

Supporting community-based responses to AIDS, tuberculosis and malaria

A guidance tool for including community systems strengthening in proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria



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ABBREVIATIONS

APN+ Asia Pacific Network of People Living with HIV/AIDS

CBO Community-based Organization

CCM Country Coordinating Mechanism

CSS Community Systems Strengthening

M&E Monitoring and evaluation

NGO Non-governmental Organization

RCC Rolling Continuation Channel

SDA Service Delivery Area

TB Tuberculosis

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

UNGASS United Nations Global Assembly Special Session on HIV/AIDS

UNICEF United Nations Children's Fund

WHO World Health Organization

1. BACKGROUND

What is community systems strengthening?

There is general agreement that strong community participation in the response to HIV, tuberculosis (TB) and malaria is essential to controlling these epidemics. In the AIDS response, community-based organizations (CBOs) and other NGOs have played a critical role. They have been key providers of prevention, treatment, care and support services and have worked to create the social, political, legal and financial environment needed to effectively respond to the epidemic. In many countries, CBOs are the only agencies able to reach the most hard-to-reach individuals – especially members of key affected populations such as people who use drugs, men who have sex with men and sex workers. This is especially common where widespread stigma or legal, social and economic obstacles dissuade or prevent members of these groups from seeking appropriate care and support.

Many CBOs, however, face chronic resource constraints, which can limit the extent and scope of the work they are able to do. They often need not only greater and more consistent financial assistance but also assistance in increasing the skills and capacity of staff and volunteers. Policy-makers, donors and multilateral agencies increasingly recognize that HIV responses in every country could be improved, and coverage of essential services expanded, by helping build such skills and capacity within local civil society groups. In the context of the Global Fund to Fight AIDS, Tuberculosis and Malaria, this concept that has been termed community systems strengthening (CSS),¹ although it could equally be known as community strengthening, as there is no clear understanding of what constitutes a “community system” at present. More work is needed to help partners to develop this clarity.

The evolving definition of community systems strengthening

The 2009 Global Fund fact sheet on CSS included three “priority areas” for CSS funding, which included: 1) building the capacity of CBOs; 2) building partnerships; and 3) sustainable financing for community-level interventions.

The 2010 *CSS framework* provided 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”.²

The 2011 *CSS info sheet* says that CSS is “an approach that promotes the development and sustainability of communities and community organizations and actors, and enables them to contribute to the long-term sustainability of health and other interventions at community level.” The ultimate goal of “improved health outcomes”, the *CSS info sheet* says, “can be greatly enhanced through mobilization of key populations and community networks”, as these groups “have a unique ability to interact with affected communities, react to community needs and issues and connect with affected and vulnerable groups.”³

Community systems strengthening and the Global Fund

Regardless of what it is called, support for CBO- and NGO-led interventions has always been a key strategy of the Global Fund, and the introduction of the term CSS was an effort to focus on this support and to begin to standardize some of the measures of a strong and well-functioning community system.

In an attempt to provide clarity on what CSS entails, in May 2010 the Global Fund issued an in-depth guide to CSS in the context of Global Fund programming. The *Community systems strengthening framework* includes a strong recommendation that applicants include CSS “routinely in proposals,

¹ Although the concept of CSS is much broader than HIV, TB and malaria and can be applied to much more general health and development projects, this document only considers CSS in the context of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

² 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:7–8.

³ *Information note: community systems strengthening*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011.

wherever relevant for improving health outcomes” and includes detailed information that will be essential to anyone planning or writing a Global Fund proposal.

Rather than attempt to strictly define CSS, the *Community systems strengthening framework* presents the goals, principles and strategies underlying CSS as a basis for understanding CSS.

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 organizations 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 organizations 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 organizations and networks, including organizational overheads and staff salaries and stipends, as well as targeted funding for implementation of programmes and interventions
 - Capacity-building for staff of community-based organizations and networks and for other community workers, such as community care workers and community leaders.
 - Networking, coordination and partnerships
 - 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 organizations and networks
-

In summary, 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, however, is clear: 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.⁴ The details of each proposal’s CSS activities will differ 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.

⁴ Birdsall K et al. *Models for funding and coordinating community-level responses to HIV/AIDS*. Johannesburg, Centre for AIDS Development, Research and Evaluation (CADRE), 2007.

Role of the country coordinating mechanism

The country coordinating mechanism (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 funding⁵ and for the general oversight of ongoing grants. As such, the role of the CCM is critical to any discussion or planning around CSS.

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 TB or malaria, key affected populations, the private sector, the media and religious representatives.⁶

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 (for example, to bilateral or government representatives on the CCM) and negotiation is a key aspect of 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 set priorities for interventions based on the epidemiological context. CCM members are thus uniquely placed to advocate including 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.

Purpose of this guidance tool

Building on the information provided in the Global Fund's 2010 *CSS framework* and additional updates to the CSS indicators, this document aims to 1) increase understanding of CSS and 2) provide practical guidance on developing CSS activities for Global Fund proposals, advocating for including CSS in national and regional proposals and 3) suggest ways to more effectively implement CSS activities in successful proposals. 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” in the 2010 *CSS framework* and possible activities that can be supported under each component;
- to provide guidance on suggested mechanisms that can be used at the country level to bring together community groups and groups of people living with HIV and key affected populations to include them as partners in the proposal development process and as eventual beneficiaries;
- to explain the possible roles of relevant partners, including how to advocate for including CSS;
- to provide a draft agenda for training staff, consultants and communities;
- to discuss a variety of technical support and capacity-building activities that can be included in CSS, as well as beneficiaries and recipients;
- to outline additional mechanisms to assess community needs and conduct rapid CSS assessments with example templates as well as “do’s and don’ts” for conducting community consultations (the 2010 *CSS framework* also provides an outline for this on pages 32–35);

⁵ 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 – depending on satisfactory programme performance and the availability of resources. Also see <http://www.theglobalfund.org/en/activities/renewals> for more information on grant renewals.

⁶ Full details of each country's CCM membership and structure are available on the Global Fund web site: <http://www.theglobalfund.org>.

- to provide guidance on how to complete the Global Fund proposal form and how to negotiate the approval of the CSS activities through the CCM;
- to provide sources of additional information and support in developing CSS interventions; and
- to introduce and explain some of the changes introduced in the updated 2011 CSS indicators.

Intended audience

This document is primarily intended to be used by those planning, advocating for or drafting proposals to the Global Fund, especially community members and CBOs, members of key affected populations, CBOs, networks of people living with HIV, CCM members, international and national NGOs and faith-based organizations and United Nations staff.

How to use this guidance

This document is intended to supplement the Global Fund's 2010 *CSS framework* and is meant as 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 in identifying core and priority areas for CSS and its activities and to advocate for including CSS activities in discussions with CCMs and other partners before and during the proposal-writing process. It can be helpful when planning community-level need 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 is intended for use as a supplement to the 2010 *CSS framework* and other Global Fund guidance during the proposal development process for Round 11 as well as the *UNAIDS resource kit for Round 11* (see Annex 4 for details) and is best used alongside those documents. Although all efforts have been made to ensure the comprehensive inclusion of practical examples and models of CSS programming, some important examples have inevitably been missed. UNAIDS will continue to update this guidance with more comprehensive information and analysis for use in future Global Fund grant rounds.

