Supporting community based responses to AIDS, TB and malaria:

A guidance tool for including Community Systems Strengthening in Global Fund proposals

UNAIDS
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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.
UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundarie

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ACRONYMS & ABBREVIATIONS

CBO	community-based organization
CSO	civil society organization
CCM	Country Coordinating Mechanism
CISS	Coordination of International Support to Somalis
CSS	Community Systems Strengthening
DOTS	Directly-observed treatment, short course
FBO	faith-based organization
GF or GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GHI	Global health initiatives
IDU	injecting drug user
HSS	health systems strengthening
M&E	monitoring and evaluation
MDGs	Millennium Development Goals
MSM	men who have sex with men
NAF	National AIDS Foundation
NGO	nongovernmental organization
PLHIV	people living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
PR	Principal Recipient
SDA	Service delivery area
SR	sub-recipient
SSR s	ub-sub-recipient
TB	tuberculosis
TRP	Technical Review Panel
TSF	Technical Support Facility
TWG	Technical Working Group
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP United	Nations Development Programme
UNGASS	United Nations Global Assembly Special Session on AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WHO	World Health Organisation

Background

What is Community Systems Strengthening?

There is general agreement that strong community responses to HIV, TB, and Malaria are essential to controlling these epidemics. In the AIDS response, community-based organizations (CBOs) have played a critical role over the last three decades. They have been key providers of prevention, treatment, care, and support services, as well as working to create the social, political, legal and financial environment needed to effectively respond to the epidemic. In many countries and contexts, CBOs are the only agencies able to reach the most hard-to-reach individuals—including members of key affected populations such as injecting drug users (IDUs), men who have sex with men (MSM), sex workers and others such as migrants. This is especially common where widespread stigma and other legal, social and economic obstacles dissuade or prevent members of such groups from openly seeking appropriate care and support.

Many community-based organizations, however, face chronic resource constraints which can limit the extent and scope of the important work they do. They often need not only greater and more consistent financial assistance, but also assistance to increase the skills and capacities of current and future personnel. Policy-makers, donors and multilateral agencies around the world increasingly recognize that HIV responses in every country could be improved and expanded by helping build such skills and capacities within local civil society groups, a concept known as Community Systems Strengthening (CSS). [1]

CSS and the Global Fund

Support for community-level and NGO programming has always been part of Global Fund grants, and the strengthening of the systems that support such programming is a key strategy for the Global Fund. However, there remains a great deal of confusion and misunderstanding about how CSS can or should be included in funding proposals. It seems clear that most stakeholders involved in the AIDS, TB and Malaria response, from community-based groups themselves to national health systems to donors, *still* do not understand what the term means, what is required to make it a reality, and what its full potential is.

- In May, 2010, The Global Fund issued its first in-depth guide to Community Systems Strengthening in the context of Global Fund programming. The *Community Systems Strengthening Framework* was released to coincide with the launch of Round 10 of funding -– and includes a strong recommendation that applicants include CSS "routinely in proposals, wherever relevant for improving health outcomes". Other important new information that will be useful to those planning CSS proposals includes the following:
- Definitions of key terms used to explain CSS, including terms such as "community actor", with which most readers will not be familiar (Framework, p.1-2)
- Introduction of six "core components" essential for strong community systems (p.4)
- Introduction of 10 Service Delivery Areas (SDA) for each of the "core components" (p.14)
- Introduction of detailed explanations and possible activities for each SDA (p.15-31)
- Introduction of a "systematic approach" to assessing the needs for and the outcomes of CSS interventions (p.32-35)
- An overview of 27 recommended CSS indicators (p.39-42), along with detailed explanations of and guidance on using each indicator (p.43-70)

[1] While the concept of CSS is much broader than HIV, TB and Malaria, and can indeed be applied to much more general health and development projects, for the purposes of this document we will only be considering CSS in the context of the Global Fund for AIDS, TB and Malaria.

Purpose of this guidance tool

Building upon the information provided in the Global Fund's *CSS Framework*, this document seeks to increase understanding about the benefits CSS can bring at the national, district and local levels, and to support advocacy and technical support efforts around CSS. It provides practical guidance on developing CSS activities for Global Fund proposals, advocating for the inclusion of CSS in national and regional proposals, as well as suggesting ways to more effectively implementing CSS activities if the proposal is approved. In summary, this guidance tool aims to:

- Provide a clear introduction to CSS in the context of the Global Fund, including an overview of the six "core components" included in the *Framework* and possible activities that can be supported under each component;
- Provide guidance on suggested mechanisms that can be used at country level to bring together community and PLHIV groups and key affected populations (KAP) to include them as partners in the proposal development process and as eventual beneficiaries;
- Explain possible roles of relevant partners, including how to advocate for inclusion of CSS;
- Provide a draft agenda for trainings to staff/consultants and communities;
- Discuss a variety of technical support and capacity-building activities that can be included in CSS, as well as beneficiaries and recipients.
- Outline additional mechanisms to assess community needs and conduct rapid CSS assessments with example templates as well as "dos and don'ts" for conducting community consultations. (Note: the *CSS Framework* also provides an outline for this on p.32-35)
- Provide guidance on how to complete the Global Fund proposal form, and how to negotiate the approval of the CSS activities through the Country Coordinating Mechanism (CCM)
- Provide sources of additional information and support in developing CSS interventions

Intended audience

Those likely to benefit from this guidance include staff in UNAIDS Country Offices and members of key affected populations, CBOs, networks of people living with HIV (PLHIV), CCM members, Global Fund technical review panel (TRP) members, international and national NGOs and faith-based organizations, other UN staff and proposal writing consultants..

How to use this guidance

This document is intended to be a supplement to the Global Fund's *CSS Framework*, which gives a detailed introduction to many aspects of CSS. This guidance is meant as a *practical guidance* to understand and incorporate CSS into Global Fund proposals, including how to ensure strong community participation in the proposal development process. It can be used, for example, in determining why, where and how to include CSS initiatives and activities in a Global Fund country proposal. It will help stakeholders identify core and priority areas for CSS and its activities and to advocate for the inclusion of CSS activities in discussions with CCMs and other partners before and during the proposal-writing process. It can be helpful when planning community-level needs assessments and consultation processes, an important part of the proposal planning process, and should be used along with other supporting documents (see Annex 5).

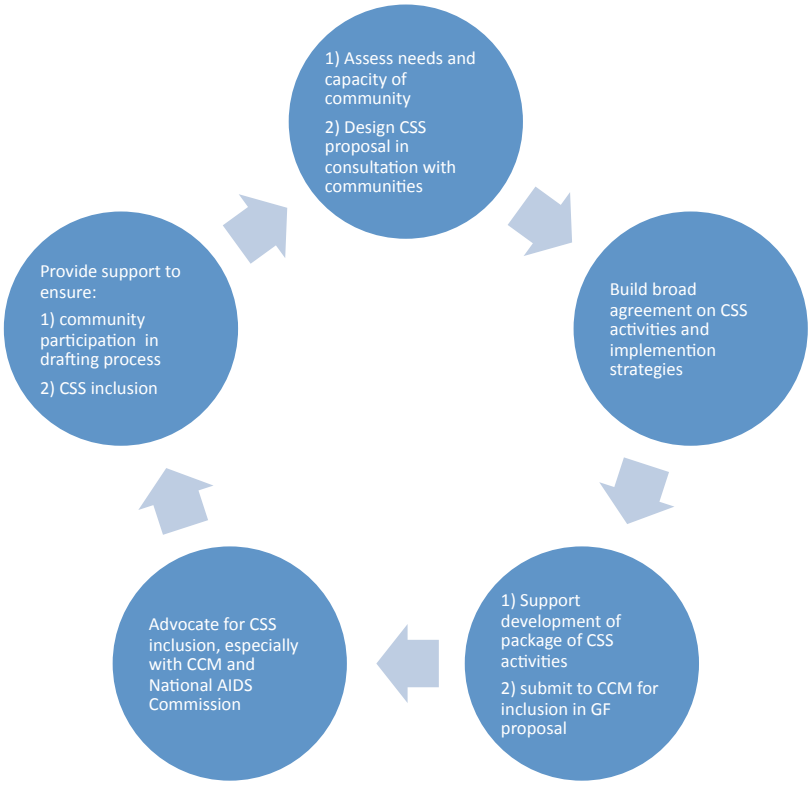
Limitations to this guidance

This document has been prepared rapidly in order to be made available for use as a supplement to the *CSS Framework* during the Round 10 proposal development process. UNAIDS will continue to update this guidance with more comprehensive information and analysis for use in future Global Fund Grant Rounds.

Roadmap: Including CSS in a Global Fund proposal

Before planning a Global Fund proposal including CSS, it is useful to take a step back and consider the key tasks involved. To effectively develop a strong CSS proposal, there are five main steps of activity that will probably be necessary:

- organizing and involving communities in initial planning and design of CSS activities. The fundamental design of the CSS plan must be based on a thorough assessment and analysis of the gaps, needs, capacity, and existing systems in the community. Such an assessment should include in-depth discussions and consultations with a range of community members, CBOs, and other community actors to ensure that it accurately reflects the needs and priorities of community groups and members;
- building a broad agreement within the community on what types of CSS activities are needed, and who is best placed to implement those activities. This process should include many partners and partner organizations, including CBOs, NGOs, government agencies, UN bodies, and other relevant partner agencies. Because "technical assistance", "technical support" and "capacity building" are already elements in most development proposals, it is essential to build consensus about what gaps exist in existing programming and how CSS activities will fill those gaps.;
- providing support and assistance to community groups/networks to develop a package of CSS activities, to be submitted to the CCM for incorporation into the national proposal. This plan should include a clear M&E plan, with indicators and targets, and should if possible be harmonized with the national M&E system and targets.
- advocating for a strong package of CSS activities to be included in the overall proposal, especially within the CCM and the National AIDS Council (note this step may have to be initiated at an early phase); and
- providing support and assistance, including both technical support and direct funding for community-based organizations and other community actors, to participate in proposal planning, review, and drafting
- The following is a basic flow-chart of these five steps elements, each of which will be critical to successfully including CSS in a Global Fund proposal:



For the purposes of this document, only these five tasks will be addressed. There is of course a critical final task – the delivery and implementation of CSS services and activities – but that is beyond the scope of this document. However, a well-planned and broadly inclusive process of designing a proposal, forming agreement on activities and implementation plans, and securing agreement from the CCM or CCMs will, ultimately, greatly improve the chances of an effective programme.

