

DIALOGUE, PARTICIPATION AND COLLABORATIVE DECISION-MAKING:

A community-led multi-country Global Fund Grant Application experience
in the Middle-East and North Africa

This grant is the product of a year-long community-led regional dialogue and participatory program design process. The successful funding request submission was led by MENA Coalition on HIV and Human Rights. It nominated Frontline AIDS (formerly called the International HIV/AIDS Alliance), a long-standing partner of the region in its HIV response, as Principal Recipient. Civil society organisations from Egypt, Jordan, Lebanon, Morocco and Tunisia form part of its pool of sub-recipients, as well as key population networks in the region.

THE HIV SITUATION IN MENA

MENA is behind in the global journey towards 90-90-90, with just over half of the 230,000 people living with HIV being aware of their HIV status. HIV testing and treatment coverage in MENA is far below the global average. There is high prevalence and growing epidemics among key populations of people who inject drugs, gay, bisexual and other men who have sex with men, and female sex workers and their sexual partners across the region.

In addition to being most at risk for HIV and the continuing human rights crisis in the MENA region, these key populations are also the most vulnerable to discrimination. Most countries in this region have national constitutions that state the right to non-discrimination and are signatories to regional and international instruments such as the Arab Charter on Human Rights. These provisions however, are often not upheld, particularly with regards to LGBT and people living with HIV.

The combination of stigma and discrimination and the criminalization of key populations in almost all parts of the region has resulted in facilities-based services struggling to reach greater numbers of those who need HIV testing, treatment and care services. In the face of all these challenges, community-based service delivery models abound in the region and have helped shaped the program approach and interventions laid out in this successful grant submission.

The MENA H Coalition is comprised of key population networks in MENA region, namely: M-Coalition, which has recently merged with another MENA H Coalition member, the Arab Foundation for Freedoms and Equality (AFE MENA); Regional Arab Network against AIDS (RANAA); MENA Harm Reduction Association (MENAHR);

International Treatment Preparedness Coalition-MENA (ITPC-MENA), MENARosa (a network of women living with HIV), MENA Network for People who Use Drugs (MENANPUD) and Youth Plus. The depth of knowledge and expertise of these networks, combined with their organizational structures and procedures underpin the work of the Coalition and ensure its legitimacy as the leading umbrella body for HIV, key populations, harm reduction, gender and human rights in the region.

TIMELINE: THE JOURNEY TO THE MENA MULTI-COUNTRY GRANT

Q4 2017	<ul style="list-style-type: none">• GF hosts regional consultations for TORs of multi-country grant• UNAIDS-MENA hosts a regional meeting for key stakeholders to understand the scale, the new dynamics and mechanism of the multi-country grant
Jan 2018	GF sends out Request for Proposals for a MENA multi-country grant
Feb 2018	MENA H Coalition decides to lead a regional response to the RFP
Mar-Apr 2018	<ul style="list-style-type: none">• National Consultations held in Egypt, Jordan, Lebanon, Morocco and Tunisia• Regional dialogue meetings hosted in Beirut and Amman
May 2018	MENA H Coalition submits its funding request application to GF
Jun 2018	Coalition receives Technical Review Panel's recommendations/ approval
Jul 2018	Principal Recipient and MENA H Coalition go into grant negotiation with GF Secretariat
Sep 2018	Frontline AIDS (PR) meet with MENA H Coalition sub-recipients (hosted in Beirut)
Nov 2018	Grant is signed
Apr 2019	Grant start-up meetings held in Beirut

WHAT WORKED WELL?

LEADERSHIP OF KEY POPULATIONS AND MULTI-SECTORAL REPRESENTATION

The use of multiple platforms for national and regional dialogues, completely led by key populations, enabled a wide range of HIV actors to be represented and heard.

Having key populations throughout the proposal development process helped to keep the grant activities centred around the people and not just organisational interests. It is about putting the community first.

Elie Ballan, MENA H Coalition

The community spirit was remarkable and all key groups were represented. This is a first in the MENA region. All the pressure, the challenges, the bilateral discussions we experienced – they unified us and brought us to work together.

Mohamed Bilel Mahjoubi, Association Tunisienne de Lutte contre les MST et le SIDA

We have wished to see the response and the buy-in from community and key populations. This time we see it very clearly - it was completely led by the key population groups.

Simone Salem, UNAIDS

A PARTICIPATORY, RIGHTS AND GENDER-BASED APPROACH

Highly participatory methodologies were utilized in both national and regional dialogues: in mapping needs of key populations, selecting priority countries and aligning activities with priority intervention areas.

In the first regional dialogue, we discussed the interventions that would respond to needs of key populations. Back home, we consulted with program partners. At the second regional dialogue, we collectively looked at the program responses and categorized them under core intervention areas: advocacy, domestic resource mobilisation and innovative interventions.

