# Community Representative in GF CCM Regional Partnership Meeting

### Hotel Rembrandt Bangkok
### 13-14 August 2015

**APN PLUS**
**POSITIVE CHANGE**

**GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV**

| REPORT SUMMARY |
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**Background**

The Global Fund ATM (GF) launched its New Funding Model (NFM) in 2014 to replace the round based funding, which has been around ever since GF established in 2001. The Global Fund's NFM aims to enable strategic investment for maximum impact. It provides implementers with flexible timing, better alignment with national strategies and predictability on the level of funding available. There is active engagement with implementers and partners throughout the funding application and grant implementation to ensure greater global impact. This new approach has led to more expectation laid in the hands of key stakeholders especially affected communities for increased quality of engagement and contribution throughout NFM process.

In the recent TRP report and during GFS partnership call in September 2014, it was indicated that although most of the submitted NFM concept notes and narratives contained good language and strong analysis on the communities and key populations, however these were not reflected in the development of intervention designs or in budget documents. This oversight reflects existing patterns that have been observed even since round-based model; that the level of community involvement is mostly at higher level discussions and not necessarily during the development of more detailed documents - where specialized skills are usually perceived as a necessity for involvement. Therefore, many community and key populations representative miss the opportunity to have significant influence over the plans for both implementation and services.

Despite commitments and willingness to meaningfully involve the community groups, community involvement is still often perceived as political necessities rather than to benefit the overall outcome of the process and to improve intervention design. And on the other hand, when the process leaders are committed to involve the communities, significant challenges still occurred in operationalizing this commitment into reality by integrating it throughout the entire process. Therefore, the two problems that this project will be addressing are:

1. Lack of skills, technical capacity & support, and coordination platform among community activists (including members of CCM coming from Communities) to enable them to be meaningfully involved throughout the Country Dialogue, grant making process and grant management & implementation of GFATM grant
2. Lack of understanding, knowledge and skills among process leaders, experts and technical consultants on supporting meaningful community engagement in the GFATM processes.

Within such context, GF and Robert Carr Network Funds (RCNF) recognize this needs and initiate a pool of resources dedicated to community initiatives in addressing those challenges.

Positive Network Consortium (PNC+) is a consortium of global and regional PLHIV networks managed to partner with GF and RCNF and launched a collective effort in tackling the challenges by delivering a set of technical support for community representatives in country CCM. Global Network of People Living with HIV (GNP+) is the lead organization that is responsible to manage the consortium and its program, in partnership with 3 (three) other consortium members listed below:

1. Asia Pacific Regional Network of PLHIV (APN+),
2. Caribbean Network of People Living with HIV (CRN+), and
3. Network of African People Living with HIV Southern Africa (NAPSAR+).

In Asia and the Pacific region APN+ together with 7 PLHIV networks and groups rolled out the initiatives in Cambodia, India, Indonesia, Myanmar, Nepal, Pakistan and Vietnam from June 2015. The design of activities in each country is vary according to local contexts and to meet local needs.

However during the preparation stage of the project APN+ recognized the need to provide a regional platform of community representatives in GF CCM. The platform would serves as a space for community networks at country level in exchanging experiences and learning from each other and for regional networks to build stronger coordination mechanism towards robust participation of affected communities in the GF NFM mechanism.

In light of the expressed needs, GNP+ and APN+ have hosted the *"Regional CCM Community Representative Partnership Meeting"* during 13-14 August 2015 at Hotel Rembrandt Bangkok, Thailand. The three main areas covered in the meeting are:

- Strengthening community representatives accountability: sharing experiences and peer learning process; each country will present their current situation regarding community engagement in NFM processes and follow up with forum discussion
- Monitoring the implementation of TA program: identifying and anticipating challenges in the country project implementation; each country PLHIV networks will provide progress updates on the project implementation follow up with group works in developing mitigation strategies
- Strategies for future engagement of PLHIV and KAPs representatives in the CCM: exploring priority areas and needs for strengthened community involvement.

*"Regional CCM Community Representative Partnership Meeting"* fulfills the pivotal needs of space for community representatives in the GF CCM in exchanging experiences and exploring strategies for more effective community based advocacy within GF processes.

