transparent, leaving some communities disconnected from decision-making.

Key finding: *The findings highlight a communication gap between planning authorities and communities. While efforts to include communities exist, stakeholders may not feel adequately informed or empowered to influence decisions.*

These findings highlight the need for stronger community engagement and clearer communication during the development of the NSP. Expanding participation and ensuring that all stakeholders are actively involved could enhance the plan's inclusiveness, leading to a more effective response that better reflects the diverse needs of the communities it aims to serve.

CHART 14

% Distribution of respondents by their perception of how much is the NSP inclusive of the communities priorities (n=21)
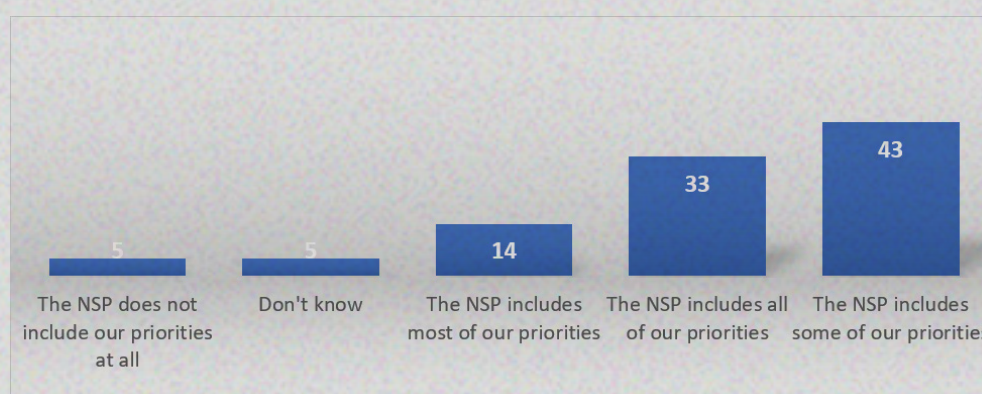
2. Country Dialogue & Funding Request

The country dialogue is intended to be a transparent and inclusive consultation processes which is organized by the CCM or PR. It is a Global Fund requirement aiming to foster an open and inclusive conversation among various stakeholders affected by or responding to the three diseases in a particular country, with the goal of gathering input for the Funding Request.
The findings highlight both progress and challenges in ensuring meaningful community engagement in the Global Fund's CD and Funding Request (FR) processes.

The findings show promising efforts toward ensuring communities engagement in the country dialogue process. A total of 29% of participants were invited to attend the consultations, and 24% were informed of clear plans ahead of the meetings, indicating steps toward greater transparency and inclusiveness. While 19% of respondents were actively involved in preparing for the dialogue, 14% had the opportunity to express their opinions during the discussions, reflecting initial opportunities for meaningful participation. However, there remains room for growth, as 14% of respondents reported no involvement in the process, highlighting the need to further expand engagement and ensure all voices are heard (Chart 15).

Key finding: *These results highlight both progress and challenges in ensuring meaningful community engagement in the Global Fund's Country Dialogue (CD) while there were some efforts to promote transparency and inclusiveness—such as inviting participants to consultations and offering some opportunities to provide input— meaningful engagement remained limited*

When asked about their level of satisfaction with the inclusion of community perspectives in the CD, the majority of respondents reported being moderately satisfied (43%) or slightly satisfied (29%), and 14% expressed being very satisfied, while none were extremely satisfied. Additionally, 14% indicated they were not satisfied at all (Chart 16).

"I have participated in the country dialogue, and while they listen to us, not all our needs are met due to limited funding. Our priorities are not adequately addressed in the national strategic plan, and implementation is hindered by legal regulations and laws." KII Tunis

CHART 15

% Distribution of repondents by engagement in CD
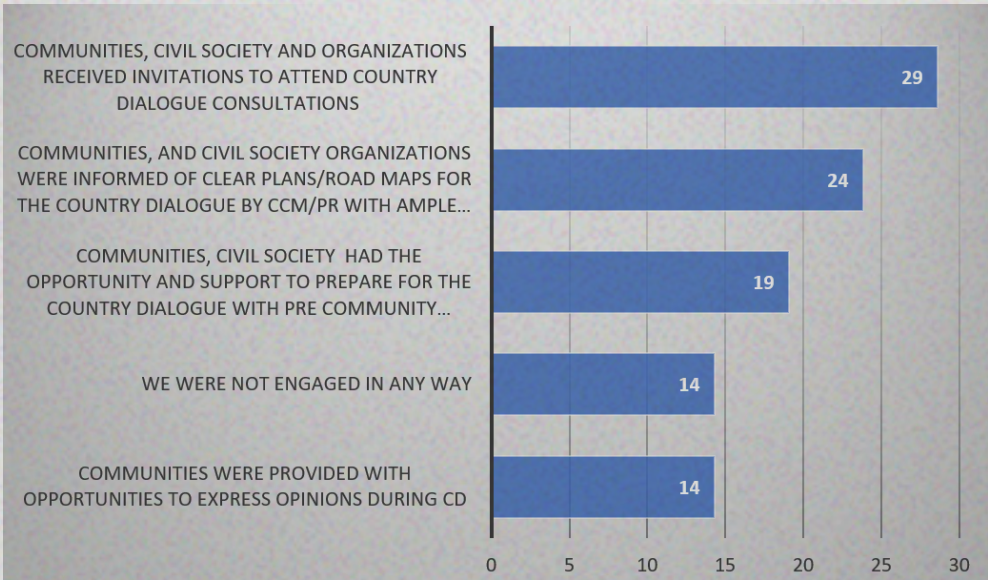
"We have to work through a mediator, typically the principal recipient (PR), who acts as the primary executor of the grant. We haven't worked directly with the Global Fund because, as a nation, we haven't had the opportunity to do so since 2012." KII Jordan

Key finding: *The overall results suggest that, while some community engagement was achieved in the Country Dialogue, many participants found it limited in scope or impact. There is evidence of partial success, with most respondents feeling moderately or slightly satisfied, but the absence of extreme satisfaction and presence of dissatisfaction highlight areas for improvement.*

CHART 16

Satisfaction with the inclusiveness of community perspectives in the CD (n=20)
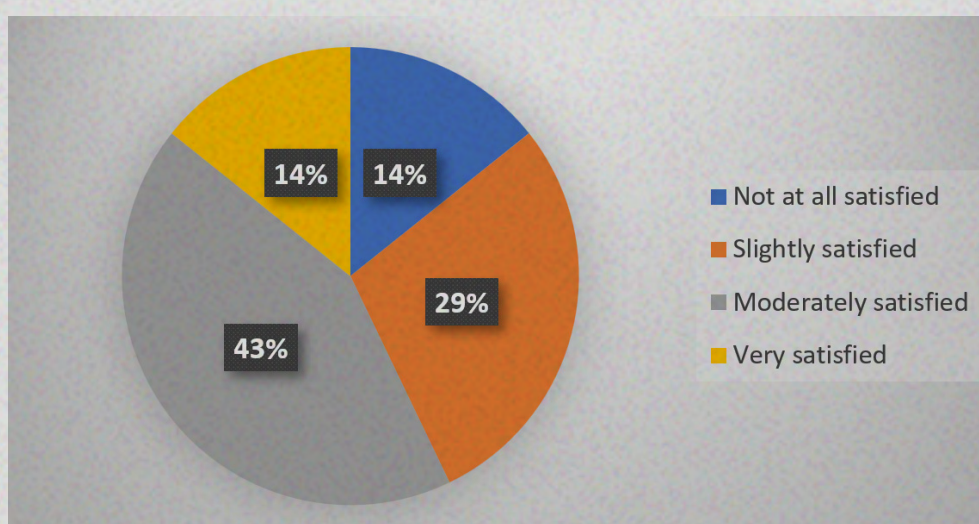
The findings also highlight positive efforts to facilitate community involvement in the Funding Request (FR) process, with 26% of respondents acknowledging that opportunities were provided through the CCM. A significant portion (24%) participated by reviewing and providing feedback on the FR, demonstrating an avenue for community input. While 18% were included in the writing team, and 9% felt that community priorities were recognized during the writing phase, these results point to areas where further engagement can be strengthened. Although 24% reported no involvement, the existing participation reflects a solid foundation to build on, offering an opportunity to enhance community inclusion in future processes (Chart 17).

While the results highlight positive aspects of community engagement in the Country Dialogue (CD) and FR processes, significant challenges remain in ensuring transparency and meaningful involvement throughout the FR process. A majority of respondents reported no access to the finalized funding request (55%) or the final budget (62%), revealing a key gap in transparency. In terms of aligning with community priorities, 49% felt that only some of their priorities were included, while 19% believed most were addressed. However, another 19% expressed that the FR did not reflect their priorities at all, emphasizing the need for greater responsiveness to community needs (Chart 18).

