WRITESHOP FOR CSO FOR HIV FINANCING ADVOCACY ON INCREASED HIV FISCAL SPACE

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Contents

1. Background & Rationale

Historically, HIV financing for civil society in Malaysia is predominantly funded by the government. Heavy reliance to a single funder is unsustainable in a long run as it creates donor dependence which consequently limits the organisation growth for creativity, innovation and flexibility to improve. Therefore, there is a great need for upscaling the civil society organisations (CSOs) skills in exploring potential funding, using evidence-based data in advocating for increased HIV fiscal space in Malaysia.

One of SHIFT's initiative is to enhance the capacity and technical skills of civil society and communities of key populations to advocate for allocative efficiency in HIV financing. Aligned with this objective, Malaysian AIDS Council (MAC) and SHIFT Malaysia had held a writeshop on 15 to 17 October in Kuala Lumpur. The writeshop beyond writing proposal workshop as it specifically aimed to equipped CSO to know how the use of strategic information for effective proposal as well as utilising strategic information for future funding sustainability in transition of GF to fully domestic funding mechanism.

Workshop aims
1. To ensure that this writeshop will build the capacity of CSOs to advocate for increased allocative efficiency for KPs based on the HIV prevalence.
2. Providing targeted TA in scaling up CSO's capacities of Proposal Writing in HIV response and future sustainability plan.
   - Improve their ability to visualized best framework to draw from available and various sources of data and revenue which will support ongoing programmes and undertake new initiatives.
3. Strategic Information for effective proposal
   - CSO competency in understanding current HIV and its related data and how its plays significant roles in National HIV response is critical. Understanding relevant information, to access available strategic data is crucial in ensuring effective investment to reach specific KP's needs which will be supporting National HIV Response as a whole.
4. Ultimately to develop specific skills for future HIV response.
   - Utilizing SI as whole will equip CSOs for future funding sustainability in transition of GF to fully domestic funding mechanism. Providing step-by-step and targeting on developing CSO's skills in HIV financing and proposal writing and thus carrying out preparatory work, writing the proposal, packaging and submitting and presenting their proposal to the TRP (Role play), participants will learn these 3 steps:
     1. SI capacity building of CSO/KP CBO on country HIV scenario
     2. Skill development on proposal writing
     3. Next step for supporting CSO/KP CBO in advocacy with MoH and Government to increase funding for CSO and KP CBO in upcoming HIV funding

A total of 24 participants from 19 CSO attended the workshop at Hotel Grand Seasons, Kuala Lumpur. The list of participant and contact is as attached in **Appendix 1**.

2. Workshop proceedings

The first two presentation of Day 1 was set to provide participants an overview of the country current national HIV funding, the funding mechanism process and guidelines. The workshop commenced with Ms Anushiya Karunanithy, the SHIFT Malaysia Manager welcoming all participants and setting-the-scene for the workshop.

Presentation 1: Current National HIV Funding

The substantive part of the workshop begun with a presentation on the overview of the country current national HIV funding by Dr Nasir Abdul Aziz. He also took this opportunity to share MOH findings during oversight visits and important factors that MOH would consider for a successful proposal. Highlights of Dr Nasir's presentation and discussion are

- Current funding versus allocation efficiency
  Funding in the past has been predominantly PWID. With the latest population estimate, findings in IBBS as well as the new cases reported, proposal addressing sexual transmission is highly welcomed. Some CSO raised the issues of changing trends of drug use from opiate-based to injecting amphetamine-type stimulants (ATS) or polydrugs user and therefore funding is necessary to continue the existing NSEP projects. In response, Dr Nasir recommended CSO to look at available evidence and data to support their proposal and not to stick to the same project after many years. CSO also raised concern for MSM proposal that the guidelines for proposal and budget is currently more towards "PWID-friendly" oriented. The CSO explained that the current rate for outreach worker is perceived to be low and would pose a challenge for them to hire an MSM programme manager to carry out the activities. The CSO suggested that prior to writing proposal, to have a brainstorming meeting to understand the MSM issue, identify priority and include other non-MSM organisations as well as MSM resource person for crafting effective national response for MSM populations. MAC responded that there is existing working group of each key populations that community consultations ought to be done at that platform.
- HIV fiscal space and cycle
  MOH funding for CSO HIV budget is on annual basis and would at now remain the same as clearly mentioned by Dr Nasir. The overall allocation has been consistently RM7 million since 2016. However, according to Dr Nasir, MOH have been trying to apply for increase CSO HIV budget from the Ministry of Finance and yet to receive any response. But Dr Nasir advised the group to not keep their hope high as the allocation would likely remain RM7million for 2019. CSO raised the issue of funding cycle in annual basis. CSO explained that the constraint in annual basis funding limiting their focus to achieve the current indicator, which is mainly to look for new clients and hence, existing clients are not maintain for longer than a year. MAC in response said that the current Syrex system have been monitoring client from 2016 and MAC able to pull out a list of active clients to-date. This highlight the gap in CSO capacity using Syrex system to go beyond recording data but for cohort database as well.