2. COMMUNITY SYSTEMS STRENGTHENING: ACTIVITIES AND MODELS

Taking advantage of the current resources available for CSS through the Global Fund proposal process requires that countries and all relevant stakeholders understand which activities the Global Fund includes in its vision of CSS. In Rounds 8 and 9, the Global Fund intentionally kept possible CSS activities flexible. Unfortunately, this approach did not result in clarity about how CSS should be included in a proposal or about which activities can or cannot be included as CSS. The 2010 CSS framework clarifies several activities and activity areas that should be part of CSS while stressing that grant recipients retain a high degree of flexibility in designing their programmes.

Three essential elements of community systems strengthening

CSS includes a wide range of different activities, from direct service provision to advocacy to training and building skills. The 2010 *CSS framework* clearly states that the best way to effectively strengthen community systems and organizations is to provide a **combination** of three elements:

- 1) **core funding**: to ensure the sustainability of CBOs and other community actors;
- 2) **implementation**: to support learning by doing for **service delivery** and **documentation**, and **advocacy** activities; and
- 3) **training**: including capacity-building, mentorships, technical support, etc.⁷

Who receives funding for community systems strengthening?

Each proposal differs, but recipients of CSS funding generally fall into a few categories. Using the three elements listed above enables a summary of what sorts of groups tend to go to different types of funding. **Core funding** will generally go to smaller CBOs that lack basic sustainability. **Service delivery funding** will generally be granted to the groups (CBOs, NGOs and others) that can effectively deliver services at the community level. Recipients of **documentation** and **advocacy funding** are more diverse, possibly including CBOs, NGOs, research organizations and networks of key affected populations (such as those affected by HIV, TB and malaria). **Training funding** will generally be allocated to stronger NGOs, academic institutions, government agencies and other specialized organizations. Identifying the role of various groups in providing or receiving training, capacity-building and other technical support requires thoroughly analysing the strengths and weaknesses of various sectors and groups and of the structures already in place within the community.

During the proposal design and planning process, it will be important for all stakeholders to recognize some key characteristics of organizations that will be providing (or receiving) technical support, delivering various services, conducting monitoring and advocacy or implementing other CSS-related activities. This will prevent confusion and possible disagreement during the implementation phase.

Core components of community systems

The 2010 *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 2010 *CSS framework* provides a list of possible activities for each SDA.⁸

⁷ 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:9.

⁸ 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:1–31.

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 2010 *CSS framework* repeatedly stresses that “core components described below are all regarded as essential for building strong community systems.”⁹

Table 1 briefly summarizes the six “core components” and 10 SDAs.

Table 1. Summary of CSS core components and SDAs

Core components	SDAs
1. Enabling environment and advocacy	SDA 1: Monitoring and documentation of community and government interventions SDA 2: Advocacy, communication and social mobilization
2. Community networks, linkages, partnerships and coordination	SDA 3: Building community linkages, collaboration and coordination
3. 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)
4. Community activities and service delivery	SDA 7: Community-based activities and services – delivery, use and quality
5. Organizational and leadership strengthening	SDA 8: Management, accountability and leadership
6. Monitoring and evaluation and planning	SDA 9: Monitoring and evaluation and evidence-building SDA 10: Strategic and operational planning

What will the Global Fund support? Examples of community systems strengthening activities

The 2010 *CSS framework* lists more than 100 possible CSS activities.¹⁰ Although those submitting a grant proposal must design and decide activities, and they therefore do not need to be on this list, a selection of key activities the Global Fund says it will support is listed below (see Annex 5 for more discussion of this and the 2010 *CSS framework* for more possible activities).

Sample CSS activities (from the 2010 *CSS framework*)¹¹

SDA 1: Monitoring and documentation of community and government interventions

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

⁹ 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:14.

¹⁰ 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:14.

¹¹ 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:15–31.

SDA 2: Advocacy, communication and social mobilization

- Policy dialogues and advocacy to ensure that issues of key affected populations are reflected in allocation of resources and in national proposals to the Global Fund and other donors and national strategic plans
- Documentation of key community-level challenges and barriers and development of advocacy messages and campaigns to communicate the 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, such as operational research methods
- Mentorship for providing high-quality technical support

SDA 5: Financial resources

- Advocacy for CSS funding from governments and donors
- Hiring, training, supervision and mentoring of resource mobilization staff
- Ensuring adequate and sustainable funding for community actors, including core funding for CBOs¹²

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

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

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

- Organizational and management support and training for small and new NGOs and 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 and remuneration of staff, community workers and volunteers
- Newsletters for internal circulation to keep staff informed; creating a shared vision

SDA 9: Monitoring and evaluation and evidence-building

- Recruitment of monitoring and evaluation (M&E) staff and 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

¹² Although “core funding” is not included in the list of activities, the *2010 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...”. *2010 CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:21).

Examples of current community systems strengthening grants and activities¹³

As was mentioned above, strengthening community groups and systems is not new to Global Fund grants and has been included since Round 1. The development of the CSS strategy was an effort by the Global Fund to focus on these elements in the hope that more grant proposals would include increased community strengthening components, planned and measured more systematically. Although most CCMs have limited experience in planning or designing systematic community strengthening programmes, nearly one third of Round 9 grant proposals included activities that can be considered CSS, and 49% of the Round 10 proposals received included some CSS activities.¹⁴ Some examples of approved CSS proposals and activities are listed below, although many more examples exist. Potential applicants are strongly advised to read the entire proposal before attempting to copy any of these activities (the full proposal and other documents for all these grants should be available for download at the Global Fund web site).

APN+ regional proposal (Round 10)

This civil society-led, multicountry proposal by the Asia Pacific Network of People Living with HIV/AIDS (APN+) includes seven countries in South and South-East Asia and supports networks of people living with HIV in each of these countries. The stated goal of the programme is to “strengthen the response to HIV in Asia and the Pacific by improving information management, documentation and advocacy through the direct participation of national and regional networks of people living with HIV”.

The activities included in the APN+ proposal are perfectly aligned with the CSS initiative, primarily to build community capacity and to coordinate community-level documentation and advocacy activities around access to comprehensive, high-quality HIV-related services. The total proposed five-year budget is just under US\$ 3 million, 40% of which is dedicated to human resources and 17% of which is dedicated to training. The lack of stable, capable staff has been a key barrier to the sustained and effective work of networks of people living with HIV in the region, a gap clearly recognized by the regional network in its proposal.

The proposal appears deceptively simple: There are only two SDAs, both of which are directly linked to CSS, and neither of which includes health service provision:

- SDA 1: collect, manage, and analyse information regarding treatment successes and challenges in Asia and the Pacific; and
- SDA 2: provide a platform for dialogue, coordination and advocacy at the regional level for people living with HIV in Asia and the Pacific.

