Final Evaluation of the GC6 Community Engagement Strategic Initiative

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Executive Summary

In 2023, the Community Engagement Strategic Initiative (CE SI) entered its 9th year of implementation[1], dating back to its initiation in 2014 as one of the first six Special Initiatives of the Global Fund. As in its earlier rounds of implementation, the GC6 CE SI is organized around three components of work:

- Component 1: Short-term Technical Assistance
- Component 2: Long-term Capacity Building of Key and Vulnerable Population Networks
- Component 3: Regional Platforms for Communication and Coordination

All three components, in their own way, work to support the engagement of communities most affected by HIV, TB and malaria in Global Fund and related national processes throughout all stages of the grant life cycle. This SI is funded from a US$16m investment, divided as follows:

- 30% to provide TA assignments under Component 1
- 32% to fund 11 grantees under Component 2
- 23% to fund 6 Regional Platforms under Component 3
- 11% for operational costs
- 4% for a co-investment in the engagement of women & girls

The final evaluation of the GC5 Community, Rights and Gender Strategic Initiative (GC5 CRG SI), implemented from 2017-2020, paved the way for an overhaul of the monitoring and evaluation for learning (MEL) framework for the CE SI, and resulted in seven sub-objectives, each with a corresponding set of Key Performance Indicators (KPIs) to be used to track progress.

This report describes the findings of the final evaluation of the GC6 CE SI. In line with the MEL framework of the initiative, it relies on the KPIs as the backbone of its assessment, while also exploring the qualitative elements of any progress (or lack thereof) against the KPIs. In addition to KPI data, the report uses a value for money lens, and reflects on several key evaluation questions developed by the CE SI team, as informed by a Midterm Evaluation conducted in 2022.

Methods of Evaluation

Data collection for this evaluation took place between May and August 2023. A desk review was conducted of all available materials produced by and related to the CE SI, including grantee reporting. Desk review was complemented by interviews with 19 unique key informants, including staff of the CRG Department and partners within and external to the Global Fund. Perspective from grantee implementing partners under Component 2 and Component 3 grantees were collected by survey, focusing on elements of implementation not already addressed by the midterm evaluation.

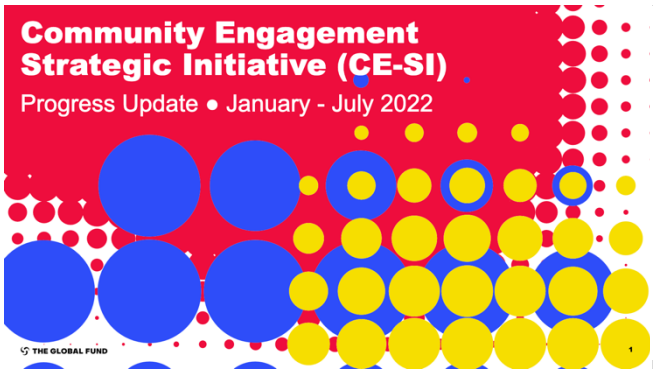
Implementing Arrangements of the CE SI

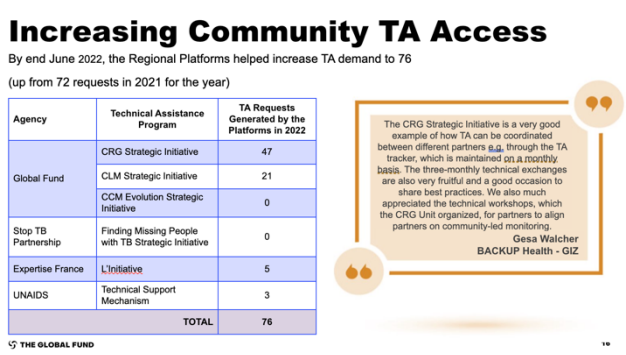
A key focus of the recommendations in the 2017-2020 CRG SI final evaluation was guiding the SI to produce data that were more easily monitored throughout implementation, and to use these data to more clearly communicate the purpose of the SI. It is abundantly evident that the CE SI team took these recommendations to heart, using both operational and programmatic data on a regular basis to

[1] The name of this Initiative has evolved from the Community, Rights and Gender Special Initiative in 2014-2016, to the Community, Rights and Gender Strategic Initiative in 2017-2020. The current nomenclature of the Community Engagement Strategic Initiative acknowledges the primary focus of the SI, as well as reducing confusion as the Community, Rights and Gender Department now leads several of Strategic Initiatives.

reflect deeply on their progress. This is best evidenced by (1) the active use and maintenance of an **M&E Concordance Table** which tracked CE SI performance on an annual basis, allowing the team to reflect on what was and was not working as planned, and (2) the introduction of **Biannual Progress Updates,** which served as a checkpoint for the SI team and its implementing partners every 6 months to consolidate data and identify trends and emergent priorities (i.e. C19RM and GC7).

Figure ES1. Excerpts from a Biannual Progress Update





CE SI Coordinating Mechanism

To complement the production and communication of clearer, more regular data about the CE SI's work, the CE SI team revitalized its Coordinating Mechanism to actively engage key collaborating partners. The role of this mechanism is "to facilitate synergetic, coordinated and country-owned approaches to the implementation of the CE SI." This body, chaired by the CRG Department, held meetings quarterly. Feedback from the partners involved was universally positive, with coordination of TA efforts being the most-often noted benefit. In particular, the Integrated TA Tracker, which started in 2020 as an ad hoc initiative for the Coordinating Mechanism, was praised as being of significant value. Opportunities for continued growth in the role of this body include expanded country-level coordination in some areas, particularly in the early semesters of GC7 implementation.

MEL Framework and Systems

The redesign of the MEL framework and system was a significant undertaking by the CE SI team, working to ensure that sub-objectives and KPIs were in place for each component, and that activity tracks and process indicators accompanied the track of longer-term outcomes to show shorter-term progress. The changes made and systems developed are unique by component and are further discussed in designated sections throughout the full version of this report.

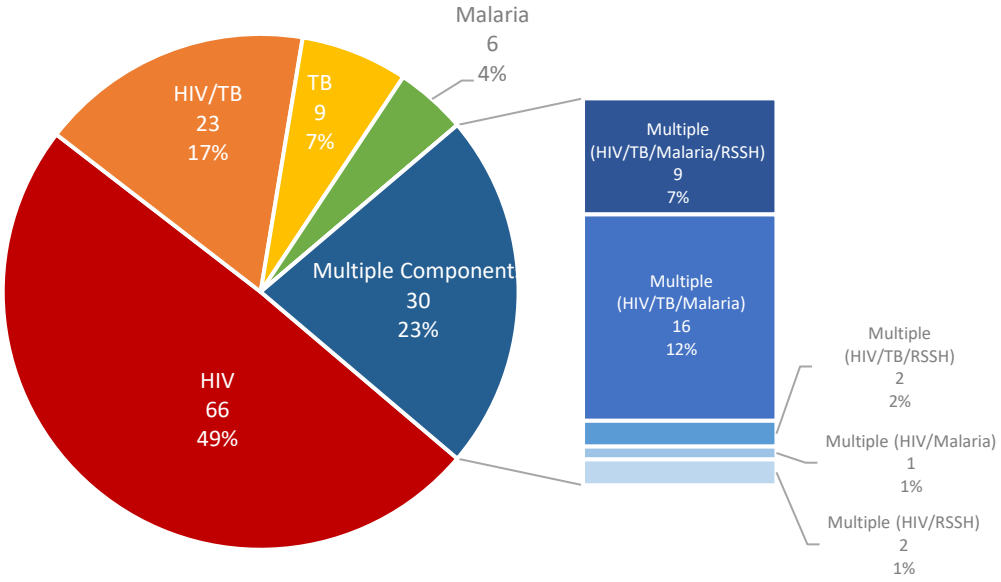
Summary of Findings

1. Short-term technical assistance delivered by and for community and civil society

Strategic Objective 1.1 *To provide short-term peer-to-peer technical assistance on human rights, gender, community responses, community systems strengthening and other related areas to strengthen the engagement of civil society and communities across the grant cycle and priorities in Global Fund-related processes.*

Component 1 provided technical assistance (TA) to communities to support Funding Request development, grant implementation, and the development of National Strategic Plans. This component continued to expand efforts to provide TA for malaria, including cooperative demand-generation efforts with Components 2 and 3 partners, completing a total of 134 assignments.

Figure ES2. Number of Completed TA Assignments, by Disease Component



Comparing this distribution to the GC5 CRG SI, a significantly smaller proportion of assignments were dedicated to HIV/TB (17% in GC6, vs 32% in GC5), while a significantly larger percentage were multi-component (23% in GC6, 9% in GC5). This translated into **inclusion of malaria in 24% of all assignments, compared to only 18% of all assignments in the previous period**. At the same time, the share of assignments dedicated only to HIV rose (from 41% to 49%), highlighting continued inequity in the distribution of TA. As with previous rounds of SI, this is likely due to the longer history of HIV civil society and community engagement, translating into more capacity to request and host TA.

In line with equity efforts across the SI, Component 1 provided TA in all regions. Notable growth in the number of assignments completed was seen in LAC (27 in GC6 vs 17 in GC5), EECA (24 vs 16), and Eastern and Southern Africa (13 vs 10).

Key Performance Indicator		Target[2]	Achievement		
		#	%	#	%
C1.1	Number and percentage of assignments from which deliverables are used to apply influence	-	85%	33	100%[3]

[2] Throughout this report, targets are cumulative across the lifespan of the GC6 CE SI. Achievement reflects cumulative achievement across this same time period.

[3] The denominator for this figure is the total number of surveys responses received. At the time of this evaluation, 41 surveys had been sent, and 33 responses had been received. 100% of all responses indicated partial or full use of TA deliverables. More details on this are available in Annex 2.

C1.2	Number and percentage of assignments utilizing community experts who are from the country or region receiving the TA	-	80%	131	98%

Component 1 significantly expanded the number of assignments completed across the implementation period, delivering 134 assignments[4] compared to 125 in the GC5 CRG SI. The component effectively increased the number of countries receiving malaria-related technical assistance, and also expanded assistance provided in three regions heavily impacted by transition and sustainability issues. It met its target for use of assignment deliverables to apply influence, and exceeded its target for engagement of community experts from the country or region receiving TA. The latter is of particular note, given that Recommendation 1.4 of the CRG SI evaluation prescribed this change for better alignment with the community-driven nature of this Strategic Initiative.

Key Successes	*Key Challenges*
• Strong coordination with Regional Platform support, contributing to an eligibility rate of 90% • Increase proportion of assignments including malaria (24% of all assignments compared to 18% in the GC5 CRG SI) and multi-component assignments • Reduction in mean cost of TA, from US$42,890 (GC5) to $38,359 (GC6) • Smaller proportion of assignments for which costs exceeded US$90,000: 4% in GC5 versus 1% (a single assignment) in GC6 • Consistent tracking of timelines from TA request to contracting, with 81% being contracted within three calendar months • 98% assignments involved national and/or regional experts in TA provision teams • Greater range of TA providers engaged, with more transparency in provider selection	• Tracking use of TA deliverables/products, largely due to low response rate of post-assignment surveys • Continued high percentage of TA devoted to HIV-only assignments • Relatively low involvement of KVP networks from Component 2, indicating continued opportunities for linkage • Perception by some collaborating partners that turn-around time for TA remains too slow

Recommendations for Component 1

The following recommendations are issued to Component 1 with acknowledgement that this Component made significant progress against the targets that it set through KPIs and improved its performance on many other metrics when compared with the previous CRG SI. The recommendations below are designed to better capture the impacts of TA that is delivered, as well as to continue aligning with the other efforts and needs present at country level. Further detail for each recommendation is provided in the full version of this report.

[4] In addition to the 134 TA assignments, in 2021, the CE SI was leveraged to provide additional 38 TAs to support engagement in C19RM funding request development with separate funding from C19RM CMLI, meaning that the CE SI team successfully delivered 172 TA assignments in total.

1.1. *Redouble efforts to assess how TA products are utilized after assignments are completed.*
1.2. *Include more KPIs under this component, to clarify areas of priority and focus.*
1.3. *Work closely with Components 2 & 3 to align with recommended changes in those components.*
1.4. *Consider differentiated/flexible approaches for demand generation in COEs, where community capacity to identify or articulate needs may be more limited.*

2. Long-term capacity strengthening of key and vulnerable population organizations and networks

Sub-Objective 2.1 *Amplify the participation and voice of key and vulnerable population communities in policy and decision-making fora and in governance and stewardship of the response to the three diseases*

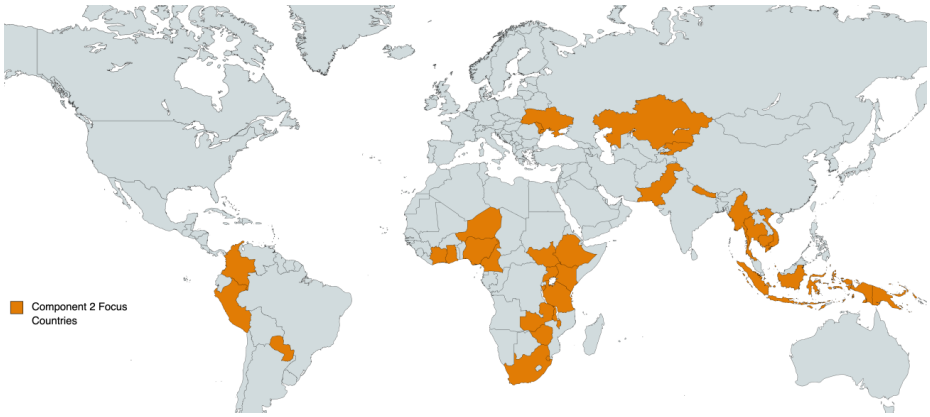
Sub-Objective 2.2 *To strengthen the influence of populations most vulnerable to and affected by HIV/TB/malaria on the design and implementation of national strategies and costed plans, so that they adequately reflect and respond to realities and needs associated with human rights, gender, community responses and community systems strengthening*

Sub-Objective 2.3 *To empower populations most vulnerable to and affected by HIV/TB/malaria to generate and use data to monitor program coverage and quality and national commitments to end the three epidemics and to utilize the evidence generated for advocacy and programmatic action*

Component 2 focused on supporting regional and global networks of key and vulnerable populations, to provide consistent, long-term capacity-building support to communities affected by the three diseases. HIV grantees were represented by global networks, which focus on different affected populations. In contrast, TB networks were represented by regional networks, which address the unique epidemiology and contextual environment of TB in each region. Communities affected by malaria were represented by a single network with a global mandate, but which in practice is still building its representation in a handful of countries.

An important change from the 2017-2020 CRG SI was the reorientation around country-level work, with each grantee setting a country outcome statement (e.g., statement of desired change) for each country of focus.

Figure ES3. Countries of Grantee Focus



Results under this component are extensive. The following highlights some of the many results achieved by KVP networks in each disease component:

- **PLHIV** communities consolidated their collective power by developing advocacy agendas in Eswatini, Indonesia, Malawi, Moldova, Nigeria and Pakistan, while **PWUD** strengthened access to opioid agonist therapy in Ukraine and harm reduction writ-large in Pakistan. At the same time, LGBTIQ+ communities, including **transgender people** and **MSM**, strengthened their engagement in Kenya, Zambia and Zimbabwe national planning processes; and sex workers gained greater representation on the CCM in Ghana and advocated for human rights improvement South Sudan. Meanwhile, **youth**-led organizations brought greater clarity to the specific needs of young key populations in representatives roles through a global survey of young CCM members.
- **TB-affected communities** strengthened representation on CCMs in Nepal, Paraguay, and Peru, and documented their experiences through community-led assessment and monitoring in Cameroon, Ethiopia, and Indonesia. Grantee advocacy has already influenced change in national planning processes Cameroon, Indonesia, Kyrgyzstan, Nigeria, and Ukraine, with many other countries in the process of securing policy and practice change.
- **Malaria-affected communities** engaged in community mobilization and movement-building that supported community-led needs assessments and produced community action plans in Cameroon, Niger and Nigeria.

In addition to the long-term support provided to key and vulnerable populations networks above, the GC6 CE SI continued investments to support women and girls through two separate partnerships with ViiV Healthcare Positive Action and Foundation Chanel: the *HER Voice Fund* that helps to amplify the voices of adolescent girls and young women in 13 African countries and *Voix EssentiELLES,* which helps women and girls in 3 countries in West and Central Africa organize and engage in decision-making around health policies and programs. In GC6 ViiV invested approximately US$3 million in HVF to support the grass root grants, while the GC6 CE SI invested US$515,568 to support the HVF leadership component, in the "We Are The Change" an AGYW capacity-building curricula, and in top-up funds to support AGYW engagement in GC7 fund request development. The GC6 CE SI also provided core support of US$195,355 to Voix EssentiElles, implemented by Speak Up Africa. The investments have enabled implementing partners to secure funding for GC7, which will support AGYW communities alongside a new GC7 CE SI private sector partnership for a Gender Equality Fund.

Key Performance Indicator		Target		Achievement		
		#	%[5]	#	%	% of Target
C2.1	Number and percentage of countries with an increased number of key and vulnerable population constituencies participating in Global Fund-related decision-making bodies and processes	20	63%	32	100%	**160%**
C2.2	Number and percentage of countries with at least one formalized, community-endorsed advocacy agenda for use in influencing decision-making bodies and processes	20	63%	32	100%	**160%**
C2.3	Number and percentage of countries where at least on KVP community reports successfully influencing program funding and/or design	20	63%	26	81%	**130%**
C2.4	Number and percentage of countries where at least one KVP community produces and/or uses new data to improve program coverage and quality, and/or national commitments to HIV, TB and/or malaria responses	27	84%	27	84%	**100%**

The quantitative results captured in these indicators provide only a glimpse of the full impact of the CE SI on community capacity building – but it is an important glimpse, which helps lend a sense of the concrete returns on the investment in this component. By the numbers, grantees engaged in focused, country-level work in a total of 32 unique countries. In approximately half of these countries (15; 47%), more than one of the Component 2 KVP networks implemented activities. Grantees consistently achieved results across all four KPIs, and significantly exceeded the targets for three KPIs set at the beginning of the SI.

Key Successes	Key Challenges
• Transitioning to country-level work, including country-level outcome statements and workplans for 32 unique countries • Collaborating across grantees, including on the 58 products in the Community Engagement Toolbox • Partnering with an emerging malaria network, supporting the reach of 600 CSOs working on malaria globally and investing in its organizational development • Achieving greater understanding by other components and collaborating partners on the role and scope of KVP network engagement	• Developing country-level outcome statements after work planning was complete (this is further discussed in MEL Spotlight, below) • Mobilizing malaria-affected communities organizations at the local level (vs national or regional) • Balancing between communities' stated desires and the reality of on-the-ground contexts, for KVP networks to have greatest impact

[5] The denominator for these percentages is the 32 unique countries in which Component 2 grantees were supported to work.

Recommendations for Component 2

The following recommendations are issued to Component 2 with acknowledgement that this Component is well on track in achieving its purpose and has over-performed against its own targets during the implementation period evaluated. The recommendations below are designed to enhance the workflow of the current systems, leverage existing Global Fund investments at country level through stronger coordination, and to allow for more structured capture of some of the significant, valuable, and community-driven work that fell outside of KPIs during this period (as evidenced by content in narrative reporting). Further detail for each recommendation is provided in the full version of this report.

2.1. *Assure that country outcome statements are developed before workplans.*
2.2. *Encourage grantees to revisit country outcome statements for relevance on an annual basis as part of narrative reporting.*
2.3. *Consider a KPI that includes grantee self-assessment of progress against outcome statements.*
2.4. *Carefully align KVP network country selection, outcome statement development, and workplans around country grant cycles and the needs and resources of national grants.*
2.5. *Work with KVP networks to further evolve a role as broker between community needs and country grant needs, limitations and context.*
2.6. *Refine the approach to providing differentiated support to communities most affected by TB and malaria.*

3. Regional coordination and communication platforms for community and civil society

Sub-Objective 3.1 *To enhance community knowledge of the Global Fund and its processes, through the regular bidirectional sharing of tailored and targeted information to a diverse audience*

Sub-Objective 3.2 *To strengthen the capacity and coordination of communities to engage in national and regional Global Fund grants and related processes*

Sub-Objective 3.3 *To improve community access to technical assistance through information-sharing, linkage to appropriate providers, support developing requests, and strengthening TA provider capacity and coordination*

Component 3 continued to operate with six Regional Platforms, utilizing the same regional structure, as for the GC5 CRG SI. Platforms continued their core work of building understanding of and capacity to engage with Global Fund processes. An increased area of emphasis for Platforms was the designated focus on generating both demand for and high-quality requests for TA. This was done in close collaboration with Component 1 as well as other TA-providing partners (i.e., bilateral and technical partners).

Key Performance Indicator		Target	Final	
		#	#	% of Target
C3.1	Number of individuals from KVP communities and/or civil society organizations accessing timely and relevant Global Fund-related information that is shared by the Regional Platforms	52,500	101,781	194%
C3.2	Number of countries where communities report or demonstrate their ability to more efficiently and effectively engaged in national and regional Global Fund-related processes as a result of Regional Platform capacity strengthening and coordination support	75	97	129%
C3.3.	Number of technical assistance requests generated and submitted to a wide range of Global Fund TA providers, as a result of Regional Platform support to communities	250	185	74%
C3.4	Percentage of CE SI TA requests submitted with Regional Platform support that meet eligibility criteria to proceed to implementation	80%	81%	101%

Component 3 was well-oriented around its KPIs and met most of its targets. Regional Platforms reached 97 unique countries, including first-time engagements in countries such as Haiti, Kosovo, and Sudan. This is an impressive proportion of the 127 countries eligible for funding under the 2022 Global Fund eligibility list (76%).