Participants of the *"Regional CCM Community Representative Partnership Meeting"* are the current CCM members from PLHIV and Key Affected Populations sectors in 7 countries (Cambodia, India, Indonesia, Myanmar, Nepal, Pakistan and Vietnam) and representatives from PLHIV networks/groups whom manage the project implementation at country level.  In total there will be 28 country participants and 10 representatives from regional networks and stakeholders.

**KEY RESULTS:**

The *"Regional CCM Community Representative Partnership Meeting"* succeeds in delivering the following outputs:

1. Clear understanding of roles and responsibility of community representatives in the GF CCM
2. Identified challenges in the project implementation, in particular in country level activities, and developed strategies to mitigate/overcome them.
3. Developed strategies for regional frame work to address cross cutting issues and needs.
4. Country work plan and budget finalized for implementation until December 2015

The Global Network of People Living with HIV (GNP+) and the Asia Pacific Network of People Living with HIV (APN+) would like to acknowledge the following partners for their support:

- Global Fund ATM
- Robert Carr Civil Society Network Fund

The meeting was opened with welcome remarks by Shiba Phurailatpam, Regional Coordinator of APN+ and continued with a brief presentation from Rico Gustav, Community Development Manager of GNP+ on programmatic background of this special initiative.

It was described as a response to the current situation related to community engagement in the whole GF ATM process and expectation for the future towards the goals of Global AIDS response.

As an early stage of targeted program intervention, this investment allowed exploration for best approach of regional PLHIV networks towards strengthened community system within GF processes at country level.

## Country Presentation: *"Community Representation in GF CCM"*

Prior to the meeting, APN+ has asked all participant countries to prepare an update underlining the current situation related to community engagement in GF processes at country level and to be presented during the first day of the meeting.

The country presentations captured overall situation of community engagement in CCM with several focus areas:

- Community representation in the current CCM
- Selection process of CCM community representatives
- Roles & responsibilities of CCM members
- Communication and coordination of CCM community representation

The table below summarized situations from each of these seven countries participating in the program.

| Cambodia | |
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| Community Presence in CCM | No. of community reps in current CCM: 8<br>(2 PLHIVs, 1 DU, 1 SW, 2 MSM/TG, 1 TB and 1 malaria) |
| Selection Process of Community Representatives to CCM | - Preliminary discussion with key stakeholders<br>- Announcement of CCM membership vacancy<br>- Consultation meetings with key constituencies e.g. PLHIV network<br>- Submission of Letter of Interest<br>- Candidacy campaign during CCM meeting<br>- Election of community representatives |
| Roles & Responsibilities | - Representative of constituency<br>- Attend regular meeting of CCM and report back<br>- Join CCM field visits, retreats, etc.<br>- Meeting with local beneficiaries and report back to CCM<br>- Presentation of key issues identified by respective constituencies<br>- Participate in CCM Excom & CCM Oversight Committee<br>- Selection of GF grantees<br>- Co-signatories of GF grants with CCM Chair |
| Communication & Coordination | - Report all activities of CCM members to constituency through organizational meetings<br>- Consult with constituency to include the role of CCM member in individual ToR<br>- Disseminate information using emails, social media<br>- Direct meeting with members at community level<br>- Organize and involve in community forum with representative of KAP membes<br>- Orientation meeting with community representative to report on CCM movement |