Section II

Who needs to be involved, and what are their roles?

There needs to be broad involvement of multiple stakeholders and partners to build a strong and effective CSS proposal, including the following:

- National, regional and international networks of people living with and affected by HIV (PLHIV), TB and Malaria, and networks of Key Affected Populations (KAP)
- National and international civil society organizations (including NGOs, community- based organizations (CBOs), faith-based organizations (FBOs), and human rights organizations)
- Local (and possibly international) advocacy bodies, including monitoring or "watchdog" organizations and networks
- Training and support organizations (specialized technical agencies)
- Organizations comprising, and working with, key affected populations[2]
- Private sector (where relevant)
- Bilateral and multilateral organizations and donors
- United Nations and other technical partners, including UNAIDS Secretariat and Cosponsors, and other Global Fund partners

How different organizations are involved depends on the specific conditions in each country or region, the abilities or different groups or agencies, and the actual needs of communities being targeted. It is important that the role to be played by each partner organization be clearly defined in the proposal development plan, with identified deliverables and deadlines wherever possible. The involvement of multiple partners also requires a coordinating committee or organization, to ensure that the proposal development process continues according to plan.

Organizing and Involving Communities in the process

Communities (including CBOs, larger NGOs and individuals) are key HIV advocates at the international, regional, national and local levels. They play a critical role in disseminating information, assessing the impact of policies and programmes, and of course in delivering both technical support and direct services to their members. It cannot be stressed enough that these organizations must play a central role in planning and designing CSS programming, as well as in monitoring and assessing the implementation of this programming. This will keep CSS grounded in reality, and will greatly improve the impact on health and well-being that this programming has on the ground (the "health outcomes" of the programme).

To achieve this level of engagement, communities need to be supported with both funding and technical assistance throughout the proposal process. The reality for most community actors is that funds are limited and staff members are already stretched. Unless donors, governments, and UN or other international agencies step up and support them, especially with funds to conduct and attend workshops or consultations, or even add staff, it is highly unlikely that communities will engage sufficiently. However, communities must also step up and play a more active and meaningful role in decision-making processes. They must not only demand that CSS be included in Global Fund proposals, and ensure that funding for CSS activities meets their members' priority needs, but they must also commit time and energy to building a greater understanding of the Global Fund proposal development process and other mechanisms and opportunities that exist

[2] The UNAIDS Programme Coordinating Board (PCB) definition of "key affected populations" is "women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrants and migrant laborers, people in conflict and post-conflict situations, refugees and displaced persons."

for strengthening community systems, and to use that understanding to engage with these processes.

To this end, there are a number of things that should happen to ensure strong community participation in CSS planning and proposal preparation:

- Communities (including CBOs, NGOs and individuals) should be supported (with both funds and technical support) to engage in the proposal development process (see Annex 4 for possible sources of this support);
- Community members should work with civil society representatives on their CCMs to initiate community consultations and document the need for CSS;
- Communities should organize and participate in national, district and local consultations about CSS;
- Community members should commit time and energy to building a deeper understanding of the systems, policies and structures around which funding is based (in this case, the Global Fund proposal development, which is a complex process);
- Community members should join technical working groups (such as CCM groups), national committees and other bodies to engage more deeply with decision makers around CSS and other AIDS and health programming;
- Communities should forge partnerships with a broad range of allies and decision-makers, including government, to ensure that CSS is included in the Global Fund proposal design.

The Role of the Country Coordinating Mechanism

The CCM is one of the cornerstones of the Global Fund architecture and is responsible for submitting proposals to the Global Fund, applying for Phase 2 grant funding,[3] and for the general oversight of an ongoing grants.

A CCM is a national (or sometimes regional) body made up of key stakeholders in the response to HIV, TB and Malaria. The Global Fund requires CCMs to be widely representative, and most CCMs include members of government, technical partners, bilateral donors, academics, national and international NGOs, people living with HIV and/or affected by tuberculosis or malaria, Key Affected Populations (KAP), the private sector, media and religious representatives. [4]

CCM members bring to the table their own views and priorities for proposal development, and work through either the full CCM or designated working groups to determine the priorities for the country's Global Fund proposals.. Internal advocacy and negotiation is a key aspect to CCM functioning, with members providing information about recent changes to Global Fund policy and proposal guidelines, the role of civil society in programme implementation and service delivery, or on how to prioritize interventions given the epidemiological context. CCM members are thus uniquely placed to advocate inclusion of CSS in proposals to the Global Fund, and the Global Fund has made available funding for CCMs to strengthen the participation of civil society members, including for translation and other support to CCM members and structures.

[3] The Global Fund generally approves grant proposals covering a period of five years. Funds are initially committed for the first two years, with the remaining three years - referred to as Phase 2 funding - dependent on satisfactory programme performance and the availability of resources.

[4] Full details of each country's CCM membership and structure are available on the Global Fund website: http://www.theglobalfund.org

Advocating to the CCM members and other partners

Both internal and external advocacy targeting key CCM members and other decisionmakers is important to ensure that there is a critical mass of support for incorporating CSS activities into the Global Fund proposal. A number of strategies for civil society members and their allies can use to achieve this are:

- Use their membership and relationship to the CCM and NAC to give guidance on CSS; articulate and advocate the added value of CSS activities in mitigating the impact of HIV;
- Act as an apolitical or neutral broker on the CCM, highlighting a country's most at-risk groups and supplying evidence and models for how to reach them with information and services;
- In light of the political process usually involved in proposal development, more influential groups and agencies (such as UN agencies or bilateral) should support those stakeholders with less influence or power (such as civil society representatives on CCMs);
- Articulate the advantage of the governmental *and* nongovernmental sectors cooperating in developing sustainable disease responses;
- Support efforts to document gaps and constraints in service provision, and to engage CCM members and other key stakeholders in these efforts;
- Be a strong voice for key affected populations and explain the importance of prioritizing the needs of these groups;
- During the proposal drafting process, use CCM mechanisms (such as working groups) to bring CBOs and community members together to outline community priorities, conduct needs assessments and mapping, and support the proposal development process;
- Support civil society representatives on the CCM to consult with their constituencies, and present the results of this to the CCM (and relevant working groups or proposal development teams);[5]
- Demonstrate the value of working with civil society organizations and the imperative of investing in the sustainability of these organizations to ensure comprehensive and sustainable responses to HIV, TB and Malaria; and
- Use the new Global Fund call for "value for money" to demonstrate the cost effectiveness of CSS activities to CCM members and proposal drafting teams, especially as NGOs tend to have far lower overhead costs than government departments or large INGOs.

Providing support - The role of technical support providers

As discussed above, bringing civil society stakeholders together often requires significant amounts of time and resources—e.g. to meet with members outside major urban areas, to finance a meeting place, for transport of participants and for facilitators to run these sessions.

UN organizations and larger and better funded NGOs, including INGOs, have an essential role to play in supporting community consultations, the mapping and assessments of needs for disease related interventions, and CBO staff time to fully participate in the proposal drafting process. These activities are critical elements in advocating for the inclusion of CSS in national plans and Global Fund proposals, and often serve as practical training ("learning by doing") for community members. Seen in this light, support for CBOs and community members to better engage in the process is money well spent.

The proposal drafting process will also serve to better identify technical support needs of community groups, and will in itself help community groups to build their capacity in areas such as project planning, strategic planning, budget planning and M&E. In many cases, support is not difficult to secure for these activities, for example through regional Technical Support Facilities, larger International NGOs, or donor agencies. However, this search needs to start many months in advance, and a clear and budgeted work plan that includes all necessary activities needs to be prepared to ensure sufficient funds are identified (see Annex 4 for a list of partners providing this support).

[5] See example from China on page 12 of this document

Section III

Community Systems Strengthening: Activities and Models

To take advantage of the current resources available for CSS through the Global Fund proposal process, it is important for countries and all relevant stakeholders to understand which sorts of activities the Global Fund includes in its vision of CSS. In Rounds 8 and 9, the Global Fund intentionally kept CSS and its possible activities flexible. Unfortunately, this approach also led to continued confusion about what exactly CSS is, how it should be included in a proposal, and especially about which activities can or cannot be included as CSS. The *CSS Framework* clarifies a number of activities and activity areas that should be part of CSS, while maintaining a large degree of flexibility.

Defining CSS

The 2009 Global Fund "Fact Sheet" on CSS included three "priority areas" for CSS funding, which included: 1) Building the capacity of community based organizations; 2) Building partnerships; and 3) Sustainable financing for community-level interventions.

The 2010 *CSS Framework* provides a much more detailed introduction to CSS, replacing this with six "core components" of community systems. It presents a flexible "definition" of CSS: CSS is an "approach" that encompasses a wide range of possible activities, and rather than attempting to describe all possible activities it spells out the *goal*, *underlying principles*, and *key strategies* that make up this "CSS approach".[6]

Goal:

The goal of CSS is to achieve improved health outcomes by developing the role of key affected populations and communities and of community based organisations in the design, delivery, monitoring and evaluation of services and activities related to prevention, treatment, care and support of people affected by HIV, tuberculosis, malaria and other major health challenges.

Underlying Principles

- Significant and equitable role in all aspects of programme planning, design, implementation and monitoring for community based organisations and key affected populations and communities, in collaboration with other actors;
- Programming based on human rights, including the right to health and non-discrimination;
- Programming informed by evidence and responsive to community experience and knowledge;
- Commitment to increasing accessibility, uptake and effective use of services to improve health and well-being of communities;
- Accountability to communities – for example, accountability of networks to their members, governments to their citizens, and donors to the communities they aim to serve.

Key Strategies:

- Development of an enabling and responsive environment through community-led documentation, policy dialogue and advocacy
- Support both for core funding for community based organisations and networks, including organisationsal overheads and staff salaries and stipends, as well as targeted funding for implementation of programmes and interventions;
- Capacity building for staff of community based organisations and networks and for other community workers, such as community care workers and community leaders.
- Networking, coordination and partnerships

[6] The Global Fund to Fight Aids, Tuberculosis and Malaria, CSS Framework, p.7-8

- Strategic planning, monitoring and evaluation, including support for operational research and generation of research-based and experiential evidence for results-based programming.
- Sustainability of financial and other resources for community interventions implemented by community based organisations and networks.