Key Successes	*Key Challenges*

• Generating demand for and quality assurance of TA requests, contributing to an overall request eligibility rate of 90% vs. 75% eligibility during GC5 and 68% eligibility rate in the prior period of 2014-2016
• Continued expansion of reach to 97 unique countries, contributing to growing equity in information and engagement
• Continued innovative thinking and partnership, within the parameters outlined by the CE SI:
  ○ Including cross-Platform and cross-Component tool development
  ○ Webinar series responsive to emerging situations (e.g. C19RM, Rain or Shine series)
• Clear and effective reporting against KPIs, facilitating strong monitoring of the component throughout the SI life-cycle.
	• Finding an effective balance between facilitated cross-Platform coordination and overly prescriptive coordination events
	• Achieving cost-effective TA generation, as a function of overall TA cost
	• Supporting multi-country engagement
	• Employing lessons learned in a future scenario under 30-40% budget cuts

Recommendations for Component 3

The following recommendations are issued to Component 3 with acknowledgement that this Component met and exceeded most of its KPI targets and showed a strong ability to pivot into an enhanced supportive role related to TA requests during this implementation period. The recommendations below are designed to support the Regional Platforms as they navigate a transition into Learning Hubs, and to increase collaboration and efficiency in the face of anticipated budget reductions across the CE SI in the next period. Further detail for each recommendation is provided in the full version of this report.

3.1. *Develop regional learning agendas for Regional Platforms (Learning Hubs), with relevant intervention menu and associated indicators.*
3.2. *As part of developing regional learning agendas (see Rec 3.1), play an active role in coordinating/facilitating a limited number of cross-regional or global-level events and/or activity tracks.*
3.3. *Explicitly offer the practice of micro-granting as a potential activity stream.*
3.4. *Continue communication with technical partners and other collaborators on role and purpose of Regional Platforms going forward, as they are refocused as Regional Learning Hubs.*

Analysis – Impact and Value for Money of the CE SI

This section considers the impact of the CE SI, as informed by the findings above, from a Value for Money lens. The table below provides a brief overview of findings under each domain, with extensive analysis provided in the full report.

Efficiency	• **Development and sharing of standard tools:** in the absence of this SI, communities in countries would be left to re-create many of the same tools or processes in isolation, leading to highly duplicative work from one country to the next. • **Mobilization of existing arrangements to absorb special funding:** C19RM assistance, top-up funding for GC7 community participation were able to get to communities without the creation of additional mechanisms to support them.
Effectiveness	• **Community voices better represented:** in Funding Requests, through support of TA, KVP networks, and information and capacity building from Platforms, the GC6 CE SI proved effective in its goal of increasing community engagement and representation. • **Increased responsiveness to community needs:** driven by representation on CCMs, community-led advocacy efforts, and documentation and awareness-raising of community needs, communities affected changes in policy and practice.
Economy	• **Use of remote/virtual methods through existing KVP networks and well-established Regional Platform partners:** using existing, capacitated community resources reduces travel costs and start-up times. • **Increased economy in TA costs:** reduced mean cost and limited high-cost assignments means that money goes further to reach more communities in more countries.

Equity	• **Expanded reach:** all three components were able to reach more communities in more countries compared to previous rounds of this SI, including new countries never-before engaged by this effort. • **Increased focus on TB and malaria:** balanced regional coverage of TB-affected communities, a designated malaria grantee, and 24% of all TA including the needs of malaria-affected communities.
Sustainability	• **Engagement of national & regional experts:** 98% of TA missions included national and/or regional expertise, assuring that capacity gained stays in the region. • **Expansive umbrella of reach:** 61 local partners benefited from capacity building of 11 KVP networks, assuring that long-term benefits are left at the country level, even after grants to regional partners conclude.

Evolution of the CE SI: Where to go from here

Consideration of the progress on recommendations of the previous SI, along with the detailed findings from the CE SI, leaves this evaluation with a limited number of cross-cutting recommendations for the 2024-2026 period. Further detail for each recommendation is provided in the full version of this report.

4.1. Engage the CE SI Coordination Mechanism in development of consolidated country engagement plans mapping different aspects of SI engagement in any countries where there is overlap between components, grantees and/or other prioritization.

4.2. Continue the maintenance and sharing of the TA tracking file that tracks engagement across different TA providers.

4.3. Make relevant updates to the MEL and KPIs, especially reflecting any activity tracks that were underrepresented in the GC6 CE SI KPIs.

A Final Note

The evaluation of the GC5 CRG SI precipitated 35 unique recommendations on the strengthening and realignment of the SI as it moved into the next phase. It was apparent that the time was right for growth and change, and the CRG team was well poised to take the SI to the next level of impact. By contrast, this final evaluation yields at total of only 16 unique recommendations. These are provided with the strong recognition and reiteration of the progress made by the CE SI during the GC6 period: the previously-recommended realignments were achieved, efficiencies gained, and reach expanded – all during an extremely challenging period in time while the COVID-19 pandemic unfolded.

Thus, the recommendations for the next phase of work are not to dramatically overhaul or change course on any of the work being done. Rather, in the face of constrained budgets[6], these recommendations seek to support the CE SI team in further consolidating and coordinating efforts, while continuing to strengthen the efforts to track and communicate the vital work being done.

[6] The Global Fund Board approved a US$14 million investment for CE SI for GC7 for the implementation period from January 2024 to December 2026. It is important to note that despite increased expectations on community engagement, this represents a 12% decrease (20% decrease including GC6 top up funding) from the US$16 million allocated for the GC6 SI cycle.

Background

In 2023, the Community Engagement Strategic Initiative (CE SI) entered its 9th year of implementation[7], dating back to its initiation in 2014 as one of the first six Special Initiatives of the Global Fund. As in its earlier rounds of implementation, the GC6 CE SI is organized around three components of work:

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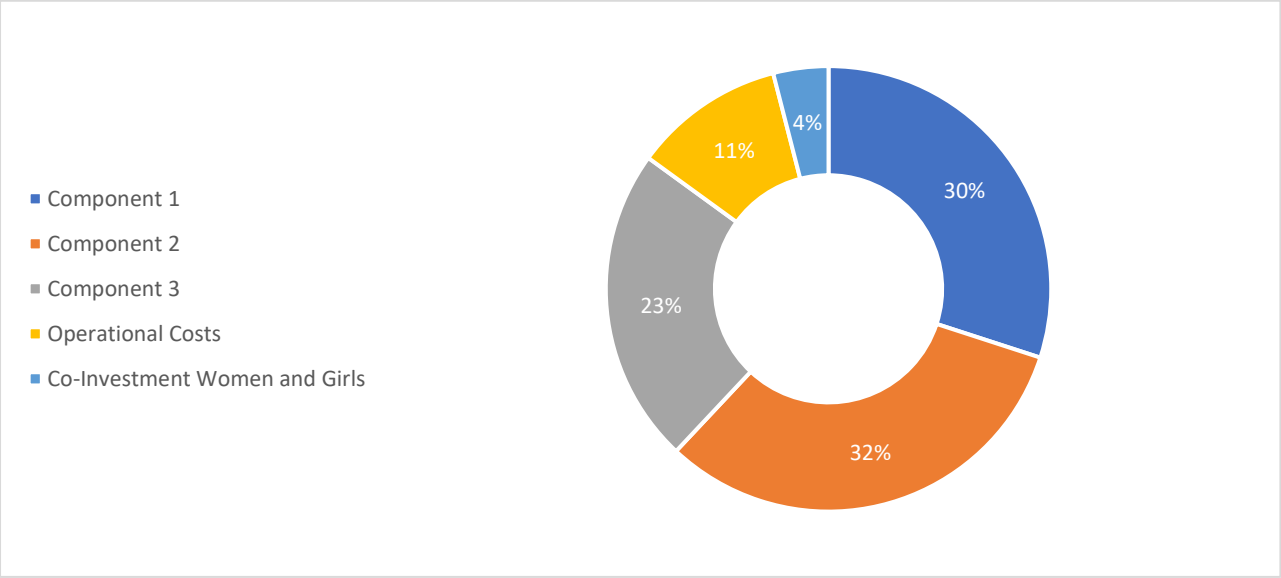
Figure 1. Budget Distribution for CE SI



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reporting for measuring the impact of technical assistance investments, including TA deployed under the initiative"[8] and provides the basis for the findings in this evaluation.

Table 1. Sub-Objectives and Key Performance Indicators for CE SI

COMPONENT 1	
SO1.1 To provide short-term peer-to-peer technical assistance on human rights, gender, community responses, community systems strengthening and other related areas to strengthen the engagement of civil society and communities across the grant cycle and priorities in Global Fund-related processes.	
C1.1	Number and percentage of assignments from which deliverables are used to apply influence
C1.2	Number and percentage of assignments utilizing community experts who are from the country or region receiving the TA
COMPONENT 2	
SO2.1 Amplify the participation and voice of key and vulnerable population communities in policy and decision-making fora and in governance and stewardship of the response to the three diseases	
C2.1	Number and percentage of countries with an increased number of key and vulnerable population constituencies participating in Global Fund-related decision-making bodies and processes
C2.2	Number and percentage of countries with at least one formalized, community-endorsed advocacy agenda for use in influencing decision-making bodies and processes
SO2.2 To strengthen the influence of populations most vulnerable to and affected by HIV/TB/malaria on the design and implementation of national strategies and costed plans, so that they adequately reflect and respond to realities and needs associated with human rights, gender, community responses and community systems strengthening	
C2.3	Number and percentage of countries where at least one KVP community reports successfully influencing program funding and/or design
SO2.3 To empower populations most vulnerable to and affected by HIV/TB/malaria to generate and use data to monitor program coverage and quality and national commitments to end the three epidemics and to utilize the evidence generated for advocacy and programmatic action	
C2.4	Number and percentage of countries where at least one KVP community produces and/or uses new data to improve program coverage and quality, and/or national commitments to HIV, TB and/or malaria responses

[8] *Audit of Global Fund Capacity Building and Technical Assistance*, p5: https://www.theglobalfund.org/media/9504/oig_gf-oig-20-009_report_en.pdf

COMPONENT 3	
SO3.1 To enhance community knowledge of the Global Fund and its processes, through the regular bidirectional sharing of tailored and targeted information to a diverse audience	
C3.1	Number of individuals from KVP communities and/or civil society organizations accessing timely and relevant Global Fund-related information that is shared by the Regional Platforms
SO3.2 To strengthen the capacity and coordination of communities to engage in national and regional Global Fund grants and related processes	
C3.2	Number of countries where communities report or demonstrate their ability to more efficiently and effectively engaged in national and regional Global Fund-related processes as a result of Regional Platform capacity strengthening and coordination support
SO3.3 To improve community access to technical assistance through information-sharing, linkage to appropriate providers, support developing requests, and strengthening TA provider capacity and coordination	
C3.3.	Number of technical assistance requests generated and submitted to a wide range of Global Fund TA providers, as a result of Regional Platform support to communities
C3.4	Percentage of CRG TA requests submitted with Regional Platform support that meet eligibility criteria to proceed to implementation

Purpose of This Report

This report describes the findings of the final evaluation of the GC6 CE SI. In line with the MEL framework of the initiative, it relies on the KPIs as the backbone of its assessment, while also exploring the qualitative elements of any progress (or lack thereof) against the KPIs. Because this is the first time that the CE SI has employed KPIs, it also lends a constructively critical eye to whether the KPIs were well-chosen to measure the most important inputs and outcomes of each component, as well as how the target-setting process served the SI.

In addition to KPI data, the report uses a value for money lens, and reflects on several key evaluation questions developed by the CE SI team, as informed by a Midterm Evaluation conducted in 2022.

The main body of this report presents all findings at the summary level, in order to stay brief and serve a wide range of audiences to understand the accomplishments and challenges of the GC6 CE SI. More details on the work of each component can be found in the annexes of this report.

Methods of Evaluation

Data collection for this evaluation took place between May and August 2023. A desk review was conducted of all available materials produced by and related to the CE SI, including grantee workplan updates and narrative reports. This evaluation was also heavily informed by the final evaluation of the previous GC5 CRG SI, and the CE SI's MEL Framework and its accompanying guidance document.

Desk reviews were complemented by interviews with 19 unique key informants, including staff of the CRG Department and partners within and external to the Global Fund. Surveys were administered to all Component 2 and Component 3 grantees, with a total of 16 responses from 17 possible respondents. More details on the methods utilized in this evaluation are available in Annex 1.

Limitations of Evaluation

This evaluation was primarily informed by the data gathered by the CE SI in line with the MEL framework. This was a new framework, developed in response to data quality observations and respondent experiences during the final evaluation of the GC5 CRG SI. Because of the novelty of the MEL framework and the KPIs, there may be limitations or gaps in information that was captured. More details on apparent gaps are discussed throughout this report, where relevant.

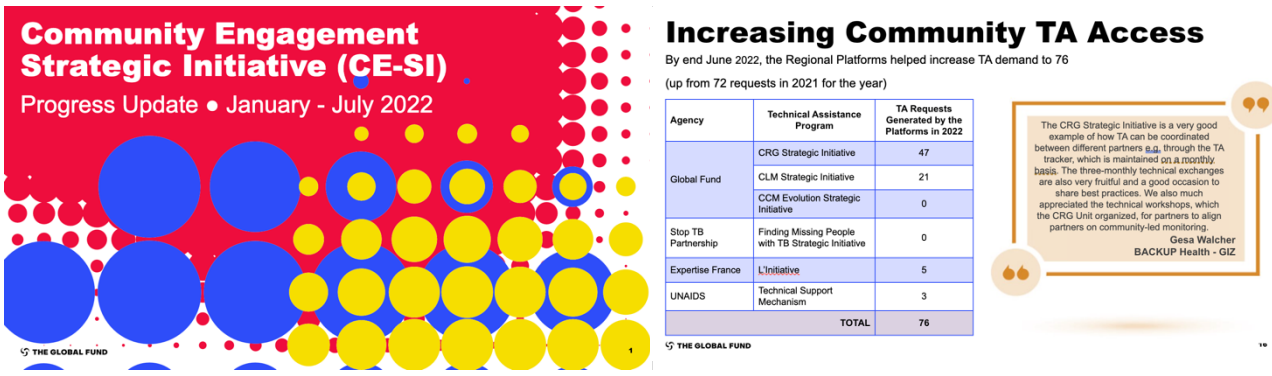
In addition, this evaluation was conducted during a time period that included intensive preparations for GC7 by both Global Fund staff and in-country implementing partners. This strongly limited the availability of some respondents to make time for participation in this evaluation. Furthermore, data collection for this evaluation was concluded before the final activities of the SI were completed; however, this was mitigated by inclusion of updated data in the final quarter of 2023, after primary data collection had concluded, rendering this likely a minor limitation.

Implementing Arrangements of the CE SI

A key focus of the recommendations in the 2017-2020 CRG SI final evaluation was guiding the SI to produce data that were more easily monitored throughout implementation, and to use these data to more clearly communicate the purpose of the SI. It is abundantly evident that the CE SI team took these recommendations to heart, using both operational and programmatic data on a regular basis to reflect deeply on their progress. This is best evidenced by two main examples:

- An **M&E Concordance Table** carefully tracked CE SI performance in fulfilling each of the recommendations from the final evaluation, on an annual basis. This allowed the team to reflect on what was and was not working as planned, and to maintain efforts to accomplish changes that were not able to be accomplished in Year 1.
- **Biannual Progress Updates** served as a checkpoint for the SI team and its implementing partners every 6 months, consolidating data and reflecting on trends, emergent priorities (i.e. C19RM and GC7) and lessons learned.

Figure 2. Excerpts from a Biannual Progress Update



Another example of innovative information sharing was the Community Engagement Toolbox. This resource, which increased the visibility of the CE SI also served multiple other purposes: providing access to existing tools to promote wider use and reduce duplicative work by other partners; as well as showcasing how CE SI investments from different components synergize to create joint work. This exemplifies the work of a well-organized, highly-reflective initiative that is continually looking for ways to increase coordination, synergy and value across the different components of its work.

CE SI Coordinating Mechanism

To complement the production and communication of clearer, more regular data about the CE SI's work, the CE SI team revitalized its Coordinating Mechanism to actively engage key collaborating partners. The role of this mechanism is "to facilitate synergetic, coordinated and country-owned approaches to the implementation of the CE SI." This body is chaired by the CRG Department, and permanent members include selected Global Fund teams and initiatives (Grant Management Division, CCM Hub, Technical Advice and Partnership Department, STE SI, HR SI, CLM SI, AGYW SI), technical and bilateral partners (Joint United Nations Programme on HIV/AIDS, Stop TB Partnership, Roll Back Malaria Partnership, World Health Organization, GIZ, Expertise France, PEPFAR (since 2023), USAID (since 2023)), and the Communities Delegation to the Global Fund Board as a civil society representative. Observing members include representatives from Donor Relations and the Political and Civil Society Advocacy Department.

CE SI Coordinating Mechanism meetings were held quarterly. Feedback from the partners involved was universally positive, with coordination of TA efforts being the most-often noted benefit. In particular, the Integrated TA Tracker, which started in 2020 as an ad hoc initiative for the Coordinating Mechanism, was praised as being of significant value to all partners in coordinating investments and reducing overlap. At the same time, other elements of this evaluation found that there may be greater demand for country-level coordination in some areas, potentially leaving opportunities open for greater engagement of this mechanism, particularly in the first 6 months of SI planning and start-up.

MEL Framework and Systems

The redesign of the MEL framework and system was a significant undertaking by the CE SI team, working to ensure that sub-objectives and KPIs were in place for each component, and that activity tracks and process indicators accompanied the track of longer-term outcomes to show shorter-term progress. The changes made and systems developed are unique by component and are further discussed in the Summary of Findings for each component, below.

Summary of Findings

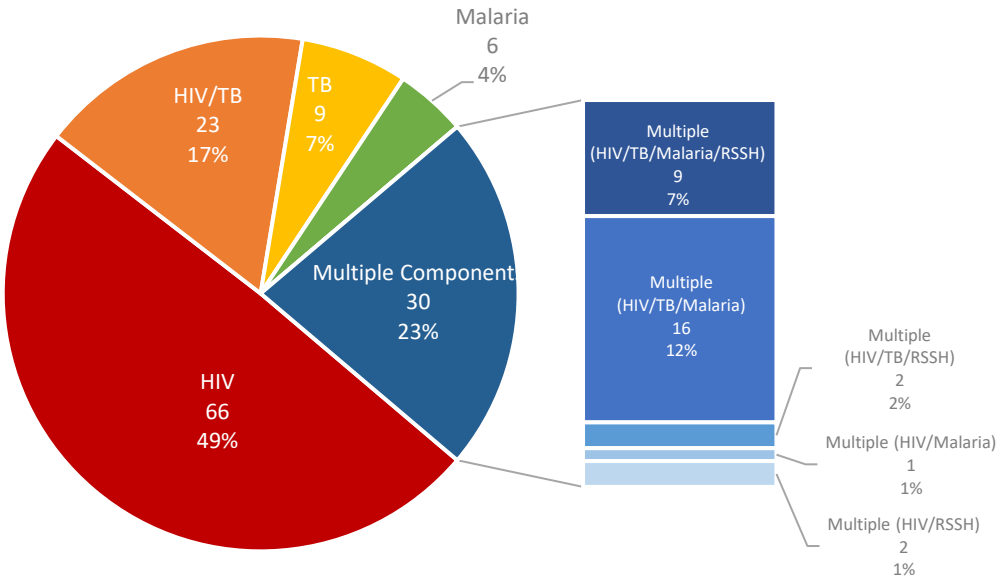
The findings below focus on the results related to Key Performance Indicators (KPIs), as well as some key qualitative learning around the successes and challenges of each component. More analysis and details for each component can be found in Annexes 2-4.

1. Short-term technical assistance delivered by and for community and civil society

Strategic Objective 1.1 *To provide short-term peer-to-peer technical assistance on human rights, gender, community responses, community systems strengthening and other related areas to strengthen the engagement of civil society and communities across the grant cycle and priorities in Global Fund-related processes.*

Component 1 provided technical assistance (TA) to communities to support Funding Request development, grant implementation, and the development of National Strategic Plans. This component continued to expand efforts to provide TA for malaria, including cooperative demand-generation efforts with Components 2 and 3 partners, completing a total of 134 assignments.

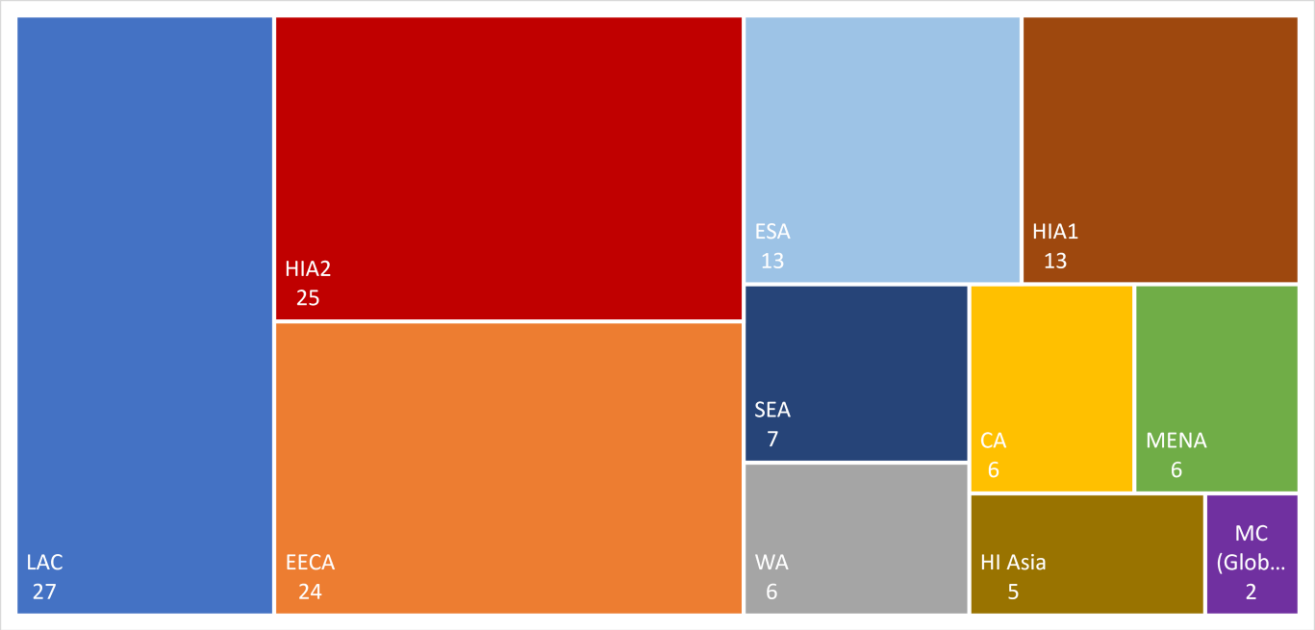
Figure 3. Number of Completed TA Assignments, by Disease Component



Comparing this distribution to the GC5 CRG SI, a significantly smaller proportion of assignments were dedicated to HIV/TB (17% in GC6, vs 32% in GC5), while a significantly larger percentage were multi-component (23% in GC6, 9% in GC5). This translated into **inclusion of malaria in 24% of all assignments, compared to only 18% of all assignments in the previous period**. At the same time, the share of assignments dedicated only to HIV rose (from 41% to 49%), highlighting continued inequity in the distribution of TA. As with previous rounds of SI, this is likely due to the longer history of HIV civil society and community engagement, translating into more capacity to request and host TA.