Adel Malek, Caritas-Alexandria

There are differences in approaches among organisations but at the end of the day, all these actors that have been working with key populations recognized each other's strength and contributions. That was really heartening to see.

Enrique Restoy, Frontline AIDS

The consultants' process in the application stage was really participatory, taking all the stakeholders along every bit of that process. This probably made it more time-consuming, but I think it made us all stick together and end up with a successful proposal that everyone

has been engaged with. That would certainly help in implementation as well, because there are no surprises.

Catherine True, Frontline AIDS

BUILDING ON MOMENTUM OF REGIONAL TARGETS AND STRATEGIC DEVELOPMENT GOALS (SDG)

The region faces a lot of challenges: restrictive laws and policies, rising conservatism in many countries, de-prioritization of HIV in the national public health agenda, lack of funding for HIV programs, protracted humanitarian crises. On the other hand, the multi-country critical funding opportunity, the fast track regional targets and promises arising from linkages to SDGs, moved civil society and especially key population networks in the region to seek ways of working together. And these joint efforts saw the emergence of new leaders who have stepped up from the ranks of key affected and marginalized groups.

I think having this kind of opportunity triggered peoples' enthusiasm and commitment to do things differently. They needed to be innovative, not only within the activities of the grant, but in the partnership - on how they can work together.

Simone Salem, UNAIDS

The launching of the RFP came at a time when the MENA H Coalition was ready to work together. The preparation that had been made by regional networks like MENAHRA and RANAA, together with the other partners in the Coalition, led us to this path of working together.

Elie Aaraj, MENAHRA

INFORMATION-SHARING OF BEST PRACTICES AND PRACTICING TRANSPARENCY

The dialogues provided a platform for stakeholders to share information, not just on needs of their communities and constituencies, but also on current programming efforts, best practices, capacities and limitations. Challenges and obstacles met were discussed openly and debates were welcomed.

This experience has given us the opportunity to discover the context of HIV program responses from countries in the region and the challenges that they face.

Mohammed Elkhammas, Association de Lutte Contre le Sida

What really helped us was the transparent, consultative approach – everyone was involved in the selection of focus countries. We had exercises where we laid out our ideas on the wall – it helped us identify the focus areas. This gave the participants more clarity, more trust in the MENA H Coalition and Frontline AIDS.

Elie Ballan, MENA H Coalition

PARTNERSHIP AND COORDINATION

There is one sub-recipient civil society organization per country, which is helping to forge and support civil society leadership at national level. The proposal development and grant-making process also saw first-hand regional and global technical partnership at work – with UNAIDS, WHO and other members of the UN joint teams and the Frontline AIDS bringing in their range of expertise across disease interventions, policy work and experiences in community system strengthening.

Many consultations were held to discuss the needs and the strategies, in the context of the MENA region. We participated in all these consultations as Forearms for Change and also as leaders of the Jordanian AIDS Network.

Abdallah Hanatleh, FOCCEC

It is important to keep an open mind and communication lines. Remember that you are not doing this alone. And remembering where people are coming from, is very important.

Elie Ballan, MENA H Coalition

ACCESS TO TIMELY, APPROPRIATE AND QUALITY TECHNICAL SUPPORT

UNAIDS and WHO provided technical support, including the deployment of two international consultants who would accompany MENA H Coalition and its partners in the regional dialogues and in drafting the funding request. Both consultants had rich experience in working with key affected communities and civil society and supported participatory, consultative processes. Global experts were mobilized as peer evaluators to provide feedback to the draft proposal and technical approach. Other UN regional partners were also mobilized to provide input and guidance.

Frontline AIDS contributed its expertise, specifically in supporting programs in the MENA region, aligning its work in HIV and human rights, and ensuring that strong monitoring and evaluation frameworks are in place.

The Global Fund's Community, Rights and Gender team provided needed technical assistance support during the grant-making phase, as well.

The choice of consultants who had the experience, expertise and commitment was critical, especially that timing was so short. That choice was very good because it was a choice made by all partners.

Enrique Restoy, Frontline AIDS

Everyone appreciated the input and the spirit consultants had brought with them in moderating and facilitating this exercise.

Adel Malek, Caritas-Alexandria

UNAIDS' role was really important, indispensable. Especially during the funding application process, they worked hard in bringing people together. Their coordinating role was indispensable.