It is important to remember that the diverse nature of communities and "community systems" prevents a narrow definition of CSS. The ultimate goal of CSS is clear though, to "achieve improved health outcomes" by simultaneously building the skills and capacity of CBOs and strengthening the role of these groups in a broader service provision network structure for improved service delivery.[7] The details of each proposal's CSS activities will be different, and should be designed to enhance and improve the local community's ability and capacity to scale up the AIDS response, confront its challenges, and provide services in a real-world setting.

Core Components of Community Systems

The *CSS Framework* identifies six "core components" of a strong community system. These are very broad areas that include most of the key functions played by CBOs and NGOs, including advocacy, networking, overall organizational development, programme management, strategic planning, monitoring and evaluation, and direct service delivery. Each of the six "core components" includes one or more Service Delivery Areas (SDAs), and the CSS Framework provides detailed explanations of each Core Component and SDA, with an extensive list of possible activities for each SDA.[8]

All potential applicants should carefully review this information, and also note that the Global Fund clearly states that these are only *recommended* SDAs that "may be replaced with other SDAs if more appropriate to national situations." Also note that the Framework repeatedly stresses that "core components described below are <u>all</u> regarded as essential for building strong community systems."[9]

Below is a brief summary of the six "core components" and ten SDAs:

[7] Birdsall K, Ntlabati P, Kelly K, Banati, P. *Models for funding and coordinating community-level responses to HIV/AIDS.* Johannesburg, Centre for AIDS Development, Research and Evaluation (CADRE), 2007.
[8] The Global Fund to Fight Aids, Tuberculosis and Malaria, CSS Framework, p.15-31
[9] Ibid., p.14

Table 1: Summary of CSS Core Components and Service Delivery Areas (SDAs):

Core components	***Service Delivery Areas***
9. Enabling environment and advocacy	SDA 1: Monitoring and documentation of community and government interventions
	SDA 2: Advocacy, communication and social mobilisation
12. Community networks, linkages, partnerships and coordination	SDA 3: Building community linkages, collaboration and coordination
13. Resources and capacity building	SDA 4: Human resources: skills building for service delivery, advocacy and leadership
	SDA 5: Financial resources
	SDA 6: Material resources – infrastructure, information and essential commodities (including medical and other products and technologies)
14. Community activities and service delivery	SDA 7: Community based activities and services – delivery, use, quality
15. Organisational and leadership strengthening	SDA 8: Management, accountability and leadership
16. Monitoring & evaluation and planning	SDA 9: Monitoring & evaluation, evidence-building
	SDA 10: Strategic and operational planning

What will Global Fund support? Examples of CSS activities

The *CSS Framework* lists more than 100 possible CSS activities.[10] While proposed activities will be designed and decided by those submitting a grant proposal, and need not be on this list, a selection of key activities that the Global Fund says it will support is listed below (see Annex 5 for more discussion of this, and the *CSS Framework for more possible activities*.)

Sample CSS Activities (from *CSS Framework*, May 2010)[11]

SDA 1: Monitoring and documentation of community and government interventions

- Developing and implementing, in collaboration with other actors, plans to monitor implementation of public policies and services related to health and social support
- Participation of community actors in national consultative forums

SDA 2: Advocacy, communication and social mobilisation

- Policy dialogues and advocacy to ensure that issues of key affected populations are reflected in allocation of resources and in national proposals to TGF and other donors, and National Strategic Plans
- Documentation of key community level challenges and barriers and development of advocacy messages and campaigns to communicate concerns of affected populations

SDA 3: Building community linkages, collaboration and coordination

- Develop communication platforms to share community knowledge and experiences and support networks
- Develop national partnership platforms and national level advocacy coordination mechanisms

SDA 4: Human resources: skills building for service delivery, advocacy and leadership

- Capacity building on appropriate research methods e.g. operational research methodologies
- Mentorship for providing quality technical support

SDA 5: Financial resources

- Advocacy for CSS funding from governments and donors
- Hiring, training, supervision and mentoring of resource mobilisation staff
- Ensuring adequate and sustainable funding for community actors, including core funding for CBOs[12]

[10] The Global Fund to Fight Aids, Tuberculosis and Malaria, *CSS Framework*, 2010, p.14
[11] Ibid, pp.15-31

SDA 6: Material resources – infrastructure, information and essential commodities (including medical and other products and technologies)

- Training in skills, good practice and quality standards for sourcing, procurement and supply of consumables (especially medicines and health goods)

SDA 7: Community based activities and services – delivery, use, quality

- Mapping of community health and social support services and their accessibility to end users
- Identification of populations most at risk and most in need of services
- Identification of obstacles to accessing and using available services

SDA 8: Management, accountability and leadership

- Organisational/management support and training for small and new NGOs/CBOs
- Developing capacity for negotiating and entering into agreements and contractual arrangements such as memoranda of understanding, terms of reference, supply contracts etc.
- Recruitment, management & remuneration of staff, community workers and volunteers
- Newsletters for internal circulation to keep staff informed; creating shared vision

SDA 9: Monitoring & evaluation, evidence-building

- Recruitment of M&E staff / ensuring staff capacity to implement M&E activities
- Exchange visits and peer-to-peer learning and support on community M&E

SDA 10: Strategic and operational planning

- Review and sharing of national plans, strategies and policies relevant to proposed activities and communities
- Developing community-level M&E and operational plans, including reporting systems, regular supervision, mentoring and feedback to community actors and stakeholders

Examples of current CSS grants and activities[13]

The inclusion of the CSS strategy in Global Fund grants is still very recent, and most CCMs have limited experience planning or designing community strengthening programmes. Despite that, nearly one third of Round 9 grant proposals included activities that can be considered "CSS", and the Global Fund and its partners continuing to learn from the proposals submitted and interventions undertaken. Governments, community organizations, and other partners are encouraged to work together and adopt innovative strategies and interventions to address the need to strengthen community systems. Some examples of successful proposal development, as well as programme design and implementation are listed below:

SAMAN (The South Asian MSM and AIDS Network)[14]

This multi-country proposal is a civil society-led initiative that aims to improve access to HIV services for MSM in the region by building the capacity of local MSM groups to deliver services, undertake a range of policy, research, and documentation activities, and advocate for improved policy and social environments for MSM. The programme will create a regional resource centre to provide ongoing support and facilitate regional coordination across South Asia on MSM and HIV issues. Naz Foundation International (NFI), one of the SRs implementing the project, is taking the lead setting up the regional resource centre in India, which will serve as a training and information dissemination hub for groups around the region. In most programme countries, the programme supports the strengthening and functioning of existing MSM groups. In two countries facing particularly serious stigma against MSM (Afghanistan and Pakistan), the project will support the development of local community-based organizations providing services to MSM. The proposal was approved in Round 9, and the Principal Recipient is Population Services International Nepal.

[12] Though "core funding" is not included in the list of activities, the CSS Framework clearly states that "CSS must include adequate and sustainable funding for community actors, especially CBOs, This includes both project funds for specific operational activities and services and, crucially, core funding…" (CSS Framework, p.21)

[13] For more examples, see: Hoover J. *Civil society success on the ground: Community Systems Strengthening and dual-track financing.*International HIV/Aids Alliance and the Global Fund to Fight Aids, Tuberculosis and Malaria, 2008

[14] Best Practice publication (in progress), UNDP South Asia Regional Office, May 2010.

CIRD – Fundación Comunitaria Centro de Información (Paraguay)

Paraguay's Round 6 and 8 HIV grants include interventions that target key populations, including female sex workers and transgenders. Round 8, in particular, seeks to strengthen organisations of key populations so that they may directly implement prevention activities with their peers.

However, in Paraguay there are few organisations of these population groups that have the organisational capacity to be sub-recipients. In response, the PR (itself a civil society organisation with considerable experience in community strengthening) has developed a simple yet effective methodology which allows groups to implement activities from the outset, while preparing them to become sub-recipients. In years one and two, funds are channelled through an NGO; this organisation is also responsible for providing support and training in basic book-keeping, financial reporting, programme reporting, monitoring and evaluation, and general grant management to the incipient group. After two years of support from the intermediary organisation to the potential sub-recipient, a direct grant is signed between the principal recipient and the small group, removing the need for an intermediary organisation and allowing the new sub-recipient to take complete control of the management of the project and its funds. It is important to note that this level of detail was not included in the original R8 proposal and has since been developed by staff at the PR. Using this methodology, UNES, an organisation of female sex workers, recently signed its first direct grant with the PR.

Coordination of International Support to Somalis (Somalia)[15]

In the run-up to the proposal submission for Round 4 to the Global Fund, Coordination of International Support to Somalis (CISS) and key partners identified fundamental gaps and constraints in civil society's ability to support its communities around HIV/AIDS. The first year of the Global Fund grant was almost exclusively oriented towards the intensive training of civil society organizations in core aspects of organizational administration and service provision, including skills in monitoring and evaluation, blood safety measures, voluntary testing and counselling, and anti-stigma strategies. The grant's PR, UNICEF, supported a project in which trainees are provided with three months of capacity-building and are then "attached" to selected CBOs for six months, during which time they, in turn, train staff and mentor the organization. The approach is hands-on and labour intensive, with all training provided by local experts. CISS and UNICEF prioritized capacity development of the civil society sector as an immediate step before they could aim to deliver effective HIV services. They developed a horizontal "twinning" approach whereby smaller organizations worked with other community-level organizations intensively to develop skills over the medium-term; this has permitted civil society sector to prosper despite a difficult political environment, to reach out at the community level through a broad spectrum of active and trained NGOs.

Russian Harm Reduction Network (RHRN)

The Russian Harm Reduction Network (RHRN) submitted a Round 5 grant application for a project entitled: "Scaling up access to HIV prevention and treatment by strengthening HIV services for injecting drug users in the Russian Federation." The title alone indicated the RHRN's specific focus, which was deemed particularly urgent because Russia's HIV epidemic is largely drug-use driven.

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[15] Hoover J. *Civil society success on the ground: Community Systems Strengthening and dual-track financing.*International HIV/Aids Alliance and the Global Fund to Fight Aids, Tuberculosis and Malaria, 2008

[16] These challenges were noted by two RHRN staff members, Vitaly Djuma and Anya Sarang, in a PowerPoint presentation, "Harm Reduction in the Russian Federation: Achievements and Challenges", at the Global Fund Partnership Forum in Durban, South Africa, in July 2006.