Despite having no service delivery component, the potential impact is large: APN+ aims to show that well-coordinated efforts to mobilize communities to document and assess gaps and barriers within local AIDS treatment systems and to engage in national, regional and global policy advocacy will ultimately lead to improved access to and quality of services for people living with HIV. This will be done by organizing strong advocacy campaigns based on well-documented analysis of issues such as stigma against people living with HIV, treatment access gaps and substandard or low-quality services for people living with HIV. It will have the indirect benefit of strengthening networks of people living with HIV, the same groups that provide services such as antiretroviral therapy education and adherence support for people receiving antiretroviral therapy.

This programme is an important test of the impact of CSS interventions, as its key activities and indicators are squarely focused on CSS, while the long-term impact will be seen in the health and well-being of a mobilized, skilled and organized civil society.

¹³ For more examples, see: Hoover J. *Civil society success on the ground: community systems strengthening and dual-track financing*. Geneva, International HIV/AIDS Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2008.

¹⁴ Analysis on community systems strengthening (CSS) Round 10 [slide presentation]. 1 February 2010.

Central American Network of People Living with HIV (REDCA+)

This Round 10 multicountry programme is focused on “increasing the technical and professional skills” of people living with HIV in seven Central American countries. The principle and logic behind this programme is that building skills and providing opportunities for those affected by the HIV epidemic to engage in community monitoring, advocacy and the response to stigma and discrimination will lead to an empowered and engaged community, which will ultimately lead to a more effective response to the epidemic.

To achieve these goals, the programme includes a focus on building the skills and capacity of community members. Indeed, more than 50% of the total budget is allocated to “support of the target population”, an important part of which is “investment in grants for academic training of people with HIV”. In addition, 17% of the budget is allocated for “training”, to build management, M&E and other skills among people living with HIV in the region.

In order to improve the impact of anti-stigma and anti-discrimination efforts, the programme includes the development of a People Living with HIV Stigma Index in all seven programme countries. People living with HIV will carry this study, and this will both build their skills and build their confidence and empower them to plan and conduct similar research and advocacy in the future.

The programme indicators reflect the importance of training and skill-building activities, including indicators such as “Number of people with HIV reached with project management training” and “Number of people with HIV who have been trained by the REDCA+ project and are designing or coordinating projects within their organizations, country project or REDCA+”. Although neither of these is a global Fund–designated CSS indicator, they are clearly measuring the strengthening of community members and organizations.

The Secretariat of Central American Social Integration (SISCA) is managing the grant, which has a five-year budget of US\$ 10.8 million. In accordance with Global Fund recommendations (note: this is now a requirement for Round 11), the grant has been consolidated with a previous Round 7 grant to the same organization, with three additional countries added to the current grant.

CSS for TB and HIV in Kenya

This national proposal from Kenya, approved in Round 9, includes a strong community strategy that seeks to strengthen the linkage between the public health care sector and the communities for improved TB and HIV prevention, diagnosis, treatment and care. The strategy includes rolling out activities led by 21 existing civil society organizations, focusing on intensifying TB case-finding and reducing TB transmission in the community through contact investigation and tracing of people who default from treatment. The strategy also aims to increase TB screening among people living with HIV in the HIV clinics, antiretroviral therapy clinics, sexually transmitted infection clinics, and voluntary counselling and testing centres, in close collaboration with the National AIDS Programme.

As part of this programme, existing community groups will be trained to assist in nutritional assessment for people with TB, home visits, social support throughout treatment and health education activities. The principal recipient is the African Medical and Research Foundation (AMREF). AMREF will ensure the quality of implementation by providing technical assistance through qualified consultants and staff, applying harmonized tools for technical capacity-building and strengthening organizational systems and providing supportive supervision during on-site visits. Emphasis will also be put on M&E through AMREF-led ongoing mentoring and review meetings with the National TB Programme and the CCM.

Round 10 Global Fund proposal from the former Yugoslav Republic of Macedonia

This Round 10 HIV grant was approved under the Targeted Funding Pool¹⁵ (funding pool for “most-at-risk populations”) and includes a strong CSS component and expanding the efforts of previous grants to build community-led interventions and systems. Most of the planned activities (more than 50% of the total budget) focus on outreach, harm reduction and other services (such as needle and syringe programmes) and other services for

¹⁵ From Round 10, the Global Fund introduced a Targeted Funding Pool for smaller HIV, TB or malaria proposals. These are limited to US\$ 5 million for the first two years and US\$ 12.5 million for five-year proposals. More information is available on the Global Fund web site: <http://www.theglobalfund.org/en/application/materials/documents/#disease>.

key populations at higher risk (including people who use drugs, sex workers and men who have sex with men), and NGOs will carry out the activities. The proposal has a total five-year budget of €9.4 million, 13% of which was proposed to be spent on CSS, and was approved with a grade “1” (the highest possible) rating by the Technical Review Panel.

Despite being implemented by a government principal recipient (the Ministry of Health), the proposal includes a stated goal of scaling back government domination of the HIV response in preference of a more “local response” to the epidemic. As part of this initiative, the plan will support community-level “HIV action plans” prepared by key stakeholders (CBOs, local authorities, media etc.), giving a stronger voice to communities and key affected populations.

The participation of civil society in programme implementation is clear and strong. The proposal lists 13 NGOs already identified to manage outreach, testing, counselling and needle and syringe services for key populations at higher risk (people who use drugs, sex workers and men who have sex with men). The need for more and stronger community services and organizations is a central theme, addressed through several strategies, including:

- increased funding for services provided by NGOs;
- expanded capacity-building initiatives for CBOs and NGOs;
- regular meetings of government and local stakeholders to discuss and modify programme implementation; and
- improved inclusion of community members in the governing bodies of the organizations delivering the key services in the country.

Finally, the proposal includes a series of “community-oriented interventions” for three key affected populations (people who use drugs, sex workers and men who have sex with men).

People who use drugs

The activities include collaboration between peer-led CBOs and NGOs to provide improved services for people who use drugs, including: a) establishing self-help groups and infoline counselling, c) improved mechanisms for delivering counselling services, treatment and harm reduction services, and d) strengthened psychosocial support within the drug substitution centres.

Sex workers

The activities for sex workers include establishing CBOs to provide services for hard-to-reach sex workers who work in “closed” scenes, such as client-escort services, hotels, casinos etc. To provide these services, core support will be provided to CBOs, along with training of peer outreach workers and counsellors. These trained staff members will provide a variety of services, including: infoline and peer counselling; promoting safer-sex activities, including distributing condoms and lubricants; and distributing information, education and communication materials. In addition, workshops will be held on topics such as advocacy, lobbying, sexual and domestic violence, human rights and community mobilization.

People living with HIV

Building on earlier Global Fund grants, this programme will strengthen the community approach (based on the principle of “Nothing for us, without us!”) by establishing a new CBO comprising people living with HIV, organization workshops on capacity-building, strategic planning, organizational development and management for groups of people living with HIV and supporting peer-led service delivery, including infoline and peer counselling. The programme will also conduct community-based research on assessing rights and needs, enabling people living with HIV to play the kind of “watchdog” role envisioned in the CSS framework.

