**Global Fund Strategy Youth Consultation**

**Reporting template**

**Date of consultation: 16th December 2020**

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| **Region/organizing organization** | UGANDA NETWORK OF YOUNG PEOPLE LIVING WITH HIV | | | |
| **# of participants** | 38 | | | |
| **Key points/issues from the discussion** | The GF’s role in global health security  The GF’s future role in RSSH to achieve UHC | Improve the GF program effectiveness for young people | Equity, human rights and gender | Community, youth engagement, partnership and leadership in the response |
| **Do you know about how the GF responded to COVID-19 in your country or region? If yes- did you or your community (esp YKP, PLHIV, young people) benefit from the response? Please explain. (Any specific case study- personal experience)**  Some young people especially those who work with NGOs or CBOs are aware of the GF COVID response funds however, the expenditures for the funds are unknown. In some cases, known theoretically and not in reality. In Kenya and Uganda, some young people are aware of the COVID funds from GF which were used for procurement of Personal Protection Equipment and medical supplies.  In Uganda, nutritional support was given to peers and these were identified through the different NGO’s and CBOs that work with the marginalized groups of people.  Kenya Principal Recipient who was given money for Psycho Social Support already set up a toll free line for people to receive Pyscho Social Support.  In Nigeria funds were received and were also used to support young people whose vulnerabilities had been escalated by the pandemic.  A young person from Kenya shared that the delay in procuring of the commodities like the beds for the patients in the hospitals neglected the urgency of the COVID response funds. In addition to the above, the peers at the drop in centres are yet to receive the Personal Protection Equipment.  Young people living with HIV in Uganda benefited from the response fund as the PR worked with UNYPA to identify the beneficiaries who have since called back to appreciate the nutritional support they received.  **What role do you foresee for the GF during a pandemic like COVID-19? Will it strengthen the response to HIV, TB, malaria, or the opposite?**  Should readjust to long time support for example, providing longer project periods.  The GF should look into greater community involvement through direct support to community based work as compared to equipment procurement. For example, there was a high demand for home based care during the COVID19 lock down.  There is need to increase community financing as COVID19 poses a threat of undoing the milestones already achieved in the fight against HIV, TB and malaria  There is greater need to engage CBOs to ensure that the interventions reach the young key populations at the grassroots. More so, long term planning should be made to support long-term programs.  Strengthening monitoring systems of finances and developing zero tolerance for corruption in regards to funds allocated to HIV, TB and Malaria since there are now competition priorities.  **The Global Fund’s future role in RSSH to achieve UHC**  Providing funds for raising awareness and promoting the need for Awareness on UHC in different countries.  Push countries to improve and increase domestic co-financing for TB, Malaria, and HIV Commodities.  **Did you know that the Global Fund invests to strengthen the health system (facilitator to provide a brief on the health system) of your country? Any example of that you can share**.  Supports the country with technical support to mobilize for increased domestic resource mobilization for fighting epidemics of TB, Malaria and HIV. An example is the engagements of CSOs, Young people and the Private sector on this Agenda.  Supports in financial resources for purchasing Equipments for Health including; Laboratories, Expert Machines, Data Management, Drug Stores etc.  Invest in strengthening community systems where the burdens of these diseases are such as; Remunerations & facilitation of Community Health workers especially VHTs to Human Resources for Health.  **If yes- does you think the GF should keep investing in the health system.**  It should continue to invest more in Commodities including HIV, TB and Malaria Drugs.  Strengthening Laboratories, Research and Data Management at all levels.  **Did you know that the Global Fund invests in community system strengthening (facilitator to provide brief on the Community system strengthening) in your country?**  **If yes- do you think the GF should keep investing in the health system in your country?**  YES! The GF should continue to support in improving community systems especially the remuneration of Community Health workers (VHTs, YAPs) etc.  Provide technical support on improving quality of service delivery including; Youth Friendly services, Health workers among others  Continue to build the capacity of the government and private sector to contribute to sustaining the response of HIV, TB and Malaria epidemics.  **In your opinion, will the investment in the RSSH, particularly the health system, strengthen the response to HIV, TB and Malaria or the opposite?**  YES!  If there are sustainable, quality and efficient health systems, epidemics of HIV, TB and Malaria will be reduced.  