[17] "Global Fuund Community System Strengthening Integration Project, Asia," CSAT, 2009

Until relatively recently, however, the Russian government has offered limited services or support for HIV prevention among IDUs. Most such services have therefore been provided by NGOs, which are often overwhelmed and unprepared even as they seek to initiate and sustain crucial harm reduction interventions such as the provision of clean injecting equipment and social support. The following are among the challenges and capacity constraints noted by the RHRN:[16]

lack of research (quantitative and qualitative) to evaluate effectiveness of harm reduction and the drug situation in regions;
no common approach to monitoring and evaluation of harm reduction activities, including indicators—this makes it difficult to estimate achievements and gaps;
poor monitoring and evaluation and research skills within the projects (run by the local organizations);
lack of a common database.

Through its role as Principal Recipient of the grant, the RHRN has sought to address such obstacles by providing resources to many of these NGOs. Its CSS activities in this regard include the provision of training and technical assistance; capacity-building in treatment preparedness work; capacity support for advocacy; and assistance in community development for IDUs

Community Advocacy for CSS in China[17]

During China's development of a Rolling Continuation Channel (RCC) proposal in late 2008, CBOs and civil society members of the CCM made an unprecedented effort to advocate for the inclusion of CSS into the proposal. There were four main stages to the process:

Initial discussions with key stakeholders - with support from TSF and CSAT, an independent Chinese consultant had discussions with key stakeholders (including CCM members, UNAIDS, and a broad range of Chinese civil society members, largely by phone and email). A consensus was reached that it was urgently necessary to develop a CSS strategy and submit a concept note to the CCM for inclusion in the RCC proposal.

Advocacy and lobbying of CCM and writing team members – NGO and affected populations representatives on the CCM secured agreement to include a CSS concept note, but there was no guarantee that the CSS activities proposed by community members would actually be included in the final version.

Community Consultations and CSS Questionnaire – Additional consultations and meetings with CBOs across the country resulted in a draft-working document, with a consensus that the CSS component should aim for the following objectives:

CBOs should be provided funds for basic functions (overhead, salaries/stipends, communication, etc), not just funds for implementing activities/delivering services.
Training and support for CBOs/NGOs needs to be re-focused on building skills that will both produce results (coverage, etc) and also build sustainable functioning organizations.
The need for community advisory groups and to build better community representative bodies at both national and provincial level.

A more in-depth survey was conducted among more than 25 CBOs which identified a number of barriers facing CBOs in China, and proposed solutions that could be included in the Global Fund proposal (under the CSS Strategy).

Barriers identified by the civil society questionnaire included:

Lack of support on overhead and human resources for small community organizations.
Capacity building/training: low relevance, very few opportunities, narrowly aimed for TGF work while ignoring CSO organizational development.

Lack of effective and transparent communication channels and structures for CSOs.
Small number of community organizations among SSRs, most were GONGOs.
Low level of communication skills and understanding of TGF in China among CSOs.
The recommended solution was that the proposed RCC include the following CSS interventions:
Funds for core support; specifically overheads and human resources costs.
Improve and long-term-based capacity building efforts.
Improve communication and management structure (especially on financial management).
Improve performance monitoring and evaluation system for all SSRs.

CSS Proposal

Finally, based on these results, a 14-page CSS Concept Note was prepared and submitted to the RCC writing team. The CSS component was integrated into objective 1 of the RCC titled *CSS: strengthening of institutional and civil society capacity*. The focus was on capacity building for CBOs and NGOs, including both project management and organizational development. Funding support for basic operational costs was also been mentioned, though it remains to be seen how this will be implemented.

While the budget for the CSS section was only $1.76 million (compared to the total funding request of $497 million), it is a major achievement that CSS was included under a separate and clearly articulated objective, with a significant and dedicated funding allocation.

CSS beneficiaries and CSS implementing agents

CSS includes a wide range of different activities, from direct service provision to advocacy to training and skills building. As the *CSS Framework* makes very clear, the best way to effectively strengthen community systems and organizations is to provide a combination of 1) core funding (to ensure the sustainability of CBOs and other community actors), 2) direct funding for implementation (to support "learning by doing"), and 3) training (including capacity building, mentorships, technical support, etc.).[18]

Allocation of core funding or service delivery funding will be relatively straightforward – core funding will go to smaller CBOs that lack basic sustainability, and service delivery funding to those groups (CBOs, NGOs and others) who can effectively deliver services at community level. Identifying the role of different groups in providing or receiving training, capacity building and other technical support will require a more thorough analysis or the strengths and weaknesses of each group, and of the structures already in place within the community. During this process, it will be important to recognize some key characteristics of organizations that will be providing (or receiving) technical support, delivering different services, conducting monitoring and advocacy, or implementing other CSS-related activities.

Types of organizations likely to receive training and technical support under CSS

- CBOs working with key affected populations/vulnerable groups[19]
- faith-based organizations providing treatment, prevention and/or care services
- organizations composed of or serving people living with and/or affected by the diseases
- home-based care organizations, hospices, or other community-based caregivers
- private-sector organizations
- other groups, including human rights organizations, community centers and local AIDS councils.

[18] The Global Fund to Fight Aids, Tuberculosis and Malaria, *CSS Framework*, 2010, p.9
[19] The UNAIDS Programme Coordinating Board (PCB) definition of "key affected populations" is "women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrants and migrant laborers, people in conflict and post-conflict situations, refugees and displaced persons."

Key characteristics of recipients of CSS training and technical support

Organizations such as those listed above are often providing a service or implementing an activity that is vital to the improved health of the community. However, their impact is limited by a variety of financial and technical constraints, some common examples of which are:

- Inability to meet the large needs of especially poor communities in which they often work;
- Major challenges in securing funding, especially long-term and core funding;
- High staff turnover (staff retention a common and persistent problem for most small groups;
- Heavy reliance on unpaid volunteers (often due to insufficient funding);
- Insufficient linkages and coordination with other organizations/actors.
- Lack of legal registration or recognition by labour and tax regulatory systems;
- Limited office space and equipment (especially computer/communication technology);
- Insufficient experience with monitoring and evaluation processes;
- Does not or cannot participate in relevant national networks or forums that meet regularly.
- Weak organizational management mechanisms;
- Difficulties creating supportive social, legal or political support for evidence-based programming.

Types of organizations likely to provide training and technical support under CSS

It is impossible to specify which organization, network or agency is best suited to provide training and technical support under CSS programming. The delivery of these services should be based on the capacity of each organization to fill the actual needs of the community. However, some of those most likely to act in this role are:

- Larger CBOs and NGOs with dedicated training and/or capacity-building projects and staff;
- International networks of living with and/or affected by the diseases;
- Specialized training and capacity-building organizations (including areas such as organizational development, budget planning and monitoring, advocacy, M&E, etc); and
- Organizations or groups that have provided such support in the capacity of PR or SR for previous Global Fund grants.

Key characteristics of providers of CSS training and technical support

Different entities will be required to deliver and implement CSS support, depending on the needs of the community being strengthened. They will act as Principal Recipients (PRs), sub-recipients (SRs) or sub-sub-recipients (SSRs) of Global Fund grants,[20] and should be prepared to engage with local communities intensively over the medium- to long-term (2-5 years)

The following are among the most useful characteristics for organizations implementing CSS.

- Demonstrated capacity to strengthen smaller CBOs in financial and grant management;
- Experience with hands-on mentoring and training of new staff;
- Successful experience working with key affected populations in the communities being targeted, and maintaining a constructive relationship with those populations and groups;
- Sufficient staff and experience to invest significant time and energy required to effectively build institutional capacity of small community groups;
- Working relationships with local CBOs, networks and coalitions;
- Demonstrated ability to collaborate and build partnerships with a variety of stakeholders, including CBOs, NGOs, government, etc.;
- Capacity to administer small amounts of funds to several community-level organizations;
- Demonstrated commitment to undertake hands-on skills development, engaging directly and intensively with CBOs; and
- Demonstrated ability to conduct capacity-strengthening in monitoring and evaluation.

[20] It is not necessary for implementers of CSS to have already received funding from a Global Fund grant.

Section IV

Assessing community-level needs within the national context

The first step in assessing community-level needs within the national context is to undertake a needs assessment. Before a proposal can be developed, an in-depth needs assessment should be conducted. Key stakeholders and partners must fully understand the service delivery environment—i.e. who is providing which services, to whom and where, who is *not* being reached, any gaps and constraints, and how all this relates to the national strategic plan, where one exists. Such an assessment is necessary to identify the conditions of health and community systems, both of which must be described in the new Round 10 proposal form[21]. It is important that assessments are conducted in a fully participatory manner, to ensure that those community members not being reached by services are included in the needs assessment.

The following are some options for different kinds of assessments. Depending upon a country or region's disease burden and the strength of its civil society sector, different types of assessment will be more appropriate or more easily conducted. It is important to note that several tools already exist for needs assessment and analysing the capacity of CBOs and NGOs, some of which are listed in Annex 4.

A. Community Systems Strengthening—rapid assessment. A rapid assessment relies on existing baseline data, mappings and databases of community-level interventions. It can involve the dissemination and analysis of printed or electronic questionnaires, and collecting NGO or CBO profiles to identify potential implementers and beneficiaries of CSS.

B. Community-wide consultation(s). Even if organizational mappings already exist, it may be beneficial to hold community consultations in various settings, including both urban and rural areas. This ensures that affected communities identify their own capacity needs and priorities for technical support. Community consultations also provide opportunities to develop and deepen partnerships and to determine which at-risk groups are most in need of resources. (See Annex 1 for further guidance on community consultations.)

C. In-depth mapping of partnerships and interventions. If community-level mappings have not been conducted for three or more years, it will be essential to conduct an in-depth mapping of community-level interventions and partnerships. An in-depth mapping requires time and resources, and must include efforts to reach out to unregistered CBOs working with key affected populations in urban *and* rural areas. Due to their often resource-intensive nature, in-depth mappings of community-level service delivery and partnership matrices can be built into the proposal itself as part of a step-by step process of CSS.

D. Community-level needs assessment. This option is a combination of the three options listed above. It is required in settings or countries where either a country has only recently began to prioritize HIV interventions or where community-level organizations and civil society have limited voice or recognition by formal health systems or the government. This kind of comprehensive assessment is necessary when limited data on civil society exist and where considerable outreach is being conducted under the radar of formal authorities. This is the most resource-intensive option and should be built into a comprehensive and holistic commitment to strengthen community systems. It requires the time and commitment of all key stakeholders, including government and technical partners.

