ITPC

INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV EASTERN AFRICA (ICWEA)

NEPHAK say yes to life

Communities at the Centre, Evidence at the Table, Impact in the GC8 Funding Request

Reflections from the Community Advocacy Network (CAN)

GC8 • Window 1 • COMET CLM Implementation, AI & Advocacy Alignment Workshop, Lilongwe, Malawi (9–11 June 2026)

Uganda: ICWEA Reflections

International Community of Women Living with HIV Eastern Africa (ICWEA)

SECTION A

Process

As communities in Uganda, two community consultants collected priorities from communities and CSOs across different regions — one through the Global Fund CRG TA via EANNASO, the second through GIZ.

- From the regional consultations, issues were compiled and validated by communities, and a priority list was tabled at the national dialogue.
- These priorities were compiled and validated by communities — the resulting priority list was used during the writing of the GC8 funding request.

SECTION B

Advocacy Priorities

The critical areas that communities advocated for included:

- System strengthening through community-led approaches.
- Community-led approaches, including CLM, to address accountability and data-driven advocacy.
- Supporting community structures, peers, VHTs, and linkage facilitators.
- Addressing human rights, stigma and discrimination, and the enabling environment.
- Community leadership in governance and coordination processes.

SECTION C

18 Priority Areas

A total of 18 priority areas were identified:

P1	Strengthen Quality Improvement and Patient-Centred Care in integrated HIV and TB services.
P2	Maintain peer navigation in HIV and TB services, including in public health facilities and community service delivery models.
P3	Eliminate HIV- and TB-related stigma and discrimination in workplaces and schools.
P4	Organizational and leadership development for CSOs and community networks (PLWHA, TB, malaria, KPP).
P5	Maintain and strategically use differentiated service delivery models for hard-to-reach and mobile populations.

P6	Expand access to an integrated comprehensive prevention package for HIV, TB, and malaria.
P7	Strengthen integration of TB, malaria, and mental health services for KPPs and adolescents.
P8	Strengthen respect for the right to HIV, TB, and malaria services for persons in the Justice, Law and Order Sector.
P9	Strengthen and improve the reach of social and behaviour change (SBC) interventions for HIV, TB, and malaria.
P10	Social protection and economic support for vulnerable patients.
P11	Strengthen paediatric TB and HIV detection and treatment.
P12	Strengthen policy dialogue and legal reform to improve access to essential HIV, TB, and malaria services.
P13	Prevent emerging drug resistance in HIV, TB, and malaria.
P14	Strengthen domestic financing and reduce the cost of accessing care for HIV, TB, and malaria.
P15	Strengthen supply chain systems to prevent stockouts of essential HIV, TB, and malaria commodities.
P16	Address the long-term health needs of people ageing with HIV and TB survivors.
P17	Strengthen public-private partnerships (PPP) for HIV, TB, and malaria service delivery.
P18	Strengthen the quality, completeness, and use of data to inform HIV, TB, and malaria programmes.

SECTION D

How Was CLM Data Incorporated?

- CLM has been strongly incorporated into Global Fund processes, mainly under RSSH and Community Systems Strengthening, to ensure accountability and advocacy for improved programming.
- Uganda has a Community-Led Monitoring Framework; community-led organizations including ICWEA were actively involved in its development and review.
- We closely examined the structure and how communities would ensure programme oversight of CLM, from national governance board level down to community-level structures.
- These considerations were incorporated into the writing process to ensure structures are functional and evidence collected through community tools is validated.
- CLM was incorporated into GC8 from the national framework level through to data collectors, governance structures, and oversight mechanisms.

> *“ The prioritization of CLM interventions under GC8 was guided by the UNAIDS Community-Led Monitoring Progression Matrix (2023 iteration), which assesses CLM maturity across seven domains: community leadership, scope of monitoring, geographical coverage, data systems, strategic information use, advocacy, and*

sustainability. Uganda's CLM was assessed at Level 2–3 (Refinement to Systematization).

SECTION E

Key Questions & Reflections

1. At what stage did CLM discussions begin, and who were the key stakeholders?

From the consultation stage with CSOs and during priority setting, CLM emerged as one of the strongest community priorities. However, at initial stages there was no representation of CLM implementers, resulting in limited and sometimes ambiguous CLM priorities in the CSO priority list.