SAMAN (South Asian MSM and AIDS Network)¹⁶

This multicountry proposal is a civil society–led initiative that aims to improve access to HIV services for men who have sex with men in the region by building the capacity of local groups of men who have sex with men to deliver services, undertake a range of policy, research and documentation activities and advocate for improved policy and

¹⁶ Best practice publication (in preparation). Bangkok, United Nations Development Programme Regional Centre in Asia and the Pacific.

social environments for men who have sex with men. The programme will create a regional resource centre to provide ongoing support and facilitate regional coordination across South Asia on men who have sex with men and HIV issues. Naz Foundation International, one of the subrecipients implementing the project, is taking the lead in 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 groups of men who have sex with men. In two countries facing particularly serious stigma against men who have sex with men (Afghanistan and Pakistan), the project will support the development of local community-based organizations providing services to men who have sex with men. The proposal was approved in Round 9, and the principal recipient is Population Services International Nepal.

3. PROCESS OF INCLUDING COMMUNITY SYSTEMS STRENGTHENING IN GLOBAL FUND PROPOSALS

Roadmap: including community systems strengthening in a Global Fund proposal

Before a Global Fund proposal is planned including CSS, taking a step back and considering the key tasks involved is useful. Effectively developing a strong CSS proposal probably requires five main steps of activity, all of which require strong participation of community members and groups to be effective.

- 1) **Assess the needs and capacities of communities.** The fundamental design of the CSS plan must be based on thorough assessment and analysis of the gaps, needs, capacity and existing systems in the community.
- 2) **Involve communities in planning and designing CSS activities.** Such an assessment should include in-depth discussions and consultations with a range of community members (including key affected populations), CBOs and other community actors to ensure that the planning and design accurately reflect the needs and priorities of community groups and members.
- 3) **Build a broad agreement on what types of CSS activities are needed and who is best placed to implement the activities.** This process should include many partners and partner organizations, including CBOs, NGOs, government agencies, United Nations agencies and other relevant partner agencies. Because technical assistance, technical support and capacity-building are already elements in most development proposals, building consensus about what gaps exist in existing programming and how CSS activities will fill those gaps is essential.
- 4) **Design and submit a package of strong CSS activities and submit this to the CCM for inclusion in the Global Fund proposal.** This step will include support for community groups and 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.
- 5) **Advocate for the inclusion of CSS activities and indicators in the overall proposal.** This advocacy should especially involve the CCM and the national AIDS council (and this step may have to be initiated at an early phase).

In addition to these five steps, there is another critical element: key community actors (CBOs, NGOs, networks and individual activists) need to be engaged and supported during the process. This sort of ongoing support and assistance, including both technical support and direct funding for community-based organizations and other community actors to participate in planning, reviewing and drafting the proposal, is critical to the success of the entire process. Unless communities remain engaged, CSS is often overlooked or scaled back during later stages of proposal development, M&E planning or grant negotiations. Global Fund, the United Nations and other international partners should ensure that community support continues all the way until the grant is signed, to prevent this sort of backsliding.



1. Assess needs and capacity of community and community groups

Before a proposal can be developed, a thorough assessment of the needs and capacity of community groups should be completed. Key stakeholders and partners must fully understand the service delivery environment – 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, if one exists. Such an assessment is necessary to identify the conditions of health and community systems, both of which must be described in the Global Fund proposal form. It is important that assessments be conducted in a fully participatory manner, to ensure that the community members not being reached by services are included.

The following are some options for different types 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. Several tools already exist for needs assessment and analysing the capacity of CBOs and NGOs, some of which are listed in Annex 4.

A. CSS – rapid assessment. Rapid assessment relies on existing baseline data, mappings and databases of community-level interventions. It can involve disseminating and analysing 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 groups at higher risk 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, conducting in-depth mapping of community-level interventions and partnerships is essential. 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. Because of the often resource-intensive nature, in-depth mapping 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 combines the three options listed above. It is required in settings or countries in which either a country has only recently began to give priority to HIV interventions or where community-level organizations and civil society have limited voice or recognition from formal health systems or the government. This kind of comprehensive assessment is necessary when limited data on civil society exist and when considerable outreach is being conducted under the radar of the formal public 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.

Assessment models and methods

Before deciding which model of community-level assessment to undertake, a range of factors should be considered, 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:

- **Which round?** For which Global Fund round do they seek to submit a proposal: Round 11 or a later round?
- **How much time?** How much time is available before proposal development begins? Before the proposal deadline? How much time is the CCM allotting to preparing the proposal? Is a proposal drafting plan and schedule in place already?

- **Budget?** Although CCMs should not determine budgets before a programme is thoroughly planned, the reality is that many do. It is important to know whether the CCM intends to budget resources for CSS activities, and if so, what is the approximate level of funding planned?
- **Who and what is given priority?** Which populations are being given priority? Which diseases (HIV alone, HIV and TB, etc.) are the focus for the country? Will there be a cross-cutting component between health system strengthening and CSS? Is this part of the national strategy, or how was it decided?
- **The implementation model?** What is the planned CSS implementation model? 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?
- **Baseline information?** What baseline data and research already exist: that is, when did the last mapping take place and where are the information gaps to be filled?
- **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?

2. Design CSS plan in consultation with communities

The design of the CSS plan to be included in a Global Fund proposal should be done in close consultation with community members and groups. Communities (including CBOs, larger NGOs and individuals) are key HIV advocates, and play a critical role in disseminating information, assessing the effects of policies and programmes and 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 and 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 United Nations 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 for strengthening community systems and to use that understanding to engage with these processes.

To this end, several things 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).
- Civil society representatives on the CCM should initiate community consultations and document community input on the need for CSS. Community members can also initiate such discussions with their CCM representatives.
- 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, developing a Global Fund proposal, which is a complex process).
- CCM and other bodies should ensure that community members are invited to join technical working groups (such as CCM working 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 design of the Global Fund proposal.

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 links already exist between organizations? Perhaps most importantly, what does the community itself think its priorities and needs are?

Considerable guidance is available on how to conduct community consultations and what exactly an organizational profile should include. Many examples of sources are available at <http://www.angelfire.com/home/consultation/firstpage/consultationlinks.htm>.

The most important aspect to keep in mind in 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.¹⁷

Annex 1 provides specific guidance on conducting consultations with CBOs.

If strong baseline information on local organizations and their activities does not already exist, gathering organizational profiles in which organizations provide detailed information about themselves is important. 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 of updating community-level databases and identifying common capacity gaps and constraints (see Annex 3 for an organizational profile template).

Do’s and don’ts for community consultation and engagement

The following is a list of suggested do’s 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;
- conduct thorough 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;

¹⁷ The following guidance is based on existing capacity-assessment tools currently being used by partners to work better with CBOs, NGOs and civil society organizations.

- keep a database of CBOs 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;
- clearly explain to participants how their input might be used and that not all suggestions can be included in the final plan (to prevent false expectations); and
- thank participants for their time.

Don't...

- rely solely on e-mail to contact CBO;
- hold meetings in locations that may create tensions or give the appearance of favouritism;
- invite participants from sectors that could affect an individual's or organization's willingness to speak freely, such as government officials or donors known to have poor relations with community groups;
- rush the consultation; allow plenty of time and opportunities for feedback; and
- show preference for one organization or network (such as a network of key affected populations) over another.