However the Global Fund needs to pay most attention to effectively improve the coverage, quality and accessibility of Basic Primary Health Care services and HIV, TB, malaria service to all people everywhere.  We need to prioritize the motivation of Health workers including Community Health workers on addition to improvement of Health worker’s supervisions at all levels to strengthen health worker performance and delivery of quality Youth friendly services. | **Do you know if there are young people, YKP or PLHIV specific interventions in the Global Fund grant in your country?**  The young people from Kenya, Uganda, and Malawi confirmed that their countries have YKP, PLHIV and young people specific interventions.  UNYPA is the coordinating entity in Uganda for the youth constituency working closely with the UCCM  During COVID-19, the global fund reprogrammed money for young people, YP developed workplans with the prioritized activities and they were approved by the BOD and funded  There are youth representatives in the UCCM board committees for the Global Fund ensuring that youth voices are always represented  In addition, the priorities for AGYWs were adopted during the upcountry proposal development.  **If there are HIV services: Are these services provided by community-led organizations or government facilities? Please explain based on your personal/organizational/country experience?**  Yes, we have HIV services from our experience here in Uganda with TASO providing services on behalf of Civil Society and Government through the line Ministries that have built a systemic approach to HIV Service Delivery.  However, in some instances, the community led response is through organizations which supplement SRHR-HIV service provision in the rural areas especially  **Are these services youth friendly? (friendly counselor, located at convenient place, opens up at convenient time including after 5 pm or during weekends etc). If yes, please provide some experiences.**  Yes to an extent and No in some other cases.  In some facilities these services are youth friendly with the availability of peer service providers, flexible service access hours and availability of the needed SRHR-HIV services. These are mostly private funded by organizations/ businesses  However, in other public health facilities the services are not available or adequately available.  **If no- what are the barriers to access these services.**  There are a few trained peer service providers in provision of youth friendly services yet many young people.  In some facilities, there is a shortage of the youth friendly services making their accessibility hard.  The young people still lack adequate information about the availability and location of the youth friendly services.  Unsupportive policies hinder the access of youth friendly services for example in Uganda, the guidelines on access to SRHR services including HIV prevention services restrict their accessibility to individuals above 18 years of age.  In some communities the services have a cost implication inflicting a financial burden on the young people which hinders access to the services  **If there are other community strengthening programs for young people (like capacity building, network strengthening)- are they implemented by youth serving or youth-led organizations?**  Yes, capacity building sessions are held by youth networks and other organizations in addition to the technical Workshops and trainings for AGYW which were concluded in 2018/19.  **What do you see as the biggest barriers to ending HIV, TB and Malaria, especially amongst young people? (meaningful engagement of young people in decision making processes)**  Stigma and discrimination towards YPLHIV usually from myths and misconceptions  Limited availability and accessibility to youth friendly services.  There is quite a number of diverse groups for young people which makes prioritization of all the needs of the unique groups hard.  Limited representation/ meaningful engagement of young people in their diversities in the programming process from design to evaluation point.  Competing priorities that are held above HIV, TB and Malaria more so on the side of the young people. For instance, young women in Uganda are more afraid of un wanted pregnancies than they are of HIV when they have unprotected sex. Eg: Limited alignment of SRHR in | **Do you know about the GF grants program on human rights and gender?**  **YES/NO**  Young people who are engaged in the Global Fund processes (CCM youth Representatives, GF Committee members etc) are aware of these grants. However those who are not engaged in the processes are not aware.  Most groups of Young people ARE not well aware of the Global Fund Grants specific to addressing Human Rights Violations or entities that are implementing these grants.  **How important are they to strengthen the response to HIV, TB and malaria? Why do you think so?**  These grants provide co- financing to address uncertain human rights barriers and violations.  The grants support in addressing grass root human rights barriers and challenges.  Put the communities at the centre of addressing the epidemics (Documentation, Research, Data collection etc).  Provide a platform for Empowerment of Young key groups, groups left behind in the communities.  *“These grants are a backup for addressing Human rights barriers that affect the response”.