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| Challenges | - Time constraints with paid work<br>- Consensus ToR within organization and CCM<br>- CCM member who is not represent constituency<br>- Limited capacity specially English communication<br>- Budget to disseminate information to members via meeting, training, workshop etc.<br>- CCM has some budget package for capacity building to members but often face delay (5% Initiative)<br>- CCM did not make clear communication with respective constituency<br>- Constituencies don't recognize the role of its members in CCM |
| Way Forward | - Select potential suitable person to represent members<br>- Orientation for new reps in CCM members<br>- Additional capacity building of CCM members on planning, reporting, etc.<br>- Identify clear membership criteria and qualification of the CCM<br>- Allocate budget for community CCM, managed and used separately for community CCM and beneficiaries<br>- Promote enabling environment to bring collective voice to CCM and community |
| **India** | |
| Community Presence in CCM | No. of community reps in current CCM: 3<br>(1 PLHIV, 1 SW/MSM, 1 TG) |
| Selection Process of Community Representatives to CCM | Initial PLHIV member on CCM was from INP+ then national network of PLHIV, following the issues faced by INP+, CCM nominated a committee to bring together PLHIV networks (INP+, NCPI and PWN). PLHIV community was encouraged to select one representative through consensus and also an alternate member. |
| Roles & Responsibilities | - Participate in all discussions and activities of India-CCM<br>- Participate in development of concept notes<br>- Sign agreed concept notes for submission to the Global Fund<br>- Participate in the selection process of PRs<br>- Participate in oversight processes and activities<br>- Receive timely advance notice for all India-CCM meetings<br>- Receive the results/minutes of the India-CCM meetings for review and comment in a timely manner<br>- Notify in India-CCM of any member's real or potential conflict of interest<br>- Share information and participate fully in discussions<br>- Nominate persons for India-CCM positions e.g. Vice Chair |
| Communication & Coordination | - Share information and seek inputs through email forum created for the constituency<br>- Individual phone calls or in-person consultation to collect, collate and present inputs/feedback |
| Challenges | - Lack of full-time coordinator and four health secretaries (Chair of the CCM) were changed in the last two years<br>- GF has not released the grants for CCM<br>- Conflict between GF, MoH and NACO (Additional Secretary) regarding ARV procurement delay<br>- Need to improve coordination and coordination with alternate members to CCM |
| Way Forward | - Orientation for new community representative by former/active members<br>- Assign and support a resource person who can assist community members in understanding GF documents. Resources to be allocated from the Global Fund.<br>- In conceptualizing GF proposals, a committee consisting of PLHIV needs to work on identifying needs of the community to be consolidated and incorporated in the proposal.<br>- KAP and PLHIV community must be part of the consultation process in identifying country priorities.<br>- All KAP and PLHIV must be included in the CCM. |
| **Indonesia** | |
| Community Presence in CCM | No. of community reps in current CCM:<br>PLHIV (1 rep W+, 1 alternate PLHIV/MSM)<br>KP ( 1 rep IDU, 1 alternate YKP & TG)<br>NGO Community (Kios Atmajaya/IDU and Spiritia/PLHIV Peer Support Group) |
| Selection Process of Community Representatives to CCM | The representatives from PLHIV and KP was through selection process involving all KAP national networks, CBOs and Peer Supports groups |
| Roles & Responsibilities | - Represent the needs, voices and issues among communities at the CCM meetings and TWG AIDS meetings.<br>- To identify issues on the ground and ensure they are followed up in the CCM. |
| Communication & Coordination | - Communication is through Technical Committee who are the member from the representative of communities and are responsible for bridging the communication between CCM member and the constituents |

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| | - Social media (WhatsApp, Facebook page, etc.) among CCM members and Technical Committee as well as constituents<br>- Develop SOP Communication (to be adopted by the CCM Secretariat), Field Visit and Reporting Tools.<br>- Quarterly newsletter of CCM Members Activities. |
| Challenges | - Different level of understanding about information related to GF and NFM among CCM members.<br>- Lack of understanding about work of communities and ADIS responses among CCM members.<br>- Bureaucracy within the CCM as it should follow the government rules and regulations.<br>- Experts in CCM often come from senior level, high educational back or representative from foreign donors.<br>- Community issues discussed during the Pleno are not well monitored or followed up. |
| Way Forward | - Capacity building related to GF and NFM for CCM members.<br>- Capacity building to increase skills/knowledge to support HIV responses e.g. management, HSS, etc.<br>- Capacity building to increase lobbying and negotiating skills with high level decision makers. |
| **Myanmar** | |
| Community Presence in CCM | No. of community reps in current CCM: 2 seats<br>(1 PLD and 1 PLHIV) and 1 alternate.<br>Note:<br>*Myanmar CCM has been integrated into Myanmar Health Sector Coordinating Committee- MHSCC.* |
| Selection Process of Community Representatives to CCM | - For the coming term, the MHSCC Secretariat plans to involve wider community including organizations, self-help groups, etc. particularly doing working in HIV/AIDS, TB and malaria in the selection process. A meeting to elect new members is scheduled on 18th August 2015. |
| Roles & Responsibilities | - Respect and comply with the Governance Manual, and to other MHSCC-endorsed policy documents referenced in the Governance Manual.<br>- Attend and actively participate in MHSCC meetings.<br>- Freely share relevant experiences and information during meetings.<br>- Respect and comply with MHSCC decisions.<br>- Consult regularly with organizations and individuals within their constituency and beyond their own individual agency with the aim to fairly and accurately represent their views and concerns at MHSCC meetings.<br>- Demonstrate neutrality and reaffirm the principle that members of the M-HSCC represent certain constituency and not their respective organizations.  For instance, openly declare when the M-HSCC is discussing an |
| Communication & Coordination | No formal communication has been established. |
| Challenges | - Myanmar has been integrated CCM to MHSCC which include all the health aspect for the whole country and seats for PLD is fewer and less time on discussion focus on HIV/AIDS issue due to other health priorities<br>- Representation Role will be fade out as in the coming election wider community will be involved. |
| Way Forward | -  Increase seats allotted to PLHIV and KAP. |
| **Nepal** | |
| Community Presence in CCM | No. of community reps in current CCM: 5 seats<br>(1 member and 1 alternate member from each PLHIV, PWID, Sex Worker, MSM and Transgender) |
| Selection Process of Community Representatives to CCM | - Each constituency elect their representative for CCM<br>- Among applicant we proceed for election process.<br>- During election process there was consensus made among candidates for main and alternative members. |
| Roles & Responsibilities | - Decision making role on country proposal, selection of PR.<br>- Provide guidance for CCM secretariat.<br>- Raise issue not only for MSM/TG but also other KAP and other intervention. |
| Communication & Coordination | - At initial stage, communication and coordination support is from other constituency who already be CCM member in the past.<br>- Prior to CCM meetings, a meeting with relevant constituencies is convened to gather inputs in order to form the agenda which will then be shared during CCM meetings.<br>- Meeting minutes, decisions made by CCM are shared to constituencies after the meeting. |
| Challenges | - CCM is not eligible, COI issues.<br>- Oversight Committee formation Issue.<br>- Relation Between Govt and GF. |