In line with equity efforts across the SI, Component 1 provided TA in all regions. Notable growth in the number of assignments completed was seen in LAC (27 in GC6 vs 17 in GC5), EECA (24 vs 16), and Eastern and Southern Africa (13 vs 10).

Figure 4. Number of Completed TA Assignments, by Region



Other focused improvements under the CE SI included clearer communication about TA possibilities through a Menu of TA Services to continue improving the ratio of assignments that met eligibility criteria; greater definition of expected outcome(s) of each assignment, as well as tracking use of TA deliverables; and greater collaboration with other components for both TA generation and follow-up. Results of these efforts are described in the KPI results below.

Table 2. Key Performance Indicator Results for Component 1

Key Performance Indicator		Target[9]	Achievement		
		#	%	#	%
C1.1	Number and percentage of assignments from which deliverables are used to apply influence	-	85%	33	100% [10]
C1.2	Number and percentage of assignments utilizing community experts who are from the country or region receiving the TA	-	80%	131	98%

[9] Throughout this report, targets are cumulative across the lifespan of the GC6 CE SI. Achievement reflects cumulative achievement across this same time period.

[10] The denominator for this figure is the total number of surveys responses received. At the time of this evaluation, 41 surveys had been sent, and 33 responses had been received. 100% of all responses indicated partial or full use of TA deliverables. More details on this are available in Annex 2.

Key Analysis for Component 1

Component 1 significantly expanded the number of assignments completed across the implementation period, delivering 134 assignments[11] compared to 125 in the GC5 CRG SI. The component effectively increased the number of countries receiving malaria-related technical assistance, and also expanded assistance provided in three regions heavily impacted by transition and sustainability issues. It met its target for use of assignment deliverables to apply influence, and exceeded its target for engagement of community experts from the country or region receiving TA. The latter is of particular note, given that Recommendation 1.4 of the CRG SI evaluation prescribed this change for better alignment with the community-driven nature of this Strategic Initiative.

Table 3, below, summarizes key successes and challenges for Component 1. Further details are provided in Annex 2.

Table 3. Summary of Successes and Challenges for Component 1

Key Successes	*Key Challenges*
• Strong coordination with Regional Platform support, contributing to an eligibility rate of 90% • Increase proportion of assignments including malaria (24% of all assignments compared to 18% in the GC5 CRG SI) and multi-component assignments • Reduction in mean cost of TA, from US$42,890 (GC5) to $38,359 (GC6) • Smaller proportion of assignments for which costs exceeded US$90,000: 4% in GC5 versus 1% (a single assignment) in GC6 • Consistent tracking of timelines from TA request to contracting, with 81% being contracted within three calendar months • 98% assignments involved national and/or regional experts in TA provision teams • Greater range of TA providers engaged, with more transparency in provider selection	• Tracking use of TA deliverables/products, largely due to low response rate of post-assignment surveys • Continued high percentage of TA devoted to HIV-only assignments • Relatively low involvement of KVP networks from Component 2, indicating continued opportunities for linkage • Perception by some collaborating partners that turn-around time for TA remains too slow

Spotlight: Monitoring, Evaluation & Learning in Component 1

Component 1 had limited, but important re-alignment of its MEL system during GC6. It maintained the same basic data storage method (a single Excel file, updated regularly), but streamlined data in

[11] In addition to the 134 TA assignments, in 2021, the CE SI was leveraged to provide additional 38 TAs to support engagement in C19RM funding request development with separate funding from C19RM CMLI, meaning that the CE SI team successfully delivered 172 TA assignments in total.

this document to assure that it was aligned with KPI reporting requirements, while also supporting operational tracking of how an assignment was progressing towards specific milestones.

From a data perspective, Component 1 data are for the most part complete and clear, leading to easy insight on different elements of the component's work. A key exception to this is in post-assignment data, which requires the completion of a survey by the TA recipient. By the time of analysis 41 surveys had been sent and 31 responses received (response rate: 76%). All respondents indicated having "fully" (26 respondents) or "partly" (5 respondents) used TA deliverables as anticipated. While TA recipients report using deliverables, the response rate for this survey is low, and requires further consideration on how to motivate responses for the critical data they provide. Leaving aside post-assignment data gaps, because of the quantitative nature of its data this component provides ample opportunity not only for clean and accurate measurement of KPIs but also for disaggregation within them. This presents an opportunity for further use of existing data, to more effectively communicate the complex and unique work of Component 1.

Overall, this component provides the greatest wealth of data, due to its highly quantitative nature. As noted in Annex 2 of this report, it is not necessary to collect any new or different data for Component 1, though the component may consider showcasing more of what is already being collected in a wider range of KPIs.

Summary of Progress Against Prior Recommendations for Component 1

Component 1 partially or fully achieved all of the recommendations that guided it from the GC5 CRG SI final evaluation (see Table 8, below).

One area that would require further effort for full achievement is coordination with and involvement of Component 2 grantees in both TA generation and follow-up. The engagement of Component 1 with Component 2 has continued to be challenging across multiple rounds of this SI, and this evaluation notes the significant improvements made in actively involving Component 2 in the shaping of 11% of the TA assignments ultimately delivered (while this metric was not tracked during GC5, it is assumed to be zero based on key informant interviews with both components for that period's final evaluation). This evaluation does not recommend that significant effort be expended on continuing to grow this coordination, especially in a context with more TAs being provided across multiple diseases and constituencies, though it does envision that some recommendations under Component 2 and 3 may naturally support further engagement of KVP networks and country-level organizations in TA shaping, provision and follow-up.

Table 4. Recommendations from GC5 CRG SI Final Evaluation

Recommendation	Status		
Component 1	In progress	Partially achieved	Achieved
1.1. Assure that all TA assignments define expected outcomes, including time frame for when outcomes might be realized, to allow for better understanding of medium- and longer-term value of TA investments.			

1.2. Involve Component 2 grantees in planning for all TA requests where there is overlap of scope.			
1.3. Provide a range of follow-up options for beneficiaries who require support beyond initial TA provision, including engagement of Component 2 grantees and/or technical and bilateral set-aside partners.			
1.4. Assure that the intended peer-to-peer nature of TA is realized and that the CRG Strategic Initiative is contributing to community capacity to provide TA, by requiring the involvement of local community experts in each assignment.			
1.5. Introduce the option of targeted calls for proposals, for priority-driven TA assignments to respond to cases where community capacity and/or recognition is severely limited.			
1.6. Increase transparency around assignment of TA requests to particular providers.			
1.7. Consider developing a menu of TA services and budget ranges.			
1.8. Rationalize and systematize coordination with other Strategic Initiatives to better align TA on relevant topics.			
1.9. Assure that timely and detailed feedback is provided on ineligible/unsuccessful TA to requesting communities and Platforms, so that alternatives may be brokered.			
1.10. To support consistency in monitoring data, decide whether to track distribution of TA by topic using the MEL Activity categories or the Key TA categories.			

Recommendations for Component 1

The following recommendations are issued to Component 1 with acknowledgement that this Component made significant progress against the targets that it set through KPIs and improved its performance on many other metrics when compared with the previous CRG SI. The recommendations below are designed to better capture the impacts of TA that is delivered, as well as to continue aligning with the other efforts and needs present at country level.

1.5. Redouble efforts to assess how TA products are utilized after assignments are completed. Engagement of the Regional Learning Hubs (the next evolution of the Regional Platforms) should be considered for this purpose. Post-assignment interviews, guided by a standardized form, may yield both higher response rates and more nuance that can in turn be used for continued refinement of TA generation and delivery and at the same time inform regional learning.

1.6. **Include more KPIs under this component, to clarify areas of priority and focus.** Because the data for this component are relatively easily analyzed (i.e., do not require any additional reporting burden from grantees), there is a great deal of analysis that can be done using existing data. Assigning a slightly wider range of KPIs (suggest a maximum of 4) may help to give a more well-rounded picture of Component 1 work and also help to communicate the complex achievements of this component to other stakeholders.

1.7. **Work closely with Components 2 & 3 to align with recommended changes in those components.** These include more cohesive national engagement plans for countries where more than one grantee is engaged (Component 2) and alternative approaches to smaller or more urgent TA needs using micro-granting (Component 3).

1.8. **Consider differentiated/flexible approaches for demand generation in COEs, where community capacity to identify or articulate needs may be more limited.** In these environments working with other entities including FPMs, CRG Advisors, technical partners, or government partners may be effective to identify known needs within/of communities where capacity is still emerging.

2. Long-term capacity strengthening of key and vulnerable population organizations and networks

Sub-Objective 2.1 *Amplify the participation and voice of key and vulnerable population communities in policy and decision-making fora and in governance and stewardship of the response to the three diseases*

Sub-Objective 2.2 *To strengthen the influence of populations most vulnerable to and affected by HIV/TB/malaria on the design and implementation of national strategies and costed plans, so that they adequately reflect and respond to realities and needs associated with human rights, gender, community responses and community systems strengthening*

Sub-Objective 2.3 *To empower populations most vulnerable to and affected by HIV/TB/malaria to generate and use data to monitor program coverage and quality and national commitments to end the three epidemics and to utilize the evidence generated for advocacy and programmatic action*

Component 2 focused on supporting regional and global networks of key and vulnerable populations, to provide consistent, long-term capacity-building support to communities affected by the three diseases.

"The CE-SI is a critically important initiative and is the closest to what the [The Global Fund] has in terms of a dedicated funding stream for communities and key populations. We appreciate all the work that CRG team put in and the support they provide, in spite of limited staff working on it. We only wish there was more funding."
KVP Network Grantee, speaking about the role of Component 2 funding

HIV grantees were represented by global networks, which focus on different affected populations. In contrast, TB networks were represented by regional networks, which address the unique epidemiology and contextual environment of TB in each region. Communities affected by malaria were represented by a single network with a global mandate, but which in practice is still building its representation in a handful of countries. This difference was not a purposive statement by the CE SI, but rather is a reflection of the difference in the history and organizing maturity of each disease's response, which impacts how each response is organized.

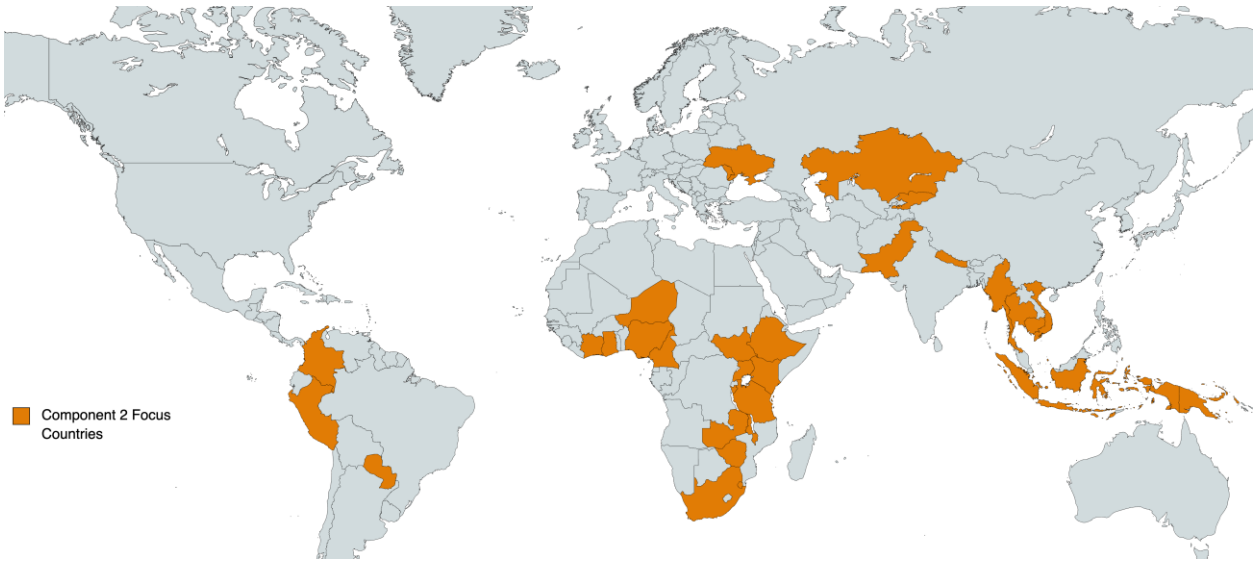
Table 5. Key and Vulnerable Population Networks Supported Under Component 2

Network	Population/Region of Focus
HIV	
Global Action for Trans Equality (GATE)	Trans and gender diverse people
Global Network of People Living with HIV (GNP+)	People living with HIV
International Network of People who Use Drugs (INPUD)	People who use drugs
MPact Global Action for Gay Men's Health and Rights	Gay, bisexual, and other men who have sex with men
Network of Sex Worker Advocacy Projects (NSWP)	Sex workers

Youth Consortium	Young key populations (YKP), young people who use drugs and young people living with HIV (YPLHIV)
Malaria	
CS4ME	Communities vulnerable to malaria
Tuberculosis	
Activists Coalition on Tuberculosis (ACT) Africa	Africa
Activists Coalition on Tuberculosis (ACT) Asia Pacific	Asia Pacific
Socios en Salud (SES)	Latin America
TB Europe Coalition (TBEC)	Eastern Europe and Central Asia

An important change from the 2017-2020 CRG SI was the reorientation around country-level work, with each grantee setting a country outcome statement (e.g., statement of desired change) for each country of focus. This reorientation is also reflected in the KPIs for this component.

Figure 5. Countries of Grantee Focus



Results under this component are extensive, and by their nature are better represented through in-depth qualitative storytelling, which is outside the focus of this report. The following highlights some of the many results achieved by KVP networks in each disease component:

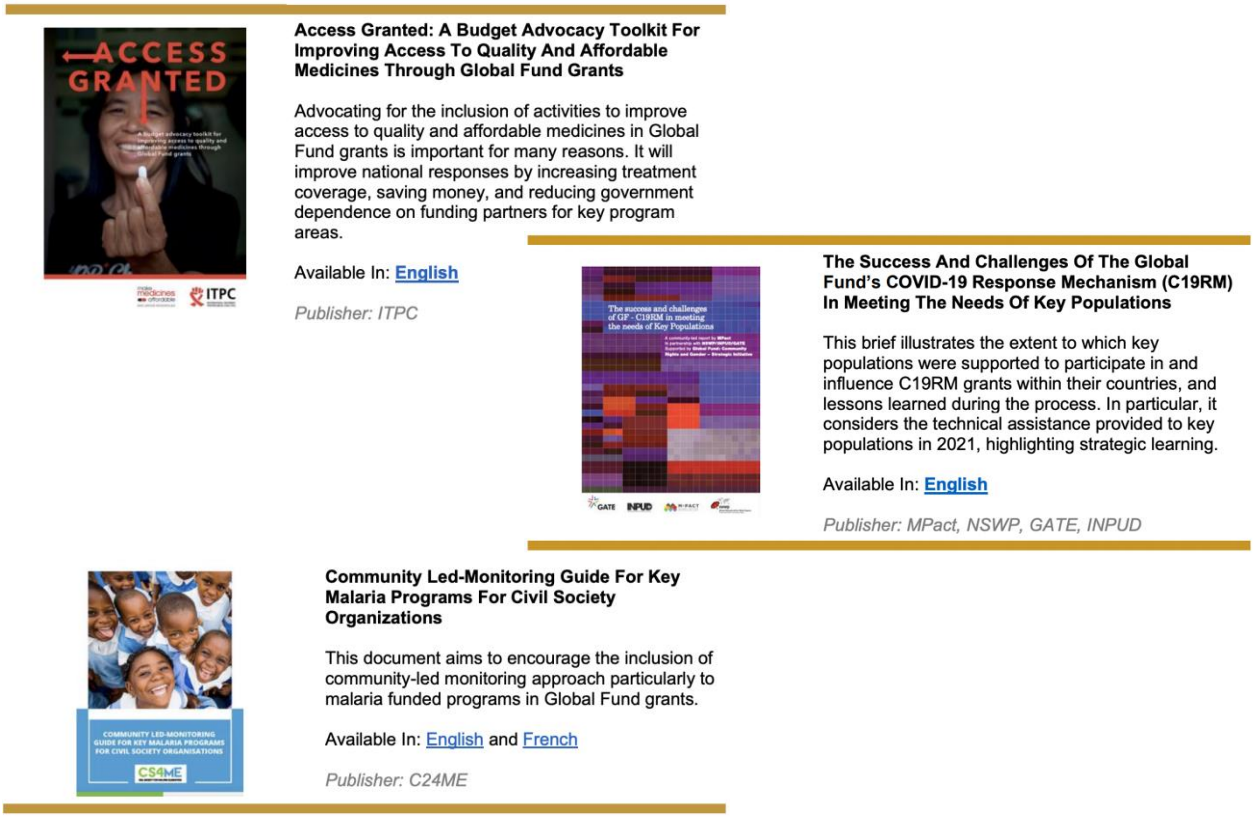
- **PLHIV** communities consolidated their collective power by developing advocacy agendas in Eswatini, Indonesia, Malawi, Moldova, Nigeria and Pakistan, while **PWUD** strengthened access to opioid agonist therapy in Ukraine and harm reduction writ-large in Pakistan. At the same time, LGBTIQ+ communities, including **transgender people** and **MSM**, strengthened their engagement in Kenya, Zambia and Zimbabwe national planning processes; and sex workers gained greater representation on the CCM in Ghana and advocated for human rights improvement South Sudan. Meanwhile, **youth**-led organizations brought greater clarity to the

specific needs of young key populations in representative roles through a global survey of young CCM members.

- **TB-affected communities** strengthened representation on CCMs in Nepal, Paraguay, and Peru, and documented their experiences through community-led assessment and monitoring in Cameroon, Ethiopia, and Indonesia. Grantee advocacy has already influenced change in national planning processes Cameroon, Indonesia, Kyrgyzstan, Nigeria, and Ukraine, with many other countries in the process of securing policy and practice change.
- **Malaria-affected communities** engaged in community mobilization and movement-building that supported community-led needs assessments and produced community action plans in Cameroon, Niger and Nigeria.

However, it cannot be over-emphasized that this list, and the more detailed results provided in Annex 3, represent only a small fraction of the diverse results achieved by the 11 KVP network grantees and their 61 local partner organizations. For interested readers, further details of such successes can be found in the biannual CE SI Update documents that are publicly available on the Global Fund website.[12] Additional resources highlighting Component 2 contributions are found in the Community Engagement Toolbox. This report further encourages interested readers to explore the materials produced by KVP Networks – efforts by communities themselves, that have involved significant effort in analysis and communication.[13]

Figure 6. Examples of Component 2 Grantees' Contributions to Community Engagement Toolbox



[12] It should be noted that the public availability of these updates is, itself, a major achievement by the CE SI team, allowing for readers of this final evaluation report to access a wider range of information from across the lifespan of the GC6 CE SI.
[13] Contact information for all KVP Networks is available on the Global Fund website.

In addition to the long-term support provided to key and vulnerable populations networks above, the GC6 CE SI continued investments to support women and girls through two separate partnerships with ViiV Healthcare Positive Action and Foundation Chanel that continue to achieve remarkable results in a short space of time. The *HER Voice Fund* helps to amplify the voices of adolescent girls and young women in 13 African countries to inform the decisions that affect their lives, including through training, mentoring and involvement in advocacy campaigns. *Voix EssentiELLES* helps women and girls in 3 countries in West and Central Africa organize and engage in decision-making around health policies and programs.

As reported in the evaluation for GC5, the CE SI supported the HER Voice Fund since its conceptualization and launch in 2018, provided US$631,000 for pilot activities through EANNASO and SAT as joint implementers. Following the pilot in GC5 the Global Fund signed a partnership agreement with ViiV Healthcare Positive Action and Y+ Global was selected as a new implementer in a competitive process led by ViiV. In GC6 ViiV invested approximately US$3 million in HVF to support the grass root grants while CE SI invested $515,568 to support the HVF leadership component (US$340,728); the development of "We Are The Change" an AGYW capacity-building curricula (US$90,840) and top-up funds to support AGYW engagement in GC7 fund request development processes (US$84,000 to support HER Voice). In GC6 the CE SI provided core support of US$195,355 to Voix EssentiElles, implemented by Speak Up Africa, (excluding US$148,274 previously funded through the GC5 cycle). The results and learning from these initiatives have enabled implementing partners to secure funding for GC7 but the CE SI will launch a new private sector partnership for a Gender Equality Fund to achieve gender equality through the engagement of women, girls and gender diverse communities in Global Fund and related national and community level processes.