- Project impact – funder expectation versus CSO perspective
  In a limited HIV budget, project funded by MOH is expected to produce measurable impact in health outcome such as morbidity and mortality, ARV initiation, treatment adherence, supressed viral load among other examples. This is in response to a CSO whom asked possible reason of a small-scale projects (the CSO proposed a new shelter home in 2017) were unsuccessful. CSO justified that the new shelter home was to provide temporary shelter for recovering drug users is important as it help this population to start over a new life. However, in a constraint HIV budget, investing in a new shelter home is less cost-effective than harm reduction that directly preventing new infection and transmission. The discussion helped CSO to understand funder's perspective, which always different than CSO's perspective. Understanding funder's expectation could helped CSO to write proposal effectively

- Performance-based funding
  The upcoming proposal will be assessed based on the CSO past three-year performance. Previous proposal cycle required only past one-year assessment of performance. CSO raised the issue of inconsistency of indicator use for Shelter homes. In the past, Shelter homes were funded by the Ministry of Women, Children and Family Development (MWCFD). Due to policy changes, the MWCFD was unable to continue the funding in 2017. With the already tight MOH budget, the MOH leading the responsibility by allocating RM1 million for shelter homes project and changed the indicator to be aligned with MOH's perspective (from quality of life to start treatment). As of now, MOH has written a letter to MOF with regards to Shelter funding and has attempted to arrange a meeting to meet the MWCFD.

- Findings on oversight visit
  Although this is less relevant to national HIV funding, Dr Nasir shared some of his findings during MOH oversight visit including the Klinik Kesihatan model (the government primary health care clinic, better known as KK model). In reducing the cost of CSO HIV delivery, MAC together with MOH initiated a KK model which employed a peer outreach worker but stationed at the KK. Currently, 12 KK models were set-up in the country and common gaps identified are mainly around the issue of ownership of the programme. There were at least three CSO participants raised issues on KK model and Dr Nasir recognised the issue highlighted and emphasized that the KK model would only work with greater communication and commitment from both KK's staff and CSO. However, there is no participants from KK attended the workshop

- MOH suggestions of new projects
  Case management among key populations, small-scale project on non-Malaysian (migrant workers), awareness campaign using social media and collaboration with e-MTCT are some of the new projects that the MOH would like to see in the upcoming submission.

Presentation 2: Guidelines and Process of Funding Application for MOH HIV Budget

The second presentation was by Mdm Tamayanty Kurusamy, the programme director at MAC. She presented the guidelines and process of funding application for MOH HIV budget. Mdm Tama also shared the recent development with Global Fund Transition proposal that due to the conditions set by Global Fund, there would be an interim gap funding for Global Fund sites until April. Therefore, MAC recommended all Global Fund sites to apply MOH funding under NSPEA 1. Currently there are

nine CSOs under Global Fund funding of which activities are mainly case management for key populations. It was also indicated by Mdm Tama that for CSO applying case management 2.0, that training will be provided prior to implementation next year. Mdm Tama also advised CSO that prior submission of proposal to discuss the programme budget with EXCO to reduce unutilised monies. Issue on indicator definition again is raised during this session. CSO concerned that indicator for MMT is not been finalised (Opiate client only versus unique client) which would affect the programme implementation and performance.