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| Way Forward | - Oversight committee reformation.<br>- ROB revised.<br>- Regular Meeting.<br>- Finally have to make CCM eligible. |
| **Pakistan** | |
| Community Presence in CCM | No. of community reps in current CCM: 2<br>(1 PLHIV rep and 1 TG rep) |
| Selection Process of Community Representatives to CCM | PLHIV rep:<br>- Consultative process with all leading NGOs.<br>- Consultative process with all provincial boards.<br>- Election by Federal Board.<br>TG rep:<br>- Open announcement by CCM.<br>- Nominations by various organizations.<br>- Direct election. |
| Roles & Responsibilities | - Active participation in CCM meetings.<br>- Identification of interventions and key barriers in accessing services.<br>- Advocacy for policy changes.<br>- Monitoring of program implementation.<br>- Advocacy for increased investment.<br>- Consultation and safeguard interest of community.<br>- Sharing of minutes.<br>- Identification of issues and follow up. |
| Communication & Coordination | - Direct interactions.<br>- Periodical meetings.<br>- Email.<br>- Telephone.<br>- Social media.<br>- Sharing all the developments taking place at CCM. |
| Challenges | - Lack of awareness about CCM & Global Fund.<br>- Language issues in understanding GF language.<br>- Lack of communication skills.<br>- Lack of knowledge about epidemic. |
| Way Forward | - Capacity building.<br>- Enhanced communication with constituencies.<br>- Regular training sessions.<br>- Interaction with various partners.<br>- Enhanced role of national networks. |
| **Vietnam** | |
| Community Presence in CCM | - No. of community reps in current CCM:  3 seats<br>(1 PLHIV, 1 MSM/TG and 1 IDU with 2 alternates) |
| Selection Process of Community Representatives to CCM | - Community representatives are nominated through nomination within respective constituencies. |
| Roles & Responsibilities | - Present the needs of community constituencies during CCM.<br>- Participate in CCM and GF related meetings and activities.<br>- Provide inputs into country GF concept notes and proposals.<br>- Participate in M&E process of country GF programs. |
| Communication & Coordination | - Online communication through group emails. |
| Challenges | - Lack of GF knowledge.<br>- English literacy. |
| Way Forward | - Capacity building for KAP reps in CCM.<br>- Strengthen monitoring activities on project implementation. |

## Country Presentation: *"Technical Assistance work plan"*

The afternoon session focused on country's work plan develops for a short program cycle and aim to be completed by 31 December 2015.