Table 6. Key Performance Indicator Results for Component 2[14]

Key Performance Indicator		Target		Achievement		
		#	%[15]	#	%	% of Target
C2.1	Number and percentage of countries with an increased number of key and vulnerable population constituencies participating in Global Fund-related decision-making bodies and processes	20	63%	32	100%	**160%**
C2.2	Number and percentage of countries with at least one formalized, community-endorsed advocacy agenda for use in influencing decision-making bodies and processes	20	63%	32	100%	**160%**
C2.3	Number and percentage of countries where at least on KVP community reports successfully influencing program funding and/or design	20	63%	26	81%	**130%**
C2.4	Number and percentage of countries where at least one KVP community produces and/or uses new data to improve program	27	84%	27	84%	**100%**

[14] Cumulative data for Component 2 as of December 31, 2023

[15] The denominator for these percentages is the 32 unique countries in which Component 2 grantees were supported to work.

	coverage and quality, and/or national commitments to HIV, TB and/or malaria responses					

Key Analysis for Component 2

The quantitative results captured in these indicators provide only a glimpse of the full impact of the CE SI on community capacity building – but it is an important glimpse, which helps lend a sense of the concrete returns on the investment in this component.

By the numbers, grantees engaged in focused, country-level work in a total of 32 unique countries. In approximately half of these countries (15; 47%), more than one of the Component 2 KVP networks implemented activities. Grantees consistently achieved results across all four KPIs, and significantly exceeded the targets for three KPIs set at the beginning of the SI. As noted above, the wide array and qualitative nature of long-term capacity building results cannot be fully summarized here – but review of narrative annual reports indicated that the vast majority of these efforts were elegantly captured within the numbers of the KPIs. Further description of some qualitative examples (though certainly not an exhaustive list) underlying the number presented here is provided in further detail in Annex 3.

Typically, this level of over-performance relative to targets would indicate poor, overly conservative target-setting and suggest poor understanding of the expected return on investment. However, in this case, this evaluation does not judge the situation that harshly: this was a first experience for the SI in having KPIs, and especially with a significant reorganization around country-level work, there was little in the way of relevant baseline to inform of what might be expected for performance from grantees. While C19RM was initially disruptive and displacing it also acted as an accelerant in reaching targets especially for component 2 partners. In addition, although C19RM community engagement was funded separately from the CE SI, the cumulative investments in GC6 were higher than initially committed by the Board, demonstrating communities are able to achieve more with more funding[16]. Therefore, the mismatch of targets with performance is not seen to reflect negatively on this SI; however, it is expected that this experience provides a reasonable baseline for more tailored target-setting going forward.

Table 7. Summary of Successes and Challenges for Component 2

Key Successes	Key Challenges
• Transitioning to country-level work, including country-level outcome statements and workplans for 32 unique countries • Collaborating across grantees, including on the 58 products in the Community Engagement Toolbox • Partnering with an emerging malaria network, supporting the reach of 600 CSOs working on malaria globally and investing in its organizational development	• Developing country-level outcome statements after work planning was complete (this is further discussed in MEL Spotlight, below) • Mobilizing malaria-affected communities organizations at the local level (vs national or regional)

[16] Board approved $16 million for the CE SI in GC6 but additional $1.5 million GC7 funding request top up funding was allocated and in direct benefit of $2.1 million for CE SI partners funded through C19RM CMLI.

• Achieving greater understanding by other components and collaborating partners on the role and scope of KVP network engagement
  ○ Including joint efforts with Regional Platforms on 10 tools in the Community Engagement Toolbox
  ○ Multiple CRG-led SIs allowed for catalytic synergies (e.g. Mongolia where GC6 CE SI and the CLM SI supported establishment of TB survivor network and engagement on CCM)
	• Balancing between communities' stated desires and the reality of on-the-ground contexts, for KVP networks to have greatest impact

Spotlight: Monitoring, Evaluation & Learning in Component 2

The data provided by the KPIs under this component, combined with the reoriented focus on country-level work, reflect a greatly improved organization and structuring of the work being done across grantees, when compared to the data available for the CRG SI 2017-2020. When grantees were surveyed about their experience of this change (10 of 11 grantees responding), 70% (7 out of 10) felt it was helpful to focus work at the country level, while the remaining 30% of respondents felt that this was a neutral change that made no difference for them. One grantee expressed an approval of country-level focus but also expressed that this focus can serve to invisibilize some of the important global and regional level work that is done, indicating potential for continued improvement in capture of global and regional results[17].

While KPIs for this component inherently require more subjectivity than the more easily quantifiable work of Components 1 and 3, most grantees effectively reported and consistently delivered results in line with these KPIs. KVP networks were also required to develop country outcomes statements, to demonstrate cohesion in their planned activities and how they were working towards an organized, planned change. When surveyed about how outcome statements continued to be relevant after three years of implementation, 40% of respondents (4 grantees) felt outcome statements remained Very Relevant, while the remaining 60% felt they were somewhat relevant even when their work took them in slightly unexpected directions to respond to emergent situations. Additionally, 40% of respondents felt that country outcome statements definitely helped them to look at country-level needs or processes differently than they might have otherwise, while 60% felt that this was somewhat true. Some consternation was expressed around having to fit outcome statements within the component's sub-objectives and KPIs. Additionally, from an evaluation perspective, it is notable that progress on country outcome statements was not easily quantifiable. While the purpose of outcome statements was not to create a measurement tool, but rather a sort of guiding light for cohesive work at a country level, it is possible that introducing a KPI that focused on grantee

[17] It should be acknowledged that global and regional level results that do not serve a country-level purpose, while important for global movements, are not the focus of the CE SI. At the same time, some global-level investments lay the groundwork for and/or translate into important country-level results – although not always on the same timeline. Therefore, as long as there is a clear pathway to country-level impact, it may be desirable to capture global-level work of grantees in some cases.

self-assessment of progress on country outcomes would increase buy-in. Suggestions for how these issues might be navigated are discussed further in the Overarching Recommendations, below.

There continue to be some mismatching of activities with realistic outcomes (including but not limited to those captured by KPIs), and there is continued need to assess and differentiate the different capacity-building needs of each disease component's communities (i.e., malaria and some TB communities are still in earlier stages of mobilization and movement-building, while many HIV communities are able to leverage their long histories to have more direct and immediate impact on policy change). At the same time, it should be noted that grantees in GC6 were agile and adaptable in responding to needs as they emerged, and these valuable qualities may result in there always being some degree of mismatch between intended outcomes and actual activities implemented. Therefore, the KPIs for this component largely serve it well but may need some mild revision to assure they are best capturing the work planned by grantees. At the same time, the SI should continue to expect, allow for, and even encourage some variation from original plans, as needs arise.

Overall, these data indicate a strongly positive experience of this change in approach to focus on country-level and promote the development of outcome statements, and affirms that it should continue into the 2024-2026 SI. Further suggestions on how to improve this process for grantee experience and more efficient use of country-level resources are provided in the Overarching Recommendations section of this report.

Summary of Progress Against Prior Recommendations

Component 2 partially or fully achieved all of the recommendations that guided it from the GC5 CRG SI final evaluation (see Table 8, below). Some items continue to be ongoing, including:

- The differentiation of role and needs of TB and malaria KVP networks vs the needs of their HIV counterparts; and
- The clarification and communication of the unique scope and results-based purpose of the CE SI as it differs from other long-term capacity-building funding streams; and
- Assuring topical and geographic complementarity amongst grantees.

While these three areas are currently ongoing efforts, this evaluation does not judge this as a deficit. Rather, this is a natural reflection of the continued growth of the networks and the communities themselves (especially for malaria and TB-affected communities), and the continued growth and navigation of the CE SI as it has effectively transitioned to a country-level focus during this GC6 implementation period.

Table 8. Recommendations from GC5 CRG SI Final Evaluation

Recommendation	Status		
Component 2	In progress	Partially achieved	Achieved
2.1. Strongly clarify and communicate the scope and results-based purpose of CRG Strategic Initiative funding for long-term capacity building, as it differs from other funding mechanisms.			
2.2. Require Component 2 grantees to develop and implement workplans, and track progress, that focus on country-level impact on community engagement in Global Fund grant processes.			
2.3. Limit the number of sub-grantees eligible under each grantee, in order to better focus funds to obtain measurable outcomes.			
2.4. Assure clear geographic or topical complementarity amongst grantee portfolio in each disease component.			
2.5. Continue building partnership with a global community-led malaria network.			
2.6. Carefully differentiate the role and results expected of TB and malaria grantees in contrast to HIV grantees.			
2.7. Address equity concerns in AGYW investments, providing opportunities for AGYW outside of 13 priority countries covered by HER Voice Fund to access resources and support.			

Recommendations for Component 2

The following recommendations are issued to Component 2 with acknowledgement that this Component is well on track in achieving its purpose and has over-performed against its own targets during the implementation period evaluated. The recommendations below are designed to enhance the workflow of the current systems, leverage existing Global Fund investments at country level through stronger coordination, and to allow for more structured capture of some of the significant, valuable, and community-driven work that fell outside of KPIs during this period (as evidenced by content in narrative reporting).

2.1. Assure that country outcome statements are developed before workplans. The process of developing outcome statements should dove-tail with the coordination and consultation with other stakeholders (CE SI implementers, CRG Investment Support Advisors, GMD/CTs), and have clear guidance associated. The CE SI team, within itself, should coordinate closely on what is expected from outcomes statements, to avoid conflicting feedback to grantees on level of specificity desired.

2.2. Encourage grantees to revisit country outcome statements for relevance on an annual basis as part of narrative reporting. KVP grantees rightly noted that country-level environments can change dramatically, sometimes rapidly, based on political situations and other emergencies. While most

grantees did feel that their outcome statements were very or mostly relevant 3 years into this SI, it is important to explicitly allow space for outcome statements to be updated for relevance when needed.

2.3. Consider a KPI that includes grantee self-assessment of progress against outcome statements. This may serve to clarify the importance of and increase buy-in to outcome statements. It is recommended that this uses a 3- or 4-point scale such as Achieved, Partially Achieved – Ongoing, Partially Achieved – Halted, Not Achieved. All categories, but especially Not Achieved, should allow for a brief explanation of the circumstances that surrounded the level of achievement. Stress should be placed on this indicator as part of a learning process, where reflection on what has not worked and where barriers were encountered being expected as a key part of reporting.

2.4. Carefully align KVP network country selection, outcome statement development, and workplans around country grant cycles and the needs and resources of national grants. To create momentum for this process during the work planning stage, the CE SI team will likely need to facilitate KVP networks to engage closely with CRG Investment Support Advisors and other potential grantees (e.g. HIV, TB and malaria networks and organizations working within the same country).

2.5. Work with KVP networks to further evolve a role as broker between community needs and country grant needs, limitations and context. Some key informants reported a tendency for KVP grantees to resist or take issue with anything that was not driven directly by the community's expressed needs; likewise, several KVPs independently affirmed that their workplans are driven by community needs. While it is understood and completely appropriate that KVP networks are built to focus on the needs of their constituencies, their role in this engagement with the CE SI should be to reinforce the capacity of their constituencies to meaningfully participate in and influence the country processes as they relate to Global Fund program implementation. To that end, the KVP networks need to work as a broker and/or communication link between the realities of the country grant and the needs of the community, finding space to connect community needs to the broader context in which the community is situated.

2.6 Refine the approach to providing differentiated support to communities most affected by TB and malaria. Based on the recognition that in order for TB and malaria-affected communities to be mobilized and strengthened globally, a strong community-led network must exist, the GC7 CE SI should consider broadening the support options available to TB and malaria communities and include a level of organizational strengthening and core support.

3. Regional coordination and communication platforms for community and civil society

Sub-Objective 3.1 *To enhance community knowledge of the Global Fund and its processes, through the regular bidirectional sharing of tailored and targeted information to a diverse audience*

Sub-Objective 3.2 *To strengthen the capacity and coordination of communities to engage in national and regional Global Fund grants and related processes*

Sub-Objective 3.3 *To improve community access to technical assistance through information-sharing, linkage to appropriate providers, support developing requests, and strengthening TA provider capacity and coordination*

Component 3 continued to operate with six Regional Platforms, utilizing the same regional structure, as for the GC5 CRG SI.

Table 9. Regional Platform Grantees and Regions

Grantee	Region
Asia Pacific Coalition of AIDS Service Organizations (APCASO)	Asia Pacific
Eastern Africa National Networks of AIDS Service Organizations (EANNASO)	Anglophone and Lusophone Africa
Eurasian Harm Reduction Association (EHRA)	Eastern Europe and Central Asia
International Treatment Preparedness Coalition – Middle East and North Africa (ITPC-MENA)	Middle East and North Africa
Reseau Acces aux Medicaments Essentials (RAME)	Francophone Africa
Via Libre	Latin America and the Caribbean

Platforms continued their core work of building understanding of and capacity to engage with Global Fund processes. An increased area of emphasis for Platforms was the designated focus on generating both demand for and high-quality requests for TA. This was done in close collaboration with Component 1 as well as other TA-providing partners (i.e., bilateral and technical partners).

"The platforms have emerged as respected institutions in the regions we work and most of the time we are approached to provide our opinion on strong advocacy decisions because we cut across countries."
Regional Platform, reflecting on a key role as trusted regional partners

Table 10. Key Performance Indicator Results for Component 3

Key Performance Indicator		Target	Final	
		#	#	% of Target
C3.1	Number of individuals from KVP communities and/or civil society organizations accessing timely and relevant Global Fund-related information that is shared by the Regional Platforms	52,500	101,781	194%
C3.2	Number of countries where communities report or demonstrate their ability to more efficiently and effectively engaged in national and regional Global Fund-related processes as a result of Regional Platform capacity strengthening and coordination support	75	97	129%
C3.3.	Number of technical assistance requests generated and submitted to a wide range of Global Fund TA providers, as a result of Regional Platform support to communities	250	185	74%
C3.4	Percentage of CE SI TA requests submitted with Regional Platform support that meet eligibility criteria to proceed to implementation	80%	81%	101%

Key Analysis for Component 3

Component 3 was well-oriented around its KPIs and met most of its targets. Regional Platforms reached 97 unique countries, including first-time engagements in countries such as Haiti, Kosovo, and Sudan. This is an impressive proportion of the 127 countries eligible for funding under the 2022 Global Fund eligibility list (76%).

As seen in the other components, Component 3 significantly exceeded some of its targets. It is worth noting, however, that KPI C3.3 especially reflects the number of TA opportunities available through different streams outside of the CE SI (i.e., C19RM, CCM Evolution SI, Community-Led Monitoring SI, etc.) during this implementation period. All KPIs should carefully consider the external landscape when setting targets in the next round; for KPI C3.3 especially (or any analogous successor KPI), expectations should be limited by the number of TA streams available outside of the CE SI.

Additionally, the intensified focus on eligible TA demand generation and quality assurance was successful from the perspective of number of TA assignments generated, but there remain opportunities for efficiency and economy in aligning the cost of TA generation across regions. This could lend benefit not only to Component 3, but also to Component 1.

Table 11, below, summarizes key successes and challenges for Component 3. Further details are provided in Annex 4.

Table 11. Summary of Successes and Challenges for Component 3

Key Successes	*Key Challenges*

• Generating demand for and quality assurance of TA requests, contributing to an overall request eligibility rate of 90% vs. 75% eligibility during GC5 and 68% eligibility rate in the prior period of 2014-2016
• Continued expansion of reach to 97 unique countries, contributing to growing equity in information and engagement
• Continued innovative thinking and partnership, within the parameters outlined by the CE SI:
  ○ Including cross-Platform and cross-Component tool development
  ○ Webinar series responsive to emerging situations (e.g. C19RM, Rain or Shine series)
• Clear and effective reporting against KPIs, facilitating strong monitoring of the component throughout the SI life-cycle.
	• Finding an effective balance between facilitated cross-Platform coordination and overly prescriptive coordination events
	• Achieving cost-effective TA generation, as a function of overall TA cost
	• Supporting multi-country engagement
	• Employing lessons learned in a future scenario under 30-40% budget cuts

Spotlight: Monitoring, Evaluation & Learning

Like all components, the introduction of Key Performance Indicators was new for Component 3. The reporting format for this component provided extremely clear and relevant data, reflecting Platform understanding of sub-objectives and KPIs. When surveyed on their experience, all Platforms were very familiar with the KPIs and felt that reporting against these KPIs helped them to accurately showcase their work.

When surveyed about the possibility of more numerical indicators being provided to help further standardize and structure Platform work, all respondents (5 Platforms; 100%) were supportive or tentatively supportive of more indicators being added, as long as the Platforms themselves were part of the process of defining the indicators.

Summary of Progress Against Prior Recommendations

Component 3 effectively achieved most of the recommendations that guided it from the GC5 CRG SI final evaluation (see Table 12, below). Items that are ongoing are natural continuations of work that proceeds across the lifetime of implementation as capacity continues to build; this evaluation finds no deficit in this area.

Two areas of note include the following:

- Engagement with multi-country grants continues to be an area of requiring effort. Based on the evaluator's own experience working with multi-country grants, it is likely that this challenge has as much to do with the organization of these complex grants as it does with any efforts by Regional Platforms. While efforts should proceed to engage with multi-country grants (this did result in 2 successful TA assignments to such grants during this period), this difficult and relatively rare area of work should not receive undue focus.
- An exception is made for the final recommendation, which was to allow Platforms to continue to differentiate their approaches during the GC6 implementation period. The CE SI team found that rather, increased structure in expected approaches and results (due in part to the introduction of KPIs) was beneficial during this implementation period. This evaluation concurs, on the basis of both the results produced and the experiences of Regional Platform grantees, themselves. This serves as an excellent learning example: recommendations are informed suggestions, but when a better alternative is presented implementers should be free to pursue avenues that respond to the context in which they are working.

Table 12. Recommendations from GC5 CRG SI Final Evaluation

Recommendation	Status		
Component 3	In progress	Partially achieved	Achieved
3.1. Ensure improved implementation of TA provider coordination and lesson sharing (Activity #9).			
3.2. Continue to build engagement in TB and malaria, focusing especially on generating TA demand in these areas.			
3.3. Provide clear expectations and/or parameters on level of effort to be devoted to creating demand for TA.			
3.4. Enhance cross-Platform experience sharing.			
3.5. Include a focus on supporting communities to more effectively engage with multi-country grants.			
3.6. Continue to allow and encourage Platforms to differentiate their approach based on regional needs, context and culture.	***		

Recommendations for Component 3

The following recommendations are issued to Component 3 with acknowledgement that this Component met and exceeded most of its KPI targets and showed a strong ability to pivot into an enhanced supportive role related to TA requests during this implementation period. The recommendations below are designed to support the Regional Platforms as they navigate a transition into Learning Hubs, and to increase collaboration and efficiency in the face of anticipated budget reductions across the CE SI in the next period.

3.1. Develop regional learning agendas for Regional Platforms (Learning Hubs), with relevant intervention menu and associated indicators. This should be a participatory process, done with Platforms (Learning Hubs) leading the process of identifying issues for regional focus as well as for collaborative, cross-regional and global-level work. Component 2 KVP networks should also be consulted, to assure that priorities are aligned and synergies are planned where relevant.

3.2. As part of developing regional learning agendas (see Rec 3.1), play an active role in coordinating/facilitating a limited number of cross-regional or global-level events and/or activity tracks. This should be considered from a lens of economization that is responsive to budgetary limitations. As above, engagement of Component 2 may further enhance opportunities for economization.

3.3. Explicitly offer the practice of micro-granting as a potential activity stream. This would include parameters and limitations on what microgrants can be used for (i.e. rapid engagement support, national meeting support, etc.), but allow Platforms to respond rapidly and in a way that supports and leverages existing community expertise, while allowing Component 1 to focus on more complex TA needs.

3.4 Continue communication with technical partners and other collaborators on role and purpose of Regional Platforms going forward, as they are refocused as Regional Learning Hubs. While partner recognition has improved, there is still space for greater understanding of the role and increased leveraging of these bodies, especially among some technical partners. Rebranding is likely to be helpful in this area, as the non-specific term “platform” appears to have been part of the problem in universal understanding of role.

Analysis – Impact and Value for Money of the CE SI

This section considers the impact of the CE SI, as informed by the findings above, from a Value for Money lens. Table 13 summarizes the degree of impact achieved in key areas the CE SI sought to influence. The discussion that follows integrates key evaluation questions (marked in *Italic Text*) as part of the evidence under each Value for Money domain.

Table 13. Summary of Degree of Impact of GC6 CE SI

Degree to which the GC6 CE SI…	Limited	Unclear	Evident	Significant
Supported the Global Fund's response to COVID-19, including through the C19RM				
Contributed to greater participation and representation of KVPs in the Global Fund-related decision-making fora				
Influenced how country funding requests and grants reflect and respond to the realities and needs associated with human rights, gender and community responses and community system strengthening				
Ensured equity in its investments across disease components, KVPs, and geography				
Influenced national strategies, policies and frameworks for sustainability and transition to make them more informed and responsive to the needs of KVPs				
Contributed to more grants being effectively monitored by KVPs, resulting in increasingly responsive programming				

Efficiency

The GC6 CE SI demonstrates one of its primary values to Global Fund investments through the efficiency that it promotes across all three components: in the absence of this SI, communities in countries would be left to re-create many of the same tools or processes in isolation, leading to highly duplicative (and likely less skilled) work from one country to the next. In contrast, Component 3's Regional Platforms are able to create single, high-quality resources that can be used across numerous countries to build community capacity to understand and engage with the Global Fund. Component 2's KVP grantees are able to connect country-level partners not only to existing resources, but also to facilitate good practice sharing from one country to the next, and to provide ongoing support to communities as they navigate advocacy and capacity-building challenges. And Component 1's pool of TA providers are able to develop and re-use or adapt tools from one assignment to the next, bringing not only cost efficiency (fewer expert days required) but also technical efficiency (improved tools, greater expert familiarity with process).