Presentation 3: Strategic Information

Prior to lunch break, participants were presented on strategic information and how to use strategic information in HIV advocacy work by Mr Teh Min Fuh from APCOM. Among his key-notes are the importance of knowing the country epidemic and national response to HIV, the use of evidence to inform advocacy work and allocative efficiency. In terms of writing proposal, Mr Min highlighted how strategic information is applied – know the current evidence /epidemiology, community priorities and what is the previous impact you can show from you programme. A CSO shared his experience that he requested data on reported cases for KL by ethnicity for organisation to use for proposal and for social media awareness campaign. While data is important for internal use such as proposal but many sectors including MOH would not share their details data for press release and should not be used otherwise

Presentation 4: Data-driven Effective Funding Allocation to Fulfil the Needs of Key Populations

After lunch break, Dr Karina Razali presented the fourth presentation on data-driven effective funding allocation to fulfil the needs of key populations. She started off with a question of whether it is possible to have joint-venture proposal per programme or strategy which is to combine CSO proposal of the same strategy in a one big proposal (instead of single submission of each CSO). While MAC was not very open to the idea, Dr Nasir responded that it is worth to explore but concern on the intensive administrative requirement. She accentuated that it is possible to do, that CSO should not limit their proposal due to template but to think outside the box. Dr Karina continued her presentation by highlighting the impact of using evidence-based data to demonstrate impact of the programme. Where the trend is not the same with the national current situation or unavailability of evidence-based data, she recommended to conduct a simple situational analysis and demonstrate the organisation capacity based on past-year performance. As for a new project, she recommended to conduct literature review to demonstrate how the project is successful in other country and justify why the programme is needed in the local setting by illustrating the possible impact. Common issue or mistakes when developing proposal were also discussed among participants and they are

- o Lack of understanding of gender section in the proposal template
  - o To ensure gender equality in accessing CSO service delivery
  - o To use the opportunity to highlight the organisation's capacity to provide the need and interest of female clients (added value for CSO)
  - o However, during the CSO proposal presentation in Day 2, the gender component was raised again and Mr Parimel, the Executive Director of MAC mentioned that it was optional to fill up the section (but not indicated in the template)
- o Changes trend in drug use (polydrug and injecting)
  - o If not reflected in IBBS findings – demonstrate local grassroot evidence

- o Budget for remapping
  - o Proposal required remapping but there was no allocation in the current budget
  - o Explained that possible to request from MAC to use CSO's underutilised funding
- o Indicators
  - o In the case of shelter, changing indicators issue – how to demonstrate impact
  - o CSO need to understand organisations indicator vs funder indicator whose primarily focus for PLHIV, adherence treatment
  - o MAC and CSOs to discuss further on indicator

Presentation 5: Introduction to Proposal Development: KP Specific Technical Assistance (STEP by STEP)

Day 2 started with Dr Karina going step-by-step of the proposal template. During the step-by-step explanation by Dr Karina, common issue in writing proposal were discussed again and some were repetitive issue raised in day 1.

- o What benchmarks that MAC look for if repeat or new project of the same organisation?
  - o Performance past year - reflect how's the organisation conduct M&E
  - o If poor performance in the past year – explain why (challenges to achieve indicator) at situational analysis
  - o New project – demonstrate organisation capacity to deliver
- o MOH expectation vs CSO needs
  - o CSO concern on MOH requesting client profile of which according to CSO that this specific requirement was never conveyed to the CSO
  - o Process gaps; MAC to let CSOs aware of what is expected (management, monitoring, documentation, clear roles and responsibility, SOP) and
  - o Existing system need to support CSO's capacity needs
- o KK Model - SOP vs implementation
  - o As raised in Day 1 but it was suggested not the right platform – MAC together with MOH and CSO, to review SOP again in a different platform
- o Post approval of project - small room for negotiations
  - o Approved funding too small for high indicators
  - o No power to negotiate indicator
  - o But if indicator too high, suggest CSO to stand their ground
  - o A CSO shared that they rejected a project due to small amount of approved funding but high indicator
- o Poor performance
  - o CSO need to justify in the proposal how the new project can resolve the current issue (what solution you can offer)
  - o Identify issues (what is needed) eg lack of training, thus to incorporate training in the proposal

Group Work 1 : Writing proposal and presentation

Participants were grouped into three groups based on programme (Shelter home and TAPS, PWID and sexual transmission – MSM, TG and FSW) to complete the proposal template through the afternoon. Each group presented their proposal and reviewed by Dr Nasir and Mr Parimel, the Executive Director of MAC. The feedbacks on proposal writing and process application, some of which also a repetitive issue from Day 1, is summarised as the following.