3. Build broad agreement on CSS activities and implementation strategies

To ensure that the realities, needs, and barriers facing community-level interventions are understood and addressed, multiple stakeholders and partners need to be broadly involved, with a clear consensus on priorities and strategies, to build a strong and effective CSS proposal. Ideally, all of the following groups and agencies should be involved in the process:

national, regional and international networks of people living with and affected by HIV, TB and malaria and networks of key affected populations;

- national and international civil society organizations, including NGOs, CBOs, faith-based organizations 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;¹⁸
- the private sector (where relevant);
- bilateral and multilateral organizations and donors; and
- United Nations and other technical partners, including the UNAIDS Secretariat and Cosponsors and other Global Fund partners.

How various organizations are involved depends on the specific conditions in each country or region, the abilities of 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.

¹⁸ The UNAIDS Programme Coordinating Board 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.”

4. Submit Package of CSS Activities to CCM for inclusion in GF proposal

During the preparation of a Global Fund proposal, each national (or regional) CCM will establish a process for including proposals, submissions, or suggestions from various stakeholders, to be included in the final national (or regional) proposal. Once a CSS strategy and plan is prepared, it is essential to submit it to the CCM or proposal development body (in some cases this is a “proposal writing group” or a “working group” of the CCM). There is usually a set deadline and other requirements, and CCMs are required by the Global Fund to show that they have considered and incorporated appropriate submissions during the proposal development stage.

5. Advocate for CSS Inclusion, especially with CCM, national AIDS commission, etc

In addition to formally submitting the CSS plan to the writing team or CCM, both internal and external advocacy targeting key CCM members and other decision-makers is important to ensure a critical mass of support for incorporating CSS activities into the Global Fund proposal. Civil society members and their allies have used several strategies to achieve this:

- use their membership and relationship to the CCM and national AIDS council to give guidance on CSS and 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 populations at higher risk 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 United Nations or bilateral agencies) should support those stakeholders with less influence or power (such as civil society representatives on CCMs);
- articulate the advantage of the government 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 giving priority to 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 in consulting with their constituencies and present the results of this to the CCM (and relevant working groups or proposal development teams);¹⁹
- 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 international NGOs.

Providing support – the role of technical support providers

As discussed above, bringing civil society stakeholders together often requires significant amounts of time and resources – such as meeting with members outside major urban areas, funding a meeting place transporting participants and for facilitators to run these sessions.

¹⁹ See the example from China later in this document.

United Nations organizations and larger and better funded NGOs, including international NGOs, 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 including 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 the technical support needs of community groups, and will inherently help community groups to build their capacity in areas such as project planning, strategic planning, budget planning and M&E. In many cases, securing support for these activities is not difficult, for example through the 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 that sufficient funds are identified (see Annex 4 for a list of partners providing this support). The proposal drafting process will also serve to better identify the technical support needs of community groups, and will inherently help community groups to build their capacity in areas such as project planning, strategic planning, budget planning and M&E. In many cases, securing support for these activities is not difficult, for example through the 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 that sufficient funds are identified (see Annex 4 for a list of partners providing this support).

Case study: community advocacy for community systems strengthening in China²⁰

During China's development of a Rolling Continuation Channel²¹ proposal in late 2008, CBOs and civil society members of the CCM made an unprecedented effort to advocate for including CSS in the proposal. The process had four main stages.

Initial discussions with key stakeholders. With support from UNAIDS, the Technical Support Facility and the Civil Society Action Team, 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 e-mail). A consensus was reached developing a CSS strategy and submitting a concept note to the CCM for inclusion in the RCC proposal was urgently needed.

Advocacy and lobbying of CCM and writing team members. Representatives of NGOs and affected populations 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 groups, with support from UNAIDS and other partners, worked to prepare a strong message for CCM members.

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 or stipends, communication, etc.) and not just funds for implementing activities and delivering services.
- Training and support for CBO and NGOs needs to be refocused on building skills that will both produce results (coverage, etc.) and build sustainable, functioning organizations.
- Community advisory groups are needed and better community representative bodies needed to be developed at both the national and provincial levels.

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

²⁰ *Global Fund Community System Strengthening Integration Project, Asia*. CSAT, 2009.

²¹ Note that the Global Fund will probably discontinue the rolling continuation channel in the near future, although this does not affect the relevance of this example on CSS planning or activities.

Barriers. Barriers identified by the civil society questionnaire included:

- lack of support on overhead and human resources for small community organizations;
- capacity-building and training: low relevance, very few opportunities, narrowly aimed for Global Fund work while ignoring the organizational development of civil society organizations;
- lack of effective and transparent communication channels and structures for civil society organizations;
- few community organizations among sub-subrecipients, as most were government-organized NGOs; and
- poor communication skills and understanding of the Global Fund in China among civil society organizations.

The recommended solution was that the proposed RCC include the following CSS interventions:

- funds for core support, specifically overhead and human resources costs;
- long-term capacity-building efforts;
- improving the communication and management structure (especially on financial management); and
- improving performance monitoring and evaluation system for all sub-subrecipients.

Results: CSS proposal

Finally, based on these results, a 14-page CSS concept note was prepared and submitted to the RCC writing team. Civil society and external consultants participating in the writing process (supported by UNAIDS and the Technical Support Facility) ensured that the CSS component was integrated into objective 1 of the RCC entitled 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 mentioned, although it remains to be seen how this will be implemented.

Although the budget for the CSS section was only US\$ 1.76 million (compared with the total funding request of US\$ 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.

Post-proposal pitfall: implementation oversight

After the Global Fund approved and funded the RCC proposal, a nearly one-year process of “grant negotiation” began, during which time the detailed implementation work plan for the first two years of the grant was drafted and the final grant agreement with the Global Fund was signed. Unfortunately, during this process there was limited engagement with or involvement of civil society groups or representatives, and many of the CSS elements in the original proposal did not emerge in a form that satisfied community members. In particular, the mechanisms for community involvement in programme management or oversight of programme implementation did not materialize as anticipated (by community members), and the first year of grant implementation saw many problems with community and CBO engagement. The lesson from this process is clear: community engagement is essential not only during grant planning and writing but also during the final grant negotiation process, as this will determine the final work plan, indicators and other critical details of the final programme. ²²

²² Also see “Roadmap: including CSS in a Global Fund proposal” earlier in this document.

4. GLOBAL FUND PROPOSAL FORM AND GUIDELINES (ROUND 11)

The Global Fund launched Round 11 on 15 August 2011, with proposals due on 15 December 2011. Round 11 introduces a new grant architecture to Global Fund grants, the core feature of which is a single stream of funding, which in essence means that each principal recipient can only have one funding agreement at a given time, with future grants being included as revisions or amendments to that agreement. The requirement that all previous grants to the same principal recipient (for the same disease) be combined into a single stream complicates the initial planning and proposal design but will presumably simplify the implementation of what would otherwise be multiple grants with overlapping monitoring and reporting requirements.