Ilya Bakharev, Global Fund Secretariat



THE SUB-RECIPIENTS:

Egypt: Caritas Egypt

Jordan: Forearms for Change Centre to Enable Communities (FOCCEC)

Lebanon: Soins Infirmiere et Development Communautaires (SIDC)

Morocco: Association de Lutte Contre le Sida (ALCS)

Tunisia: Association Tunisienne de Lutte contre les MST et le SIDA (ATL)

Regional: ITPC-MENA, MENA HRA and AFEMENA

CHALLENGES

BUDGET NEGOTIATIONS

UNIFYING MOST OF THE KEY REGIONAL AND NATIONAL CIVIL SOCIETY ORGANISATIONS IN A SINGLE FUNDING REQUEST SUBMISSION

The idea of UNAIDS and many other partners across the region was to try and make sure that civil society organisations, especially key population networks at the regional level and all the key partners at regional and country level were applying for the funding together basically trying to avoid division as much as possible.

Enrique Restoy, Frontline AIDS

Whilst MENA H Coalition was gearing up for the process of proposal developing, another proposal effort was being led by the United Nations Development Programme (UNDP) and the Middle East Network on Legal Aid (MENAL). As a key mitigation measure to avoid division in civil society across the region, representatives from all MENA H Coalition member organisations joined the UNDP-MENAL regional consultation that took place in Amman. The MENA H Coalition proposed a joint application with Middle East Network on Legal Aid (MENAL) as co-applicant. However, in the end, there was no agreement on some critical aspects of the process, including on the criteria for choosing a PR and the division of weight between the two co-applicants, which MENA H advocated to be on equal footing. As a result both MENA H Coalition and Middle East Network on Legal Aid (MENAL) encouraged members and partners to choose freely which proposal effort they wanted to join and did not ask for exclusivity should any particular organisation or network want to join both. MENA H Coalition proceeded with the development and submission of a multi-country proposal, mobilising most of the regional networks working with key populations in the region. The collective reach of these networks, combined with the reach of key civil society organisations at country level, has provided it with the most potential for collaboration and consensus-building.

I still have a lump in my throat that we don't have everybody in the proposal, that a network like MENAL that is strong and striving, submitted a separate bid and is now not part of the grant. I feel bad that some of the networks were dropped and hence we lost the opportunity to have them as partners in the process.

Simone Salem, UNAIDS

Funding bids usually make things competitive. With this bid, we actually had to work together to be successful. We had to overcome our personal positions and trust each other. We were versatile to accept change. And this on its own, being able to accept change, is the beginning of the change that we wish to see in our region.

Elie Ballan, MENA H Coalition

The Global Fund's request for proposals had an allocation of US\$7.5 million. After determining needs at country and regional level, prioritising programming responses within the framework set out by the RFP, the next challenge was allocating budgets and the unavoidable prospect of budget cuts.

A mindset of: 'What is my country getting?' was challenging and needed lots of negotiating with partners. During grant-making, we went into every activity, avoiding duplication and ensuring sustainability. Activities were being cut and some people were disgruntled about not being given the chance to defend those activities.

Catherine True, Frontline AIDS

For the grant negotiations hosted by the Global Fund regional team in Geneva, Frontline AIDS ensured the participation of MENA H Coalition. Elie, as Coordinator of the coalition would continue to provide the 'voice' for key populations and communities at the negotiation table, providing valuable context and perspective towards informed-decision making.

Even then, some Coalition leaders felt that communication mechanisms can be further improved.

Some decisions were taken between the coordinator and the PR without coming back to us. We need to create an internal communication system so that everyone is aware of what is happening.

Elie Aaraj, MENA HRA

After the grant negotiation sessions with the Global Fund team, the PR and MENA H Coalition hosted another regional meeting in Beirut, continuing the process of grant-making: presenting the prioritized intervention areas and revisions to activities and making necessary budget adjustments.

Seeing money values fly out of your proposed budget can be stressful. It was about transparency, communication and thinking with a multi-country mindset so that when you see these changes happen, you know that this is not a direct attack on you – rather it is about coming together as one group with one goal.

Elie Ballan, MENA H Coalition

DIALOGUE, INCLUSION AND PARTICIPATORY PROCESSES REQUIRES TIME

The whole process of dialogue at multiple levels requires an enormous amount of collective effort and time. As this process strived to demonstrate the principles of inclusion and transparency, where respondents had to be given enough time to engage their constituencies and craft their responses, the timeline challenge would carry on from proposal development to the grant-making phase.

For me, the major challenge was the short time for consultation and submission of this funding request.

Mohammed Elkhammas, Association de Lutte Contre le Sida

With all the regional meetings and national dialogues, organisations were taking on additional workload and investing time.

Joanna Elias, SIDC-Lebanon

We were conscious of continuing to involve partners where possible during grant-making but it meant that the timeframe became even more of an issue. There was all the collaboration behind the scenes and that took a lot of time.