UCCM Board gave powers to PR1 to nominate an institution with CLM expertise. Consequently, PR1-TASO nominated ICWEA to join the writing teams for the Community Systems Strengthening component. ICWEA, together with PR2-TASO, led writing on CSS across three modules:

- Community-Led Monitoring and Advocacy
- Community Coordination and Engagement in Decision-Making
- Organizational and Leadership Development

ICWEA continued to provide technical guidance throughout the process, including at Global Fund country team meetings, TRP feedback discussions, and CSO strategy meetings.

2. Three most important lessons from the GC8 funding request process

LESSON 1	Ensuring communities and community-led organizations are at the table is critical. In Uganda, the government has shown significant interest in CLM and wishes to manage it. If this happens, CLM ceases to be a community-led accountability mechanism.
LESSON 2	Community-generated evidence is critical in informing funding application priorities. CSOs and community-led organizations need to adopt documentation and reporting as core best practices. The GC8 modular frameworks emphasized that every proposed intervention must be supported by appropriately cited evidence.
LESSON 3	It is important to distinguish between what is community-led and what is community ownership or involvement. Being firm on this definition is especially important where government structures claim community representation through CHEWs, yet cannot effectively hold government accountable.

3. What worked particularly well for other countries to learn from?

- CSO technical assistance through CRG via EANNASO and GIZ enabled communities to independently identify and articulate their priorities, complementing each other and working closely with PR2.

- CSO coordination for advocacy was highly effective. CSOs established a coordination structure with a Chair who ensured regular strategy meetings and routine updates across all writing groups.
- CSOs took time to understand GC8 guidance, providing a quality check on priorities and securing representation across all disease components including RSSH and governance.

4. What would you do differently if preparing a GC8 funding request again?

- Ensure technical assistance for communities does not end at priority identification but continues through to grant-making. Communities should also begin costing exercises much earlier.
- Ensure CSOs undertake constituency-specific consultation processes. UCCM would then convene a national stakeholder retreat to consolidate CSO feedback.
- Greater investment is needed to enable communities to consistently participate. Continuous technical assistance throughout the process is essential.

5. Other Reflections

- Communities need to prepare evidence well in advance. Uganda's existing CLM framework made it easier to include CLM in the funding request.
- We need to prepare strong evidence well in advance. This is an area that requires deliberate investment.
- Under the Global Fund model, CLM is implemented through CSOs, while the custodian of information is PR2. This arrangement also needs to be revisited.

Kenya: NEPHAK Reflections

National Empowerment Network of People Living with HIV/AIDS (NEPHAK)

NEPHAK's Role

NEPHAK is part of the Core Team/Writing Team for the Kenya GF GC8 Application, responsible for ensuring the meaningful engagement of communities in their diversity, generating Gap Tables and Community Priorities for the HIV, TB, and RSSH (CSS and HRG) Modules.

KENYA

Community Advocacy Priorities

- HIV Treatment Education/Literacy
- Self-Care (driven towards adherence for U=U)
- Advanced HIV Disease, TB/HIV and Integration of NCDs
- Community Systems Strengthening (CSS) – Community-Led Monitoring
- Stigma Reduction and psychosocial interventions

KENYA

CLM under GC8

CLM has been prioritized under the RSSH (CSS) to build on GC7 interventions.

- Prioritized by recipients of care to ensure continuity in feedback on access and quality of care.
- Identified during the country dialogue forum, expanded during gap analysis to inform prioritized interventions.
- CLM has now been expanded to include 'integration' indicators.
- Integrated TWGs inclusive of priorities that speak to the program needs of RoC and KP.

KENYA

GC8 Lessons

LESSON 1	Meaningful Community Engagement informed by capacity building is critical.
LESSON 2	Priorities for the GF application are informed by evidence and data — communities also need to have credible data sources.

LESSON 3

Partnership building is a key strategy to ensure interventions identified by recipients of care are prioritized and budgeted for.

KENYA

What Worked Particularly Well

- Structured and coordinated community leadership and consultations.
- Basing the gap analysis and prioritization on available evidence and data (i.e. CLM).
- Use of the community prioritization template provided by the GFATM.
- Partnership with the Ministry of Health allies.

KENYA

What NEPHAK Would Do Differently

- Strengthen data collection and evidence generation.
- Improve coordination and follow-up mechanisms.
- Mobilize resources for engagement of TA.
- Expand partnership and alliance building beyond health and HIV.