The structure of the proposal forms has also been changed significantly, which will require CCMs and proposal writing teams to retool very quickly. The Global Fund proposal form and guidelines are lengthy and require CCMs to provide a significant amount of background and disease-specific information. Given the limited amount of time, potential applicants (CCMs in most cases) have no time to waste.

In addition, the Global Fund's Technical Review Panel – the independent body responsible for evaluating and approving proposals – is increasingly strict in verifying that proposed activities and budgets adhere to Global Fund requirements around issues such as community participation in developing proposals, equity, sexual orientation and gender, principles of human rights, CSS and other international best practice standards. The Technical Review Panel continues to demand that activities be able to be linked to clearly measurable health outcomes, in accordance with the Global Fund's performance-based principle.

Process of developing a proposal

As discussed above, the process of developing a proposal is extremely important. All relevant stakeholders should collaborate closely during the entire proposal development process. Proposals including CSS activities often include a team of community members to prepare a separate CSS proposal that is later 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 incorporated during the final CCM review and approval process. No matter what structure is adopted, key community stakeholders involved in this process, including CCM members, should:

- create an enabling environment for the participation of all stakeholders, with representation of the different stakeholders involved in the national response, particularly the populations at higher risk;
- 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, TB, malaria or health system strengthening);
- 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;²³
- gather together all relevant experts, stakeholders and sectors and determine a system by which each can engage in developing proposals (through a proposal development committee, technical working groups or organized consultations).

²³ Global Fund fact sheets cover many themes, including: CSS, dual-track financing, health systems strengthening, most-at-risk populations, preventing mother-to-child transmission and sexual orientation and gender. They are available online at: <http://www.theglobalfund.org/en/application/infonotes>.

The case studies in the box (called country A and country B for convenience) illustrate the comprehensive processes two countries used to develop their Round 8 proposal submissions, each of which included strong CSS elements and proposed activities.²⁴

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 while drafting the initial proposal. Then, before submitting 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 on CSS was formed. The working group was made up of a range of stakeholders from various 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 subrecipients.
- 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 before the proposal Round is launched. 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 before Round 8 was launched, Country B carried out extensive mapping of 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 higher risk.
 - The goal of the proposal was very clearly defined 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 large NGO to act as a principal recipient to be mainly responsible for carrying out CSS activities, while the government sector would be responsible for health system strengthening.
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²⁴ 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.

The proposal form

As mentioned above, the proposal form for Round 11 has been substantially changed from earlier rounds, reflecting the new grant architecture. In addition to simplifying some of the background information required, the Global Fund now provides applicants with a customized proposal form, downloadable from the Global Fund web site. This package will include what is called an applicant disease profile, which includes financial and programmatic information for each disease for which an applicant has existing grants. This applicant disease profile can be used as a reference document during the proposal process.

However, these changes do not substantially change the opportunities to include CSS rationale and activities in all Global Fund proposals.

Unlike health system strengthening, which has its own dedicated proposal form, CSS has been mainstreamed and should (where appropriate) be included throughout the proposal. This includes clearly describing CSS activities and including dedicated budgets and indicators for monitoring and evaluating the impact of those activities. CSS can be included either as part of a health system strengthening proposal, a Targeted Funding Pool proposal,²⁵ or a national or multicountry disease-specific proposal. Given this complexity, it is extremely important to review both the proposal form and the proposal guidelines before jumping into the proposal writing process, to prepare a clear explanation of where and how CSS will be included in the proposal. For community groups or networks, this argument will be critical to convincing more reluctant CCM members to include a strong CSS component in the final proposal.

Note that the proposal guidelines for Round 11²⁶ include a strong and detailed recommendation for including CSS in the proposal, something missing from previous rounds. This can and should also be used to advocate for CSS inclusion.

Sections of the proposal form where community systems strengthening can be highlighted

Section 3.1. Disease programme

This section asks for a comprehensive overview and analysis of the current disease control plans and strategies, including community-level plans and strategies, and how these will lead to improved health results and disease control. Although most of this section will probably focus on epidemiology and the national AIDS (TB or malaria) plan, it is important to clearly describe where community groups and networks fit into the larger plan and why community actors such as these need support and strengthening to improve outcomes.

Section 3.2. Major constraints and gaps

This section provides the opportunity to highlight the lack of CSS programming overall as well as gaps in community capacity or systems, especially those that the current proposal will address.

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 government and nongovernmental organizations; and
- lack of a coordinated response between health workers and community outreach workers.

²⁵ Applications to the Targeted Funding Pool can have a maximum two-year budget of US\$ 5 million with a maximum of US\$ 12.5 million for the full five-year proposal. For more details, see Information note on eligibility, counterpart financing and prioritization: <http://www.theglobalfund.org/en/application/infonotes>.

²⁶ <http://www.theglobalfund.org/en/application/materials/documents>

If there are existing analyses of health and community system weaknesses and gaps, or of relevant needs, these can be presented here. In addition, any current efforts to respond to these gaps should be described.

For disease-specific (HIV or HIV and TB) proposals, this section can describe:

- the main weaknesses in the implementation of current HIV strategies;
- existing gaps and inequities in the delivery of services to priority populations; and
- how these weaknesses affect achievement of planned national HIV outcomes.

As health systems strengthening is closely linked with CSS, it would be wise to outline potential gaps in the health system that strengthened community interventions and groups could address or fill. For example:

- insufficient numbers of trained health workers for outreach to underserved communities; and
- insufficient numbers of trained health workers to serve as treatment counsellors for people living with HIV on antiretroviral therapy.

As funding gaps are usually an important barrier to effective community strengthening, details of CSS-specific funding gaps can be included in this section. When CSS activities are being described, wherever possible complete the budget section using the Fund's cost categories. For example, the cost of a community-led "treatment education and access campaign" intervention may be broken into the following activities and cost categories.

Description	Possible Global Fund cost category
Community treatment activists	Human resources
Travel to a community consultation	Planning and administration
Short-term consultant	Technical assistance
Database design and training	M&E
Moped for a peer educator	Infrastructure and other equipment

Section 3.5. Round 11 priority interventions

This section requires the country to identify its main intervention strategies, presumably derived from the above gap analysis for addressing HIV, TB and/or malaria. If strengthening community systems (and community groups) is one of the proposal's priorities, specific interventions should be explained and incorporated into this section.

Section 4.2. Executive summary of Round 11 proposal

This section should include a clear description of how the proposed CSS activities will improve the national (or regional) response to the disease and improve health outcomes for key affected populations. If CSS is a priority area for the proposal, a strong vision should be included of how the proposal will strengthen civil society, mobilize community members and strengthen community-level health systems. Activities, SDAs and anticipated outcomes should be drafted with reference to the 10 CSS SDAs in the CSS framework.

If CSS activities link to broader development goals (such as Millennium Development Goals and poverty reduction), these should be clearly explained here. CSS can be mentioned as a fundamental strategy to strengthen the capacity of CBOs and NGOs and a means of improving health outcomes. As such, it is very important here to describe clearly how investment in CSS will contribute to improved and sustainable HIV outcomes.

Section 4.3a. Log frame

The required log frame should include a coherent explanation of any CSS intervention, including clear links between assessments of gaps and needs, planned interventions and proposed budgets for all CSS activities.