Catherine Simmons, Frontline AIDS

LEARNING

THE IMPORTANCE OF DIALOGUE THAT IS OPEN, INCLUSIVE AND PARTICIPATORY

While tedious and time-consuming, this inclusive process of crafting a multi-country response has resulted in a funding request that was deemed by The Global Fund's Technical Review Panel as "technically sound and strategically focused. The TRP further cited that "the applicant demonstrates a great understanding of the issues facing key populations in the region and has proposed pragmatic and implementable activities that would likely continue beyond the three years of the program."

The exchange of ideas, experiences and success stories from different countries – this helped us evaluate and modify our own activities. Now we aim towards a synchronised regional effort and to create a collective impact.

Joanna Elias, SIDC-Lebanon

The approach was participatory: from needs identification to prioritising those needs. If I am going to do what I know is my need, what I have the capability to perform, the outcome is likely to be fruitful.

Adel Malek, Caritas

It is about REALLY listening to the community. Civil society has believed in their partnership. We have set an example to a region of 381 million people: that we can work together around common goals and make it happen.

Elie Ballan, MENA H Coalition

FROM INDIVIDUAL TO COLLECTIVE THINKING: OVERCOMING BORDERS AND BARRIERS

When people come to the table, they carry original mandate of putting forward the interests of the communities and the organisation they represent. For CCM representatives, they bring forward the interest of their countries – the alignment of programs with the national disease strategies and its associated resource needs. The role of leaders, facilitators and technical partners is to accompany these stakeholders in a process of collective thinking and unified goal-setting and planning.

We had come together as civil society, overcoming borders, language barriers, different HIV epidemic level, many organisations with different needs, different strategies, different approaches. We brought people together towards a common goal.

Elie Ballan, MENA H Coalition

FROM NATIONAL TO MULTI-COUNTRY TO REGIONAL

The grant provides an opportunity for civil society organizations to take leadership in addressing barriers to services for key populations and finding innovative approaches that would lead to more sustainable programs. This process became a key cross-learning platform among country actors in the MENA, where programming approaches and learning were shared and helped to shape further the activities at country and regional level. It positioned national organizations with rich experiences in addressing specific HIV and human rights issues towards implementing activities at regional level. For example, HIV-related human rights violations in Jordan and Egypt will be documented using the expertise and tools developed by partners in Morocco and Tunisia.

This grant is a big opportunity for NGOs and networks to work together, to be more strategic and to share experiences. For example, as Morocco is more advanced in interventions for drug users, it is important to share this experience with Egypt. This region needs to work together to have a common voice.

Alim El Gaddari, ITPC-MENA

Our partners from Egypt and Jordan brought positive energies to the meeting in Beirut. When they talked about programs that they are already doing and what this grant means to them now in terms of their ability to grow, scale up and increase impact – it made me realize that this is a game changer.

Catherine Simmons, Frontline AIDS

INVESTING IN THE MENA REGION'S HIV RESPONSE: A CALL TO DONORS AND TECHNICAL PARTNERS

When we talk about countries that have low HIV prevalence, we should take this as an opportunity to work, not as an opportunity to stop. We cannot achieve elimination of HIV without providing services, without raising awareness, without outreach programs, without participation of key populations.

Abdallah Hanatleh, FOCCEC-Jordan

Civil society in this region needs a lot of support. People think that the region is rich. In some countries, maybe their government is rich but not the people. HIV and harm reduction are not on the agenda of governments. "Ending AIDS in 2030" has meant that most funds are channelled to (high-impact) Africa. Meanwhile we are witnessing an increase in the epidemic in MENA but we have very scarce program funding resources. In reference to the UNAIDS slogan of "no one left behind," I think the MENA region has been left behind.

Elie Aaraj, MENAHR

Donors have always wanted to see civil society coming as one and doing their job. They have done that. This is a grant for sustaining services, but with the increasing level of infections in the region – there is plenty of room for donors to complement this grant and start up more prevention programs. We have unfinished business in this region. And this is a situation where civil society have gone one step forward. It is very important that donors take that other step and walk with them.

Simone Salem, UNAIDS

The message that we hear all the time is: "It's impossible to work in the MENA region. It's too difficult, it's too restrictive." But it's not impossible! Partners in this region have been doing this work. You can work with the most marginalised because that is where the need is. If you are working in the area of human rights and health and HIV prevention, you can support such programs. There are civil society organisations who are doing this work, often in very dangerous environments but there is a passion there, there is adaptability and there is determination. If you are a donor who is particularly interested in looking at how civil society can hold governments to account, you can invest in that. If you want to invest in service delivery because you want to see the change at the beneficiary level in terms of health outcomes, you can invest there. There are people there already doing work but imagine what we can achieve if we invested in it a little bit more.

Catherine Simmons, Frontline AIDS

"We have plenty of best practices that can be woven together like a great beautiful canopy, where everybody has a place and role to play, and people would applaud and be proud – for it is their work."

Simone Salem, UNAIDS