Another area where the CE SI demonstrates efficiency is in its ability to absorb and put to use designated streams of funding over short periods of time, with systems (grantees) already in place. As an example, under Component 2 country reach expanded significantly in Semester 5 (January to June 2023), alongside the activation of GC7 top-up funding. This funding stream, using grantees, capacity and relationships already in place, allowed KPI C2.3 coverage to go from 16 countries to 22 countries in a matter of months. A further example of how the CE SI can be efficiently mobilized for special tasks is explored in the evaluation question that follows.

How did the GC6 CE SI support the Global Fund's response to COVID-19, including through the COVID-19 Response Mechanism (C19RM)?

The importance of C19RM to the CE SI implementation team, and the importance of the CE SI to community engagement in C19RM, cannot be overstated. It is important to note that support for community engagement in the C19RM was not envisioned as part of the design of the GC6 CE SI; the 35 unique recommendations from the GC5 CRG SI final report, which were guiding a significant realignment of this SI, did not foresee the dramatic, timebound effort that would be required by the CE SI team to support community engagement in C19RM.

And yet, during a two-month period, the CE SI team and implementing partners deployed 38 TA assignments dedicated to C19RM, in 31 countries and for one multi-country grant. The CE SI also supported 128 individual consultation streams in 64 countries, where civil society communities identified their priorities for C19RM. Support was also provided for the costing of priorities identified, to support integration of community priorities into final requests. These discrete tasks were supported by a background effort of summarizing and translating C19RM technical guidance to assure accessibility to communities, developing C19RM engagement toolkits, and Platform-hosted webinars to support rapid learning-by-doing for communities.

There were also harder-to-quantify inputs by the CE SI team at the Global Fund Secretariat: Herculean coordination efforts included weekly partner coordination meetings, technical backstopping and mobilization of desk review materials, and support connecting writers and consultants through virtual fora, to assure that all of the community priorities produced, costed, and justified were successfully integrated and not lost in the chaos that accompanied the tight timelines of C19RM requests.

Ultimately, these efforts yielded a quantifiable increase in engagement of communities in C19RM processes: a 2022 survey conducted by the CRG Department[18] noted that 78% of civil society and community respondents reported being involved in the 2021 C19RM process, in comparison to only 70% who reported this involvement in the 2020 C19RM. Most encouragingly, survey results noted a significant increase in participation by women and youth-led organizations, as well ask key populations, people living with HIV and human rights organizations.

These results highlight the strengths and importance of the CE SI as an ongoing mechanism not only for its business as usual, but as a potential response mechanism for emerging needs or opportunities for community engagement. At the same time, this praise for the utility of the CE SI and its team is

[18] The results of this survey are summarized In The Global Fund's report, Community Engagement: A Documentation of the Results, Challenges, And Lessons Learned In The Global Fund Covid-19 Response

given with a note of caution: the C19RM effort was an exceptional event, which produced exceptional results, but not without consequence for the wellbeing of the CE SI team and partners alike. While all should be applauded for their crisis time effort, it should be duly noted that the pace at which the CE SI worked during the C19RM period is not sustainable, and the effort did detract from much of the schedule business of the SI during that period. Thus, while it is important to recognize the efficiency gains by having such mechanisms in place, it is also important for decision-makers at the Global Fund to recognize that there is not unlimited efficiency that can be harvested from the finite resources available to the CE SI. For future efforts requiring rapid scale-up of effort, short-term scale-up of human resources should be considered to ensure that efficiency is both maximized and does not ultimately harm the sustained wellbeing of the CE SI team and effort.

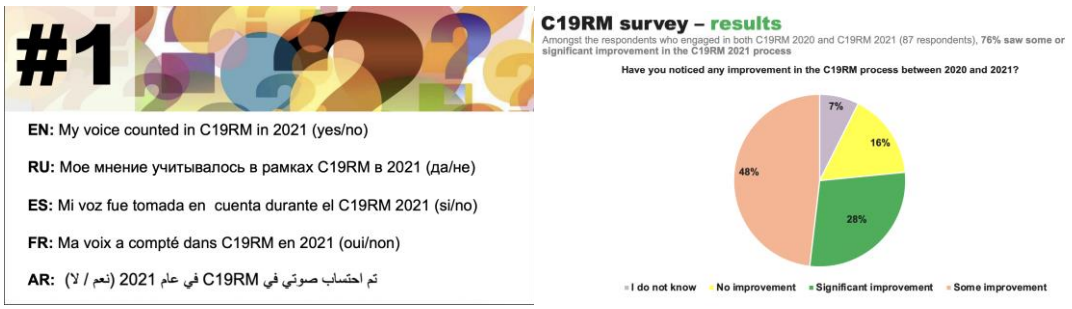
Effectiveness

The CE SI's demonstrated greatly increased capacity to track its own effectiveness through the use of an improved MEL system. Key focus areas for effectiveness included participation and representation, influence on design and funding of grants. These are addressed individually under the relevant evaluation questions that follow.

How has the GC6 CE SI contributed to greater participation and representation of KVPs in the Global Fund-related decision-making fora?

Results from all three components strongly indicate that the CE SI has contributed to greater participation and representation of KVPs in decision-making fora. This is particularly well-reflected by Component 2 KPI C2.1, which tracks exactly this: at least one KVP reported increased participation and/or representation in all 32 countries where Component 2 was active. This included both increased representation of KVPs on CCMs, and also increased interaction of KVP communities with CCMs and other decision-making bodies. Additionally, as noted above, the GC6 CE SI's efforts to support engagement in C19RM, with 78% of communities involvement in C19RM in 2021 vs only 70% in 2020.

Figure 7. Excerpts from C19RM Community Survey Results[19]



However, this is also represented, albeit less directly, in the results of Component 1 and Component 3. In 72 of 134 completed assignments (54%) contributed to Funding Request and Grant Making processes, assuring that community voices were represented when funding decisions were being made. Likewise, Component 3 documented strengthened capacity for communities to engage in 97 countries – and while the latter does not necessarily indicate that

[19] C19RM Community Survey results as presented at the Rain or Shine II Webinar supported by all Regional Platforms. Full presentation is available at https://apcaso.org/wp-content/uploads/dlm_uploads/2022/02/Rain-or-Shine-II-%E2%80%93-Slides.pdf

communities did engage at a greater rate, it leaves them more able to, thus *contributing* to greater engagement as this evaluation question posits.

How has the CE SI 2021-23 influenced how country funding requests and grants reflect and respond to the realities and needs associated with human rights, gender and community responses and community system strengthening?

As noted above, Component 1 contributed significant amounts of TA directly in these areas, and all assignments surveyed at the time of the evaluation confirm use of TA deliverables – fully or at least partially – to influence either Funding Request or Grant Making processes. These assignments included five assignments directly aimed at increasing the inclusion of KVP human rights, gender and community response needs in GC7 Funding Requests, two assignments around engaging community in response to TRP questions, and the remaining around general assessment and documentation of communities' needs which subsequently fed into Funding Requests. Further examples include results from efforts across different components that, combined, contributed to:

- US$830,857 included for PWUD in the Zimbabwe Funding Request to introduce a harm reduction program in the country for the first time
- US$120,000 and US$18,000in grant funding were leveraged in Guatemala and Dominican Republic, respectively, for key population community safety and security
- 18 out of 20 communities in Tajikistan reported community priorities included in the GC7 funding request,
- 62% inclusion of community TB priorities and 66% inclusion of community HIV priorities in Moldova

This is also reflected in Component 2's KPI C2.3, which captured 26 countries (84% of focus countries for this component) that reported successfully influencing program funding or design. Of note, Component 2 also measures KPI C.2.2, in which communities in all 32 focus countries reported having a community-endorsed advocacy agenda that they could use to influence change. While, again, this is not a direct measurement of action to or success in influencing Funding Requests like KPI C2.3, it does provide the basis for 'how' communities are able to do this and indicates that many communities are better prepared for upcoming opportunities to influence. Likewise, Component 3's work capacitating communities to interact with the Global Fund in 97 countries is considered likely to have contributed to this, as well.

Economy

The CE SI made several clear steps towards economizing efforts. This includes a mean cost of TA assignments falling from around US$43K under the CRG SI of 2017-2020, to $38K; and a maximum TA assignment cost reduction from US$120K in 2017-2020 to US$92K under the CE SI. Components 2 & 3 continued to maintain economy through use of remote/virtual methods for much of their capacity building and information sharing, pairing this particularly with Component 3's increased effectiveness in reach.

At the same time, as previously noted, there are potentially opportunities for further economy in three main areas:

- More integrated country-level planning to assure that multiple grantees and Platforms are well-aligned with any CSS efforts going on in country, including those being promoted and negotiated by CRG Investment Support Advisors. This will allow communities to capitalize on existing (country grant) resources under the guidance of regional and global partners supported by the CE SI.
- The development of a global agenda for Regional Platforms (Learning Hubs) to increase strategic collaboration and effort-sharing on initiatives that will apply across all regions.
- Alternative mechanisms for short-term, small-scale TA that can be provided directly through Component 2 (embedded TA) or Component 3 (via micro-grants)

Equity

The driving force behind the CE SI is to promote equity for communities of key and vulnerable populations, assuring that they benefit from Global Fund grant investments equitably when compared to other, more socially-accepted groups. At the same time, even within the populations and geographies covered by the CE SI, there are patterns and tendencies for some KVP groups and regions to receive more attention. These are often reflections of long-standing political priorities (i.e. of bilateral donors), related to language access, or simply echoing the longer-term engagement and recognition of some communities in activism vs other (i.e. PLHIV vs communities impacted by malaria). Because of these "inequities within inequities", the CE SI team has focused on trying to expand reach to communities that have been traditionally underserved, even by CRG interventions. The evaluation question below explores the data available to assess progress in this effort.

How has the CE SI 2021-23 ensured equity in its investments across disease components, KVPs, and geography?

Efforts to ensure equity across disease components and KVPs were evident in all three components, including:

- designated focus on increasing demand for malaria TA and inclusion of malaria in multi-disease TA assignments (Components 1 & 3), resulting in 24% of all TA assignments including assistance targeting malaria;
- new investment in a global malaria network and selection of new regional TB partners to assure coverage of TB in all regions (Component 2).

These efforts have been further recognized by the Thematic Evaluation on Community Engagement and Community-led Responses, which recognized "a concerted effort to respond to the 2019 CRG evaluation finding that more support was needed for TB and malaria organizations" (p14).

Efforts towards geographic equity were also evident, with TA requests received from 68 unique countries and deployed in 63 countries (including countries such as Cuba or Guinea Equatorial that received CE SI TA for the first time) and in relation to 12 multi-country grants or processes; Component 2 providing focused support across different populations and disease components in 32 unique countries; and Component 3 reaching 97 countries (including countries such as Haiti, Kosovo, and Sudan for the first time) demonstrating or reporting improved capacity to engage in Global Fund processes.

While communities affected by malaria were served less frequently across all components, the community movement also remains younger and has less absorptive capacity for the kind of support that the CE SI provides compared to, for instance, various HIV key population communities. This is reflected in the exceptional funding for organizational strengthening to the sole malaria grantee in Component 2, which recognizes that in order for malaria-affected communities to be mobilized and strengthened globally, a strong community-led network must exist. Moreover, top up funding for GC7 funding request development included a stipulation asking grantees to ensure the inclusion of new population/sub-population or existing population/sub-population form a new geographic area. Therefore, CE SI progress in this area leads this evaluation to determine that equity efforts have been strong, and need to continue to be strong to accommodate for historical inequities in investment in different communities.

Sustainability

The CE SI is inherently concerned with and contributing to the sustainability of responses to HIV, TB and malaria, in that it seeks to lift the voices of communities to direct disease responses towards those most impacted and often most underserved. Only by effectively reaching these populations, with services that are responsive to their needs, can disease control be achieved and sustainability of national responses come into reach. The evaluation questions below explore different elements of this aspect of sustainability, as it relates to the CE SI's work.

How has the CE SI 2021-23 contributed to more grants being effectively monitored by KVPs, resulting in increasingly responsive programming?

The CE SI has contributed to improved monitoring of responses and grants by KVPs across each of the three Components. While it is impossible to summarize all the ways in which this impact may have been achieved, the following highlights indicate strong achievement in this area;

- Within Component 1, 72 unique TA assignments (54% of assignments delivered) included on situational or needs assessments; 38 of these involved experts who identify as being part of KVP communities, and all focused on the experiences of KVPs with the goal of increasing the responsivity of programming. While only 15 of these assignments had been surveyed for follow-up at the time of this evaluation, all 15 reported full or partial use of TA products to apply influence to drive more responsive programming.
- Across Component 2, grantees reported at least one KVP community that had produced or used new data to improve program coverage, quality and/or national commitments (KPI C2.4) in 27 unique countries. This number is in fact a significant underrepresentation of the number of instances of KVP communities producing or using such data, given that many countries reported achievements across multiple populations or disease components.
- While Component 3 impact in this area is less direct in many cases, it is no less important: Regional Platforms reached communities in 97 unique countries with a result of communities reporting or demonstrating their ability to more efficiently and effectively engage in national and regional Global Fund-related processes as a result of Regional Platform capacity strengthening and coordination support (KPI C3.2). This, alongside the Regional Platform's role in the realization of the 72 TA assignments of Component 1 noted above, highlight the importance of this component in supporting KVPs to monitor their grants and country responses to result in more responsive programming.

How has the CE SI 2021-23 influenced national strategies, policies and frameworks for sustainability and transition to make them more informed and responsive to the needs of KVPs?

Here, too, the impact of the CE SI is seen across all three components: influencing national strategies, policies and sustainability and transition frameworks to make them more responsive to KVP needs has been core work of the SI during the GC6 period. The following provides a summary of how each component has contributed to this:

- Component 1 completed 134 TA assignments, all of which were dedicated in some way to informing and/or supporting KVPs to influence strategies and policies that guide disease responses. Whether informing the development of Global Fund grants, which themselves have requirements for sustainability and transition considerations, or informing national strategies and policies, these targets have impact on sustainable responses long beyond the lifespan of the CE SI's investment in short-term TA. Several assignments, focused particularly on community engagement in sustainability and transition planning (e.g., Algeria, Colombia, Ecuador, Mauritius).
- Component 2 has a more nuance, multi-factorial approach: this component is charged not only with directly influencing strategy and policy, but also with building the capacity of communities to carry on influencing efforts in a sustainable manner. With regards to the former, grantees successfully influence program funding or design in 26 countries (KPI C2.3) – and, as for the evaluation question above, this is an understatement of achievement given that often multiple grantees were engaged in the same country, working to effectively influence different issues for different populations. On the latter, 11 KVP network grantees engaged 61 local partners as subgrantees for long-term capacity building, ensuring that communities exited the CE SI with greater sustainable capacity than they entered.
- Component 3, as noted above, impacted the ability of communities to influence their national processes in over 97 countries (KPI C3.2), with a total reach of 101,781individuals across the GC6 implementation period.

Evolution of the CE SI: Where to go from here

The final evaluation of the GC5 CRG SI provided twelve unique recommendations for cross-cutting changes and upgrades across the SI. The findings in this evaluation show that all of these were achieved in part or in full, as weighed in Table 14, below.

Areas of partial and ongoing achievement are limited to the following:

- **Reducing reporting burden:** This evaluation notes significant improvements, while also leaving room to reflect on the shortcomings of tools created with the intention of streamlining. This is particularly true for Component 2 reporting, which is still a lengthy document both for writer and reader, albeit being limited to annual production. Further economization of reporting might be possible, particularly with a limited expansion of KPIs to capture key topics, as recommended under Component 2, above.
- **Improved coordination with regional and country teams** –and-- **Alignment with regional priorities and target countries**: The CE SI Coordinating Mechanism was an effective mechanism for inclusion and engagement, which is endorsed wholeheartedly by this evaluation for continuation. As noted in analysis above, and as discussed in overarching recommendations below, opportunities remain for continued coordination, particularly at the country level, to assure that CE SI plans are aligned as much as possible with other stakeholders including CRG Investment Support Advisors and Country Teams/FPMs.
- **Improving complementarity and reducing overlap where multiple grantees are active:** Improvements were seen in this area, from rationalization of Component 2 TB grantees covering distinct geographic areas, to increased collaboration across the different Components to coordinate on TA, tool development, etc. Opportunities for further coordination exist with the introduction of thoughtful cooperative country planning, as recommended in the Overarching Recommendations for 2024-2026, below.

Table 14. Final Achievement of GC5 CRG SI Evaluation Recommendations

Recommendation	Status		
Overarching	In progress	Partially achieved	Achieved
4.1. Significantly reduce reporting burden for grantees, while also improving the accessibility and digestibility of the information received, to enhance regular progress monitoring.			
4.2. Activate the reorganized CRG Department structure under CRG Accelerate to assure that Regional Focal Points within CRG continue to liaise with regional and country teams, promoting engagement and integration with all three Components.			
4.3. Assure maximum economy and efficiency by proactively aligning with regional priorities and target countries.			

4.4. Ensure balanced grantee portfolios, avoiding multiple grantees working in a disease track without clear complementary roles.			
4.5. Assure that all grantees within and across each disease component are formally linked/introduced to one another and coordinating regularly.			
4.6. Enhance communication and collaboration across components through formal and regular information exchange between all three components.			
4.7. Continue utilizing a MEL framework for each component, assuring that it is fully integrated across the planning, reporting and learning cycle for each grantee.			
4.8. Conduct biannual monitoring updates across the CRG Strategic Initiative, including basic expenditure data.			
4.9. Assure that qualitative results and stories are shared publicly.			
4.10. Assure equitable dedication to design of and investment in technically sound malaria-related interventions, noting the fundamental differences in the nature of community in the malaria response.			
4.11. Continue alignment with other Strategic Initiatives to ensure that key and vulnerable populations are equitably included in the full range of Global Fund Strategic Initiatives.			
4.12. Continue to maintain flexibility in the CRG Strategic Initiative to respond to changes in the health landscape, including developments in health security and health coverage.			

Overarching Recommendations for 2024-2026

Consideration of the progress on recommendations of the previous SI, along with the detailed findings from the CE SI, leaves this evaluation with a limited number of cross-cutting recommendations for the 2024-2026 period.

4.1. Engage the CE SI Coordination Mechanism in development of consolidated country engagement plans mapping different aspects of SI engagement in any countries where there is overlap between components, grantees and/or other prioritization. Consideration should be given to the lessons learned in tracking TA across providers, to see what could be applied to a similar coordination role for at least a core set of key countries. While this may require additional investment of resources upfront (including appropriate staffing at the CE SI team level), this should contribute to greater efficiency as grantees should be engaged in countries and in ways that maximize return on investment.

4.2. Continue the maintenance and sharing of the TA tracking file that tracks engagement across different TA providers. This tool received outsized praise from collaborating partners and should be

prioritized for continuation. Especially with anticipated budget cuts, careful coordination of available TA resources will be more important than ever.

4.3. Make relevant updates to the MEL and KPIs, especially reflecting any activity tracks that were underrepresented in the GC6 CE SI KPIs. This would assist both the CE SI team in more streamlined tracking of the significant volume of work being done by partners, especially in Component 2, while also supporting the SI to continue communicating its results to partners and collaborators.

A Final Note

The evaluation of the GC5 CRG SI precipitated 35 unique recommendations on the strengthening and realignment of the SI as it moved into the next phase. An overhaul of the MEL framework was recommended. It was apparent that the time was right for growth and change, and the CRG team was well poised to take the SI to the next level of impact.

By contrast, this final evaluation yields at total of only 16 unique recommendations. These are provided with the strong recognition and reiteration of the progress made by the CE SI during the GC6 period: those recommended realignments were achieved, efficiencies gained, and reach expanded – all during an extremely challenging period in time while the COVID-19 pandemic unfolded.

Thus, the recommendations for the next phase of work are not to dramatically overhaul or change course on any of the work being done. Rather, in the face of constrained budgets[20], these recommendations seek to support the CE SI team in further consolidating and coordinating efforts, while continuing to strengthen the efforts to track and communicate the work being done by this vital Strategic Initiative.

[20] The Global Fund Board approved a US$14 million investment for CE SI for GC7 for the implementation period from January 2024 to December 2026. It is important to note that despite increased expectations on community engagement, this represents a 12% decrease (20% decrease including GC6 top up funding) from the $16 million allocated for the GC6 SI cycle.

Annexes

Annex 1. Evaluation Methods

Data collection for this evaluation was conducted primarily between May and August 2023; some data updates were also incorporated in the last quarter of 2023, namely:

- Inclusion of final Component 1 data, accounting for all TA assignments completed
- Updates to Component 2 and 3 KPI data, accounting for all achievements through the end of June 2023

Desk review included a review of the following:

- Component 1 TA tracker
- Component 2 biannual workplan updates for all grantees (55 total workplans for 11 grantees: 6 HIV, 5 TB, 1 malaria)
- Component 2 annual narrative reporting for all grantees (32 total reports for 11 grantees: 6 HIV, 5 TB, 1 malaria)
- Component 3 grantee (Regional Platform) biannual workplan updates (24 total for 6 Platforms)
- Component 3 grantee (Regional Platform) narrative reports (12 total for 6 Platforms)
- The contents of the Community Engagement Toolbox (https://www.theglobalfund.org/media/10734/ccm_communityengagement_toolbox_en.pdf)
- Biannual Progress Updates (slide decks) produced by the CE SI (4 in total)
- MEL Framework Guidance for the GC6 CE SI
- Final evaluation report from the GC5 CRG SI
- Detailed Investment Plan for the CE SI (referred to by the previous moniker of CRG SI in file)
- GC6 CE SI MEL Concordance Table

Acknowledging the high workload of stakeholders in the run up to the GC7 submission window, key informants were given the option of Zoom-based real-time interviews, or asynchronous written question-and-response interviews by email, based on individual preference. Data were collected from the following individuals representing the following stakeholders.