*  **What are the specific human rights and gender issues of young people, YKP and YPLHIV across these three diseases?**  Structural barriers that drive violence, discrimination and criminations of young Kps, YPLHIVs and other maginalized groups. Eg:  Gender inequalities that promote descrimination of women & girls, limit their meaningful participation at the decision making Tables thus leaving important issues of women ignored. This explains why most African Country’s Local and National Budgets are not Gender Responsive.  Violence against Girls & women deep rooted in the social-cultural norms, attitudes, harmful practices which predispose many to GBV, HIV infections and discriminations etc.  Legal Instruments such as Laws and policies which criminalize, people based on their Gender identities, HIV+ Status, sex workers, forceful disclosure etc. These drive stigma, descrimination and violence on people thus affect uptake of HIV Prevention, treatment or related services.  Some groups of young people such as KPs, Sex workers, AGYW who are living with HIV or Disabilities suffer vulnerabilities and are usually left behind.  Young people are different and so are their needs/issues. Global Fund needs to understand the diverse groups of Young people to effectively address their needs.  Limited Political Commitment in financing for Human Rights Interventions especially those specific to SRHR needs of different groups of Young People.  Weak Legal systems and operational Policies/standards continue to affect the respect of human rights.  **What are your recommendations for the GF to integrate the human rights and person centered approach in the proposal development and implementation?**  Affected communities of Young people in their respective diversity need to be at the centre of all interventions  Streamline and integrate interventions that address both the three diseases of HIV/AIDS, TB, Malaria and related SRHR/ Human Rights Violations.  Strengthen National, Local, Global Coordination at all levels in the response.  Various groups of YPs are still left behind, especially YPWDs, Teenage mothers, Refugees/ IDYPs, etc.  Categorize Young People according to their vulnerability scale and invest in interventions that directly address each group's core needs/issues.  Capacity Building for Youth led, AGYW organisations to understand Global Fund processes, their roles and responsibilities and interventions that support them in monitoring GF grants that are directed to addressing Human Rights. | **How were young people, YKP and YPLHIV engaged during the National Strategic plan and the Global Fund proposal development process?**  Youth leaders were nominated and prepared to participate in the GF writing processes;   * Youth were Coordinated by the youth constituency to participate in online meetings and other processes by the Secretariat in Uganda which ensured meaningful engagement * Continued Youth engagement meetings are an essential part of meaningful engagement as they provide the platforms/ safe spaces where youth can freely express themselves   Diversified communication channels for GF processes  **Was it meaningful or tokenistic? Please explain**  Meaningful because the young people are trained, prepared and continuously mentored for their effective participation  Youth have been given opportunities to participate in the UCCM board committees  The young people have been trained on the GF processes; the capacity strengthening goes a long way in ensuring meaningful engagement  Sometimes the communications came in late from the UCCM Secretariat  **What were the opportunities and challenges/barriers of the engagement?**  **OPPORTUNITIES**  The CCM is supportive of the role of the young people in the GF processes hence an opportunity to lobby support for meaningful engagement  GF prioritises young people in their programming hence space for advocacy for Meaningful Youth Participation  **CHALLENGES**  Challenges Understanding the GF writing process, the documents, technical language of the GF is sometimes challenging for young people.  Undermining the efforts of the youth constituency by the technocrats in the GF  Diversity of the youth constituency which sometimes brings challenges in representation; ie. PWDs, YPLHIV, YP-KPs  Domination of the GF processes by YPLHIV as many believe they are best placed for this engagement.  **What types of support was required and did you receive them? If yes- who supported**  Youth need continuous capacity building and strengthening to understand the Global Fund processes; the Secretariat in Uganda has provided thee trainings but more efforts are needed  Understanding the GF processes; the CCM Secretariat organizes for orientation and induction of the BOD members including the young people  **Do youth organisations know the role of CCM, PR, SR, and SSR?**  In Uganda, the young people who are not actively involved in the GF processes are not aware of the roles of the CCM  The members of the youth constituency who have been actively engaged have this information as they are actively engage with the GF processes  **Is there a youth CCM representative in your country? If yes, are they coordinating with the youth constituency and meaningfullycontributing to the discussion?**  Yes, In Uganda, Zambia ; there is a UCCM Secretariat, organizations like UNYPA have been brought on board as the secretariat to meaningfully coordinate the youth constituency  The youth secretariat are youth led and youth serving networks hence have border networks of young people with whom they work  There is continued liaison with the CCM Secretariat offices to provide technical support to the youth secretariat  Continuous engagement meetings with youth networks which gives them an opportunity to always discuss and agree on the issues before the youth reps can present them to the BOD for approval  **Have the CCM, Principal Recipient or Sub-recipients reached to the youth-led organizations/network to consult on the young people, YKP or PLHIV specific interventions? [1]**  To a smaller extent as the youth organizations are looked at beneficiaries and not capable grant managers. |