Section 4.3b. Narrative description

If CSS is a part of the proposal, it will need to be thoroughly described here, with reference to the CSS framework, relevant SDAs and identified CSS activities. This section will require analysing:

- the link between CSS interventions and the gaps or weaknesses identified in section 3.2;
- community-led activities in existing grants that are being integrated into the current proposal;

- links or synergies between CSS activities and health system strengthening activities;
- participation and targeting of specific populations in CSS activities (such as strengthening of networks of people living with HIV) and the logic behind this targeting (link to section 3.3); and
- designated implementing agencies or groups or CSS activities, with a clear description of any training or capacity-building activities, including models or experiences that will be incorporated into the current plan.

Section 4.5. Strengthening implementation capacity

This section is critical to most proposals including CSS, as strengthening the capacity of community-level groups (CBOs, NGOs and local networks) will probably be a central part of most CSS plans.

The proposed technical assistance plan should be designed based on a clear explanation of gaps and needs within community actors (primarily CBOs and NGOs) and, ideally, in close consultation with community members. The notes of any relevant meetings or assessment reports can be attached as an annex to the proposal.

Any technical assistance plan should also be sure to consider both individual groups (such as CBOs and NGOs) and the overall system or structure in which such groups work. An effective CSS plan will improve both the capacity of such groups and the policy or political environment in which they are working, to maximize their impact.

CSS implementation strategies to be used by principal recipients, subrecipients and sub-subrecipients can all be discussed here, with a description of how capacity gaps will be filled based on the technical assistance plan. It would also be useful to indicate the relative proportion of work to be undertaken by the subrecipients and to highlight what their management and technical skills needs are. If there is a nongovernmental principal recipient, it is important to highlight how that might strengthen the impact of the CSS activities. In summary, this section should include:

- the technical support needs of all implementing agents: principal recipients, subrecipients and sub-subrecipients;
- an analysis of the system in which community-level implementers currently function;
- description of the process used to identify technical assistance needs;
- an explanation of the requested technical assistance budget, with justification if it is above the indicative range;
- details of the plan for strengthening the implementation capacity (filling gaps) of principal recipients, subrecipients and sub-subrecipients;
- explanation of how the "community system" will be strengthened; and
- description of CSS strategies and plans for improving coordination between implementers.

Section 4.7. Addressing links with a cross-cutting health system strengthening funding request

CSS programming that affects 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 system strengthening proposal. However, it is essential to explain here how the CSS interventions contained in the disease-specific proposal complement rather than duplicate related or linked activities in the health system strengthening proposal.

Ideally, specific examples of complementary activities and synergies can be identified, such as CBOs being mobilized and strengthened to provide outreach and counselling services that link to health system service delivery or CBO-led documentation and advocacy (for example, of stock-outs of antiretroviral medicines) that can link to improved strategic planning and pharmaceutical management within a health system strengthening proposal.

Section 5.1. Performance framework

It is important to follow through and include appropriate indicators for whatever CSS activities are in the final performance framework, to ensure that they are fully implemented and linked to outcomes and effects. Community members on the writing team and CCM can play a critical role in this process and in helping decide which CSS indicators are relevant and appropriate for the local context.

Additional resources include:

- Global Fund M&E toolkit: (<http://www.theglobalfund.org/en/me/documents/toolkit>); and
- 2011 CSS framework, August 2011 (<http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=5485>).

Section 5.2a. Impact and outcome measurement

If documentation and M&E activities are included as part of CSS interventions, these can form an important part of the planned monitoring of impact and outcomes of the grant. All relevant community-led surveys, studies, or other documentation activities should be included, and their anticipated impact explained, in Table 5.2a.

Section 5.2b. Programme evaluations

The participation of people living with and affected by HIV, TB and malaria in regular programme evaluations should be highlighted in this section as well as the key role played by both CBOs and civil society members in planning and conducting programme evaluations. If any special consultative or oversight structures are planned to ensure strong community participation, these should be introduced here.

Sections 5.3. Links with national M&E system

Although perfect harmonization between community and national data collection systems may not be possible in even the medium term, creating links and coordination between the national M&E system and community-level (CBO and NGO) M&E systems is essential, and indeed is included as an objective of the *CSS framework*. As part of this explanation, several topics can be mentioned:

- describe any planned links between CBO- and NGO-led activities and the national M&E system;
- describe plans to target CBO- and NGO-led data collection and analysis, including training and other forms of support (support such as computers or computer software to unify M&E systems); and
- specific strategies (above and beyond training) to ensure improved collection of community-level data.

This section also provides an opportunity to address some of the strengths and weaknesses of existing M&E systems and to argue (where appropriate) that improving community systems and coordination between health systems and community groups will strengthen both the quality (reliability) and quantity (breadth) of information used to measure the impact of the disease response.

Section 5.4. Strengthening M&E systems

Ensure that adequate funding is allocated to build the capacity of the community-level data collection, analysis and reporting capacity. Also note that these abilities – included as a core component of CSS – are extremely important for the growth of strong community groups, adding to their ability to plan and implement their own programming in the long-term, and thus have additional “value for money” for the national disease response.

Section 6.1. Management of pharmaceutical and health product activities

If community-based organizations are involved in procuring or managing pharmaceuticals and/or other health products and if the proposal includes strengthening of their management, distribution or monitoring capacity, include a description of that CSS activity here. Although this may not be relevant in some countries, in others this is an opportunity to address inherent weaknesses in the supply chain, creating huge efficiency and adding value to the CSS activities. Section 6.1c in particular should include a discussion of this added value and the possible role played by CBOs and NGOs in improving the supply of medicines.

Activities included in this section need not be limited to drug procurement and management alone. If patent barriers are creating stock-outs, for example, community-level patient groups can play a role in monitoring supply gaps, ensuring adherence and proper use of medicines, forecasting demand and advocating for improved intellectual property regimes.

Section 7.5. Detailed budget and work plan and section 7.6. Summary and incremental request tables

In this section, the CSS budget should be clearly labelled and, if necessary, explained. For example, if historical funding for CBOs has been extremely low, the CSS budget may appear to be unusually high. If there are great capacity needs, the training budget might appear unusually high. In such cases, a clear rationale should be presented.

Sections 7.7. Human resources and section 7.8. Overhead costs

This section will likely be challenging for smaller CBOs and NGOs, as unlike governments and larger international NGOs, smaller groups usually lack “standard salary frameworks” and similar guidelines. Overhead and staff costs for civil society organizations funded by the grant should, if possible, be based on existing standards used for comparable organizations or in similar contexts, for similar skill sets.

It will also be important to describe how CSS-related activities offer good value for money. Strong arguments can be made that CBOs and community-based initiatives are much less expensive than government-led activities (because of lower overhead, even if they require more grant money) and that they can improve health outcomes by filling gaps in the existing health system. This argument should be substantiated though solid evidence and explanation of local gaps and needs.

Section 8.1. Principal recipients

If there is a proposed civil society principal recipient, then any CSS activities that aim to strengthen that group's institutional, managerial, or implementation-related capacity should be introduced here. Any gaps identified by principal recipient assessment exercises, along with measures to fill these gaps, should be included. Innovative solutions to any aspect of programme management should be highlighted.