Feedbacks on proposal writing

o Both MAC and MOH reviewed high volume of proposal (close to 80 proposal), it was recommended that the proposal should be
  o Short but concise, points and list are welcome
  o Avoid long explanations (too wordy)
o Location of where the projects will take place
  o CSO to provide list of location sites including name of the streets
  o CSO to include a map which specifying (label) location of sites
  o Template need a clear instruction – was not indicated CSO need to include map
o Gender issue (repetitive issue from Day 1)
  o MOH questioned why there was a gender component included in the template proposal
  o MAC clarified that in the past it was requested by MOH
    ▪ Gender element for added value of the report
    ▪ An opportunity to highlight the strength of project in giving impact to women and children
    ▪ But MAC mentioned that it was understandable that not very project is related to women and children, nonetheless it is good to highlight as added value. Hence, not necessary to fill up the gender section in the template
  o Template need a clear instruction – not indicated that gender section is optional
o Target
  o To justify quantum of increase or decrease over past year achievement
  o Target need to be realistic (factor in police raids, changing trend in drugs, CSOs capacity etc)
o Stakeholders involvement
  o List of related stakeholders
  o What kind of relationship building activities, which agencies, frequency of meeting
o Activities in details
  o List down specific activities eg harm reduction are needle and syringe exchange programme, condom distributions, VCT, CBT, outreach etc
o Demonstrate organisation capacity using past year achievement
  o Instead of cumulative, suggest illustrating in breakdown of number achieved by years (table form or graph)
o Priority basic but necessary information
  o Other additional information can be attached as appendix

Feedbacks on application process

o Stakeholders meeting

- o Important to have discussion between AIDS officer, FMS and MA in finalising the proposal to have a clear roles and responsibilities and expectations from MAC and MOH
- o Application deadline vs AO endorsement
    - o If unable to get AO signatory, CSO can submit first and later get signatory from AO. However, it is advisable that AO to review the application prior submission

Again, query on indicator was raised in this session. Some CSO have been practising recording identity card (I/C) number which raised the concern of confidentiality. It was suggested that CSO to stick with SOP of which client will be recorded based on unique identifier code (UIC). Beyond SOP, would depend on the CSO's need and capacity but most importantly the client consent and CSO responsibility to maintain confidentiality.

Group Work 2 : Mapping of resources

Day 3 started with a quick recapped of Day 1 and 2 by Dr Karina. Participants were again regrouped by key population to discuss and map about potential funding. The group presentations were summarised at below

Federal government agencies
- o Welfare department through online application
- o Ministry of Finance
- o Ministry of Women, Family and Community Development
- o PUSPANITA (Persatuan Suri dan anggota wanita perkhidmatan awam malaysia) through the Ministry of Women, Family and Community Development
- o Ministry of Youth and Sport

State government
- o State government ministry (for Pahang, direct application to the Chief Minister office)
- o Majlis Agama negeri (religious department of respective state)
- o Jabatan pembangunan ekonomi negeri (department of economic development of respective state)
- o Member of legislative assembly (ahli dewan undangan negeri, ADUN)
- o Jabatan kesihatan negeri (JKN)

Corporate and government-link companies
- o through Corporate, Social and Responsibility (CSR) programme, potentially on men's health, mental health, youth and women
- o Example of corporate and government-link companies are Khazanah, Sime-Darby, Bursa Malaysia and even bank such as Hong Leong Bank
- o Petronas, for an instance, to potentially having a HIV awareness screening programme among Petronas's migrant workers and at the same time targeting female sex workers around the migrant worker's quarters
- o Usually corporation focus for children, women, education. Therefore, proposal meant for high risk group need to be tweaked to demonstrate the impact is improve the overall quality of health at the local community (how it benefit the local community)