| **Recommendations and way forward** | In future GF needs to prioritize community led interventions.  The GF interventions in Nigeria should be extended to Malaria and Hepatitis as the focus is more on HIV and TB especially for the KPs.  In Uganda, there is a need to strengthen community-led service delivery because communities have exhibited a more coordinated mobilization approach as compared to Government. | **Any recommendations to strengthen the programs (services and others) for young people, YKP and YPLHIV in the GF grant in your country?**  Strengthen meaningful youth engagement  Capacity strengthening for young people to participate in the GF processes.  Supporting Health workers and Peer Supporters to deliver quality and Youth friendly services should be key.  Young People living with disabilities continue to be left behind, therefore training more language interpreters to bridge the communication gap and develop sign language programs should be prioritized.  HIV prevention services should be free and easily accessible for Adolescent Girls and Young Women.  Scaling up community system strengthening interventions for Young People as this had been initially an initiative by the Civil Society.  Improving the quality of HIV Prevention Commodities like condoms to the tastes and preferences of young people in order to increase their uptake and utilization.  There is need to close the data gap on TB and Malaria.  Supporting legal policies and Frameworks reviews to address Human Rights challenges affecting the YKPs, PLHIV and Adolescent Girls and Young Women. | * GF Technical Space and hard for YPs to understand. * Capacity Building for Youth Led, AGYW organisations to strengthen their Internal & External Systems, Be able to access GF small Grants, Become SRs/SSRs. * Trust * Engagement of YPs should be meaningful and not tokenistic (Spaces were YPare able to meet * Small Grants that speak to the needs of YP. * Domesticate the Global Fund Processes- Young people need to understand the Global Fund processes. * Prioritize interventions that address Policy barriers and criminalisation of KPs. * Strengthen Grassroot community Activism * Whole Community Engagement, No one should be left behind. * Engage Boys/men to support Girls and Young women. * Lobby to Local Government Budgets to address Human Rights Violation Programs and Psychosocial support * Strengthen Collective efforts, partnerships and Multi-sectoral collaborations. | Continued capacity strengthening and funding for young people to participate meaningfully in Global Fund processes   * - building capacity of the youth networks and organizations to handle GF grants   GF needs to localise the GF processes; Diversify the ways of disseminating information, translate GF process documents into local languages; consider also brails, audio- videos options for the PWDs,  Continued technical funding to build the capacity of youth led organizations to handle big grants like the GF. |
| **2-3 Quotations from the consultation**  **Orr anything not captured by the thematic groups or broader recommendations** | “***Unemployment rate remains the main issue harshly affecting the LGBTIQ community. Now that we are living in the midst of Covid-19, most of the LGBTIQ identifying individuals have moved from towns where they share shelters with their peers and usually stay in numbers thus they are now forced to face stigma and discrimination at their homesteads. Those who are HIV positive default because they are not supported financially by their families because of their gender identity***”SaidKlass B Chriss an advocate and Human Rights defender for the LGBTIQ members  “***We are celebrating the accelerated meaningful engagement, empowerment of YPLHIV there is still underlying stigma and discrimination and now the domination of YPLHIV creating the notion that GF processes, and programs is for YPLHIV. We need to create and fund and strengthen platforms that promote inclusiveness***” Said Bridget Juuko  ***“We only get to hear about these grants when we are targeted as beneficiaries of the grants project activities”.***  Monalisa Akintola TEU Uganda  ***“The entities that sub-grant usually think that youth-led organisations don’t have the capacity to manage big grants. If they don’t know why, don't they capacitate them to to be able to manage them”*** Irene Ogeta, ATHENA- Kenya.  ***“Young people are tired of being looked at as beneficiaries, we also want to gain the technical capacity to implement big grants. The Global Fund should invest in Youth Led Organisations”*** Micheal Ssenyonga, UNYPA -Uganda.  ***“Communities are stronger and have proven to be key implementers of the Global Fund strategies.”*** | | | |