[21] Global Fund Round 10 proposal form, sections 4.3.2 and 4.3.3

Assessment models and methodologies

Before deciding which model of community-level assessment to undertake, it is important consider a range of factors, including: history of civil society engagement, relationships with government, resources and time available, and a country's overall disease burden. To decide which model to use, *partners must first do their research*. It is essential that they try to determine the following:

1. Which Round? For which Global Fund Round do they seek to submit a proposal, i.e. Round 10 or a later round?

2. How much time? How much time is available before proposal development officially begins? Before the proposal deadline? How much time is being allotted by the CCM to prepare the proposal? Is there a proposal drafting plan and schedule in place already?

3. Budget? Though CCMs *should not* determine budgets before a programme is thoroughly planned, the reality is that many do. It is important to know if the CCM intends to budget resources for CSS activities, and if so, what is the approximate level of funding planned?

4. Who/What is prioritized? Which populations are being prioritized? Which diseases (ie, HIV alone, HIV/TB, etc) are the focus for the country? Will there be an HSS/CSS cros-cutting component? Is this part of the national strategy, or how was it decided?

5. The implementation model? What is the planned CSS implementation mode? For example, what support will be provided, and what are the intended implementers and beneficiaries? Will implementation and core funding for CBOs be part of the plan? If not, how will this funding be secured?

6. Baseline information? What baseline data and research already exist—i.e. when did the last mapping take place and where are the information gaps to be filled?

7. Who else is working on a proposal? Who are the potential partners? Which different groups have comparative advantages in complementary areas and could work together?

Conducting community consultations

The purpose of a community consultation is to learn as much as possible about a given setting: for example: Who is responsible for delivering which services? How are they being delivered? What networks or linkages already exist between organizations? Perhaps most importantly, *what does the community itself think* its priorities and needs are?

There is considerable guidance available on how to conduct community consultations and what exactly an organizational profile should include. Many examples of available sources may be found at:

www.angelfire.com/home/consultation/firstpage/consultationlinks.htm

The most important aspect to keep in mind when planning community consultations is *inclusiveness*. This means going outside the "known" group of community stakeholders. In addition, the concepts of *participation and partnership* should be at the core of any meeting being organized, which means attention must be given to the location of the venue, how many attendees are to be present, who facilitates the meeting, and whether representatives from other sectors (and if so which ones) may attend the meetings. Outlined below are issues to consider

while planning and conducting a community consultation to support the determination of a country's gaps, constraints and priorities with regard to CSS.[22]

See Annex 1 of this document for specific guidance on conducting consultations with CBOs.

If strong baseline information on local organizations and their activities does not already exist, it is important to gather organizational profiles in which organizations provide detailed information about themselves. The best place to collect information about community-level activities is at or during community consultations.

One effective method is to develop a simple, one-page form, translated into the local language if necessary and distributed to local CBOs and networks. Coupled with community consultations, organizational profiles are an effective means for updating community-level databases and identifying common capacity gaps and constraints (see Annex 3 for an organizational profile template).

Dos and don'ts for community consultation and engagement

The following is a list of suggested "dos and don'ts" for partners engaging with communities and civil society organizations, either through community consultations or larger needs assessment processes:

DO…

- plan ahead! Adequate time and resources during the proposal development process are vital.
- your research before undertaking any analysis of community needs.
- go beyond the "usual suspects" and try to contact organizations you may not know or have not worked with before and invite them along.
- assist with the costs for participants to attend the meeting.
- aim to hold at least one consultation outside the main urban settings.
- keep a CBO database and update it regularly.
- find a strong and suitable facilitator.
- triangulate research that others have done with similar organizations in similar settings.
- follow up and maintain contact with participants.
- encourage participation, inclusiveness AND critical reflection.
- thank participants for their time.

DON'T…

- rely solely on email to contact CBOs.
- hold meetings in locations that may create tensions or give the appearance of favoritism.
- invite participants from sectors that could impact on an individual's or organization's willingness to speak freely (for example some government officials or donors).
- rush the consultation; allow plenty of time and opportunities for feedback.
- show preference for one organization or network (eg, KAP network) over another.

[22] The following guidance is based on existing capacity-assessment tools currently being used by partners to work better with CBOs, NGOs and CSOs.

Section V

The Global Fund Proposal Form and Guidelines

When a Global Fund Proposal Round is launched, there are usually three to four months between the announcement and the deadline for submission of proposals. Given the limited amount of time—and the extent of the planning required to developing a technically sound proposal—potential applicants (in most cases CCMs) must consider the content of their proposal well before the announcement of a new Round.

The Global Fund Proposal Form and Guidelines[23] are lengthy and require CCMs to provide a significant amount of background and disease-specific information. In addition, the Global Fund's Technical Review Panel (TRP)—the independent body responsible for evaluating and approving proposals—is strict in verifying that proposed activities and (particularly) budgets adhere to international best practice standards and can be measured to indicate outcomes.

The proposal development process

All relevant stakeholders should collaborate closely during the proposal development process. Proposals including CSS activities often involve a team of community members to prepare a separate "CSS proposal" that is then incorporated into the main Global Fund proposal. Civil society representatives on the CCM could also join the writing team, to ensure that issues facing CBOs and community members are addressed. No matter what structure is adopted, key stakeholders involved in this process, including CCM members, should:

- Create an enabling environment for the participation of all stakeholders (representation of the different stakeholders involved in the national response, particularly the most at-risk populations).
- Reflect critically in advance of the announcement of a Global Fund Round on which of the identified gaps and constraints a proposal for funding should be developed for, the implementation model or strategy, the characteristics of potential beneficiaries, and the component (HIV/AIDS, TB, malaria or HSS).
- Read the Global Fund Proposal Form and Guidelines thoroughly and consider in every part of the proposal how communities can be strengthened.
- Read all relevant Global Fund Fact Sheets and Information Notes.[24]
- Gather together all relevant experts, stakeholders and sectors and determine a system by which each can engage in proposal development (either through a proposal development committee, technical working groups or through organized consultations).

Examples A and B are two case-studies that illustrate comprehensive processes two countries used to develop their Round 8 proposal submissions, each of which included strong CSS elements and proposed activities.[25]

[23] The Global Fund proposal guidance is based on the Proposal Form and Guidelines issued in Round 19 (20 May 20010).

[24] Global Fund Fact Sheets cover many themes including: Community Systems Strengthening (CSS), dual-track financing (DTF), health systems strengthening (HSS), MARPs, PMTCT and sexual orientation and gender. They are available online at: http://www.theglobalfund.org/en/applicationfaq/?lang=en

[25] The case-studies are actual proposal development processes used by two countries that submitted for Round 8 and received category 1 (successful) ratings from the Global Fund Technical Review Panel.

Country A

This example demonstrates the time needed to develop ideas for a proposal as well as the importance of a consensus-building process among national as well as local constituents. Country A reached out to local communities during the drafting of the initial proposal. Then, before submission of the proposal, it held an additional series of consultations to "validate" the objectives and activities in the proposal.

- Development of ideas for the Round 8 proposal began three months before the announcement of the Round in March 2008.
- Ideas were reviewed according to the objectives of Country A's National HIV/AIDS Strategic Framework.
- Once it was decided to integrate CSS activities into the proposal, a technical working group was formed on CSS—the working group was made up of a range of stakeholders from different sectors.
- Several meetings were held to build consensus on the preparatory work.
- Consultative meetings with various constituents were held at the national, provincial, district and community levels; the consultations resulted in the development of a component proposal on CSS that was integrated into the main proposal.
- Consensus meetings for stakeholders were held to discuss periodic drafts of the proposals during the three months leading up to the deadline for proposal submission, with a national consensus meeting to validate the contents of the proposal.
- Community consultations not only informed the topical proposal development process but also helped to identify potential sub-recipients.
- And, finally, a draft proposal was submitted to a regionally developed peer review group supported by technical partners before it was submitted to the Global Fund.

Country B

This case-study demonstrates the value of extensive mapping exercises in advance of the launch of the proposal Round. This particular proposal integrated CSS into the HIV disease component, with most of its core objectives comprising CSS. Country B also gave considerable attention early on to the implementation model it would need to reach out more effectively to vulnerable populations, and indicated this clearly in the proposal.

- In the year prior to the launch of Round 8, Country B carried out an extensive mapping on activity coverage at the local, district and national levels.
- Technical working groups were organized for each disease; each group then submitted its proposal ideas to the CCM.
- It was determined that one of the main objectives of the proposal would be to target key populations at-risk.
- The goal of the proposal was very clearly defi ned early on in the process: to reduce HIV-related morbidity and mortality…and to strengthen community and health systems in order to improve performance.
- The technical working group then integrated CSS into two of the three core objectives of the proposal.
- An implementation model was chosen, which used an "umbrella approach" consisting of nominating a larger NGO to act as a Principal Recipient to be mainly responsible for carrying out CSS activities, while the governmental sector would be responsible for HSS.

The proposal form

There are several sections in the Global Fund Proposal Form where applicants should include CSS activities, budgets and indicators for monitoring and evaluation. According to the Round 10 proposal guidelines, CSS can be included either as a "cross-cutting" element, or as part of a disease-specific proposal.[26] Unlike HSS, CSS has not been allocated its own section on the proposal form, which is a source of ongoing confusion among CCMs and writing team members in past rounds. Thus, it is extremely important to review both the proposal form and the proposal guidelines for more details, in order to prepare a clear explanation of where and how CSS will be included in the proposal.

[26] Round 10 proposal guidelines, available at http://www.theglobalfund.org/en/applicationmaterials/

Sections of the proposal form where CSS should be highlighted

Section 4.3: Major constraints and gaps in disease, health, and community systems

This section provides the opportunity to highlight the lack of CSS programming overall as well as gaps in community capacity or systems. Also relevant for this section are comments and observations on the challenges such gaps create for the effective delivery of services. Examples of gaps and challenges might include:

- **challenges in achieving complete coverage among key affected populations.**
- **lack of a coordinated response between governmental and nongovernmental organizations**
- **lack of a coordinated response between health workers and community outreach workers**

4.3.1 HIV or HIV/TB programme

Describe:

(a) the main weaknesses in the implementation of current HIV strategies;

(b) existing gaps and inequities in the delivery of services to target populations; and

(c) how these weaknesses affect achievement of planned national HIV outcomes.