Global Fund CRG Department

- Gavin Reid
- Annabelle Metzner
- Masha Golovanevskaya
- Olive Mumba
- Gemma Oberth
- Keith Mienies
- Ed Ngoksin

Other Global Fund Divisions

- CCM Hub, Deepanjali Sapakota
- GMD EECA, Tatiana Vinichenko (FPM)
- GMD LAC Cecilia Vitale (FPM)

Technical Partners

- UNAIDS, Dasha Matyushina
- UNAIDS, Dominic Kemps
- Stop TB Partnership, James Malar
- RBM Partnership, Melanie Renshaw

Other Partners

- GIZ, Lisa Seidelman
- GIZ, Katrin Hartmann
- Expertise France, Eric Fleutelot
- Priscilla Ama Addo, YHAG (Component 1 TA Recipient)
- Bishnu Fueal Sharma, Recovery Nepal (Component 1 TA Recipient)

In response to both the above-noted GC7 scheduling limitations and also to the temporal proximity of the midterm evaluation which had conducted focus groups with Component 2 grantees and Component 3 Regional Platforms, a strategic decision was made to use internet-based surveys to collect experiences of grantees and Platforms. These surveys aimed primarily to fill gaps that were left after completing desk review, as well as issues which were not addressed by the midterm evaluation. Survey content is summarized as follows:

- **Component 2 survey:** 12 questions, focused on the experiences of (1) focus on country-level work, (2) development of outcome statements, (3) limitation of number of sub-grantees, and (4) reporting formats.
- **Component 3 survey:** 9 questions, focused on experience of (1) the increased level of prescription of scope for Platforms, (2) utility of centralized coordination & cross-Platform sharing from the CRG team, and (3) reporting on KPIs and any key areas of work not covered by the current KPIs.

In order to invite the most honest responses, surveys were permitted to be anonymous at the respondent's choosing. Ultimately, the following surveys were received:

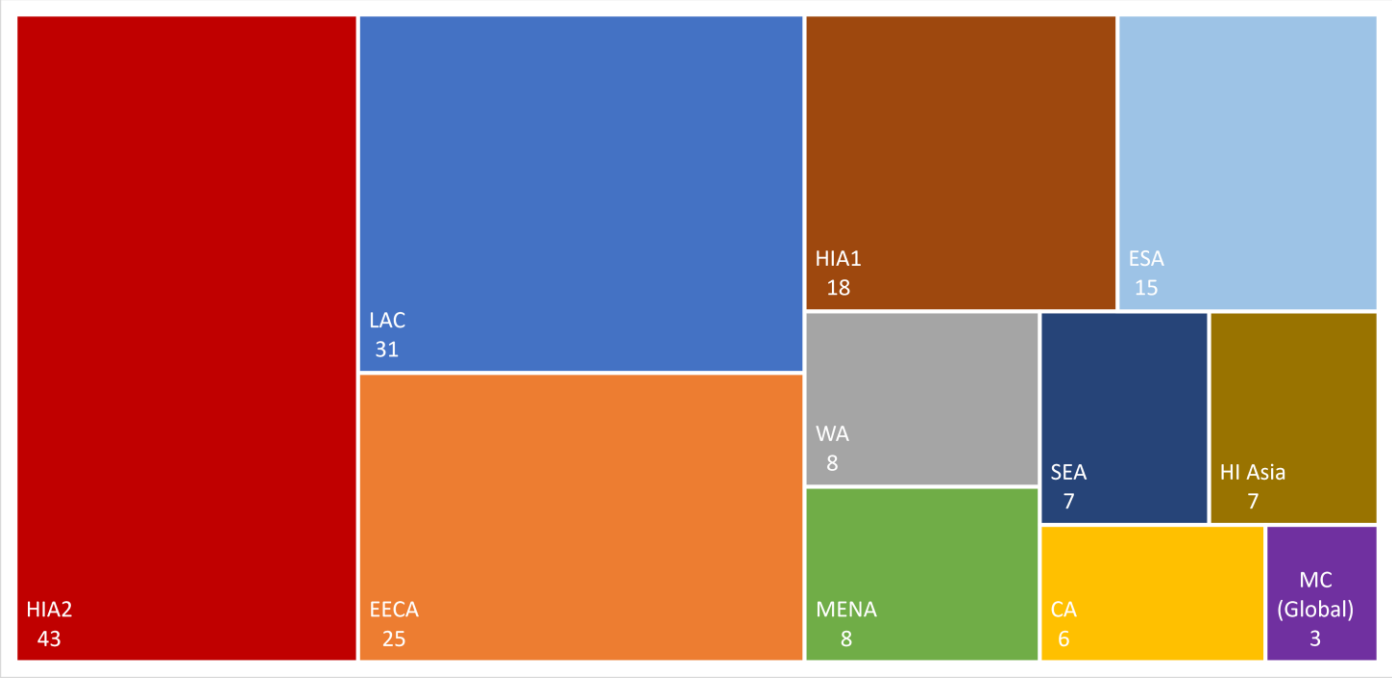
- 10 responses from Component 2 grantees (out of 11 possible)
- 6 responses from Component 3 Regional Platforms (out of 6 possible)

Annex 2: Component 1 Detailed Findings

Component 1 received a total of 171 TA requests between January 2021 and December 2023. Of these, ***a total of 153 (90%) fell within the eligibility criteria for TA, and 134 (78%) were completed***[21]. The vast majority of TA requests (87%) were accompanied by Component 3 Regional Platforms and 81% of all requests accompanied by Platforms met GC6 CE SI eligibility criteria. Remaining requests were mobilized in collaboration with country teams or technical partners. Eighty-four percent (84%) of all completed requests were also coordinated with the CCM secretariat or community representatives on the CCM; this is a considerable achievement, given that many populations served by these TA assignments continue to be criminalized.

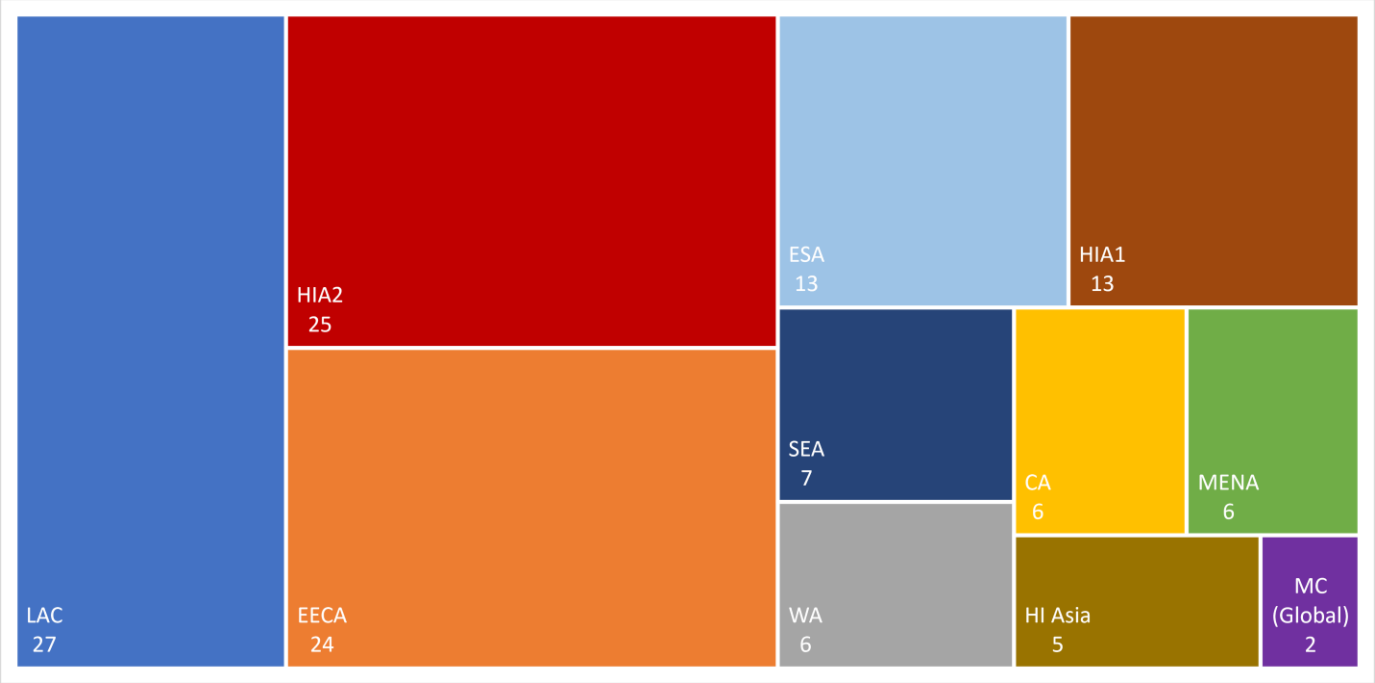
Requests were received from all regions of the Global Fund's portfolio, with the most requests coming from High Impact Africa 2 (43 requests), Latin America and the Caribbean (31 requests), and Eastern Europe and Central Asia (25 requests). The smallest number of requests came from Southeast Asia and High Impact Asia (7 requests each) and Central Africa (6 requests).

Figure A2.1. Number of TA Requests by Region



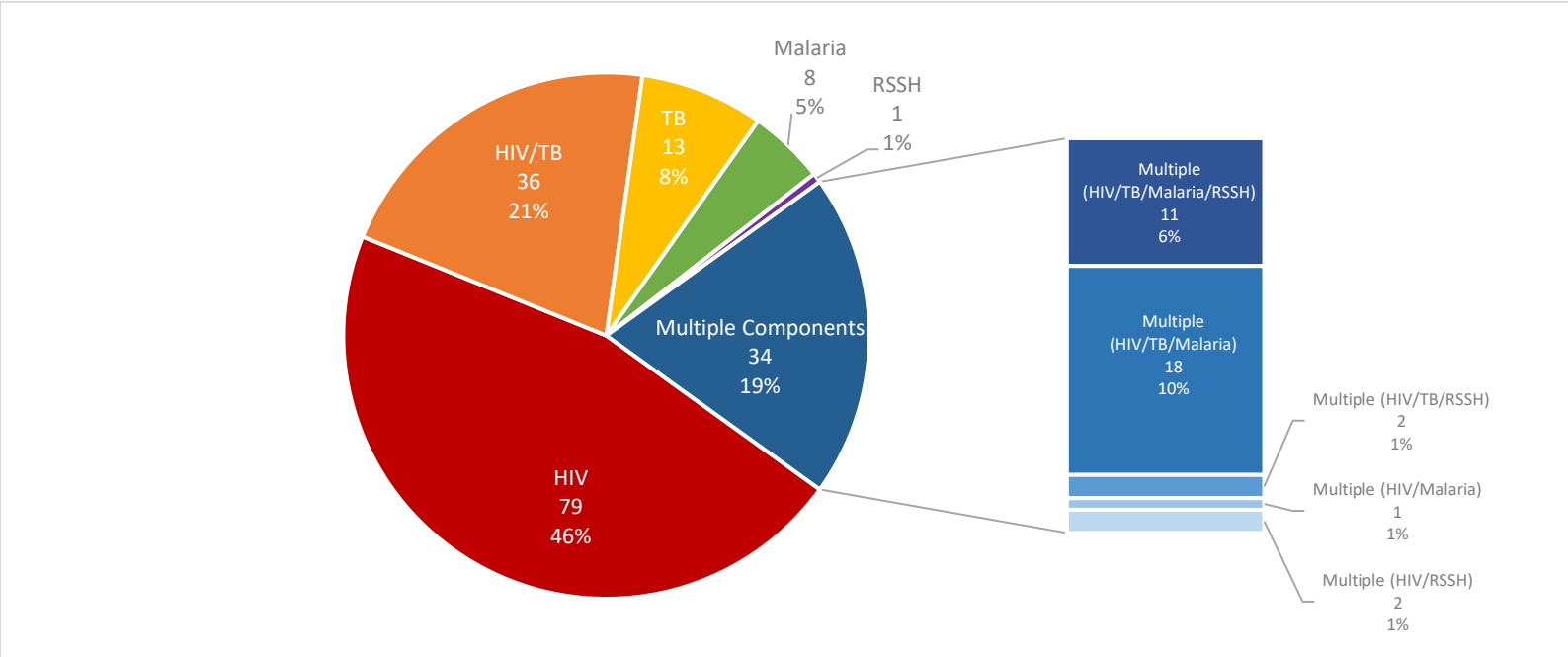
[21] 171 TA requests received, and 134 were delivered. Of those *not* delivered: 18 were not eligible; 19 were eligible but not delivered. Out of those eligible but not delivered, 7 referred to other providers (e.g., CLM SI, GIZ, EANNASO) or directly covered through a Global Fund grant.

Figure A2.2. Number of Completed TA Assignments by Region



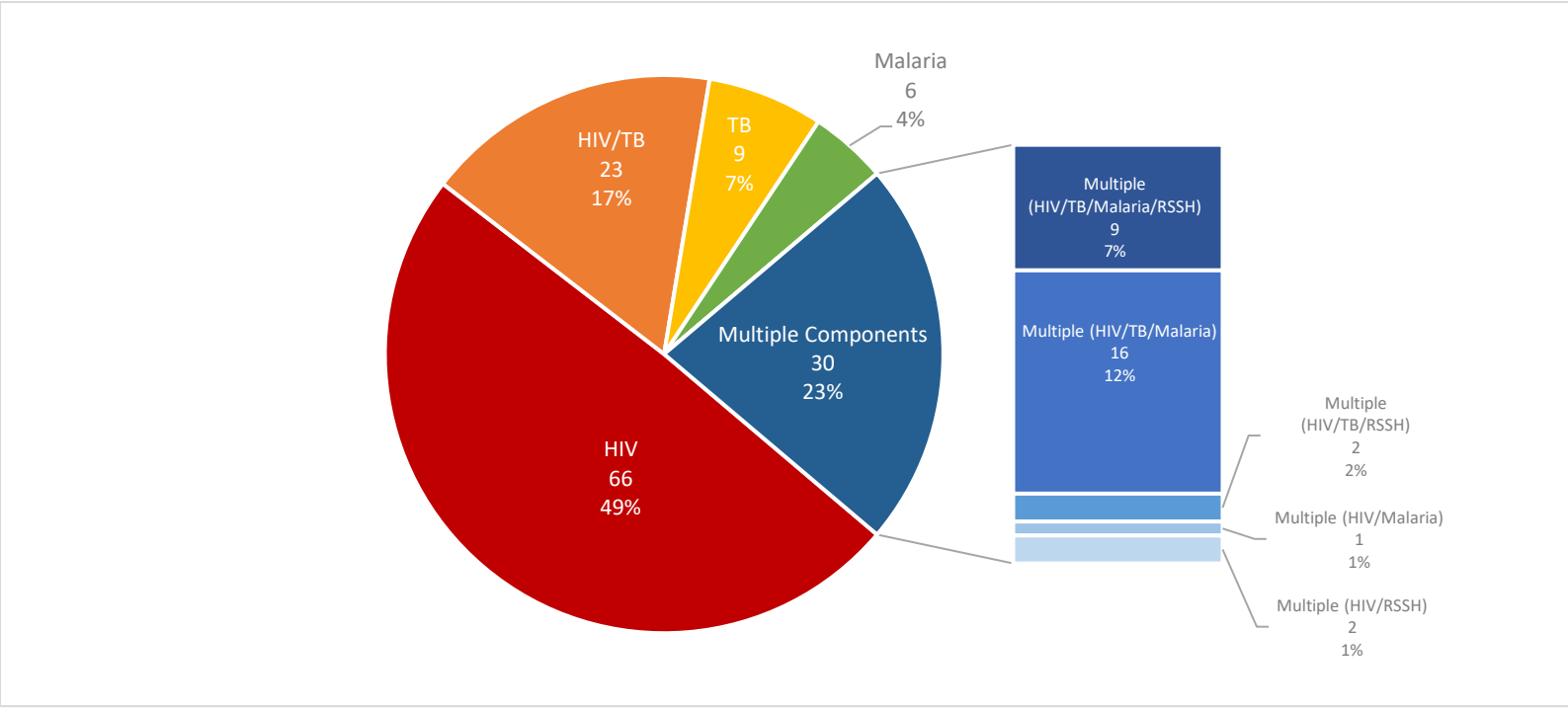
Requests also came in across all disease components, though they were heavily skewed towards HIV (79 requests, 46% of total), and HIV/TB (36, 21%). A total of 19% of assignments (34) were multi-component; the different combinations of these are shown in Figure A2.3, below.

Figure A2.3. Number of TA Requests by Disease Component



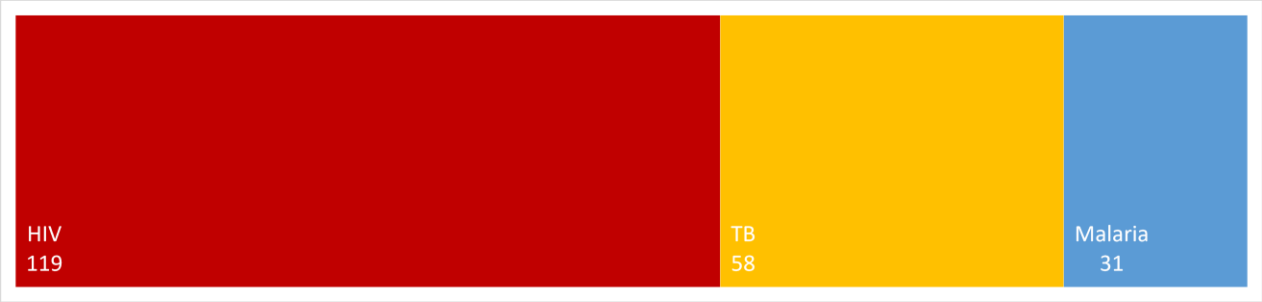
The breakdown of completed TA assignments across component mirrors the pattern of requests, with completion of requests from individual disease components ranging from 64% for HIV/TB requests to 84% for HIV requests.

Figure A2.4 . Number of Completed TA Assignments, by Disease Component



The role of multiple-component assignments was significantly expanded in comparison to the GC5 CRG SI: in the previous SI only 9% of assignments (15 unique assignments) were multi-component, in the CE SI 34 unique assignments were multi-component, representing 19% of the total number completed. This growth in multi-component work proved to be a gateway for expansion of TB and malaria technical assistance, and in particular translated into **inclusion of malaria in 24% of all assignments, compared to only 18% of all assignments in the previous period**. Figure A4, below, considers the representation of these individual disease components within in multi-component requests.

Figure A2.5. Number of Unique TA Assignments Including Each Disease Component



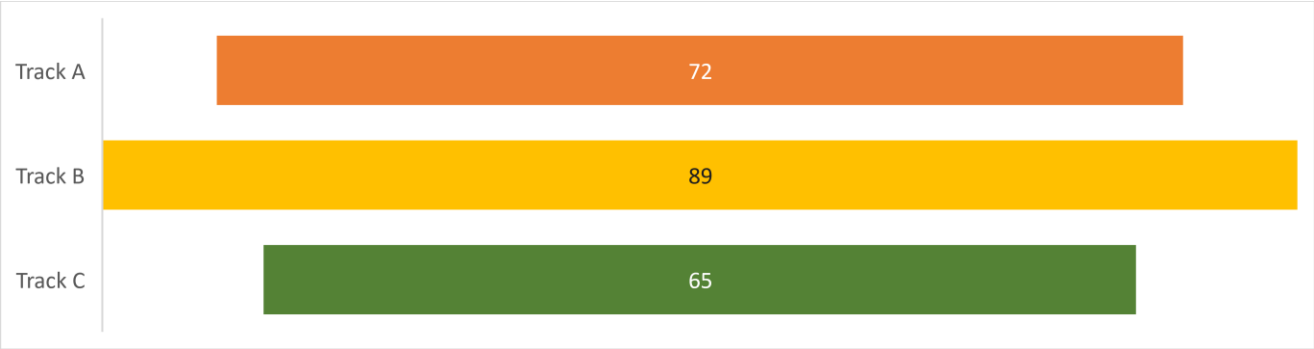
Notably, the share of assignments dedicated only to HIV rose (from 41% to 49%), highlighting continued inequity in the distribution of TA. As with previous rounds of SI, this is likely due to the longer history of HIV civil society and community engagement, translating into more capacity to request and host TA.