Regarding access to TRP feedback, 50% of respondents reported having access to the TRP comments. However, among those with access, 57% indicated they were not involved in crafting the response to these recommendations, highlighting missed opportunities for deeper community engagement in critical decision-making processes.

"We are not involved in the review process, and our priorities are often not reflected in the national strategic plan." KII Tunis

These findings point to the need for improved transparency, better alignment with community priorities, and more inclusive participation in responding to key feedback.

Key Finding: *Although some communities participated in reviewing and drafting the FR, access to finalized documents and key feedback, such as the final budget and Technical Review Panel (TRP) comments, was often restricted. There were also concerns about the alignment of community priorities with the funding request, with many feeling their needs were only partially addressed.*

The findings suggest that while a foundation for community involvement exists, gaps in transparency, responsiveness, and meaningful participation persist. Greater efforts are needed to expand access, improve alignment with community priorities, and engage stakeholders in decision-making at every stage.

CHART 17

% Distribution of respondent by level of engagement in the Funding Request

Category	Value
REGULAR AND DIRECT ENGAGEMENT OPPORTUNITIES FOR COMMUNITIES AND CIVIL SOCIETY WITH MEMBERS OF THE WRITING TEAM WERE MADE AVAILABLE BY THE CCM	26
WE WERE NOT ENGAGED IN ANY WAY	24
COMMUNITIES AND CIVIL SOCIETY WERE GIVEN THE CHANCE TO REVIEW AND COMMENT ON THE DRAFT FUNDING REQUEST	24
I/MY ORGANIZATION WAS PART OF THE WRITING TEAM	18
PRIORITIES FROM COMMUNITIES WERE GIVEN DUE RECOGNITION AND WERE USED DURING THE WRITING PROCESS	9

CHART 18

To what extent the FR includes the community priorities?

Category	
THE FUNDING REQUEST INCLUDES SOME OF OUR PRIORITIES	
DON'T KNOW	
THE FUNDING REQUEST INCLUDES MOST OF OUR PRIORITIES	
THE FUNDING REQUEST DOES NOT INCLUDE OUR PRIORITIES AT ALL	
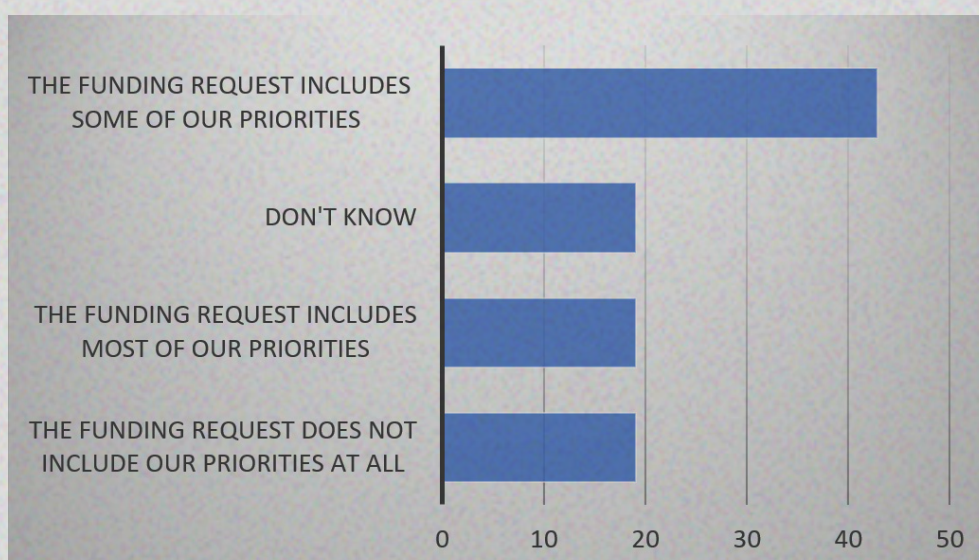
3. Grant Making

Respondents were asked about their organization's involvement in the Grant Making process, with the option to select multiple types of engagement. The findings highlight varying levels of engagement in the Grant Making process, revealing both participation opportunities and key gaps. While many organizations were consulted on the operational plan (30%), fewer were involved in critical aspects such as budget revisions (20%) or discussions on the budget's impact on community reach (Chart 19). Notably, 16% of respondents indicated that they had no involvement in the Grant Making process at all (Chart 19).
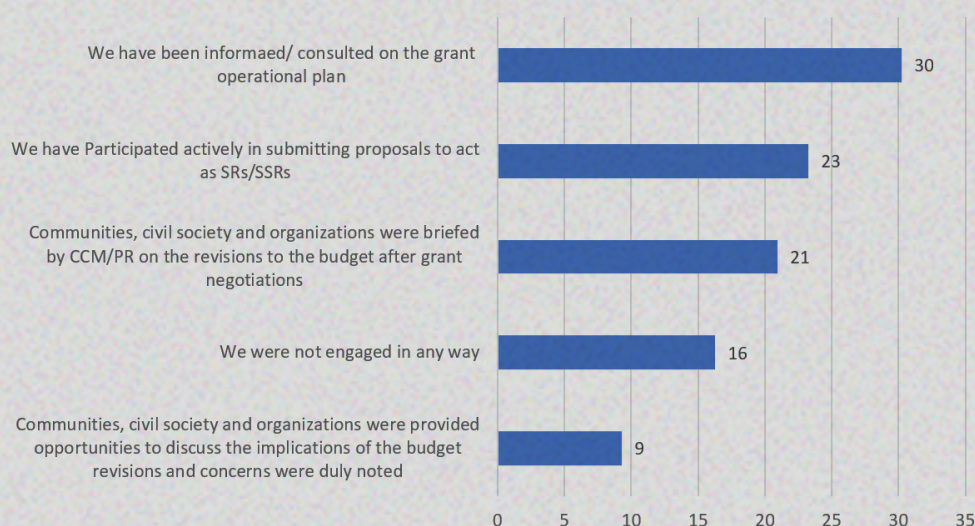
"To be honest, when we received activities and recommendations through the PR they were already customized and predetermined. We were simply instructed to follow specific directives." KII Jordan

Additionally, the majority of respondents (62%) indicated that the budget allocated by the Global Fund was insufficient to meet the needs of their communities (Chart 20).

"The interventions supported by the Global Fund are sometimes limited in scope and focus on specific activities that don't fully meet our needs. While we usually find these interventions aligned with our goals and needs, and we don't often object to them, there are times when we feel constrained by the budget. It often has a ceiling that doesn't match our ambitions or ideas, and there is little room for discussion or adjustment around it." KII Jordan

CHART 18

% Distribution of repondents by type of engagement in the grant making

Type of engagement	%
We have been informaed/ consulted on the grant operational plan	30
We have Participated actively in submitting proposals to act as SRs/SSRs	23
Communities, civil society and organizations were briefed by CCM/PR on the revisions to the budget after grant negotiations	21
We were not engaged in any way	16
Communities, civil society and organizations were provided opportunities to discuss the implications of the budget revisions and concerns were duly noted	9

4. Grant Implementation, Monitoring and Evaluation

The findings suggest that community engagement tends to increase during the later stages of the grant process, particularly in grant implementation, monitoring, and evaluation. With 62% of respondents involved in grant implementation, 67% in monitoring, and 52% in evaluation, there is a noticeable shift toward greater participation when the focus moves from planning to execution and oversight.
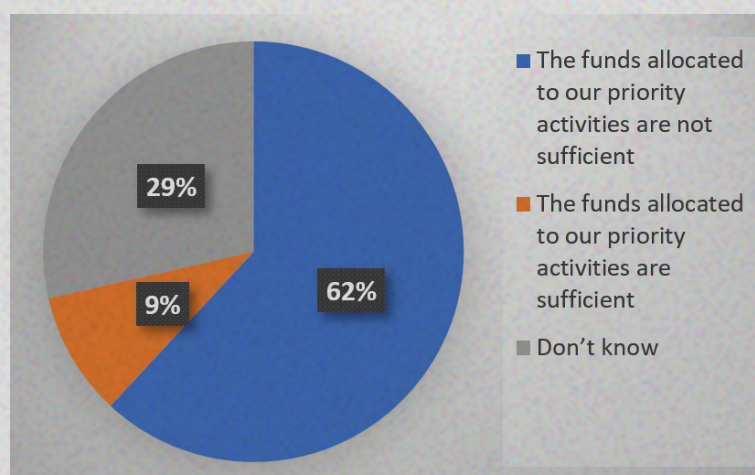
Key finding: *The data highlights that communities are more engaged when their contributions are hands-on and results-oriented.*

"The management of community-based organizations (CBOs) is fully engaged in implementing programs on the ground. However, dedicating time to engage with the GF is time-consuming and requires additional resources." KII Lebanon

In summary, the KII findings aligned closely with the survey results, revealing that some progress has been made in engaging civil society and communities in GF processes, significant challenges remain. Limited participation during planning stages, restricted access to funding opportunities, and barriers to meaningful representation point to systemic issues that need to be addressed. Building the capacity of smaller CBOs, ensuring more transparent budgeting, and improving CCM selection criteria would enhance the effectiveness of GF processes. Ultimately, more inclusive and participatory governance structures are essential for aligning GF-funded interventions with the diverse and evolving needs of the communities they aim to serve. Additionally, many organizations reported relying on intermediaries, such as the Principal Recipient (PR), to navigate Global Fund processes, which restricts their direct engagement with the Fund. This highlights the need for more transparent and effective communication between PRs and communities.