4.3.2 Health Systems

This section provides an opportunity to outline gaps in the Health system that could be filled by strengthened community interventions and groups. For example:

- **insufficient numbers of trained health workers for outreach to underserved communities**
- **insufficient number of trained health workers to serve as treatment counsellors for PLHIV on ARV treatment.**

4.3.3 Community Systems

Describe the main weaknesses of and/or gaps in community systems that affect HIV outcomes.

4.3.4 Efforts to resolve weaknesses and gaps

Describe what is being done, and by whom, to respond to health and community system weaknesses and gaps that affect HIV outcomes, as outlined in sections 4.3.2 and 4.3.3.

Section 4.4: Proposal strategy

This section requires the country to identify its main strategies derived from the above gap analysis for addressing HIV, tuberculosis and/or malaria. CSS priorities can be explained and incorporated into this section.

4.4.1: CSS-related activities could be included either in one of the disease objectives or as a "cross-cutting" CSS objective together with the relevant indicators, implementers and target populations fully described.

4.4.2: Any CSS-related comments of the Technical Review Panel in Round 8 and Round 9 should be addressed. 4.4.3: Lessons learned from implementation experience related to CSS should be included.

4.4.4: Any CSS activities that will improve coordination between HIV and TB programming – such as community-led referral systems – should be described here.

4.4.5: CSS-related strategies and plans to enhance social and gender equality should be included.

4.4.6: Partnerships with the private sector

4.4.7: Links to other Global Fund resources - If any current CSS activities were included in previous rounds, describe how they complement those proposed, how they perform and what remedial actions were taken, if needed.

4.4.8: Links to non-Global Fund resources - The above also applies to programmes other than the Global Fund.

Section 4.5: Program Sustainability

4.5.1: CSS is mentioned explicitly in this section as "Strengthening capacity and processes to achieve improved HIV outcomes". Therefore, it is very important here to describe clearly how investment in CSS will contribute to improved and sustainable HIV outcomes

4.5.2: If CSS activities link to broader development goals (MDG, poverty reduction, etc), describe these here.

4.5.3: Describe how CSS-related activities offer good "value for money". Strong arguments can be made that CBOs and community-based initiatives are much cheaper than government-led activities (due to lower overheads), and that they can improve health outcomes (by increase adherence to and understanding of treatment, for example), service uptake (by reaching more underground and marginalized populations). This argument should be substantiated though solid evidence and explanation of local gaps and needs (consider referring to sections 4.3, 4.4.3 in this explanation).

Section 4.6: Monitoring and evaluation

This section provides the opportunity to address the strengths and weaknesses of in-country systems used to measure impact. For example, this section can be used to argue that improved community systems and coordination among the HSS and CSS will strengthen the quality of information used to measure impact.
— Also use attachment A of the form to include CSS indicators (see next section).
4.6.1-4.6.2: Include details of CSS-related indicators and plans to strengthen monitoring and evaluation systems, especially among community organizations implementing CSS or disease-specific interventions.
4.6.3: Describe any new links between CSS activities and the National M&E system
4.6.4: CSS plans to strengthen monitoring and evaluation systems should be proposed, especially at sub-recipient and sub-sub-recipient levels—e.g. on how to better collect community data and report them in the national system.

Section 4.7: Implementation capacity

4.7.2–4.7.3: CSS Implementation strategies to be used by principal recipients, sub-recipients and sub-sub-recipients should be discussed here. It is also possible to indicate the number of sub-recipients and whether or not they have been identified (it is better to identify them). Also useful would be to indicate the relative proportion of work to be undertaken by the sub-recipients and to highlight what their management and technical skills needs are. If there is a non-government PR, it is important to highlight how that might improve the CSS activities.
4.7.4: CSS strategies and plans for improving coordination between implementers should be included.
4.7.5: Strengthening implementation capacity plans and technical support needs should be identified.

4.8: Pharmaceutical and Other Health Products

If community-based organizations are involved in procurement or management of pharmaceuticals and/or other health products, and if the proposal includes strengthening of their management, distribution, or monitoring capacities, include a description of that CSS activity here.

Section 4B –"cross-cutting" HSS interventions (including CSS)

As in Rounds 8 and 9, CSS programming that impacts more than one of the three diseases (HIV, TB and Malaria) is not included as a separate section on the proposal form, but can be included as part of the Health Systems strengthening (HSS) section. Section 4B can be downloaded from the Global Fund's website at: http://www.theglobalfund.org/documents/rounds/10/R10_ProposalForm_4B_HSS_en.doc

Note: According to the proposal guidelines, SECTION 4B can only be included in the Round 10 HIV proposal if:

- **the applicant has identified gaps and constraints in the health system that have an impact on HIV, tuberculosis and malaria outcomes;**
- **the interventions required to respond to these gaps and constraints are 'cross-cutting' and benefit more than one of the three diseases (and potentially benefit other health outcomes); and**
- **section 4B is not included in the Round 10 tuberculosis or malaria proposal.**

Section 5B: Cross-cutting HSS - Funding request

Note: If your proposal includes Section 4B ("Cross-cutting HSS interventions"), then it should include section 5B. It can be downloaded from the Global Fund website at:

http://www.theglobalfund.org/documents/rounds/10/R10_ProposalForm_5B_HSS_en.doc

Section 5.1: Financial Gap Analysis

Gaps identified in section 4.3 should be evaluated from a budget perspective, with the budget (and budget gap) for specific CSS activities clearly described here.

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5.2: Details of CSS budgeting should be given—especially the cost units of "budget to provide living support to volunteers, community health workers and OVCs, living support to clients, salaries to provide incentives to local outreach workers". Note that sub-sub-recipients' budgets are mentioned explicitly in the form.

— Use the Global Fund template to complete the budget section using the Fund's cost categories. For example, the cost of a " home-based care" intervention may be broken into the following activities and cost categories:

Description	Cost category
Community-based agents	Human resources
Travel to communities	Planning and administration
Testing kits	Health products and health equipment
Provision of medicines for treatment	Pharmaceutical products (medicines)
Vehicle for agent	Infrastructure and other equipment

Proposal guidelines and other documentation

The Global Fund provides a number of guidance documents for each round of funding, and regarding specific issues such as CSS. These documents can all be found on the Global Fund website. (see Annex 4 for more details).

Monitoring & Evaluation and CSS Indicators

The Global Fund is a "performance-based" funding mechanism and demands strict measurement and reporting of programme activities, outputs and impacts. Unfortunately, the outcomes or impact of CSS are by nature hard to measure with clear, quantitative indicators. How does one quantify the engagement of community members, and link that engagement to improved health outcomes? How does one set a 2 or 5-year target for such indicators, as is required by the Global Fund?

To help solve this problem, the Global Fund M&E department has provided a set of 27 "recommended" indicators (see Table below) for use in CSS proposals, and has also spelled out a new 12-step process for developing CSS interventions (see below). This is all included as part of the *CSS Framework.*

In order to use these indicators to design a CSS proposal (or the CSS activities within a national or regional proposal), it is essential to understand a few things about them:

First, the Framework emphasises that these 27 indicators are mostly "work in progress", and that many have not yet been used in the real world. They have been evaluated and are recommended, but even the Global Fund is not sure if they will be effective measures of programme results. Thus, Round 10 will be an opportunity to "field test" them, and adjustments will be made to future CSS indicator lists based on the experiences of those programmes using this first set of CSS indicators. Consider the Framework – and especially the SDAs and indicators – as a living document that will change according to the input provided by programmes that are being implemented on the ground.

Second, each proposal should include both CSS indicators and Service Delivery Indicators[27]. As mentioned in the "background" section, CSS cannot stand on its own, as CBOs and other community actors who are supported through CSS activities should also be supported to deliver services. Only by having both types of activity will you get the improvement of efficiency and health benefits at community level. And only by having both types of indicators will you be able to show the clear link between CSS activities and improved services at the community level.

Third, as the Global Fund is focused on outcomes and impacts (eg, number of lives saved, number of infections prevented), and as CSS indicators are mostly focused on processes and outputs (eg, number of staff trained, number of CBOs providing services or conducting activities), it is important to include disease-specific impact indicators linked to CSS activities. For example, if CBOs are providing drug adherence counselling, those activities can be linked to an improved survival rate (due to better adherence) on ARV treatment. In the long term, both monitoring (of processes and outputs) and evaluation (of impact and outcomes) should be considered when designing your M&E system.

Fourth, though most of the indicators refer to community based organisations, it is important to understand that a broad range of other organisations also involved in service delivery to the community. All CSS indicators should be adjusted to include all types of organisations that are included in a specific CSS programme.[28]

Fifth, applicants are highly recommended to choose a limited number of indicators for CSS interventions. The entire proposal will typically have only around 15 indicators, and if CSS is only one part of a disease-specific proposal, it may only use 4-6 CSS indicators.[29]

The Global Fund also stresses the need for proposals to adapt and adjust indicators to fit the actual conditions being addressed. Applicants can create their own indicators, but should consider the fact that these indicators have already been reviewed and approved by both Global Fund M&E staff and teams of outside experts. Anyone preparing their own indicators outside of those pre-approved by the Global Fund should try to ensure their indicators meet the following "MERG" (UNAIDS Monitoring & Evaluation Review Group) indicator standards:[30]

- The indicator is needed and useful
- The indicator has technical merit
- The indicator is fully-defined
- It is feasible to collect and analyze data for this indicator
- The indicator has been field-tested or used in practice

[27] These can be found in the Global Fund M&E Toolkit at http://www.theglobalfund.org/documents/me/M_E_Toolkit.pdf

[28] The Global Fund to Fight Aids, Tuberculosis and Malaria, *CSS Framework*, May 2010, p.43

[29] Ibid., p.34

[30] UNAIDS MERG Indicator Standards: Operational Guidelines for Selecting Indicators for the HIV Response indicator, available at: http://www.globalhivmeinfo.org/AgencySites/MERG%20Resources/MERG%20Indicator%20Standards_Operational%20Guidelines.pdf

See Annex 6 for a full list of 10 SDAs and 27 recommended CSS indicators. A full explanation of both SDAs and Indicators, with a large number of possible activities, as well as further guidance on how to design an effective M&E system, is included in the *CSS Framework*.

Below please find a summary of the Global Fund's "12-step process" to develop a CSS programme, with a strong emphasis on assessing the needs and gaps within the community(during programme design) and measuring the results and outcomes of programme implementation.

