What Is CRG?

CRG, or "Communities, Rights, and Gender," refers to an approach to HIV, TB, malaria and related responses that promotes and advances community systems strengthening and responses, human rights, and gender transformation. A CRG lens centers programmes and interventions to the needs and realities of key populations and communities disproportionately impacted by the diseases.

With new and ambitious global targets to end the HIV, TB, and malaria epidemics by 2030, key populations, human rights, and gender equality will necessitate a more prominent role in global and national disease strategies. Within the Global Fund, the emphasis on CRG interventions is manifested through the establishment of the CRG Department and the CRG Special Initiative, which aims to ensure that communities affected by the diseases can meaningfully engage in Global Fund processes, and that GF-supported programmes respond to their needs. There is also an unprecedented emphasis on key populations, human rights, and gender equality in the recently approved "The Global Fund Strategy 2017-2022: Investing to End Epidemics." Among others, the new strategy will:

1. Maximize impact of investment by directing resources to countries with the highest disease burden but with the lowest ability to pay and to key populations disproportionately affected by the diseases;
2. Strengthen community responses and systems to build resilient and sustainable health systems, and push for integrated service delivery for women, children and adolescents;
3. Support the scaling up of disease programs that protect and promote human rights and gender equality;
4. Mobilize to frontload investment for the effective implementation of the global strategies on HIV, TB, and malaria.

A Case for CRG Interventions

The inclusion and prioritization of CRG interventions in HIV, TB, and malaria responses reflect the increasing body of evidence on how the inclusion of communities and disproportionately affected by the diseases and the promotion and protection of human rights and gender equality are both critical in addressing barriers that impair the effectiveness of diseases responses. With new and ambitious goals of eliminating malaria and ending the HIV and TB epidemics by 2030, which rely on community-focused strategies for scaling up, programmes for key populations, human rights, and gender equality become all the more important.

Issues of key populations, human rights, and gender equality vary across the three diseases and across different country contexts. These could include stigma, discrimination, and violence that prevent key populations from accessing health services and from enabling health-seeking behaviors; laws that criminalize key populations, or hinder their enjoyment of their human rights; the inability or inadequacy of health systems, including other stakeholders, in addressing

the needs of communities affected by the diseases; and the involvement and engagement of the same communities at all levels of the disease response, including their capacity to participate meaningfully.

CRG needs assessment tool

1 Absence of or inadequate support and funding for stand-alone human rights and gender-related programmes, and the integration of human rights and gender equality in disease programs;
2 Either no or inadequate direct funding for community groups and key population organizations for service delivery (including community-led testing), evidence-building, programme monitoring and for advocacy programmes;
3 Insufficient awareness on human rights, gender equality, and community empowerment among non-community stakeholders in the three diseases;
4 Punitive policies that impair on the rights of key populations and are compounded by the lack of awareness of legislators and law enforcers;
5 Uneven awareness within communities and key populations on human rights and gender equality, and how they intersect with the epidemics, and this is more pronounced in TB and malaria;
6 Lack of capacity of communities, civil society, and key populations to engage across different levels of country disease programmes, from strategy development and funding applications to programme implementation and monitoring and evaluation.
7 Barriers related to human rights and gender equality curtail the effectiveness and scale of HIV, TB, and malaria interventions, therefore it is imperative to address them in order to end the three epidemics. To guarantee the impact of investments on key population-focused disease programmes, critical enablers become all the more important and CRG interventions should receive equal priority in disease programmes.

The Funding Model and CRG

While significant changes in the Global Fund funding model made during the 2014-2016 Allocation Period created new spaces for community engagement in the funding architecture, these did not necessarily translate into full integration of CRG issues and interventions in funding requests or in funded activities. As seen in the needs assessment and Concept Note review, the implementation of the funding model shows a landscape of gains, gaps, and challenges in addressing critical enablers and CRG issues in HIV, TB, and malaria programmes. Here's a snapshot of community experiences and the results of efforts to include CRG interventions in Global Fund-supported programmes:

1 Strong communities, civil society, and key population networks are critical to ensure the inclusion of CRG priorities in funding requests, but at the same time they are a result of country programmes that support community systems strengthening and enabling environment for community mobilization;

2   The Concept Notes that have been submitted for the 2014-2016 allocation period across the three diseases focus on addressing concentrated epidemics among key populations, yet how they recognize and address the needs of key populations are less clear;

3   CRG priorities are relatively better represented in HIV funding requests, but in combined HIV and TB applications, TB programmes benefit from the human rights and gender equality interventions put forth by HIV programmes;

4   Human rights and gender equality are poorly understood, and remedies to address that vary, with mixed impacts;

5   Concept Notes include references to community-led interventions and community system strengthening, but how these interventions are defined and understood vary, especially in the context of looking at key populations as equal partners in the disease response;

Community system strengthening and CRG priorities often receive low budget allocations in funding requests, or are relegated to above funding allocations. Ensuring that CRG priorities are retained until grant-making phase requires, among others, strong community engagements and support from key stakeholders, such the principal recipients and the Global Fund country teams.