Fundraising event
- o Joint-venture with established name eg car wash with a car club
- o Gala dinner collaboration with celebrity

Foundation aligns with their policy (Education, Social, Children, Women, etc)
- o Berjaya Foundation

International
- o Project Based Funding targeting big funders eg UNICEF, Global Action for Trans Equality
- o Embassy targeting Human rights issues and gender equality

Social enterprise
- o Salon, business boutique (commonly among transgender group)
- o Café, homestay

In-kind assistance, especially for shelter homes
- o Strategy? Need to know the right network
- o In the past, MAC has given kit but no progress (gaps? No monitoring, MAC provide vs CSO-driven initiative)
- o CSR with hotels - mattress, pillow, blanket
- o It was shared that for Shelter registered with Welfare Ministry, they are entitled for RM10,000 annual funding if has been operated for more than 3 years
- o Find strategy that works, do planning, ask for help
- o MBCH model – for PO to replicate

Others
- o Individual / philanthropist
- o University for research type

Strategy how to identify potential resources
- o Know your programme
- o Identify potential funders and know their background
- o Check funders which policy that align with your programme
- o Prepare proposal according to their template, include evidence-based data to strengthen the proposal
- o Networking - need to know the right person
- o Highlight benefit of funding – CSR, tax exemption
- o Potential collaboration with MAC

Others
- to adopt the Malaysian Business Consortium on HIV/AIDS (MBCH) developed by MAC (although not explain further, MBCH is meant for private sectors to promote and encourage HIV policy at workplace, not so much on sourcing funding for HIV)

Group Work 3: Budget

During this session, participants were asked to discuss and agree within CSO of the same programme to propose a new rate for outreach worker allowance and indicator. The current rate was RM54/day (RM1,620). The new propose rate and indicators were however not presented but submitted to MAC at the end of the workshop.

3. Conclusion

The writeshop marked an important milestone in the SHIFT project. Being the first proposal writing workshop conducted by MAC for the MOH grant proposal, it crafted a unique, meaningful opportunity for greater involvement of the CSOs to share, analyze and document their experiences in writing the proposal and also to generate and share ideas on using strategic information to effectively address the AIDS epidemic in their respective service delivery areas. The writeshop participants benefitted from the views, inputs and suggestions from the CSOs, MAC, MOH and APCOM.

The writeshop undoubtedly facilitated rich discussions around the current funding landscape which becoming increasingly uncertain with the high rise of HIV transmission through sexual. Many CSOs which very much dependable with GF are challenged with diminishing inflows of the external financing. Identification and transitioning into sustainable domestic financing, a critical concern and challenge for many of the CSOs were discussed in the workshop.

4. Workshop Evaluation

Summary of the workshop evaluation is presented in the following table.

Section	Average	Good	Very good
Quality of coordination	5%	89%	5%
Quality of presentation delivery	11%	74%	16%
Quality of panel discussion including participants	11%	68%	21%
Modul use is appropriate and useful	21%	68%	11%
Impact of group work to provide new knowledge, networking and for knowledge sharing	11%	74%	16%
Opportunity to involve everyone to give new idea	21%	58%	21%
Sufficient time	26%	68%	5%
Quality in preparation and logistic	21%	63%	16%
Location, facilities and food	11%	63%	26%
Objective	little bit but not at the level of my expectation	little bit but not all expectations are met	all expectations are met
Increase knowledge and understanding on using SI	0%	58%	42%
Enhance skills in writing proposal	5%	37%	58%
Effective and improve technique in proposal writing	0%	42%	58%
Most impactful session based on participants vote (participants may choose more than one session)			
Current HIV funding	79%		
Guidelines and understanding funding application	89%		
Using SI and country assessment	95%		
Using SI for effective funding allocation	79%		
Understanding SI in writing proposal	79%		
Introduction to writing proposal	63%		
Preparation of proposal writing for MOH grants	89%		
Presentation of proposal to TRP	84%		
SHIFT and after SHIFT	68%		
Reflection and next step	53%		

Majority of the participants agreed that the workshop was very useful and strongly suggest that session on **proposal presentation**, **mapping of resources** and **budget** are the three important sessions that should be further discussed as the time allocated for these sessions were insufficient. It was also recommended that MAC to share unsuccessful proposals for meaningful learning from CSOs. They also suggested that a separate workshop for mapping resources is critically needed to build CSO's capacity to learn the art of resourcing alternative funding and to provide opportunity of other CSOs to share their success stories in resourcing alternative funding. The only negative comments from the participants were the workshop was organised a week before proposal submission deadline, materials (template and guidelines) were not emailed to participants prior workshop and that CSOs were informed less than a week before the date of workshop, inevitably they have to cancel or rearrange other commitments eg clients VCT, stakeholder meetings; or send a representative who may not be directly working on writing proposal.