Summary of the Global Fund's new 12-step process for developing CSS interventions, including M&E[31]

Step 1: Define where community systems strengthening interventions are required in order to successfully implement the health sector plans / specific disease programs.
Step2: Conduct a needs assessment to determine the strengths and weaknesses of the community system in the targeted area(s).
Step 3: Based on expected results, define clear and achievable objectives.
Step 4: Determine the SDAs where strengthening interventions are required.
Step 5: For each of the selected SDAs agree on the most appropriate CSS interventions.
Step 6: Select a number of CSS indicators and modify as needed to fit with the specific country context.
Step 7: Determine baselines for each of the selected indicators, set ambitious yet realistic targets and finalize the budget and work plan for the CSS interventions.
Step 8: Ensure that M&E for CSS is integrated into the national reporting system.
Step 9: Reach an agreement on roles and responsibilities of the various stakeholders involved.
Step 10: Develop harmonized data collection methods and formats.
Step 11: Reach agreement on arrangements for regular supervision and feedback.
Step 12: Set an agenda for joint program review and evaluation.

[31] The Global Fund to Fight Aids, Tuberculosis and Malaria, *CSS Framework*, May 2010, p.32.

Annex 1: Guidance for conducting community consultations

Step 1: Consider what you know

- What information exists already on community-level interventions taking place?
- What contact/organizational databases have been used in the past?[32]
- How extensive is the Package of CSS activities the CCM seeks to submit a proposal for?
- Is CSS to address a general or concentrated epidemic? And if concentrated, which at-risk groups?

Step 2: Decide the size of the consultation

- Consider your budget. The amount of resources you have will determine how many meetings you can hold, the venue, the facilitator and whether or not you are able to reimburse travel costs for participants.
- How many community consultations do you think will be needed? For example, one large urban-based meeting in addition to several smaller community/semi-urban/rural meetings; one large meeting in an urban area for which you reimburse the transport costs of participants travelling in from semi-urban and rural areas; or several smaller meetings in urban as well as community settings.
- Review existing databases and estimate the number of potential organizational attendees.
- Contemplate ways to access organizations you are not familiar with; work with partners to learn of other organizations and their activities.
- Reach out and consult with key affected populations to ensure you organize meetings where their concerns can be voiced.
- Then, re-evaluate how many meetings you can organize.

Step 3: Choose a venue

- Selecting an appropriate venue for a community consultation may have more influence on the meeting than you would think.
- Select a venue that community members are familiar with and which is easy for most to reach.
- Make sure the venue you choose is "neutral". Especially if there are political tensions or rivalries between different groups, try to avoid a location that might indicate that you are "taking sides" or that might alienate important sections of the community.
- Calculate whether choosing one particular venue may use resources one could otherwise use to hold several smaller meetings in less expensive venues.

Step 4: Sending invitations

- Send a clear and concise invitation in the language(s) of the community you hope to meet with.
- Send invitations through a range of media—i.e., printed invitations sent by post, electronic invitations sent by email and posted on a community or partner website, and by telephone.
- Follow up, if possible, to make sure the invitees received notice of the meeting. This will also help in determining how many participants are likely to attend thereby facilitating smoother planning.

Step 5: Decide who will lead and who will facilitate the meetings

- There should be one individual, organization or partner in charge of leading the process of organizing the meetings. Responsibilities include sending invitations, locating a venue, deciding how many meetings should be held and contacting participants.
- Decide whether or not a "facilitator" for the meeting itself will be necessary—in most cases an appointed facilitator can make the difference as to whether a community consultation is successful or unsuccessful.
- Choose a neutral facilitator with a strong and respected reputation—choosing a controversial facilitator could also be disruptive to your meeting.
- Agree how many meetings the facilitator can facilitate in advance.

Step 6: Organizing the consultation

- Consider whether or not you want to have many different kinds of organizations in one meeting or if the meeting should be organized to include similar types and kinds of organizations. Groupings could include, for example:
    - larger NGOs together;
    - key affected population thematic areas—e.g. sex workers or IDUs—together;
    - care and support organizations or organizations providing prevention and treatment together;
    - faith-based organizations.

[32] For example, partners may have existing CSO databases that were put together to support the nongovernmental membership seat to the CCM, a process that would have required the civil society sector to elect or nominate their own chosen representative.

Step 7: Go prepared

Whether you or the facilitator are organizing and conducting the consultation, it is important that key content questions are prepared beforehand, that an agenda is developed (see Annex 2 for draft agenda) and disseminated in advance, and that the meeting uses participatory approaches to gather a broad range of views. Before holding the meeting, make sure you know what interventions and activities are currently taking place in the community. Possible themes upon which participants can be asked to reflect critically include:

- what they think is needed to improve the overall capacity to deliver services;
- what they think are the most effective methods of reaching key affected populations;
- what they think are the resources most needed to address capacity constraints;
- which organizations they think are most suited to implement capacity-strengthening initiatives; and
- which interventions they think should be prioritized.

Step 8: While the meeting is taking place, you should:

- explain clearly and thoroughly to participants the purpose of the meeting and the agenda;
- ask if they think any additional items should be added to the agenda;
- designate a note-taker for the meeting;
- commit to providing the participants the outcomes of the meetings at a certain stage after the meeting has taken place;
- designate a time to allow each organization to complete an "organizational profile" (see Annex 3 for an example of a profile) and assist any organizations that may have difficulty completing the profile;
- set aside time in the agenda to develop a "partnership matrix" with the participants (this is simply a matrix showing all the different actors in a given setting and how they interact); and
- make sure all attendees provide their name, organization and contact details to add to the civil society database.

Step 9: After the community consultation is finished, you should:

- use outcomes and information from the community consultations as an advocacy tool to inform and work with decision-makers to ensure they target the right groups for capacity development and resources;
- be clear what you think communities believed CSS priorities should be;
- use the partnership matrixes from the various meetings to determine where the crucial gaps are in terms of how community systems and health systems could better link up, examine gaps in referral systems, and advise where necessary resources for more systematic partnership development should go;
- based on the views of community members, develop a short-, medium- and long-term strategy to meet the concerns most expressed in the consultations. Use this strategy as a tool to advocate with decision-makers and CCM proposal development committees; and
- continue to build upon partnerships with community stakeholders and provide avenues for them to provide regular feedback to you or to key stakeholders.

Annex 2: Draft agenda for community consultation

I. Welcome participants and introduction

a. Explain purpose of consultation and the value of their participation and feedback
b. Commit to providing participants with outcomes of consultations at a later stage
c. Introduce yourself and ask participants to introduce themselves using icebreaker exercise
d. Designate a note taker for the day.

(recommended time: one hour)

II. Organizational profile

a. Explain the purpose of the organizational profiles and how they will be used
b. Make sure participants understand the importance of accurate information
c. Offer to assist any organizations that have difficulty in completing the profile
d. Make sure participants have ample time to complete the profiles.

(recommended time: one hour)

III. Partnership matrix

a. Explain the importance of partnerships at the local, sub-national and national levels
b. Articulate who various partners can be, i.e. similar community-level organizations, FBOs, advocates, network of PLHIV, nurses, doctors, clinics, hospitals, members of government, larger NGOs, private organizations or companies
c. On a flip chart or white board, write the name of the participants' village or community in the centre, list what they do as an organisation, and ask them to list each of the partners or organizations they work with and encounter over the year
d. Then ask, in order to conduct their work, who do they need to link up with better—i.e. after it is suspected that a client could have a sexually transmitted infection, where do they recommend the client to go. Then ask if this is effective.
e. Try to gain as much understanding as possible from the participants about who they link up with and in which circumstances.

(recommended time: one hour)
(Ensure participants are given a break at this stage)

IV. Assessing community-level needs: core feedback

a. Explain again to the participants the importance of their participation and feedback
b. Ask the participants to explore the following either in focus group sessions or as a larger group:
    1. What they think is needed to improve the overall capacity to deliver services
    2. What they think are the most effective methods of reaching key affected populations
    3. What they think are the resources most needed to address capacity constraints
    4. Which organizations they think are most suited to implement capacity-strengthening initiatives
    5. Which interventions they think should be prioritized

b. Make sure that all agreed statements are written on the flip chart or whiteboard by the note taker
c. After the main information-gathering session, bring all groups back together (if they were separated into focus groups) and go over together the outcomes from the discussions. Find out whether the participants agree to what is written
d. Consolidate a list of community-level identified activities for prioritization, and make sure the participants are in agreement with the priorities.

(recommended time: two hours)

V. Summary and conclusions

a. Make sure the participants are given an opportunity to ask any questions or raise any issues from the day's consultation
b. Go over any actionable items and key concerns and priorities of the participants one more time
c. Thank the participants for their time and commitment and re-commit to providing them with the outcomes
d. Make sure to collect ALL organizational profiles and to reimburse travel expenses (if provided by you or your organization).
(recommended time: one hour)

Annex 3: Organizational profile template[33]

1. Full title of the organization/network:

2. Contact details of the organization (include the name of the director and contact details for the organization, including postal address, telephone number, fax number and email address):

3. When was the organization established? (indicate month and year):

4. Is the organization legally or officially registered? (indicate details of when and how/with which body):

5. Location and coverage (indicate where their office is [if any], where they work, which provinces, communities/villages and the geographical coverage of their organization/people they reach):

6. Organizational structure (main jobs, number of full-time or part-time staff, paid or unpaid, number of volunteers; is there a board of trustees? indicate lines of responsibility and reporting):

7. Overview of activities (indicate the organizational mission and objectives; which groups the organization works with, key issues, focus of projects or programmatic activities):

8. Financial resources (approximate annual income/turnover; major donors):

9. Support (indicate if any technical support or capacity development was/is being received; provider of support):

10. Key achievements to date (what are some of the organization's main highlights or successes?):

11. Main challenges to date (what has the organization found the most difficult and what are some of the main problems and issues that it faces?):

12. Future needs (what are the immediate and future priorities of the organization necessary to deliver services/support?):

13. Additional Funding (how would additional funding be used and where would be funding be prioritized?):

[33] The following organizational profile template is based upon the International HIV/AIDS Alliance Network Capacity Analysis Tool and the NGO Capacity Analysis Tool, both of which can be found on: www.aidsalliance.org