CHART 19

Was the funding allocated sufficient?

- 62% The funds allocated to our priority activities are not sufficient
- 9% The funds allocated to our priority activities are sufficient
- 29% Don't know

Challenges hindering community engagement

The findings highlight several key obstacles that hinder effective community engagement in Global Fund (GF) processes within the MENA region, reflecting both structural and contextual challenges.

1. Limited representation in decision-making platforms:

Inadequate access to platforms like CCMs restricts communities' ability to influence decisions that directly impact them. Expanding access to these spaces particularly in countries that don't have a CCM is crucial for meaningful participation and ensuring community voices are heard.

"There are no Algerians in leadership roles within the GF, whereas Tunisia is represented. There seems to be favoritism towards Tunisia, with leadership positions being occupied by Tunisians." KII Algeria

2. Criminalization of key populations (KPs):

In many MENA countries, the criminalization of KPs, such as LGBTQ+ individuals, sex workers, and people who use drugs, creates a significant barrier to engagement. These legal frameworks not only marginalize KPs as well as migrants and other vulnerable populations, but also discourage participation in health-related discussions due to fear of legal repercussions or social stigma, limiting their ability to advocate for essential services.

"Key populations are not adequately represented on the Country Coordinating Mechanism (CCM) due to resistance and pushback from the Algerian government."

3. Limited financial resources:

Financial constraints because of limited funding resources prevent civil society and communities from dedicating sufficient time, staff, and resources to fully engage in GF processes, reducing the effectiveness of their involvement.

"Many CSOs in Lebanon lack the specialized staff required to manage the complex processes associated with Global Fund grants, limiting their ability to fully participate. Ensuring the sustainability of skilled staff is a significant challenge. Without sufficient funding to offer competitive salaries, CSOs risk losing key personnel, which undermines their ability to implement projects effectively."

4. Lack of information on engagement opportunities:

Poor communication leaves many communities unaware of opportunities to participate, perpetuating an engagement gap that excludes them from decision-making processes.

5. Lack of coordination among civil society and communities:

Fragmentation within civil society weakens collective advocacy and reduces the ability to present a united front during GF negotiations. Competition over limited funding fosters a negative environment that further impedes collaboration among CSOs, CBOs, and communities.

"Many CSOs struggle to access the necessary information about the grant processes, making it difficult for them to engage fully and take advantage of funding opportunities." KII Lebanon
"Uncertain or unclear timelines for grant activities and submissions create challenges in planning and coordinating their efforts effectively." KII Lebanon

6. Challenging operating environments:

Political instability, conflict, and restrictive legal frameworks in the MENA region create additional hurdles. These conditions make long-term planning and advocacy difficult, forcing civil society and communities to focus on immediate survival and navigate complex bureaucratic or legal obstacles.

In summary, these barriers must be addressed to enhance community engagement in GF processes. Expanding representation, tackling legal and financial barriers, and fostering inclusive environments are essential steps. Strengthening coordination among CSOs and communities will enhance collective advocacy, while clearer communication about engagement opportunities will increase participation, particularly for marginalized groups.

Information needs

Survey findings highlighted the following top information needs to improve community engagement in Global Fund processes:

1. Guidance from the Global Fund on meaningful and inclusive community engagement.

2. Technical briefs and notes from the Global Fund on HIV, TB, malaria, resilient and sustainable health systems, gender, and human rights.

3. Information on Global Fund grant negotiations and implementation processes.

4. The Global Fund Strategy 2023-2028 and its key priorities.

5. Details on the technical assistance available to communities and civil society for supporting engagement in Global Fund and related processes.

On the other hand, the findings from the KIIs highlighted the need for additional critical areas of support and information to enhance community engagement in GF processes.

1. National/Local level Discussions and Inclusion: It's essential to have discussions at the national/local level before attending meetings with the GF. Engaging civil society and communities from the onset ensures that their voices are heard and considered in the decision-making process. This aligns with the sentiment from Lebanon, where it was emphasized that "they need to listen to CSOs at the onset."

2. Awareness of Processes: There is a pressing need for a deeper understanding of the GF processes. As noted in Lebanon, "We need to be aware more of the processes." Increased awareness will empower organizations to navigate funding opportunities more effectively.

3. Timely Information: Organizations require advance notice regarding the application process and their roles within it. This is highlighted by the need to be informed "ahead of time on the timeframe of the application process and our role in it." Such foresight is crucial for effective planning and engagement.

4. Capacity Building and Resources: Many organizations are active in advocacy and service provision but face challenges due to limited time, opportunities, and resources to fully understand the GF processes. As one representative from Jordan stated, "We need support to engage more effectively in the GF grant cycle." This includes the need for training and upskilling opportunities that have been previously lacking, as noted in Yemen, where there has been a consistent call for upskilling for vulnerable communities.

5. Addressing Changing Needs: With strategies often becoming outdated, there is a need for continuous assessment and evaluation of programs to align with evolving needs. As mentioned in Jordan, "the needs have changed significantly since then." Organizations should be supported in regularly evaluating their programs to adapt to these changes, even though financial constraints limit their capacity to do so.

6. Knowledge of Policies: Understanding the policies surrounding GF funding processes is vital. Many organizations, particularly in Yemen, feel unprepared and unable to articulate GF policies, stating, "We should be the ones fully informed about the GF process and involved in its operations." Gaining clarity on these policies will enhance their engagement and ability to navigate funding opportunities effectively.

CHART 21

Barriers to effective engagement in GF Processes
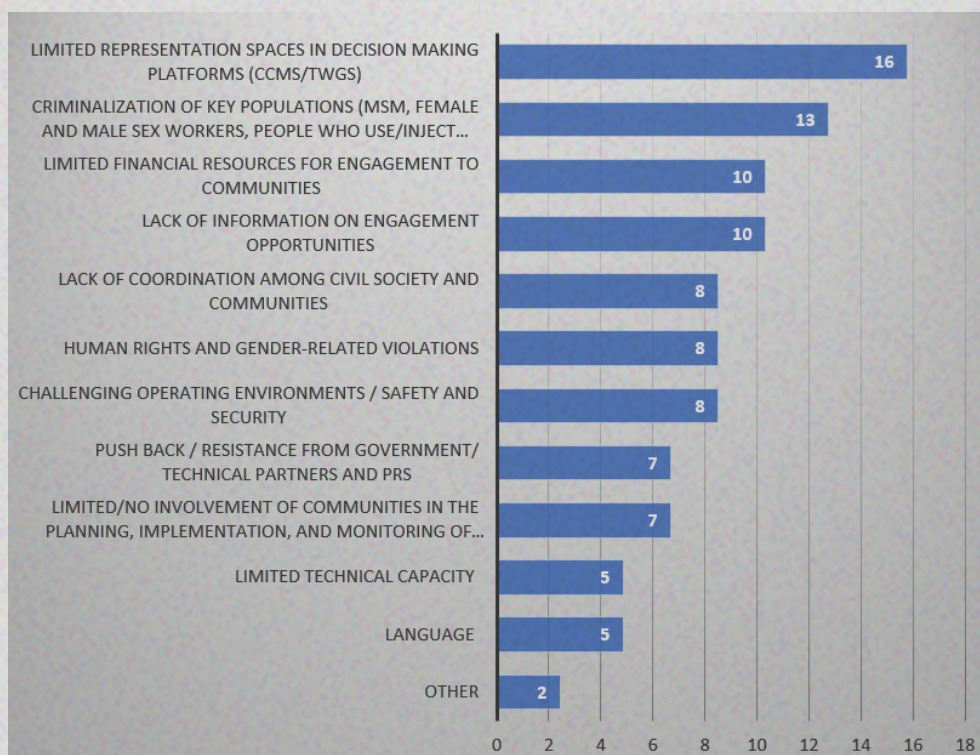
Learning needs

The findings presented in this section highlight the significant information and learning needs of communities, which are essential for enhancing their capacity to engage effectively across the GF grant cycle. Understanding these needs is crucial for facilitating stronger participation from civil society and communities.

Information Needs

The respondents identified several critical information needs that can empower civil society and communities to engage more effectively:

1. Guidance on Community Engagement: The need for clear guidelines from the GF on how to foster meaningful and inclusive community engagement suggests a recognition that effective participation requires structured support and clarity.

2. Technical Briefs: Access to technical briefs and notes on essential health issues (HIV, TB, malaria) and cross-cutting themes (gender, human rights) indicates that communities desire up-to-date information to advocate for their interests and understand broader health systems.