This component defined three Activity Tracks for its TA requests:

- A: Situational analysis and needs assessment
- B: Engagement in country dialogue processes
- C: Supporting design and implementation arrangements

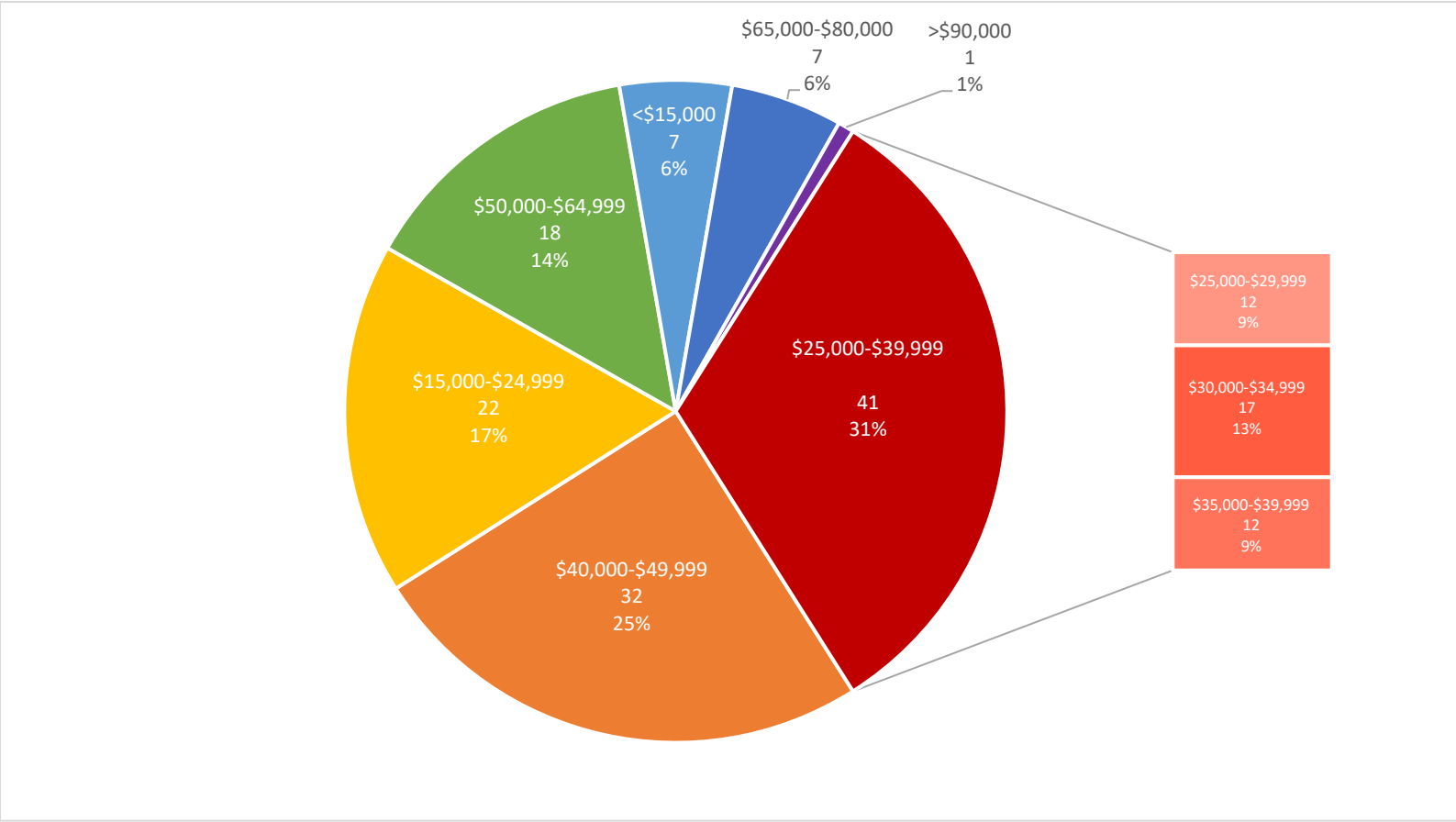
These tracks were not mutually exclusive, and most TA assignments (97 out of 134; 72%) engaged in multiple tracks. Figure A2.6, below, shows the frequency with which each track was engaged.

Figure A2.6. Number of TA Assignments, by Activity Track



The cost of TA assignments ranged from US$1,093 to US$91,975, with an average assignment cost of US$38,061. Just over half (54%) of the 129 assignments for which cost were available at the time of evaluation had expenditures under US$40,000.

Figure A2.7. TA Assignment Final Costs[22]



This is comparable to GC5 CRG SI data, in which 58% of assignments were under US$40,000. A modest reduction from one SI to the next is evident in the mean cost of TA, from US$42,890 (GC5) to $38,359 (GC6), driven in part by the smaller proportion of assignments for which costs exceeded US$90,000: 4% in GC5 versus 1% in GC6. Further comparisons of expenditures for the CRG SI vs CE SI are provided in Table A2.1 below.

[22] Figure A2.7 presents the 129 assignments for which final costs were available at the time of this evaluation. All related percentages are calculated with a denominator of 129.

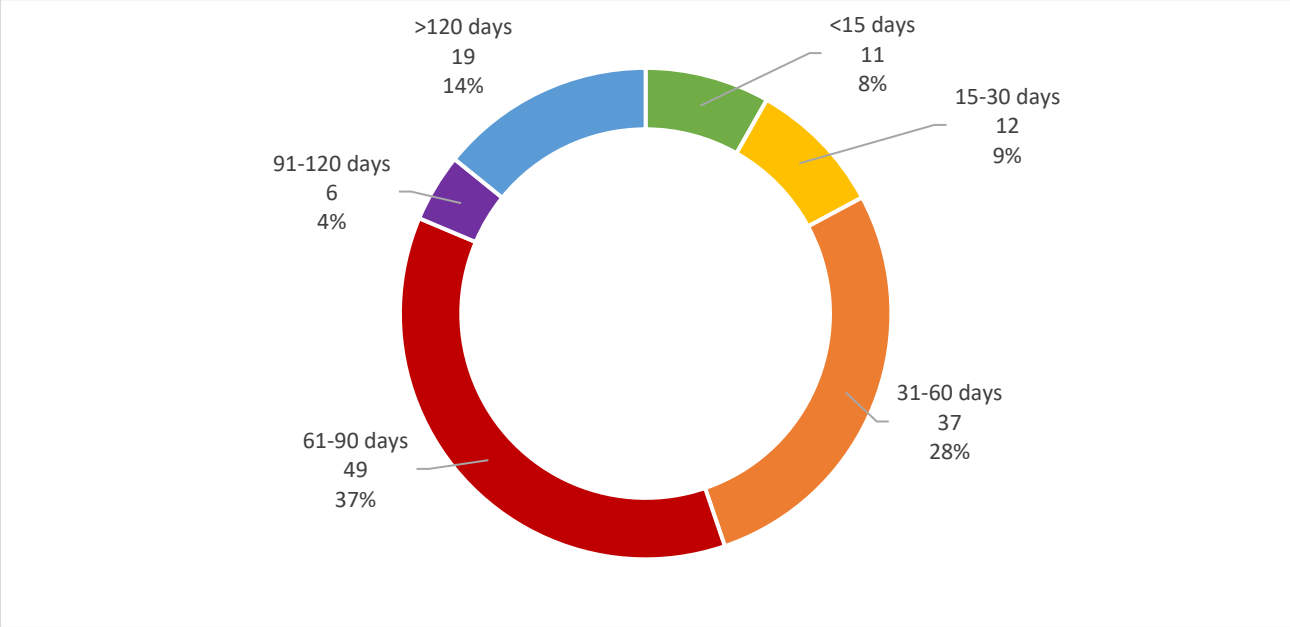
Table A2.1. Comparison of TA Assignment Costs, by Strategic Initiative Period

Assignment Cost	GC5 CRG SI*	GC6 CE SI	Change
Under $15,000	12%	5%	↓
$15,000-24,999	26%	17%	↓
$25,000-39,999	20%	31%	↑
$40,000-49,999	19%	25%	↑
$50,000-64,999	17%	14%	↓
$65,000-89,999	0%	6%	↑
$90,000-120,000	4%	1%	↓
Mean	$42,890	$38,061	↓

For the CE SI, the number of expert days per assignment ranged from 2 to 96, with a mean of 35 days and a median of 33 days. As this metric was not tracked during GC5, there is no direct comparison available.

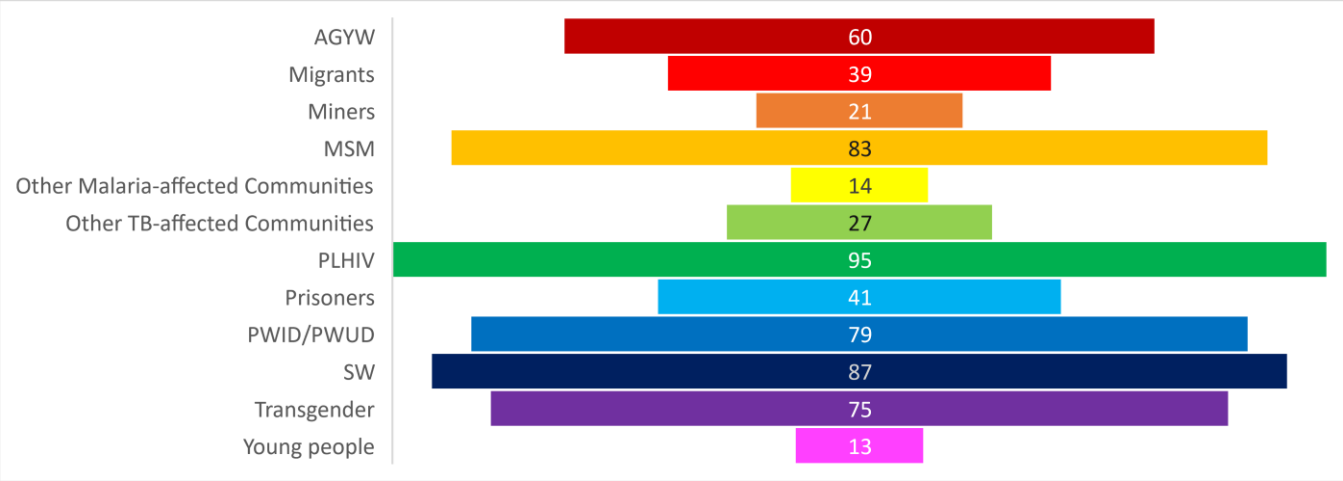
Nearly half of all completed TA assignments (60 assignments, 45%) were initiated within two calendar months from TA request submissions. A total of 109 assignments (81%) were contracted within three calendar months from TA request submission[23]. ***This shows a considerable increase from the previous SI cycle[24], where only 36% of TA requests were brokered within two calendar months, and 47% within three calendar months.***

Figure A2.8. Number of Days from TA Request to Contracting



[23] CE SI performance on "% of TA requests brokered within three calendar months from request submission": S1 (100%), S2 (80%), S3 (89%), S4 (72%), S5 (76%), S6 (100%).
[24] Figures from CRG SI TA provision include all TA logged between 2017 and 20 April 2020.

Figure A2.9. Number of TA Assignments Completed, by Population Served



SO1.1 To provide short-term peer-to-peer technical assistance on human rights, gender, community responses, community systems strengthening and other related areas to strengthen the engagement of civil society and communities across the grant cycle and priorities in Global Fund-related processes.

C1.1. Number and percentage of assignments from which deliverables are used to apply influence

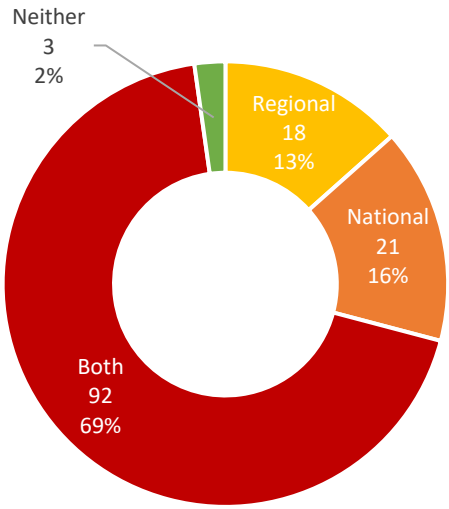
At the time of this evaluation, 41 surveys had been sent to TA recipients and 33 had received responses. All respondents indicated to having "fully" (27 respondents) or "partly" (6 respondents) used TA deliverables as anticipated to influence Global Fund and related processes. Since the survey is only sent to TA recipients 3-6 months after completion of a TA assignment, there is a natural delay with receiving survey data, leaving this evaluation with a limited amount of information for further analysis in this area. Therefore, the rest of this analysis will focus only on the 33 assignments for which results were reported, but these data should be interpreted with caution as they provide a limited sample and may not be representative of overall experience across all 134 completed TAs.

Of these 33 assignments, 100% reported being linked to support by Regional Platforms during TA request development; further, 18% (6) reported being linked to Component 2 KVP Network support. Ninety-four percent (29; 94%) reported coordination of the technical assistance request with the CCM. While across all TA completed assignments there was high a high level of coordination with CCMs reported (112 of 134; 84%), those assignments that reported using their final TA products to apply influence showed an even higher proportion of coordination with CCMs, suggesting that the level of coordination with CCMs may be a contributing factor in use of assignment products.

C1.2. Number and percentage of assignments utilizing community experts who are from the country or region receiving the TA

For GC6, the CE SI began tracking whether TA assignments deployed experts (1) from the country or region where the assignment took place and (2) whether the experts identified as coming from a key or vulnerable population. ***From a total of 134 completed TA assignments, 131 assignments (98%) engaged at least a regional or national expert (or both) as part of the TA provider team.***

Figure A2.10. Percentage of TA Assignments Utilizing Regional or National Experts



KPI Results Analysis

For the most part, Component 1 data is complete and clear, leading to easy insight on different elements of the component's work. A key exception to this is in post-assignment data, which requires the completion of a survey by the TA recipient; response rates for this are low and require further consideration on how to motivate responses for the critical data they provide, including the use of Regional Learning Hubs (the successor of Regional Platforms) in conducting post-TA interviews.

Leaving aside post-assignment data gaps, because of the quantitative nature of its data this component provides ample opportunity not only for clean and accurate measurement of KPIs but also for various disaggregation within them. This presents an opportunity for further use of existing data, to more effectively communicate the complex and unique work of the Component 1. This may be particularly important for partners or other stakeholders who continue to be frustrated by or perceive long-turn around times (despite data show that this is not true for most TA assignments) or who do not fully grasp the intended community-driven nature of this TA mechanism.

In addition, the choice of a slightly larger number of KPIs for Component 1 (i.e. four KPIs instead of two) may also help the CE SI team to consider the most important elements of this unique mechanism that should be retained and guarded even in the face of impending budget cuts for the 2024-2026 CE SI.

Annex 3: Component 2 Detailed Findings

Component 2 engaged eleven key and/or vulnerable population (KVP) networks across the three disease components. This included six HIV global networks (each representing a distinct population), four TB regional networks, and one malaria global network.

Table A3.1. KVP Network Grantees, by Disease Component

Network	Population/Region of Focus
HIV	
Global Action for Trans Equality (GATE)	Transgender people
Global Network of People Living with HIV (GNP+)	PLHIV
International Network of People who Use Drugs (INPUD)	PWUD
MPact Global Action for Gay Men's Health and Rights	Gay, bisexual and other men who have sex with men
Network of Sex Worker Advocacy Projects (NSWP)	Sex workers
Youth Consortium	Young key populations (YKP) and young people living with HIV (YPLHIV)
Malaria	
Civil Society for Malaria Elimination (CS4ME)	Communities vulnerable to malaria
Tuberculosis	
Activists Coalition on Tuberculosis (ACT) Africa	Africa
Activists Coalition on Tuberculosis (ACT) Asia Pacific	Asia-Pacific
Socios en Salud (SES)	Latin America
TB Europe Coalition (TBEC)	Eastern Europe and Central Asia

This component operated with three sub-objectives:

- SO2.1 **Amplify the participation and voice** of key and vulnerable population communities in policy and decision-making fora and in governance and stewardship of the response to the three diseases.
- SO2.2 To **strengthen the influence** of populations most vulnerable to and affected by HIV/TB/malaria on the design and implementation of national strategies and costed plans, so that they adequately reflect and respond to realities and needs associated with human rights, gender, community responses and community systems strengthening
- SO2.3 To empower populations most vulnerable to and affected by HIV/TB/malaria to **generate and use data** to monitor program coverage and quality and national commitments to end the three epidemics and to utilize the evidence generated for advocacy and programmatic action.

A focus on country-level interventions and results was a major reorientation for Component 2 under the GC6 CE SI. Grantees engaged in focused, country-level work in a total of 32 unique countries. In approximately half of these countries (15; 47%), more than one of the Component 2 KVP networks implemented activities.

Figure A3.1. Countries of Grantee Focus

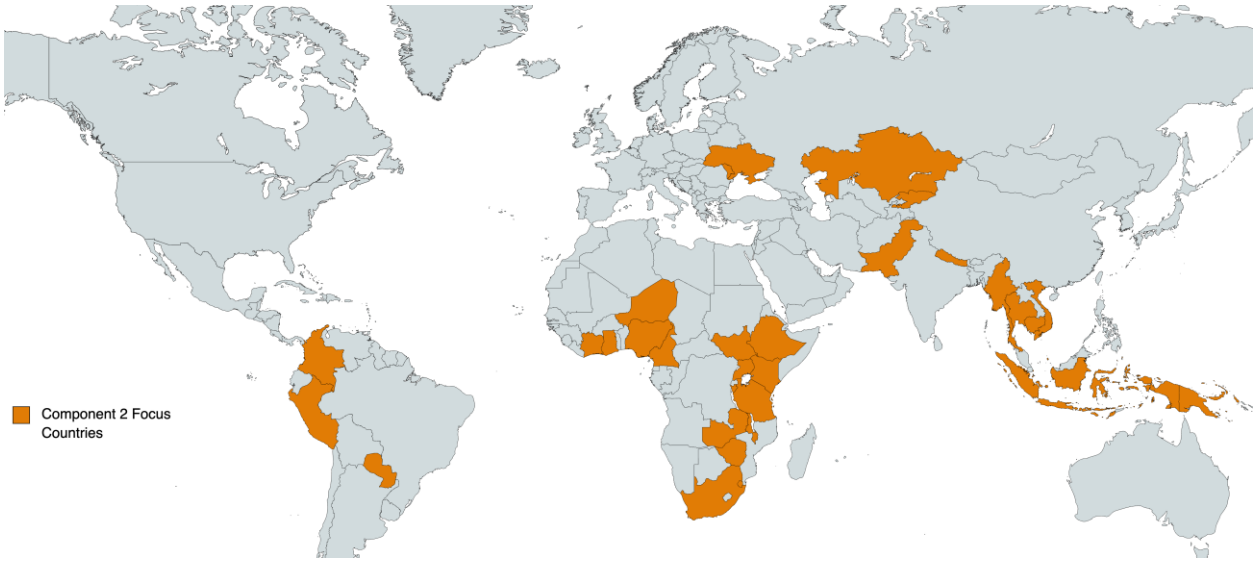
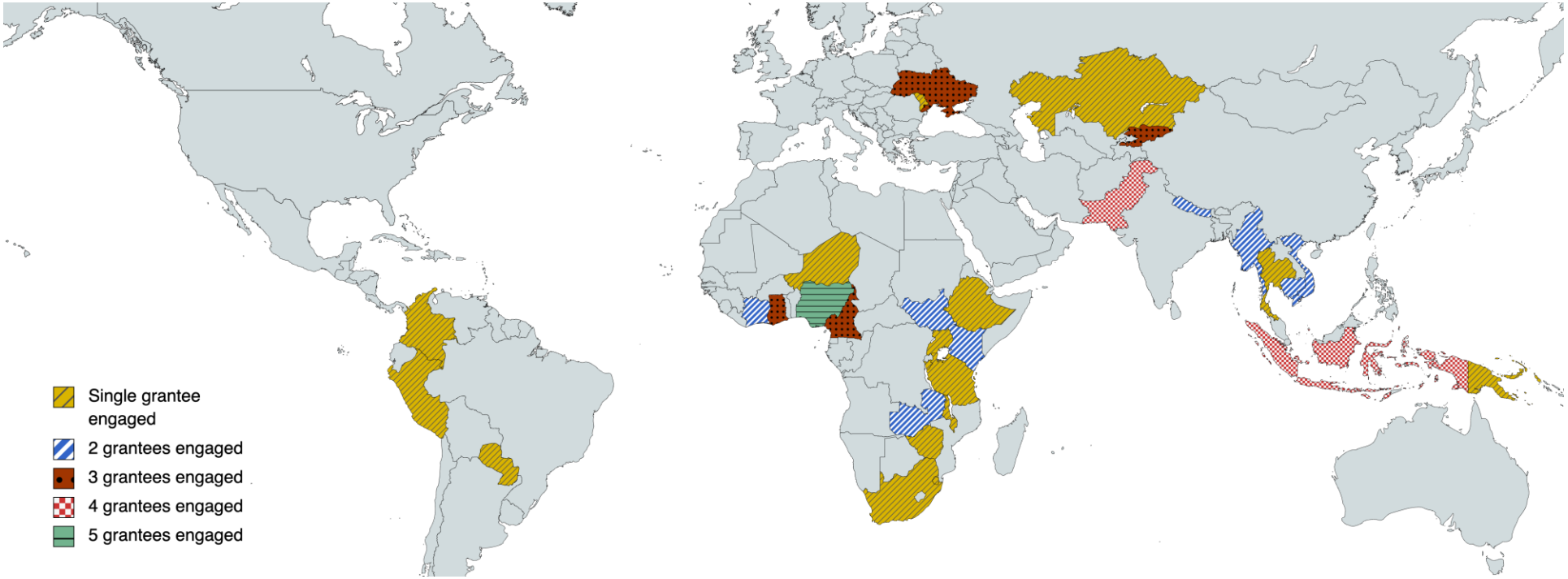


Figure A3.2. Countries by Number of KVP Networks Engaged



Perspectives on Country-Level Orientation

The shift to country-level work was met largely with approval by both grantees[25] and invested stakeholders. Particularly within GMD and CRG Investment Support Advisors, the clearer focus on a limited number of countries and improved attempts to communicate to FPMs and Investment Support Advisors was appreciated. Within countries, grantees often noted collaborative efforts in their narrative reporting; which this type of collaboration was not tracked systematically (e.g. through KPIs or other elements of the MEL), the frequency with which grantees referred to each other during their reporting suggests that individual grantee efforts were amplified through synergistic efforts. At the same time, one stakeholder within the CRG Department noted an important opportunity for improvement around grantee selection of countries and work planning. This stakeholder expressed concern that this was not done in close enough coordination with Investment Support Advisors at the outset of the CE SI, leading to misalignment of priorities in some countries. It is understandable that the timing of the CE SI MEL evolution, coupled with the roll-out of CRG Accelerate may have made it challenging to achieve this alignment; this level of coordination is a stated priority of the CE SI team for the next round, and this evaluation affirms the importance of this effort.