ABBREVIATIONS

AO	AIDS Officer
APCOM	Asia Pacific Coalition on Male Sexual Health
ATS	Amphetamine-type stimulants
CBO	Community based organisation
CBT	Community based testing
CSO	Civil society organisation
FSW	Female sex worker
GF	Global Fund
HIV	Human Immunodeficiency Virus
IBBS	Integrated bio-behavioural survey
KK	Klinik Kesihatan
KP	Key population
MAC	Malaysian AIDS Council
MBCH	Malaysian Business Consortium on HIV/AIDS
MMT	Methadone Maintenance Therapy
M&E	Monitoring & Evaluation
MSM	Men who have sex with men
MOH	Ministry of Health
MWCFD	Ministry of Women, Children & Family Development
NSEP	Needle & Syringe Exchange Programme
NSPEA	National Strategic Plan on Ending AIDS
PLHIV	People living with HIV
PWID	People who inject drugs
SHIFT	Sustainable HIV financing in transition
SI	Strategic information
SOP	Standard operating procedure
TA	Technical assistance
TAPS	Treatment Adherence Peer Support
TG	Transgender
TRP	Technical Review Panel
UNICEF	United Nations International Children's Emergency Fund
VCT	Voluntary-Counselling & Testing

APPENDIX 1
Participant List

NO.	ORGANISATION	PARTICIPANT NAME
1	SAHABAT	Md Khairu Bin Che Imran
2	DIC MALAYSIA	Sazura Sariff
3	DIC MALAYSIA	Mohd Asri Jelani
4	DIC MALAYSIA	Salehuddin Saadan
5	PERTUBUHAN KOMUNITI CAKNA	Nik Asma Harom
6	PERTUBUHAN KOMUNITI CAKNA	Lina Muhammad
7	SARAWAK AIDS CONCERN SOCIETY	Muhammad Ishak Bin Hasdi
8	INTAN LIFE ZONE	Chiam Toon Suan
9	INTAN LIFE ZONE	Nislia Mohamed
10	KLASS	Daniel
11	IKHLAS	Zulkiflee Zamri
12	PERSATUAN INSAF MURNI MALAYSIA	Mohd Afiq Mohamad Khairi
13	PERTUBUHAN KESIHATAN DAN KEBAJIKAN UMUM MALAYSIA	Manvi Subramaniam
14	KARISMA	Shahrull Azuar Bin Ahmad
15	KELAB SAHABAT META	Norasid Bin Md.Said
16	PT FOUNDATION	Raymond Tai
17	PERSATUAN CAHAYA HARAPAN NEGERI KEDAH	Syaiful Fazli bin Zakaria
18	PEKASIH	Iss Mazlan
19	PERTUBUHAN KOMUNITI INTAN	Nur Farahim Binti Siratur Rahim
20	AARG	Jagathesan Kupusami

21	AARG	Rahizzat Bin Md Rodzi
22	FHDA	Chen Fong Teng
23	CASP	Kuganeswari
24	SAGA	Zarina Yahya
25	MAC	Parimelazhagan Ellan
26	MAC	Tamayanty Kurusamy
27	MAC	Azahari Said
28	MAC	Anushiya Karunanithy
29	MAC	Manohara Subramaniam
30	MAC	Nur Athirah
31	MAC	Nirvin Siddhu
32	MAC	Muhammad Egha
33	MAC	Chandran
34	MAC	Nadrah
35	MOH	Dr Mohd Nasir
36	APCOM	Teh Min Fuh
37	Consultant	Dr Karina Razali
38	Rapporteur	Herlianna Naning