3. Grant Negotiation and Implementation Processes: Awareness of how grant negotiations and implementation occur will equip communities with the knowledge necessary to engage effectively in these critical phases.

4. Awareness of Global Fund Strategy: Familiarity with the Global Fund's Strategy for 2023-2028 and its priorities is vital for aligning community initiatives with the Fund's goals.

5. Technical Assistance Information: Understanding what technical assistance is available will help communities better utilize resources and support to enhance their engagement.

Learning Needs

The learning needs identified from the KIIs and the online survey were grouped into two main categories: those related to understanding GF processes and those aimed at enhancing communities' programmatic and implementation skills. Below are the top learning needs highlighted by participants in each category:

1. Learning needs related to GF processes:

• **Mobilization of domestic resources:** The emphasis on mobilization and advocacy for increased national funding reflects a desire for greater financial resources to address health priorities.

• **Engagement in Country Dialogue:** Prioritizing involvement in country dialogue all through the grant cycle illustrates the importance of community voices in shaping priorities and ensuring their needs are recognized.

• **Technical Guidance for Funding Requests:** This need indicates that communities are eager to improve their capacity to prepare competitive funding requests.

• **Building Relationships with the Global Fund Secretariat:** Establishing strong ties with the GF Secretariat is crucial for facilitating communication and collaboration.

"Training should be on continuous basis for CCM Members and Key Populations: Continuous training is essential for association and community members sitting on the CCM, as well Due to high turnover rates among peer educators and volunteers, driven by low salaries, there is a constant need for retraining to maintain the knowledge and skills necessary for effective participation in GF processes." KII Tunis

2. Programmatic and implementation:

• **Fundraising:** "CSOs need to build capacity in fundraising to secure the necessary financial resources to support their operations and projects.

• **Community Led Research:** There is a need for enhanced research skills, enabling CSOs to gather and analyze data that supports their program design, implementation, and advocacy efforts.

• **Project Development:** CSOs need to learn how to design projects that align with donor priorities, clearly define goals and objectives, and incorporate monitoring and evaluation components to track progress and impact.

• **How to Write Proposals:** Proposal writing is a critical skill for CSOs seeking funding from donors. Learning how to craft clear, persuasive proposals that meet the criteria of funding agencies is essential for successful grant applications.

• **Strategy Development:** Civil societies and communities need training on strategic planning to better align their activities with the GF's objectives and to ensure they can effectively contribute to the overall goals of the programs they are involved in.

• **Advocacy Skills:** Civil society and community CCM members require at least one year of training to fully understand GF processes. They need to develop strong advocacy skills to effectively represent the needs of their communities, present solutions to challenges, and influence decision-making processes within the GF framework.

- **Monitoring and Evaluation (M&E):** Participants identified a need for training in M&E to improve their ability to track, assess, and report on the outcomes of their initiatives. This knowledge is vital for demonstrating the effectiveness of their programs and for securing continued GF support.

- **Use of Technology and Innovation:** Civil societies and communities need to embrace innovation and technology to improve their outreach and program implementation. Training on the use of GPS, tablets, and virtual platforms can help diversify their outreach, particularly to marginalized groups such as transgender individuals.

Preferred learning and communication methods

In terms of preferred learning methods, face-to-face meetings (17%) and peer learning (16%) were the most favored. Virtual learning methods, such as social media and online webinars, were the least preferred (Chart 21).

These findings indicate a clear preference for learning methods that foster direct interaction, such as face-to-face meetings and peer learning. This preference suggests that communities value the opportunity for personal engagement and knowledge exchange, which can lead to more meaningful interactions. Conversely, the lower interest in virtual learning methods—such as social media, online webinars, and self-directed learning through website resources—may reflect barriers related to technology access or a preference for more interactive formats.

As for preferred communication channels for receiving information from GF, respondents indicated email (21%), face-to-face meetings/workshops (20%), and WhatsApp (13%) as their top choices (Chart 22).

These findings indicate that respondents favor traditional methods like email and face-to-face meetings/workshops for receiving information from the Global Fund. This preference reinforces the importance of direct, personal communication in fostering trust and clarity in the dissemination of information.

Similarly, the KIIs revealed that civil society and communities strongly prefer traditional, face-to-face training sessions over virtual formats. They believe that in-person interactions foster better engagement and comprehension of the material. Additionally, participants emphasized the need for training materials to be translated into French and Arabic to ensure accessibility.

"I prefer in-person events over webinars, as I feel they provide better opportunities for learning, exchanging experiences, and gaining more benefits." KII Jordan
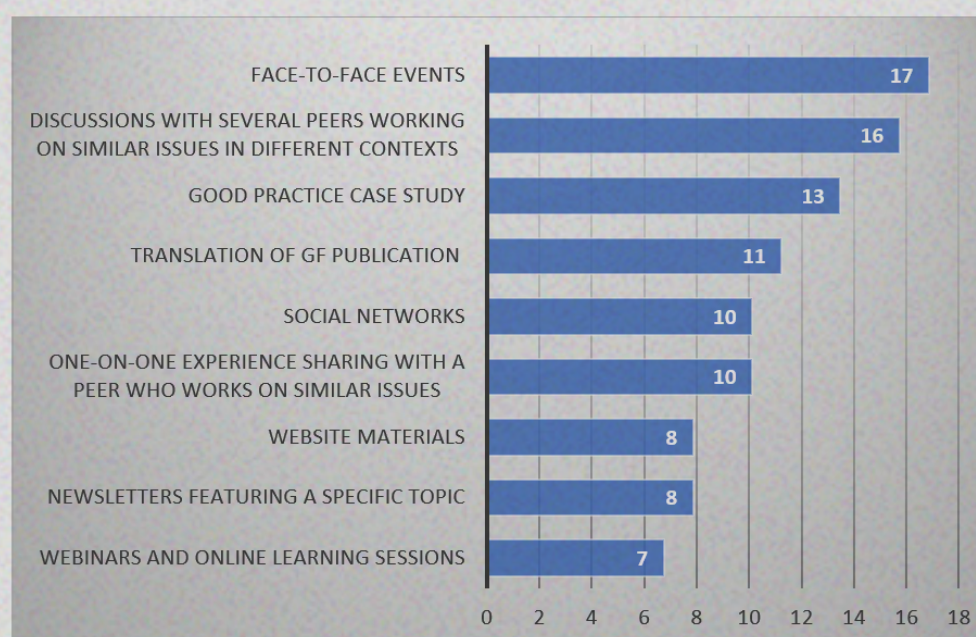
Interviewees also report that they do not have the time or capacity to engage with learning materials provided through websites or newsletters. Due to their heavy workload and low pay, staff members struggle to find time for self-directed learning. As a result, materials provided in written form, especially those not accompanied by interactive training, are often neglected.

"NGOs rarely visit websites to learn new things, as they often find it tedious. Our resources are limited, and we don't have dedicated staff for fundraising, resource mobilization, or staying updated on developments with the Global Fund. With our current constraints, it's difficult for NGOs to manage this on their own." KII Lebanon
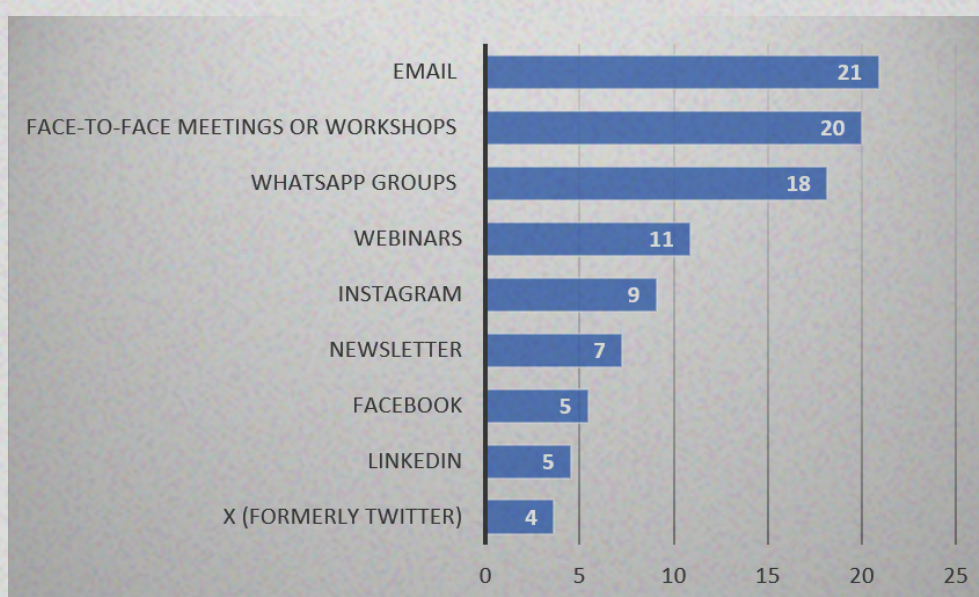
CHART 21

% Distribution of respondents by preference of learning methods

CHART 22

% Distribution of respondent by most preferred communication channel

Channel	%
EMAIL	21
FACE-TO-FACE MEETINGS OR WORKSHOPS	20
WHATSAPP GROUPS	18
WEBINARS	11
INSTAGRAM	9
NEWSLETTER	7
FACEBOOK	5
LINKEDIN	5
X (FORMERLY TWITTER)	4
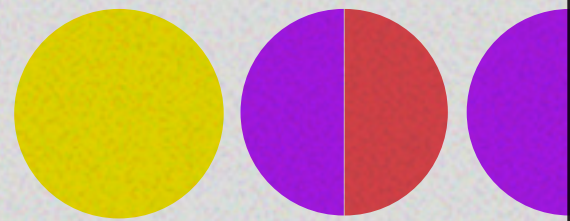
Recommendations

The following section outlines the recommendations put forward by assessment participants, through both the survey and KIIs, as a roadmap to enhance civil society and community engagement in GF processes.