As a platform of technical assistance program, it's driven by 5 program pillars, which can be translated into local context as well as field needs. These 5 pillars are:

1. Capacity Building on Global Fund NFM related
2. Mentoring and Coaching on technical skills of Community Representatives in the CCM
3. Strengthening Coordination and Communication with Constituency
4. National Advocacy Dialogue with Experts on Human Rights, Gender and SOGIE
5. National Dialogue with Key Stakeholders for Country NFM process

All countries then presented their program activities developed with strings towards those 5 program components above. There are key points highlighted as those presentations concluded seen below:

- Given the short timeline of the program all countries choose which program pillars to focus and become priority according their country context.
- In each country work plan, series of trainings and workshop related to GF NFM processes are in place. Furthermore the meeting discussed on challenge identified in finding resource person at country level to lead those trainings. It was agreed that there are several options for country partners to look for solutions; include to approach development agency and UNAIDS country office to get support for technical expertise on NFM process, APN+ secretariat to work with country partners in developing training contents and materials and to co – facilitate the training if requires.
- During country presentations there were activities, which highlighted as effort to addresses some cross cutting issues among these countries, such as the following:
  - Initiation to establish PLHIV & KAP advocacy platform at national level as well as to strengthen those which already exist in some countries such as Cambodia, Indonesia, Myanmar and Vietnam.
    The main function of the platforms is to facilitate the flow of communication both internally, between community representatives in the CCM and their constituents and external communication towards strategic partners and key stakeholders.
  - Regular coordination meetings among CCM members from community with positive community and KAP groups
  - Support for translation of resources and materials related to GF and NFM into local languages
  - Trainings and introductory sessions on technical topics related to GF ATM processes (i.e. PUDR, Procurement and Supply Chain and program M&E), which would benefit to increase the level engagement of community in the whole process.
  - To convey meeting or workshop to start and create dialogue space between communities and key players in national AIDS response including Government sectors, International Development Agencies, INGOs, etc.

# DAY II

## Citation of Day 1 recap

The rapporteur begins the second day with a brief summary and outputs from day one sessions, then continued with open floor provided for comments or clarifications from participants regarding the recap.

During refreshment time, a short clip titled *"What is CCM"* was previewed. It serves as a 5 minutes walk – through to get to know about The Global Fund ATM and its CCM. The clip produced by Indonesian AIDS Coalition (IAC) targeted Indonesian audience, however currently it was upgraded with English subtitle to support wider dissemination.

## Group Work: *Strategy to Improve Community Engagement in CCM*

All participants were assigned to smaller groups to discuss proposed thematic areas underpinned the roles of community representatives in the CCM. These areas are:

- ✓ Accountability
- ✓ Technical Capacities
- ✓ Partnership
- ✓ Advocacy

Summary of group work presentations:

| **"What needs to be done to increase the accountability of community representatives in CCM?"** |
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| - Development of guidelines/manual endorsed by community groups on standard practice for CCM member representing people affected by AIDS |
| - Active participation shown by minimum attendance record at 80% |
| - Regular updates and request for feedback from the community related to latest development within CCM |
| - Dissemination of CCM meeting minutes on regular basis |
| - Providing space for consultation to get inputs on community priority issues such as treatment, prevention services, etc. with community groups/network prior decision making process in the CCM |
| - Mechanism to ensure a well-maintained documentation on community representative's participation in CCM processes is in place. |
| **"What are the technical areas needs to be improved urgently for better community in CCM?"** |
| - Language skill, in particular English |
| - Sound knowledge of GF and related components, which cover GF governance, funding mechanism, Human Rights and Gender including all terms and abbreviations commonly used. |
| - Translation GF resources and materials into local language |
| - Advocacy and communication skills |
| - Sound knowledge of HIV program interventions including basic public health principles |
| **"What are the 3 priority issues to advocate for in the CCM?"** |
| - Punitive law and legal policy hampering access to health services |
| - Financial support to CBOs program initiatives |
| - Advocacy For Quity Fund And Its Use (Cambodia Specific) |
| - Scaling up number of Treatment centers (Nepal Specific) |
| - Increased number of representative from PLHIV and KAP including Youth group in the CCM. Each KAP should have at least one representative. |
| - National Health Insurance / Universal Health Coverage |
| **"Who will be potential allies/partners in the CCM in addressing PLHIV and KAPs issues?"** |
| - CSOs representatives including community representatives from TB and Malaria |
| - UN agencies and Development partners/agencies |
| - Ministry of Health / Health authorities |
| Country specific: |
| VIETNAM:VAAC (Vietnam Adminstrasion on HIV/AIDS Council), VUSTA (Vietnam Union Science and Technology Association) and French Embassy (in Vietnam) |