At the same time, the misalignment between stakeholders can be seen with an element of positive light: while during the CRG SI evaluation many stakeholders expressed no knowledge of what Component 2 grantees were doing, in this iteration some stakeholders were well aware of Component 2 grantees activities and requesting better coordination. Though there is opportunity for improvement in this area, it is a positive sign that there is clear demand for KVP network engagement through the support of the CE SI.

"The real work is at the country level; however, there's a lot of work to do at the regional level to provide and create enabling environment for the country partners."
KVP Network Grantee, reflecting on country-level results orientation

From a grantee perspective, one grantee survey respondent noted that being able to engage at country level is heavily dependent on country partner capacity to engage. While this is the comment of a single grantee, this taken with the feedback from stakeholders around need for more active engagement of Component 2 grantees in local capacity building may indicate a continued need to help KVP grantees understand their role under this funding stream. Not only should their choice of focus countries take into account exactly such country partner capacity to engage with Global Fund grant processes, but also the network should be prepared to tailor its interventions to meet this capacity where it is and to move that needle throughout the three years of funding. Where it is not clear what capacity needs and limitations are, CRG Investment Support Advisors may have valuable insight into exactly what country partners need to engage with ongoing processes more fully. One CRG Investment Support Advisor interviewed indicated that a clearer expectation of Component 2 grantees playing a translation or brokering role would be appreciated: especially in complex operating environments, where CRG Investment Support Advisors have an ongoing agenda to strengthen CSS resources available in country grants, KVP networks may bridge the

[25] For more information the feedback received from grantees in this area, please see the MEL highlights sections of the main report.

gap by assuring that communities are ready with the capacity to engage with these initiatives, and are not left behind by the momentum of the country grant's evolution. This all underlines the need to develop realistic and applicable outcome statements for countries and the specific communities within them, considering the complex and ongoing momentum of country grants; this can and should be done in close coordination with CRG Investment Support Advisors. This is further described in the MEL Framework and Systems portion of the main report.

A Pathway for Continuation and Scale-up of CLM Through Capacitated Communities

A key area of opportunity for Component 2 grantee influence in the next round comes as the Community-led Monitoring Strategic Initiative (CLM SI), active in the current allocation cycle will be closed and CLM efforts will continue through country grants. Given the perspectives presented above, from both grantees and stakeholders, mapping where country partners need dedicated support in building capacity to engage in CLM should be considered as a clear activity track for Component 2 grantees in the 2024-2026 CE SI.

KPI Results

SO2.1 Amplify the participation and voice of key and vulnerable population communities in policy and decision-making fora and in governance and stewardship of the response to the three diseases

C2.1. Number and percentage of countries with an increased number of key and vulnerable population constituencies participating in Global Fund-related decision-making bodies and processes

As of December 2023, grantees reported increasing KVP participation in Global Fund-related processes in 100% (32 countries) of 32 countries where Component 2 grantees were focusing their engagement. This represents a strong overperformance against target, meeting 160% of the target of 16 countries. Highlights of this work include:

- **TB** community representatives elected to CCMs in Nepal, Paraguay, and Peru.
- **TB**-affected communities engaging in CRG assessment processes alongside NTPs in Cameroon, Ethiopia and Indonesia.
- Twenty-six **PWUD**, including seven **women** who use drugs, elected to national and sub-regional CCMs In Ukraine.
- Increased engagement of **transgender** people in national HIV planning processes in Kenya.
- Fifteen **LGBTIQ**-led organizations in Zimbabwe participating in the recently-established KP Forum in Global Fund processes at national level. The Forum Chair is also a KP representative on the CCM.
- **Sex workers** achieved observer status to the CCM In Ghana, with a promise of a full seat in 2023.
- **Youth**-led organization YKP LEAD selected as a Global Fund SR in Nepal for both country and C19RM grants.
- **Malaria** community advocates laid the groundwork for their involvement in the development of the National Malaria Control Plan in Niger through the creation of the NMCP-Civil Society Task Force.

C2.2. Number and percentage of countries with at least one formalized, community-endorsed advocacy agenda for use in influencing decision-making bodies and processes

As of December 2023, grantees reported 32 countries (100%) with at least one formalized, community-endorsed advocacy agenda for use in influencing decision-making bodies and processes. This represents a 160% achievement of target. Highlights of this work include:

- **TB**-affected community documentation of and mobilization around catastrophic costs in Indonesia
- **TB**-affected communities in Cameroon using CRG assessment findings to agree on priorities for influencing the 2022-2025 National Strategic Plan
- **PLHIV** communities developing advocacy agendas in Eswatini, Indonesia, Malawi, Moldova, Nigeria and Pakistan
- The first-ever **PWUD** community contribution to Nigeria's GC7 Funding Request
- **MSM** and **transgender people** participation in the Key Populations Taskforce in Zambia, identifying priorities for mobilization and capacity strengthening of communities to participate in GC7
- **Malaria**-affected communities and CSOs developing and agreeing on action plans to guide their advocacy work in Cameroon, Nigeria and Niger

SO2.2 To strengthen the influence of populations most vulnerable to and affected by HIV/TB/malaria on the design and implementation of national strategies and costed plans, so that they adequately reflect and respond to realities and needs associated with human rights, gender, community responses and community systems strengthening

C2.3. Number and percentage of countries where at least on KVP community reports successfully influencing program funding and/or design

As of December 2023, grantees reported that KVP communities successfully influenced program funding or design in 26 countries (81%). This represents a 130% achievement of target. Notably, this number increased considerably, from 17 countries to 26 countries, during Semesters 5 & 6 (January-December 2023), with the support of GC7-specific funding. Highlights of this work include:

- Alignment of the national standards on **TB** service provision with WHO recommendations in Ukraine
- Drafting of an updated **TB** isolation policy in Nigeria
- MOH approval of an adapted standardized package of community-based **TB** services in Kyrgyzstan
- Formulation of a CRG TB Action Plan using **TB**-affected community inputs into a catastrophic costs study report in Indonesia
- Updated national Opioid Agonist Therapy (OAT) protocols for **PWUD** in Ukraine, allowing people who use drugs to receive take-home doses, and successful advocacy for uninterrupted supply of OAT across regions most affected by war and violence.
- Influencing the introduction of OAT for **PWUD** in Pakistan, through engagement in a national working group on the issue.
- Inclusion of **transgender people** as a priority population in Zambia's GC7 funding request for the first time.

- Inclusion of **transgender people** in National police Service Training Manual on KVP in Kenya
- Inclusion of marginalized populations such as IDPs in remote areas and other unreached populations in the distribution of LLINs for **malaria** prevention in Cameroon.

SO2.3 To empower populations most vulnerable to and affected by HIV/TB/malaria to generate and use data to monitor program coverage and quality and national commitments to end the three epidemics and to utilize the evidence generated for advocacy and programmatic action

C2.4. Number and percentage of countries where at least on KVP community produces and/or uses new data to improve program coverage and quality, and/or national commitments to HIV, TB and/or malaria responses

As of December 2023, grantees reported that at least one KVP community had produced or used new data to improve program coverage, quality, and/or national commitments in 27 unique countries (84%). This represents a 100% achievement of target, with highlights including:

- A community, rights and gender action plan for **TB** produced in Indonesia
- Global survey on issues and needs of **young** CCM members
- Community-led assessments of barriers to accessing **malaria** services for vulnerable populations in Cameroon, Niger and Nigeria
- Data collected by **sex workers** in South Sudan used to inform the new national HIV policy and to advocate against forced HIV testing among sex workers
  Community-led monitoring efforts successfully deployed to identify service gaps for **people who inject drugs** and to inform the GC7 funding request in Pakistan

KPI Results Analysis

The data provided by the KPIs under this component, combined with the reoriented focus on country-level work, reflect a greatly improved organization and structuring of the work being done across grantees, when compared to the data available for the CRG SI 2017-2020. While KPIs for this component inherently require more subjectivity than the more easily-quantifiable work of Components 1 and 3, most grantees effectively reported and consistently delivered results in line with these KPIs. Results significantly exceeded the targets set at the beginning of the SI. Typically, this level of performance relative to target would indicate poor, overly conservative target-setting and suggest poor understanding of the expected return on investment. However, in this case, this evaluation does not judge the situation that harshly: this was a first experience for the SI in having KPIs, and especially with a significant reorganization around country-level work, there was little in the way of relevant baseline to inform of what might be expected for performance from grantees. Therefore, the mismatch of targets with performance is not seen to reflect negatively on this SI; however, it is expected that this experience provides a reasonable baseline for more tailored target-setting going forward.

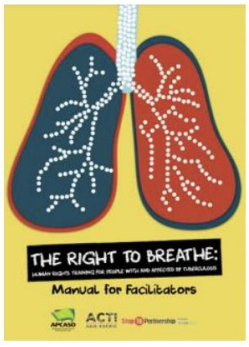
Despite most grantees reporting well on the KPIs, there were still some mismatches between the apparent work being done and the KPI it was reported under. This was particularly true for TB network grantees, who engaged in significant community mobilization and basic community capacity-building around TB

knowledge. These activities are valuable, seen as an important precursor to the work captured under the KPIs, and have been previously acknowledged as part of the differentiation of roles for the networks working on the different disease components. At the same time, from an evaluation perspective, this gave the appearance of TB grantees being less-aligned with the work of their counterparts in the HIV and malaria fields. This points to a need to once again consider the differentiated pathways[26] of each disease component's community-led movement(s) when finalizing updated indicators for the next SI, assuring that work that is planned for on basic community mobilization and disease knowledge (i.e. for TB and malaria affected communities) is captured and quantified, where relevant. This is particularly important for communities affected by malaria, where key informants advise that even where national or regional malaria-focused exist, but little mobilization has occurred to date at the community (municipal, village, etc.) level, creating roadblocks to everything from understanding community needs to mobilizing communities to take part in advocacy and/or interventions.

"It was underlined [by our consultants] that the CBO representatives from the HIV sector have years of experience of high-level advocacy as well as engagement in Global Fund processes…and have a more comprehensive understanding of support mechanisms and systems. Continuous capacity building for new members of the TB community and experience sharing was recommended by [our] consultants."
Regional Platform case study, reflecting on different levels of community capacity in the Republic of Georgia

Finally, the successes captured under these indicators exclude another major area of work regularly reported by grantees: the development, distribution, and training on new tools. The effort invested in this area of work is exemplified by Component 2 contributions to the Community Engagement Toolbox.

Figure A3.3. An Example of Component 2-Component 3 Collaborative Efforts in Tool Production



Right To Breathe: Human Rights Training For People With And Affected By Tuberculosis

This training guide enhances community knowledge of human rights and TB, builds capacity to document human rights violations, and improves effective advocacy.

Available In: English, Khmer, Nepali, and Vietnamese.

Publisher: ACT AP! and APCASO

[26] The reiteration of this need is not an indication that the CE SI failed to do this when planning in 2020; rather, it is a reminder and encouragement that as community movements continue to evolve, especially considering the work done under the GC6 CE SI, so too will their needs for continued support. Therefore, this suggests a stock-taking not as a corrective action but as part of an ongoing, necessary process of tracking the evolution of community movements and capacity over time.

While the Toolbox is a compilation of tools developed across all three components of the CE SI and is therefore not solely attributable to Component 2 efforts, it is notable that the KPIs of this component do not quantify or account for this effort in the way that other components do (i.e., C1.1, C3.1). The 58 tools within the toolbox that were wholly or partially produced by Component 2 grantees (including 10 in partnership with one or more Regional Platform) represent a significant body of work done by these grantees. While the CE SI must remain wary of the utility of an indicator that purely counts the number of tools produced (as this incentivizes the production of tools but not their use), it may be wise to consider the introduction of an indicator that links tools developed with their outcomes, like Component 1's C1.1, which tracks the use of TA assignment products to influence change.

Annex 4: Component 3 Detailed Findings

Operationally, Component 3 experienced relatively few changes between the CRG SI and the CE SI. It continued to support six Regional Platforms, run by regional civil society organizations as show in Table A4.1.

Table A4.1. Component 3 Regional Platform Grantees

Grantee	Region
Asia Pacific Coalition of AIDS Service Organizations (APCASO)	Asia-Pacific
Eastern Africa National Networks of AIDS Service Organizations (EANNASO)	Anglophone Africa
Eurasian Harm Reduction Association (EHRA)	Eastern Europe and Central Asia
International Treatment Preparedness Coalition – Middle East and North Africa (ITPC-MENA)	Middle East and North Africa
Réseau Accès aux Medicaments Essentials (RAME)	Francophone Africa
Vìa Libre	Latin America and the Caribbean

Despite this consistency in structure, the Regional Platforms experienced a strong evolution in role, with a greater – and obligatory – focus being placed on generating demand for TA. The component operated under three sub-objectives:

- 3.1 To enhance community knowledge of the Global Fund and its processes, through the regular bidirectional sharing of tailored and targeted information to a diverse audience
- 3.2 To strengthen the capacity and coordination of communities to engage in national and regional Global Fund grants and related processes
- 3.3 To improve community access to technical assistance through information-sharing, linkage to appropriate providers, support developing requests, and strengthening TA provider capacity and coordination

Improved Understanding of Regional Platforms

The vast majority of stakeholders expressed increased understanding of or engagement with Regional Platforms. This seems to have been driven primarily by two factors:

1. Greater (and visible) involvement of Platforms in generating high-quality for TA; and
2. More coordinated and regular engagement of audiences through online events.

The former is due to strategic realignment of the Platform role around the TA generation function, but the CE SI team management and the Platforms themselves should take credit for making this happen. The evidence of this shift is presented under the KPI data below, as well as in the many products of the Platforms tailored around thoughtfully and impactfully matching TA to community needs.

The second change resulting in more visibility to partners may be due to natural shifts in how group events are managed due to the COVID-19 pandemic, e.g., online trainings and webinars are a standard approach to a much greater degree than prior to 2020. This approach is not only more accessible for a wider range of partners but was more visible for collaborating partners including GMD colleagues, technical partners, and bilateral funders.

Lessons in Providing More Structure and Prescription

Component 3 offers an interesting instance of real-time learning and reflecting, highlighting the value of continued critical thinking throughout program management. While a key recommendation of the CRG SI final evaluation was that Regional Platforms be allowed to continue to evolve to different approaches for different regions, the management team of the CE SI found a slightly different approach to be more beneficial: increased standardization and prescription of Regional Platform roles helped to keep their workload manageable and focused. Within these strengthened parameters, Platforms still varied their approaches to fit local context, including through assigning regional or national focal points for particular tasks (i.e. TA demand generation) and their approaches to community support for C19RM. This balance between greater prescription of role and freedom to develop tailored approaches allowed Platforms to achieve targets in a way that matched local context.

Platforms themselves echoed this sentiment, with most survey respondents deeming the increased standardization helpful. This is an important learning, both because it appears to have contributed to the high achievement of goals among the platforms, but also because it offers insight into an avenue for further efficiency as Component 3 faces significant budget cuts under the next SI.

Strong Cross-Platform Learning and Coordination

Standardization of approaches across Platforms also lent itself to strong cross-component learning, as well as collaborative activities. Most Platforms praised the proactive coordination of their work by the CE SI team (80%; 4 out of 5 respondents), and one Platform survey respondent indicated that this helped to translate into clearer reporting (see KPI Results Analysis, below, for discussion on the high quality of reporting in this component).

"The regular monthly calls (one-on-one and joint platform calls) [were] a great way to air out emerging challenges and craft solutions before the actual reporting time to communicate such challenges." – Regional Platform survey feedback

Cross-platform coordination was also evident in the collaborative production of tools, such as those available in the Community Engagement Toolbox (see Fig A4.1 for examples).

Figure A4.1. Examples of Collaborative, Multi-Platform Products for Community Engagement

In particular, the increased prescription of scope of activities, as well as strong cross-platform coordination, suggest the possibility of some global collaborative activities for Platforms under the 2024-2026 CE SI. While these should not be imposed by the CE SI team, it may be productive to proactively facilitate Platforms in defining a small number of global-level efforts on which they would like to collaborate. This may provide improved economy, which will be important especially with Platforms anticipated to be operating a significantly reduced budget in 2024-2026.

KPI Results

SO3.1 To enhance community knowledge of the Global Fund and its processes, through the regular bidirectional sharing of tailored and targeted information to a diverse audience

C3.1. Number of individuals from KVP communities and/or civil society organizations accessing timely and relevant Global Fund-related information that is shared by the Regional Platforms

Together, 6 Regional Platforms reported a total reach of 101,781, which was almost double (194%) the target reach of 52,500. The level of achievement over target is likely due to both more intentional focus on reach through various media, as well as more careful tracking of reach by each Platform, i.e., monitoring of website traffic, due to the communicated importance of KPIs and a clarified reporting process.

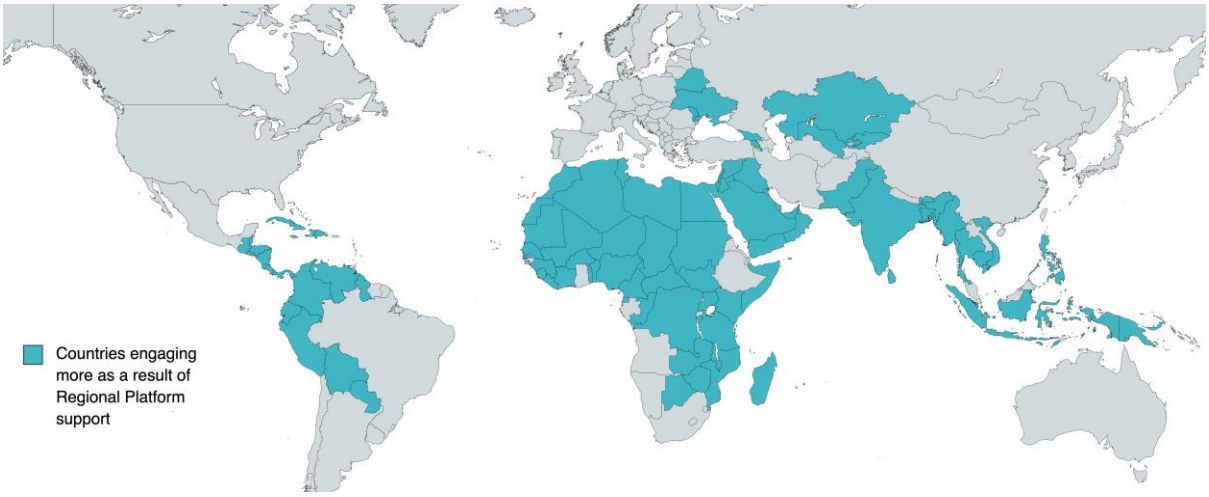
SO3.2 To strengthen the capacity and coordination of communities to engage in national and regional Global Fund grants and related processes

C3.2. Number of countries where communities report or demonstrate their ability to more efficiently and effectively engage in national and regional Global Fund-related processes as a result of Regional Platform capacity strengthening and coordination support

Regional Platforms reached a total of 97 unique countries – an impressive proportion of the 127 countries eligible for funding under the 2022 eligibility criteria. In addition, this expansion meant that Platforms

reached beyond countries that had been covered in the 2017-2020 CRG SI, including first-time engagements in countries such as Haiti, Kosovo, and Sudan.

Figure A4.2. Countries Demonstrating or Reporting Improved Engagement Capacity



This work was done both through active capacity-building, such as the hosting of webinars and coordination meetings, but also through the generation of resources to facilitate easier engagement by communities.

Figure A4.3. Example of Accessible Information for Engagement with Global Fund

Image captured from:
https://mapalac.appspot.com/p/PE

SO3.3 To improve community access to technical assistance through information-sharing, linkage to appropriate providers, support developing requests, and strengthening TA provider capacity and coordination

C3.3. Number of technical assistance requests generated and submitted to a wide range of Global Fund TA providers, as a result of Regional Platform support to communities

As of June 2023, Platforms reported participating in the generation of 185 TA requests. However, within this overall success, there is an important consideration for cost-effectiveness: while the Platforms have shown that it is possible to generate TA through their support, this may not always be the most cost-effective way of providing support. For instance, one Platform spent $10,211 per TA request generated in

2022. Alternatively, Platforms have also shown there may be other faster, more cost-effective ways of providing certain TA assignments to and within communities: micro-granting directly to communities where local experts exist but resources do not, can help to quickly and effectively move issues that are 'stuck', without engaging the resources of Component 1.

C3.4. Percentage of CRG TA requests submitted with Regional Platform support that meet eligibility criteria to proceed to implementation

Final data from CRG Regional Platform reporting indicate that out of 138 TA requests supported, 112 requests met eligibility criteria (81%).

"To ensure the successful provision of TA, it is essential to properly select the members of the expert team engaged by the TA provider. Such selection should be carried out in consultation with the organisations requesting TA, taking into account the national context."
Regional Platform case study, reflecting on the complex process of assuring a meaningful TA mission

While, according to Component 1 data, the eligibility and completion rates for requests with Platform support are not statistically significantly better than the rates for all requests received (regardless of Regional Platform support), there is a marked, overall increase in eligibility rate of the GC6 CE SI (90%) vs that of the GC5 CRG SI (75%), and overall completion rate in this period was 78% vs 70% in the previous period. These across the board improvements suggest a correlation between significant increase in focus of Regional Platforms on TA demand generation and support, and the overall increase in eligibility and completion rates of TA requests.

KPI Results Analysis

Component 3 was well-oriented around its KPIs and met all relevant targets. At the same time, the intensified focus on and quality assurance of TA generation, while successful from the perspective of number of TA assignments generated, points to opportunities for efficiency and economy in the 2024-2026 CE SI. This could lend benefit not only to Component 3, but also to Component 1.

From an evaluation perspective, it is notable that the Component 3 reporting format provided the clearest and most reliable KPI data. While it should be kept in mind that Component 2 data are inherently more subjective and less easily quantified, looking to the Component 3 report template experience may provide useful inspiration for further streamlining KPI reporting by Component 2 grantees.