I. Recommendations for the Global Fund (GF) Secretariat

1. Strengthening Direct Engagement with Communities Most Affected by the Three Diseases:

o **Prioritize Engagement with Key Population Organizations:** Engage directly with organizations led by and for key populations (KPs), allowing these communities to lead, implement, and innovate in response to their unique needs.

o **Include a Line Item for Community Engagement in the Grant:** Ensure each GF grant has a dedicated budget for community engagement, linked to specific indicators and tasks.

o **Strengthen Bi-Directional Communication and Feedback Channels:** Establish Effective communication between CCM representatives and their constituencies, as well as between the PR and CSOs and communities, is essential for integrating community voices into decision-making.

o **Officially Involve KP Networks in GF processes:** Ensure that key population (KP) networks are formally included in NSP development, country dialogue, and budgeting discussions during grant-making, enabling them to actively contribute to the design and implementation processes.

2. Capacity Building and Training:

GF should invest in ongoing capacity-building programs to enhance community engagement in Global Fund and related processes, including information about GF processes, Community-Led Monitoring, understanding CCM structure, Funding Requests and Grant Making, and resource mobilization.

3. Community-Led Monitoring (CLM) and Accountability:

Equip community-led organizations with the necessary resources to implement CLM effectively.

4. Improving Country Coordinating Mechanism (CCM) Functioning:

o **Improving Selection Criteria for CCM Representatives:** Provide technical support to CCMs to develop and improve criteria for selecting qualified CCM representatives to enhance effectiveness.

o Increased engagement of relevant ministries such as Ministries of Public Health (MOPH) in CCMs: Provide technical support to CCMs and PRs to boost participation of relevant ministries in CCMs to align GF initiatives with national health priorities.

o **Annual Assessment of CCM Work:** Widely share the annual evaluation results with CS CCM members, CS and communities engaged in the response to mobilize them to further improve CCM functions.

o Establish Standardized Community Engagement Guidelines for CCMs: Require CCMs to follow standardized processes for engaging communities throughout the grant lifecycle.

o **Clarify Roles for Principal Recipients (PRs):** Support CCMs to facilitate regular coordination with communities to clarify the roles and responsibilities of PRs to ensure ongoing community engagement throughout the grant process.

5. Improving Funding Allocation and Program Sustainability:

o **Consider Management Costs in the Program Budget:** Ensure adequate management and administrative costs are included in program budgets.

o **Allocate funding to Community-Based Activities:** Dedicate a significant portion of the GF grant to community-based activities addressing the needs of KPs.

6. Supporting Community-Led Research:

 Invest in initiatives that allow communities to lead their research efforts and develop strategic information through country grants

7. Policy and Advocacy Support:

o **Support Advocacy and Policy Development:** Provide technical support to CSOs in advocating for policies that strengthen the legislative environment for KPs.

o **Include Regional Networks as Sub-Recipients:** Reinstate regional networks as sub-recipients and assist in proposal preparation for country/multiple country grants. GF funding.

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II.   Recommendations for the MENA Region Learning Hub

The MENA Region Learning hub can enhance CSOs and communities' engagement in GF related processes through the following strategies.

1. Enhance communication and collaboration between CSOs and communities: The MENA regional learning hub can act as neutral space that brings CSOs and communities together through regular regional forums, workshops, and webinars to discuss key issues/ foster sharing of experiences.

2. Establishing Communication Channels to promote real-time communication between CCMs, Principal Recipients (PRs), CSOs, and communities: Develop dedicated platforms (e.g., regional newsletters, online portals, WhatsApp groups) to share information about funding opportunities, policy updates, and important deadlines to reduce delays in information flow.

3. Building Capacity and Knowledge Sharing: Facilitate and coordinate technical support and training to CSOs and community groups on grant processes, including NSP development, country dialogue, and monitoring, and facilitate peer-learning exchanges and best practice sharing between countries in the same region.

4. Disseminating the information related to Global Fund (GF) processes: The Learning Hub should take an active role in effectively disseminating and simplifying the information related to Global Fund (GF) processes that is already available on the GF website. This information should be presented in a more engaging and accessible manner to ensure that civil society organizations (CSOs) and communities can easily understand and utilize it.

5. Facilitating access to Technical Assistance (TA) Access: The MENA regional LH can facilitate access to technical assistance, helping CSOs navigate complex Global Fund systems. This includes support for participating in grant-making and proposal development, enabling communities to shape priorities in funding requests.

6. Providing Mentorship and Networking opportunities: The LH can develop platforms to provides ongoing mentoring for CSOs, particularly for vulnerable populations such as people who use drugs, sex workers, or young people living with HIV. These efforts include connecting communities with CCMs and national grant-writing teams to ensure their priorities are reflected in funding requests.

In conclusion, the recommendations outlined by assessment participants provide a comprehensive roadmap to enhance civil society and community engagement in Global Fund (GF) processes. Strengthening direct engagement with key populations, improving communication and coordination between stakeholders, and investing in capacity building and community-led monitoring are critical steps to ensuring that communities have a meaningful role in decision-making and implementation. Additionally, by improving CCM functioning, refining funding allocations, and supporting community-led research and advocacy, these recommendations aim to create sustainable and inclusive health programs.

The MENA Learning Hub plays a pivotal role by fostering collaboration, providing technical assistance, and ensuring the timely dissemination of information. Through mentorship, networking, and capacity-building efforts, the hub can empower CSOs and communities to engage more effectively with GF processes and influence program design, leading to more responsive and impactful health interventions.

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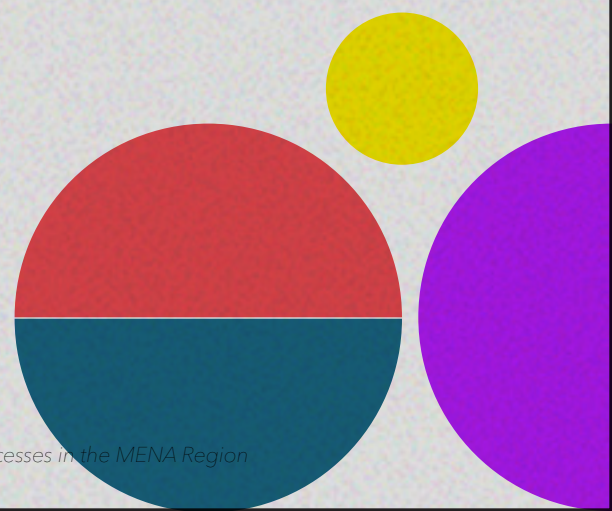
Annexes

Annex 1: Online Survey Tool

Introduction to the Survey

The Global Fund is a global partnership dedicated to eradicating HIV, TB, and malaria, striving for a healthier, safer, and more equitable future for everyone. To achieve this vision, the Global Fund, in collaboration with the Middle East and North Africa (MENA) Regional Learning Hub (Learning Hub MENA), is conducting a learning needs assessment in the MENA region. This assessment focuses on identifying the learning needs of community and civil society actors regarding their engagement with the Global Fund and related processes, aiming to maximize the impact of investments in HIV and TB in the region.

We kindly ask for your support in completing this survey to help us understand your Global Fund-related learning needs and how Learning Hub MENA can better support your services. The survey will take approximately 30 minutes of your time.

Thank you in advance for completing the survey by August 15, 2024. You can choose the language you are most comfortable with using the respective links provided below to access the online survey:

1.   Arabic
2.   English
3.   French

Please note that all survey responses are confidential. Only an independent consultant will have access to individual answers before they are combined. The final report will be published in a manner that ensures individual contributions cannot be identified.