Annex 4: Links to organizations, tools, and guidance on CSS

UNAIDS Technical Support Facilities	http://www.unaids.org/en/CountryResponses/TechnicalSupport/TSF/
UNAIDS Regional Offices	**Include link to RST contact details**
The Global Fund to Fight AIDS, Tuberculosis and Malaria	CSS Framework 2010 http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf CSS Information Note http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_CSS_en.pdf Round 10 Proposal Form and Guidelines http://www.theglobalfund.org/en/applicationmaterials/ *Round 10 Q&A Document* http://www.theglobalfund.org/documents/rounds/10/R10_FAQ_en.pdf *Community Systems Strengthening Information Note*: http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_CSS_en.pdf *Information Note: the Global Fund's approach to health systems strengthening:* http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_HSS_en.pdf *Information Note: Women, Girls, and Gender Equality:* http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_Gender_en.pdf *Information Note: Sexual Minorities in the context of the HIV epidemic:* http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_SOGI_en.pdf
The International HIV/AIDS Alliance	The International HIV/AIDS Alliance produces a range of documents on Global Fund processes as well as providing and facilitating technical support for proposal development. Documents include: "Civil society success on the ground: Community systems strengthening and dual track financing" www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=326 "A Framework for organizing and analyzing data regarding CSS in Round 8" www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=334&language=en "Report on access to Global Fund resources by HIV/AIDS Key Populations in Latin America and the Caribbean April 2009" http://www.aidsalliance.org/includes/Publication/Report_on_Key_Populations_access_to_resources_ENG.pdf Analysis of Technical Assistance to Civil Society Recipients of Global Fund Grants, January 2010 http://www.aidsalliance.org/includes/document/Analysis%20of%20TA.pdf In addition, the Alliance produces several toolkits for working with communities and assessing NGO/CBO/network capacity which are very effective; they can all be found at www.aidsalliance.org. ▪ Network capacity analysis: A toolkit for assessing and building capacities for high quality responses to HIV ▪ NGO capacity analysis: A toolkit for assessing and building capacities for high quality responses to HIV
Aidspan	Aidspan produces a number of guides on Global Fund processes including *The Aidspan Guide to Round 10 Applications to the Global Fund*, *A Beginner's Guide to the Global Fund,* and *The Aidspan Guide on the Roles and Responsibilities of CCMs in Grant Oversight.* www.aidspan.org/index.php?page=guides
CSAT/ICASO	The Civil Society Action Teams provide guidance to civil society on Global Fund processes as well as facilitating technical support for civil society. www.icaso.org/csat.html Increasing Civil Society Impact on the Global Fund to Fight AIDS, Tuberculosis and Malaria: Strategic Options and Deliberations; Brook K Baker, ICASO 2007 http://www.icaso.org/resources/CS_Report_Policy_Paper_Jan07.pdf
Others	Models for Funding and Coordinating Community-Level Responses to HIV/AIDS; CADRE 2007 http://www.cadre.org.za/node/198 Strengthening Community Health Systems: Perceptions and responses to changing community needs; CADRE 2007. http://www.cadre.org.za/node/197 Support for collaboration between government and civil society: the twin track approach to strengthening the national response to HIV and AIDS in Kenya; Futures Group Europe 2009 http://www.futuresgroup.com/wp-content/uploads/2009/11/FGE-Briefing-Paper-November-2009.pdf

Annex 5: Community Systems Strengthening - What the Global Fund will support

(from Round 10 Proposal Guidelines, Annex 3)

Provided that there is a clear and demonstrated link to improved HIV, tuberculosis and/or malaria outcomes, community systems strengthening areas of focus that may be relevant to be included in proposals (in section 4.4.1 as a disease-specific response, or once only in section 4B as a cross-disease response) include activities related to the six core components of a functional health and related service delivery areas described in the CSS Framework such as:

Enabling environments and advocacy: Communities need an enabling environment to function effectively and ensure that rights are respected and needs are met. The environment should also be one in which community voices and experiences can be heard and in which community-based organizations can make effective contributions to policies and decision making. An enabling environment includes the social, cultural, legal, financial and political environments as well as the day-to-day factors that enable or hinder people's search for better health – health services, education, adequate food, water and shelter, sexuality and family life, security, and freedom from such things as: harassment, discrimination, violence and harmful socio-cultural practices.

Community networks, linkages & partnerships: Functioning community networks, linkages and partnerships are essential to enable effective delivery of activities and services. Strong informal and formal relationships between communities, community actors and other stakeholders enable them to work in complementary and mutually reinforcing ways, maximising the use of resources and avoiding unnecessary duplication and competition. Networks have multiple functions centred on a common interest, for example networks of people living with HIV and AIDS and other networks of people in key populations. Many of them concentrate on exchange of information, experiences and learning, and on mutual support for advocacy, strategy development, capacity building and resource mobilisation.

Resources and capacity building: Resources for community systems include human resources, including people with relevant personal capacities, knowledge and skills; appropriate technical and organisational capacities; and material resources, including adequate finance, infrastructure and essential commodities. These resources are needed for running systems and organizations, and for delivering activities and services. They include external inputs such as funding and supplies, but they also include contributions provided by communities which are a key source of people, skills and knowledge and often contribute funds, effort and materials to community actors.

Community activities & services: Community activities and services are an important aspect of community systems strengthening. Quality programmes, activities and services that are evidence-informed and cost efficient, building on existing services and capable of being adapted and brought to scale will contribute to the creation of demand for services, social behaviour change, increased health and reduced disease transmission in the community. This brings greater credibility and relevance to community systems and adds strength to leadership and advocacy. Activities and services should be based on accepted standards of practice where these exist and they should be implemented ethically and sustainably by people who are appropriately skilled and knowledgeable. These should be linked with national health, social care and M&E systems.

Organizational and leadership strengthening: Organisational strengthening is a key area, aiming to build the capacity of community-actors to operate and manage the core processes that support their activities - developing and managing programmes, systems and services effectively; ensuring accountability to their communities, stakeholders and partners; and providing leadership for improving the enabling environment in order to achieve better health outcomes. Key knowledge and skills in this area would include, for example, leadership in representing the vision and goals of the organisation externally and internally, development of systems of accountability and participation in decision-making, management of workers and respect for employment rights and laws.

Monitoring and evaluation planning: A functional M&E system is a cornerstone of country's responses to health challenges. It provides the strategic information needed to make good decisions for managing and improving programmes, formulating policy and advocacy messages and better planning. It also provides data to satisfy accountability requirements. Community-led M&E is essential for community systems, which means M&E that makes effective use of data provided by community members (using qualitative and participatory research methods, such as action research; focus groups and key informant interviews) as well as measuring operational inputs and outputs and performing internal organisational or external evaluations.

Annex 6: Recommended CSS Service Delivery Areas and Indicators[34]

Core component 1: Enabling environments and advocacy	
SDA 1: Monitoring and documentation of community and government interventions	Number and percentage of community based organisations that have been involved in joint national programme reviews or evaluations in the last 12 months (1.1)
SDA 2: Advocacy, Communication and Social mobilisation	Number and percentage of community based organisations that implemented a costed communication and advocacy plan in the last 12 months (2.1) Number and percentage of community based organisations with a staff member or volunteer responsible for advocacy (2.2)
Core component 2: Community networks, linkages, partnerships and coordination	
SDA 3**:** Building community linkages, collaboration and coordination	Number and percentage of community based organisations that are represented in national or provincial level technical and policy bodies of disease programmes (3.1) Number and percentage of community based organisations that deliver services for prevention, care or treatment and that have a functional referral and feedback system in place (3.2) Number and percentage of community based organisations that held at least one documented feedback meeting with the community they serve in the last 6 months (3.3)
Core component 3: Resources and capacity building	
SDA 4: Human resources: skills building for service delivery, advocacy and leadership	Number and percentage of community health workers and volunteers currently working with community based organisations who received training or re-training in HIV, TB or malaria service delivery according to national guidelines (where such guidelines exist) in the last 12 months(4.1) Number and percentage of staff members and volunteers currently working for community based organisations that have worked for the organisation for more than 1 year (4.2) Number and percentage of community based organisations that received supervision and constructive feedback in accordance with national guidelines (where such guidelines exist) in the last 3/6 months (4.3) Number and percentage of volunteers working for community based organisations that are provided with a stipend/allowance (4.4)
SDA 5: Financial resources	Number and percentage of community based organisations that submit timely, complete and accurate financial reports to the nationally designated entity according to nationally recommended standards and guidelines (where such guidelines exist) (5.1) Number and percentage of community based organisations that have core funding secured for at least 2 years (5.2)

[34] The Global Fund to Fight Aids, Tuberculosis and Malaria, *CSS Framework*, May 2010, p.39-42

SDA 6: Material resources – infrastructure and essential commodities (including medical and other products & technologies)	Number and percentage of community based organisations reporting no stock-out of essential commodities during the reporting period (6.1) Number and percentage of community based organisations that keep accurate data for inventory management (6.2) Number and percentage of community based organisations with staff or volunteers trained or re-trained in stock management in the last 12 months (6.3) Number and percentage of community based organisations that maintain adequate storage conditions and handling procedures for essential commodities (6.4)
Core component 4: Community activities and service delivery	
SDA 7: Community based activities and services – delivery, use and quality	Number and percentage of community based organisations with the minimum capacity to deliver services according to national guidelines (where such guidelines exist) (7.1) Number and percentage of people that have access to community based HIV, TB or malaria services in a defined area (7.2)
Core component 5: leadership and organisational strengthening	
SDA 8: Management, accountability and leadership	Number and percentage of community based organisations with staff or volunteers who received training or re-training in management, leadership or accountability in the last 12 months (8.1) Number and percentage of staff members and volunteers of community based organisations with written terms of reference and defined job duties (8.2) Number and percentage of community based organisations that received technical support for institutional strengthening in the last 12 months (8.3)
Core component 6: Monitoring & Evaluation and Planning	
SDA 9: Monitoring & evaluation, evidence-building	Number and percentage of community based organisations with a staff member or volunteer responsible for monitoring and evaluation (9.1) Number and percentage of community based organisations that are implementing a costed annual work plan which includes monitoring and evaluation activities (9.2) Number and percentage of community based organisations with at least one staff member or volunteer who received training or re-training in planning or M&E according to nationally recommended guidelines (where such guidelines exist) in the last 12 months (9.3) Number and percentage of community based organisations using standard data collection tools and reporting formats which enable to report to the national reporting system (9.4) Number and percentage of community based organisations conducting reviews of their own programme performance in the last 3/6 months (9.5)
SDA 10: Strategic planning	Number and percentage of community based organisations with a developed strategic plan covering 3 to 5 years (10.1)

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