**Follow Up Actions:**

- ✓ India and Nepal to finalize their work plan and submit to APN+ by end of August 2015
- ✓ APN+ to schedule country visits in coordination with country partners
- ✓ All country partners provide progress up date of program implementation by the end of September 2015
- ✓ APN+ to provide progress report and final report templates
- ✓ Final report will be submitted to APN+ by third week of January 2016

## Annex I. Participant List

| No. | Name | Organization/Network | Country |
|---|---|---|---|
| 1 | Sorn Sotheariddh | CPN+ | Cambodia |
| 2 | Keo Tha | | Cambodia |
| 3 | Deb Bunthorn | | Cambodia |
| 4 | Chheav Aphyra | CPN+ | Cambodia |
| 5 | Yadav Naresh Chandra | NCPI+ | India |
| 6 | Pardeshi Manoj Kumar | NCPI+ | India |
| 7 | Periasamy Kausalya | PWN+ | India |
| 8 | Putri Sindi Fitriarti | IAC | Indonesia |
| 9 | Agustian Edo | PKNI | Indonesia |
| 10 | Mahamad Husen | | Indonesia |
| 11 | Alexandra Dominicus Djogo | Ikus Muda | Indonesia |
| 12 | Iman Abdulrahman | GWL-INA | Indonesia |
| 13 | Lama Raju | | Nepal |
| 14 | J B Rana Riddhi Pratap | Recovering Nepal | Nepal |
| 15 | Dangol Shova | SWAN | Nepal |
| 16 | Achut Prasad Sitaula | NAIN | Nepal |
| 17 | Thura Myint Lwin | MPG | Myanmar |
| 18 | Thawdar Htun | MPG | Myanmar |
| 19 | San Thiri | MPG | Myanmar |
| 20 | Sai Hurk Khey | MPG | Myanmar |
| 21 | Khaing Mar Swe | MPG | Myanmar |
| 22 | Asghar Satti | APLHIV | Pakistan |
| 23 | Uzair Tarig | APLHIV | Pakistan |
| 24 | Mujeep Nayyar | APLHIV | Pakistan |
| 25 | Ali Liaqat | AI | Pakistan |
| 26 | Vu Van Thoung | | Vietnam |
| 27 | Quach Thi Mai | APLHIV | Vietnam |
| 28 | Pham Thi Minh | | Vietnam |
| 29 | Do Dang Dong | VNP+ | Vietnam |
| 30 | Shiba Phurailatpam | APN+ | Bangkok |
| 31 | Rico Gustav | GNP+ | |
| 32 | Omar Syarif | APN+ | Bangkok |
| 33 | Pathompong Serkpookiaw | Rapporteur | Bangkok |
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## Annex II. Meeting Agenda

| Date/Time | Description | Remarks |
|---|---|---|
| 13 Aug 2015 | | |
| 08.30 – 09.00 | Registration | |
| 09.00 – 09.10 | Welcome remarks | APN+ |
| 09.10 – 09.30 | Introduction and program background | GNP+ |
| 09.00 – 10.30 | Country Presentations: Community involvement in GF mechanism (each country15 min. presentation followed with Q&A) | |
| 12.30 – 13.30 | Lunch | |
| 13.30 – 14.30 | TA program work plan and implementation | |
| 14.30 – 15.00 | Country Group Work – TA program implementation: Identifying challenges and mitigation strategies | |
| 15.00 – 15.30 | Refreshment | |
| 15.30 – 16.45 | Group work presentation and discussion | |
| 16.45 – 17.00 | End of day I | |
| 14 Aug 2015 | | |
| 09.00 – 09.30 | | |
| 09.30 – 10.30 | Group Work: Strategy to improve community engagement in CCM<br>▪ Accountability<br>▪ Technical capacity<br>▪ Advocacy<br>▪ Partnership | Participants will be divided into 4 groups to work on each topic. |
| 10.30 – 11.00 | Refreshment | |
| 11.30 – 12.30 | Group presentation and discussion (15' each group) | |
| 12.30 – 13.30 | Lunch | |
| 13.30 – 14.00 | Regional Networks roles and supports | |
| 14.00 – 15.00 | Conclusion | |
| 15.00 – 15.30 | Wrap Up and Group Photos | |