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Part 1: Respondent Profile

1. Please indicate the country you/your organization work in:

a. Algeria
b. Djibouti
c. Egypt
d. Jordan
e. Morocco
f. Iraq
g. Lebanon
h. Libya
i. Palestine
j. Syrian Arab Republic
k. Sudan
l. Tunisia
m. Yemen

2. Gender:

a. Women/Female
b. Man/Male
c. Transgender woman
d. Transgender Woman
e. Gender non-conforming/non-binary/fluid
f. Other
g. Rather not specify

3. What is the scope of your organization operation?

a. National or local
b. Regional
c. Global

4. Which of the following best describes your organization?

a. Civil Society Organization (CSO/Non-Government Organization (NGO).
b. Community-based organization
c. Network/organizations/groups of people affected by HIV or TB
d. Faith-based organization
e. Community/Key population led organization (men who have sex with men, sex workers, trans people, people who use/inject drugs, etc.)
f. Youth organization
g. Women's organization

h. Multi-lateral/Bi-lateral partner
i. Technical assistance provider
j. Other (please specify)

5. Which groups does your organization represent, work with or/ and provide services to? Please list only the main three populations you work with.

a. People living with HIV
b. TB affected individuals/TB survivors
c. TB key populations (i.e refugees, internally displaced people, women, and children, etc.)
d. People in prisons
e. Sex workers
f. Gay, bisexual men and other men who have sex with men
g. Trans and gender diverse people
h. People who use/inject drugs
i. Migrants
j. Refugees
k. Internally displaced people
l. Women and girls
m. Adolescents and young people
n. Other (please specify)

6. Is you/your organization involved in the Global Fund-related processes including national responses to HIV and TB? If yes, please mark all relevant options.

a. No, my organization is not involved, I am involved as an individual only
b. Yes, principal recipient of the Global Fund-supported country / multi-country grant
c. Yes, sub-recipient of the Global Fund-supported country / multi-country grant
d. Yes, sub-sub-recipient of the Global Fund-supported country / multi-country grant
e. Yes, as member or alternate member of the CCM
f. Yes, as an observer of the CCM
g. Yes, a member of the CCM oversight committee
h. Yes, I am an activists/advocate
i. Yes, in another role (please specify)
j. No, we are not involved in Global fund processes

7. How familiar are you with the Global Fund funding processes?

a. Not at all familiar
b. Slightly familiar
c. Moderately familiar
d. Very familiar
e. Extremely familiar

8. Which of the following Global Fund processes have you been involved in? Mark all relevant options.

a. Country dialogue/ Funding Request development process for national grants/multi country grants
b. CCM meetings.
c. Grant oversight meetings organized by the CCMs.
d. Review/ feedback meetings organized by the PRs or SRs.
e. Grant implementation process as PR, SRs or SSRs
f. Participated in Global Fund Country Team visit meetings.
g. Participated in HIV/TB National Strategic Plan development meetings or in HIV/TB National Strategic Plan review meetings
h. Participated in national/regional meetings/consultation/workshops related to Global Fund organized by national/regional networks or organizations
i. Engaged in Technical Assistance efforts supported by the Global Fund
j. Engaged in the 2023-2028 Global Fund strategic planning process
k. Other (please specify) _____
l. I have not been involved in any Global fund processes. (respondent's choosing this option will skip part 2 of the questionnaire)

Part 2: Level of engagement in Global Fund processes

The purpose of this section is to assess the level of engagement of your organization across all stages in the Global Fund grant life cycle, including the National Strategic Plan, Country Dialogue, Funding Request, TRP, grant making, grant implementation, and monitoring and evaluation.

The National Strategic Plan

The National Strategic Plan (NSP) is a document prepared by a country's government that details how the country will respond to HIV, TB and or malaria. It is request by the Global Fund and is the basis for the country's Funding Request.

9. How was your organization engaged in the preparation of your country National Strategic Plan for HIV or TB? Mark all relevant options

a. We have participated in the NSP review
b. We have participated in the NSP writing/drafting
c. We were provided support to consult with the broader community to identify priorities and health needs
d. We participated in a face-to-face consultation(s) led by the MoH
e. We participated in a face-to-face civil society or community-led consultation(s)
f. We participated in online consultation(s) (through email or phone)
g. We were given the chance to comment on a draft of the National Strategic Plan
h. We were not engaged in any way
i. Other (Please specify)

10. How much do you feel that the NSP inclusive of the priorities of your constituency?

a. The NSP includes all of our priorities
b. The NSP includes most of our priorities
c. The NSP inlcudes some of our priorities
d. The NSP does not include our priorities at all
e. Don't know

11. What type of support, knowledge and /skills are needed to enhance your capacity to engage in the NSP? Mark all relevant options

a. Information about Innovative approaches to prevention, testing, treatment and care of HIV/ TB guidelines
b. Interpretation and use of epidemiological data and information
c. Information on community engagement and response to HIV/ Tuberculosis
d. Skills to conduct community-led research so that we can lead social research, in order to find solutions or improvements to situations that affect our community
e. knowledge and skills regarding the defense of Human Rights of the populations we work with
f. knowledge and skills about social diagnoses to understand the social needs of our community
g. Integrating human rights and gender equality to ongoing HIV and TB interventions
h. Strategic planning knowledge and skills
i. Other (please specify)

The Country Dialogue

The Country Dialogue is organized by the CCM/ PR. It is a requirement of the Global Fund, and meant to be an open and inclusive conversation between different groups of people who respond to and are affected by the diseases in a particular country to gather input to develop the Funding Request.

12. How did you/your organization engage in the Country Dialogue? Mark all relevant options

a. Communities, civil society and organizations were informed of clear plans/road maps for the Country Dialogue by CCM/PR with ample time for preparation
b. Communities, civil society and organizations had the opportunity and support to prepare for the Country Dialogue with pre community consultations
c. Communities, civil society and organizations received invitations to attend Country Dialogue consultations
d. Communities, civil society and organizations were provided with equal opportunities to express opinions during Country Dialogue Consultations
e. Communities and civil society were part of the writing team
f. Transparent systems were set up and followed to inform communities and civil society on the progress of the Funding request through writing team/CS CCM members
g. Communities and civil society were provided the opportunity to review the Funding Request draft
h. We were not engaged in any way
i. Other (please specify)

13. How satisfied are you with the inclusiveness of civil society and community perspectives during the Country Dialogue?

a. Not at all satisfied
b. Slightly satisfied
c. Moderately satisfied
d. Very satisfied
e. Extremely satisfied

14. What support, knowledge, and skills do you need to enhance your ability to engage effectively in the Country Dialogue?

a. Knowledge and skills about country dialogue and social dialogues
b. Knowledge about GF grant funding processes
c. Information on GF funding opportunities
d. How to apply for GF funding
e. Information about the GF technical assistance program
f. Knowing the CCM members/ PR representing GF in my country
g. How to advocate for the priorities of the community we represent
h. Networking skills
i. Other (please specify)

The Funding Request

15. How did you/your organization involve in the preparation of the Funding Request? Mark all relevant options

a. Regular and direct engagement opportunities for communities and civil society with members of the writing team were made available by the CCM.
b. Priorities from communities were given due recognition and were used during the writing process
c. I/my organization was part of the writing team
d. Communities and civil society were given the chance to review and comment on the draft Funding Request
e. We were not engaged in any way

16. Did you have access to the finalized Funding Request?

a. Yes
b. No

17. Did you have access to the finalized budget?

a. Yes
b. No

18. How much do you feel that the Funding Request is inclusive of your priorities and that of your constituency?

a. The Funding Request does not include our priorities at all.
b. The Funding Request includes some of our priorities
c. The Funding Request includes most of our priorities
d. The Funding request includes almost all of our priorities.
e. Don't know

19. What support, knowledge, and skills do you need to enhance your ability to engage effectively in the Funding Request writing?

a. How to write a funding request
b. Information about Global Fund grant negotiation
c. Information about Global Fund reprogramming and reallocation of funds
d. Knowledge and skills about costing community interventions
e. Procurement and Inventory processes
f. Fundraising
g. Laws and regulations concerning CSOs/CBOs
h. Other (please specify)

The Comments of the Technical Review Panel (TRP)

Technical Review Panel (TRP) is an independent body that assesses each request for funding submitted to the Global Fund and evaluates them for technical merit and strategic focus. Recommendations from the TRP is then sent to countries to further strengthen their Funding Requests.