How to promote CRG priorities in disease programmes

Building on some of the lessons from the experiences of community advocates in their engagements, here are some practical steps to improve the push for CRG priorities in your next grant:

1   **Build evidence on your CRG priorities:** The lack of strategic information about CRG-related issues and CRG-related needs of key populations reinforce the low prioritization of interventions on human rights and gender equality in disease programs. Strategic information is likewise more challenging in the context of key populations and hard-to-reach populations: sex workers who use drugs, for example, whose behaviors and legal status expose them to greater vulnerabilities to HIV infections, or in the context of malaria, mobile migrant populations whose citizenship rights are questioned. One effective approach is to conduct a needs assessment with different stakeholders to map out your own CRG priorities, and use the results to conduct interventions prior to grant applications or push their inclusion in the grant itself.

2   **Identify your goals and develop your strategies:** With your CRG priorities in mind, going through community processes to define how these priorities could be achieved is important. This will also help shape your engagement strategies for the grant application. Some important points to consider include making sure that CRG issues are not just included in the narrative of the application but are included as operationalized and costed interventions or activities; whether you're going to push for community groups as implementers (as principal recipients or sub-recipients), and if not, how do you ensure that key population networks, communities, and civil society are in the implementation design; and how do you access up-to-date information needed for your engagement and for the

funding application itself.

3   **Reach out to others and build collaborations:** Allies are important in ensuring the full inclusion of interventions for key populations, human rights, and gender equality in disease programmes. Despite Global Fund policies and processes that emphasize on the importance of CRG priorities, CRG-related programmes could still fall out at different stages of the funding process, and working with others can help ensure that they are not deprioritized. There's benefit, too, in collaborating with stakeholders from other diseases, especially if there are overlapping CRG issues.

4   **Identify gaps and challenges and address them early on:** The gaps and challenges facing key populations, communities, and civil society in taking part in processes to develop country disease programmes, whether via Global Fund grants or country-specific processes, or in engaging in the broader disease response have to be dealt with in a programmatic and strategic manner. Identifying them and knowing what technical assistance is needed are crucial to address these gaps and challenges. The Global Fund has a TA Programme specific to CRG, but there are also resources from regional HIV key population networks and from development organizations like UNAIDS and the World Health Organization.

5   **Use existing guidelines and resources:** For funding applications, the Global Fund, with the support technical partners like UNDP and UNAIDS, has guidelines and resources on how to address the HIV epidemic among sex workers, men who have sex with men, and transgender people; on strengthening disease responses for women and girls and addressing gender inequality; on improving community systems; on how to operationalize human rights for HIV, TB, and malaria; and harm reduction for drug users.

Examples of CRG related interventions and activities

Here are some examples of specific CRG-related interventions and activities that may integrated into funding requests. This is not exhaustive, but it presents an indicative set of activities for CRG-related interventions.

1   **Community-based strategic information:**
    Activities: Development of key population mapping tools; Mapping exercises to identify key population community groups; and Development of database of key population organizations.
    Sample Indicators: Mapping tools developed and validated; mapping exercises conducted; and database developed and utilized.

2   **Community-based monitoring of health services**
    Activities: Review of literature on community-inclusive or community-based health services; Development and planning for community-based monitoring mechanisms; Development of research plans; and Implementation of monitoring activities (baseline research, FGDs, survey of clients, etc.)
    Sample indicators: Review of literature conducted: monitoring mechanisms develops and monitoring activities planned and costed; research plan developed; and Monitoring activities conducted and documented.

3 **Policy advocacy**
   Activities:
   Policy review; Consultations with stakeholders; Implementation of advocacy events (campaigns, letter-writings, meetings, etc.); and Community participation in policy decision-making activities
   Sample indicators: Review conducted, and report and recommendations validated and disseminated; advocacy activities conducted and documented; # community advocates who participated in policy-making processes

4 **Community capacity building**
   Activities:
   Assessment of community needs in organizational development, human resources, leadership, skills, etc.; Provision of basic institutional support (for example, to meet legal and registration requirements); Development of governance documents; Direct subsidy for organization running cost; and Conduct of organizational development trainings
   Sample indicators: Needs assessment conducted, with recommendations developed into a capacity building plan; # of organizations provided with basic institutional support; governance documents developed and disseminated; # of organizations provided with running cost subsidy; and organizational development trainings conducted.