20. Have you had access to the recommendations/comments of the Technical Review Panel on your country's Funding Request?

a. Yes
b. No

21. Did the CCM/PR engaged communities, civil society and organizations for consultations on how to respond to TRP recommendations?

a. Yes, fully engaged
b. Yes, partially engaged
c. Not engaged

22. What support, knowledge, and skills do you need to enhance your ability in responding effectively to TRP recommendation?

a. Information about the GF Technical Review Panel recommendations
b. Information on the final submitted operational plan and budget
c. Information on the submitted monitoring and evaluation plan
d. Knowledge and skills regarding systematization, documentation and reporting
e. Other (please specify)

Grant-Making

23. How was your organization involved during Grant-Making? Mark all relevant options

a. Communities, civil society and organizations were briefed by CCM/PR on the revisions to the budget after grant negotiations.
b. Communities, civil society and organizations were provided opportunities to discuss the implications of the budget revisions and concerns were duly noted.
c. We have Participated actively in submitting proposals to act as SRs/SSRs
d. We have been consulted on the PRs operational plan
e. We were informed of the final submitted operational plan and budget
f. We were not engaged in any way
g. Other (specify)

24. How sufficient was the funding allocated to your priority activities?
a. The funds allocated to our priority activities are not sufficient.
b. The funds allocated to our priority activities are sufficient
c. Don't know

25. What support, knowledge, and skills do you need to enhance your ability to engage effectively in the Grant Making?

a. How to develop a grant activity work plan and budget
b. Information on the Global Fund final approval of the grant, and the workplan
c. Information on mobilizing domestic resources for national HIV and TB responses.
d. Other (please specify)

Grant Implementation

Technical Review Panel (TRP) is an independent body that assesses each request for funding submitted to the Global Fund and evaluates them for technical merit and strategic focus. Recommendations from the TRP is then sent to countries to further strengthen their Funding Requests.

26. Have you been involved in the grant implementation?

a. Yes
b. No

27. Have you been involved in monitoring the grant implementation?

a. Yes
b. No

28. Have you been involved in the grant evaluation?

a. Yes
b. No

29. What support, knowledge, and skills do you need to enhance your ability to engage effectively in the grant implementation, monitoring and evaluation?

a. Knowledge and skills about project design, implementation and evaluation
b. Knowledge about community-led monitoring
c. How to use social media to improve outreach to communities
d. Skills in media management (press, television, radio and journalists)
e. Skills in developing communication plans
f. Using mobile applications to reach key populations
g. Knowledge about safety and security of organizations that work with key populations
h. Other (please specify)

Civil Society and Key Population representatives on the CCM

30. Do you know who are the Civil Society and Key population representatives on the CCM and in your country?

a. Yes
b. No
c. My country doesn't have a CCM

31. Do you know how to contact the Civil Society and Key Population representatives on your CCM?

a. Yes
b. No
c. My country doesn't have a CCM

32. How often are you in contact with your representatives on the CCM?

a. Never
b. Sparingly
c. Only during certain time periods such as country dialogue
d. Regularly
e. My country doesn't have a CCM

33. How effective are your representatives on the CCM and/ or the PR at advocating on behalf of your community?

a. Not effective
b. Somewhat effective
c. Mostly effective
d. Very effective
e. My country doesn't have a CCM

34. What support, information/learnings would contribute to improve yours and your CCM members engagement and coordination to advocate for community priorities at the CCM level?

a. Better communication with CCM members
b. Knowing the CCM members
c. Knowledge about Community-led advocacy
d. Climate change and impacts on HIV and TB responses
e. Community responses to TB / HIV and systems strengthening
f. Knowledge on engaging migrants, internally displaced people, and refugees in HIV and TB responses.
g. Information on Integrating Safety and security aspects to HIV and TB programs
h. Establishing a CCM for our country
i. Other (please specify)

Part 3: Barriers to engagement

35. What are some of the core barriers to effective community engagement in global fund processes in your country? Mark all relevant options

a. Challenging operating environments / safety and security
b. Human rights and gender-related violations
c. Criminalization of communities who are affected by HIV and/or TB
d. Lack of information on engagement opportunities
e. Lack of coordination among civil society and communities
f. Limited representation spaces in decision making platforms (CCMs/TWGs)
g. Push back/ resistance from government counterparts
h. Push back / resistance from technical partners and PRs
i. Language
j. Limited technical capacity
k. Limited financial resources for engagement to communities
l. Decisions without involving communities at the different decision-making levels (CCM, TWGs)
m. Limited/no involvement of communities in the planning, implementation, and monitoring of grants
n. Other (specify) _____

Part 4: Community needs to enhance engagement

36. What information would you like to know more to strengthen your engagement in Global Fund and related process? Select the most important five (5) information/ learning needs.

a. The Global Fund guidance on meaningful and inclusive community engagement
b. The Global Fund technical briefs and notes on HIV, TB, MALARIA, Resilient and Sustainable Systems for Health, Gender, Human Rights etc.
c. Global Fund guidance and best practices on inclusive and transparent country dialogue process for Funding Request development.
d. Global Fund grant negotiations and grant implementation processes
e. Global Fund guidance on CCMs and best practices on bi-directional communication between CCMs and communities and civils society
f. The Global Fund Strategic Plan 2023-2028 and its priorities.
g. Technical Assistance available for communities and civil society to support engagement in Global Fund and related processes.
h. Global Fund impact at the country level including results of Global Fund investments
i. Understand more about the Global Fund multicounty grants
j. The Global Fund Governance structure and how one can be part of it.
k. Global Fund resources mobilization and Replenishment.
l. No information needed
m. Other (specify) _____

Part 5: Learning needs

37. To identify your priority learning needs, please give a score of 1-3 to each of the subjects listed below (1 not important, 2 somewhat important, and 3 very important).

a) Influencing CCM (e.g. agenda, decisions) to advance community and civil society needs
b) Feedback mechanisms between CCM representatives and broader community (e.g., pre-/post meetings)
c) Engagement in country dialogue to identify community and civil society priorities
d) Effective participation in writing and budgeting of a funding request
e) Global Fund technical guidance for funding requests
f) Mobilization of and advocacy for increased national funding (domestic resources mobilization) for HIV, TB, drug dependence treatment, and health in general
g) Social contracting mechanisms and modalities for contracting services implemented by community and civil society
h) Work on national registration and improved procurement of HIV and TB diagnostics and medicines
i) Developing national 'standards' of TB and HIV support and prevention services
j) Understanding the structures, policies and practices of the Global Fund at global level
k) Understanding the structures, policies and practices of the Global Fund at national level
l) Understanding the structures, policies and practices of the Global Fund at regional level
m) Building relationships with the Global Fund Secretariat (e.g. Country Teams, Technical Teams)
n) Office of the Inspector General of the Global Fund and other complaint mechanisms

Part 6: Preferred learning and communication methods

38. In general, what ways of learning are most acceptable for you? This will help the Platform to understand what ways of learning to emphasize in the future. Please give a score of 1-3 to each method (1 not preferred, 2 moderate preference, 3 highly preferred)

a. Good practice case study
b. Webinars and online learning sessions
c. One-on-one experience sharing with a peer who works on similar issues
d. Discussions with several peers working on similar issues in different contexts
e. Newsletters featuring a specific topic
f. Website materials
g. Translation of GF publication
h. Social networks
i. Face-to-face events

39. What communication platforms are you most comfortable with to receive Global Fund related information? (Select all that apply)

a. Email
b. Newsletter
c. WhatsApp Groups
d. Facebook
e. X (formerly Twitter)
f. LinkedIn
g. Instagram
h. Newsletters
i. Webinars
j. Face-to-face meetings or workshops
k. Other _____

40. What can the Global Fund do to better engage key populations and support communities, including CSOs, in the MENA region?

41. Would you like to subscribe to the MENA learning hub newsletter? Yes/No, if Yes, please provide a relevant email address.

42. Do you have key lessons learned and examples about community engagement in Global Fund decision-making and service delivery that you are willing to share and could be valuable for community representatives from the MENA region? If yes provide your email address and we will contact you.

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Annex 2- KIIs Guide

Introduction and Consent

The Global Fund, in collaboration with the Middle East and North Africa (MENA) Regional Learning Hub (Learning Hub MENA), is conducting a learning needs assessment in the MENA region. This assessment focuses on identifying the learning needs of community and civil society actors in their engagement with the Global Fund and related processes. Our goal is to maximize community engagement to enhance the impact of Global Fund investments in HIV and TB in the region.

As part of this assessment, we are inviting you to participate in a one-to-one semi-structured Key Informant Interview (KII). Your personal perspective, knowledge, and experience with Global Fund processes, as well as your insights into the communities affected by TB/HIV in your country, are invaluable to us.

The interview will cover themes such as country context related to GF processes, the extent of community engagement in these processes, and CBOs/ CSOs learning needs to enhance their capacity for more effective engagement in GF processes.

Please note the following:

1.   The interview will take approximately 30-40 minutes, and we will accommodate your availability.
2.   You are not obligated to answer any question you do not wish to.
3.   The interview will be recorded only if you agree.
4.   Your responses will be confidential. As an independent consultant, I will be the only one with access to individual answers before they are aggregated. The final report will be published in a manner that ensures individual contributions cannot be identified.

Before we begin, please answer the following questions:

1.   Do you agree to participate in this interview? (Yes/No)
2.   Do you have any questions before we start the interview?
3.   Do you agree to have the interview recorded? (Yes/No)

Thank you for your time and valuable contribution to this important assessment.

KII Questions

1. Please provide your name, the name of your organization, and your title.

2. Briefly describe the structure and scope of your organization's operations. Is it national, local, regional, or global? Which groups does your organization represent, work with, or provide services to?

3. Is your organization involved in Global Fund-related processes, including national responses to HIV and TB? If yes, please specify in what capacity and describe your work

4. Describe the project you are working on with the Global Fund and the communities involved.

5. Are you familiar with the Global Fund funding processes? How?

6. Which Global Fund processes have you or your organization been involved in?

7. Do you know how to contact the Civil Society and Key Population representatives on your CCM? How often do they communicate with you/your organization?

8. Do you think that the CCM members/PR are effective in advocating for the community you represent? How can their capacity to advocate for their communities be strengthened?

9. Based on your experience with the Global Fund, to what extent do you think the communities you represent are engaged with Global Fund processes? How are they engaged? (Please consider their engagement in all processes, including NSP, country dialogue, funding request, TRP, grant making, implementation, M&E, and the process of engagement).

10. What are some of the core barriers to effective community engagement in Global Fund processes in your country?

11. In your opinion, what are the most important support, information, or learning needs to strengthen the capacity of CBOs and CSOs for more effective engagement?

12. What ways of learning are most acceptable for your community? (If needed, refer to the examples below):

o   Good practice case studies
o   Webinars and online learning sessions
o   One-on-one experience sharing with a peer working on similar issues
o   Discussions with several peers working on similar issues in different contexts
o   Newsletters featuring specific topics
o   Website materials
o   Translation of Global Fund publications
o   Social networks
o   Face-to-face events

13. Do you receive periodic information from the Global Fund? What type of information? What communication platform is used to disseminate this information? Are you satisfied with this platform.

14. In your opinion, what communication platform should be used to disseminate Global Fund information to your community?

15. What can the Global Fund do to better engage key populations and support communities, including CSOs, in the MENA region?

16. Are there any other recommendations or suggestions that you think are important to mention in this interview?

Can you share with us a list of CBOs / CSOs that you recommend to complete this survey.

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Annex 3-List of CSOs and CBOs in the MENA Region

First Name	Last Name	Mobile number	Email Address	Country	Organization
Kinana	Rahal	00961 3624827	Rahal@un.org	Lebanon	UNIFIL
Mostafa	Fouad		mostafa@humena.org	Belgium	HUMENA for Human Rights and Civic Engagement
Rita	WAHAB	3-723-641	rwahab@vivrepositif.me	Lebanon	Vivre Positif
Montaser	Qawadri	962-795-9174	montaser.q@pulsemena.org	Jordan	Pulse
Hadi	Karimi Asl	009-891-27584245	Drhkarimiasl@gmail.com	Iran	Iran welfare organization
Rawan	Azzam	009-627-99616900	rawan.azzam14@yahoo.com	Jordan	Mena rosa
Taif	Alwachi	77-042-43757	taif.alwachi@gmail.com	Iraq	International Labour Organization
Haneen	Abu Murah	079-683-4512	hanin@swa3ed.org	Jordan	FOCCEC
walid	Ibrahim	012-228-1378	ibrahinmw@unaids.org	Egypt	UNAIDS
Jessica	Zalami	768-170-15	zalamijessica@gmail.com	Lebanon	MENANPUD
Bertho	Makso	03004572	Bertho.m@proudlebanon.org	Lebanon	Proud Lebanon
Denise	Abou Nassar	961-396-6288	denise.abounassar@ajemlb.org	Lebanon	AJEM – association justice et miséricorde
Hana	Asfour	749-617-0030	hana@sdr-grp.com	UK	Social Dynamics Research Group
Tatyana	Sleiman	703-804-80	tatyana@skoun.org	Lebanon	SKOUN
Nadia	Badran	961390-615-0	nbadran@sidc-lebanon.org	Lebanon	SIDC

First Name	Last Name	Mobile number	Email Address	Country	Organization
Malak	elhamidy	062-996-6992	Malakelhamidy@talayan.org	Morocco/MENA	Talayan
Hiba	Abou Chacra	038-608-43	hiba.abuchacra@dar-alamal.org	Lebanon	Dar Al Amal
Samir	Mokrani	98225100	samirmokrani68@gmail.com	Tunis	MINISTRY OF HEALTH
Souhaila	Bensaid	002-169-8795	Souhailabensaid4@gmail.com	Tunis	ATP+
Yahya	Eyil	22043703	ouldeyil@yahoo.fr	Mauritanie	ONG GLOBE
Hassan	HALIBA	065-476-9919	malsaha401@gmail.com	Maroc	Comité de coordination du Maroc pour la lutte contre le VIH et la TB
nawel	lahouel	002-135-51195438	elhayetpvs@yahoo.fr	Algeria	association elhayet des pvih Algérie
Szmir	El khattabi	066-252-3453	elk.samir@hotmail.com	Maroc	Sos tuberculose et maladies respiratoires
Amira	derbali	216-291-9324	aderbali@asf.be	Tunis	Avocats Sans Frontières – Tunisie
Insaf	Bouhafs	530-59961	ibouhafs@asf.be	Tunis	ASF Tunisie
Nacera amel	Bouchelil	078-000-4511	bouchelilamel5@gmail.com	Algeria	APCS hak el wijaya
Pauline	barbay	0669-062216	barbayp@unaids.org	Maroc	UNAIDS
Abdel Kader	Sidenas	7786-183-078	dadiraouf95@gmail.com	Algeria	Association de protection contre le sida APCS
Houssine	El Rhilani	066-178-7750	elrhilanih@unaids.org	Maroc	UNIADS
Siham	Abdul Nur	012-035-55402	sehammounir@yahoo.com	Egypt	Friends Association
Bader	AzDouz	077-377-2163	Badrazdoud310@gmail.com	Morocco	
Ahmed	Fadhul	009-733-9991881	ahmedfadhul@hotmail.com	Bahrain	Addict Friends Society
Lawza	Alsayed	001-227-3669390	loza.alex2016@gmail.com	Egypt	MENARosa
Lialai	Mohamad Khalifa	962-7-98118518	Lolo74769@gmail.com	Jordan	Middle East
Mohamed Ali	Jaafar	23398969	medali.ja3far@gmail.com	Tunis	الجمعية التونسية للوقاية الايجابية
Nader	Trouai	90210339	Nadertarroui390@gmail.com	Tunis	

First Name	Last Name	Mobile number	Email Address	Country	Organization
Mohamad	Bentauit	002-126-3210	m.bentaouite@hotmail.fr	MENA	MENANPUD
Zakaria	Chaouki	212-665-2729	zakariachaouki951@gmail.com	Morocco	الجمعية المغربية للحياة الايجابية كاينين +
Maha	Abdul Al	079-616-4093	maha_abulibdeh@yahoo.com	Jordan	جمعية قدرات لتنمية وتمكين الشباب
Faaeda	Najib	010-011-22570	ronsamdam@gmail.com	Egypt	MENAROSA
Sakina	Shataer	+009815-212647	sakinasouka92@gmail.com	Morocco	جمعية محاربة السيدا ، جمعية كاينين +,ميناروزا
walid	ibrahim	012-228-1378	ibrahimw@unaids.org	Egypt	UNAIDS
Amina	Ajami	010-642-3779	amina.agami@gmail.com	Egypt	صحتى من بيئتى للتنمية
Rawan	Azzam	079-961-6900	rawan.azzam14@yahoo.com	Jordan	Mena Rosa
Shadi	Sabri	101-149-8648	1shadisabri@gmail.com	Egypt	Safe Circles Initiative
Najia	ES SEHYMY	063-041-4554	najiaamal@gmail.com	Morocco	MENANPUD
Noura	Aldaa	061-750-8667	Nouraeddaa@gmail.com	Morocco	صوت ترانس الجنوب
Eman said		002-010-03028487	emy_emy_1974@yahoo.com	Egypt	Mena rosa
Rasena	Mohamad	00967-777384323	rasenn.yas.2023@gmail.com	Yemen	جمعية الخدمات الاجتماعية
Amena	Alshami	776466743	Wasdyemen@yahoo.com	Yemen	جمعية المرأة للتنمية. المستدامة
Ali	Bousselmi		ali.bousselmi@mawjoudin.org	Tunis	Initiative Mawjoudin pour l'égalité
Fawzia	Bou Zaitoun		faoiziabouzzitoun@gmail.com	Morocco	Directrice de l'Association Hassnouna
Mounsef	Bendris		bendrissmonssef@gmail.com	Morocco	le coordinateur national de la réduction des risques au Maroc
Rakia	Derbel		derbelrakia@gmail.com	Tunis	l'association tunisienne de lutte contre les comportements à risque

ASSESSMENT REPORT
2024

ASSESSMENT OF COMMUNITY AND CIVIL SOCIETY LEARNING NEEDS IN RELATION TO GLOBAL FUND PROCESSES IN THE MENA REGION.

THE MENA LEARNING HUB