Section 8.2. Subrecipients

Program subrecipients are the most likely to be recipients of systematic capacity support, technical assistance and other CSS interventions. They will most likely also be implementers of CSS activities, including key activities such as documentation, advocacy and M&E system strengthening. All such planned activities, along with past experiences, anticipated challenges and plans to overcome these challenges should be introduced here.

The *CSS framework* introduces some possible activities under “organizational and leadership strengthening”, such as CBO mentorship programmes, coordination meetings between local or national NGOs and government, community-led documentation workshops and advocacy training for local activists, all of which could be relevant to this section.

Section 8.3. Coordination between or among implementers

Coordination between programme implementers is an often-overlooked barrier and can affect everything from effective service delivery to antiretroviral medicine adherence to drug supply-chain management. CSS explicitly includes improved coordination between both government and nongovernmental actors working at the community level and could include activities such as joint reviews, M&E committees, workshops and training on integrated continuum of service.

This section should clearly introduce gaps and weaknesses in coordination, followed by proposed solutions. Where possible, direct reference can be made to relevant CSS indicators included in the proposed performance framework.

Proposal guidelines and other documentation

The Global Fund provides several guidance documents for each round of funding, and regarding specific issues such as TB and HIV, harm reduction, CSS and value for money. These documents for Round 11 are all available at the Global Fund web site.²⁷

Monitoring and evaluation and community systems strengthening indicators

The Global Fund is a performance-based funding mechanism and demands strict measurement and reporting of programme activities, output and impact. If a proposal can show that it will lead to strong health effects – such as preventing people from acquiring infection or saving the lives of people already infected by making effective treatment available – its chances of being approved will increase dramatically. Unfortunately, the outcomes or impact of CSS are by nature more difficult to measure with clear, quantitative indicators. How does one quantify the engagement and increased capacity of CBO staff or community members and link that directly to improved health outcomes? There may be a link, but how does one set a two- or five-year target with clear indicators, as the Global Fund requires?

To help solve this problem, the Global Fund M&E department has provided a set of 29 recommended indicators (see the table below) for use in CSS proposals, including 10 core indicators and another 19

²⁷ Global Fund fact sheets [web site]. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011 (<http://www.theglobalfund.org/en/application/infonotes> or see Annex 4 for more details).

additional indicators for CSS. Each indicator is accompanied by a detailed explanation and definition, including practical advice on using the indicator, limitations, etc. It has also spelled out a new 12-step process for developing CSS interventions (see box). This is all included as part of an updated *2011 CSS framework*.

New and revised community systems strengthening indicators for Round 11

According to an analysis by the Global Fund, 49% of Round 10 proposals (and 44% of those recommended for funding) included CSS activities. However, relatively few included any of the designated CSS indicators in their M&E frameworks: only 9% did so, with others including adapted or completely different indicators. In addition, some proposals mentioned CSS activities but had no corresponding indicator to measure these activities in their performance frameworks.

In a continued effort to make the CSS indicators more practical and relevant to grant applicants, a Technical Working Group including a range of multilateral and bilateral agencies, civil society and other partners met in early 2011 to revise the indicators. As a result, the set grew from 27 to 29 indicators, with 10 selected as core indicators. In all, three of the previous indicators were eliminated and five new indicators were added. Many other indicators were revised for clarity or adjusted based on the Technical Working Group's recommendations. The new indicators included the following:

Service delivery area	New indicators
SDA 1: Monitoring and documentation of community and government interventions	Number of community-based organisations and/or networks that have documented and publicized barriers to equitable access to health services and/or implementation of national HIV, TB, malaria and immunization programming during the last 12 months (1.2)
SDA 2: Advocacy, communication and social mobilization	Number of community-led advocacy campaigns that saw a targeted policy change or can clearly document improved implementation of an existing (targeted) policy within two years of the start of the advocacy campaign (2.1)
SDA 7: Community-based activities and services – delivery, use and quality	Number and percentage of community-based organizations that deliver services for HIV, TB, malaria or immunization according to national or international accepted service delivery standards (7.1) Number and percentage of community-based organizations that implemented activities contributing to the national disease strategic plan as documented by their plans and reports to the national designated entity (7.2)
SDA 10: Strategic planning	Number and percentage of community-based organizations that are implementing a budgeted annual work plan (10.2)

Although these revisions may not appear radical, anyone who has been involved with community mobilization or advocacy campaigning will recognize indicators 1.2 and 2.1 as important additions. They represent crucial measures of the ability of community-level organizations and networks of key affected populations (for example, people living with HIV) to play the kind of watchdog role described in the *2011 CSS framework*. Indicator 7.1 measures the number of CBOs actually delivering high-quality services, and indicator 7.2 is an important measure of the functional links between community-level CBO activities and the national disease control plan, which directly reflects the efficiency of the community system.

Using these indicators to design a CSS proposal (or the CSS activities within a national or multicountry proposal) requires understanding a few things about them.

First, the framework emphasizes that these 29 indicators are mostly work in progress and that only five of these are known to be currently in use. They have been evaluated and are recommended, but even the Global Fund is not sure whether they will be effective measures of programme results. Thus, Round 11 will be an opportunity to field test them, and adjustments will be made to future CSS indicator lists based on the experiences of the programmes using this first set of CSS indicators. Consider the *CSS 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.²⁸ As mentioned in the background section, CSS cannot stand on its own, as CBOs and other community actors supported through CSS activities should also be supported to deliver services. Similarly, service delivery (such as condom distribution and needle and syringe programmes) should not be measured by CSS indicators but by service delivery indicators. Only having both types of activity will achieve the improvement of efficiency and health benefits at the community level. And only having both types of indicators will enable the clear link between CSS activities and improved services at the community level to be shown.

Third, as the Global Fund focuses on outcomes and impact (such as number of lives saved and numbers of people who avoid becoming infected) and as CSS indicators are mostly focused on processes and output (such as the number of staff trained, the number of advocacy campaigns launched and the number of CBOs providing services or conducting activities), specifying the link between disease-specific impact indicators and CSS activities is important. For example, if CBOs are providing drug adherence counselling, these activities can be linked to an improved survival rate (because of better adherence) among people receiving antiretroviral therapy. In the long term, both monitoring (of processes and output) and evaluation (of impact and outcomes) should be considered when designing an M&E system.

Fourth, although most of the CSS indicators refer to community-based organizations, it is important to understand that a broad range of other organizations are involved in CSS activities at the community level. In the final M&E plan, CSS indicators should be adjusted to include different types of organizations that are included in specific community-level programming.²⁹

Fifth, most applicants are recommended to choose a limited number of indicators for CSS interventions. An entire proposal will typically have only about 15 indicators, including disease-specific impact indicators, service delivery indicators and CSS indicators. If CSS is only one part of a disease-specific proposal, it will probably only include 4–6 CSS indicators.³⁰

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 preapproved by the Global Fund should try to ensure their indicators meet the following UNAIDS Monitoring & Evaluation Reference Group indicator standards.³¹

²⁸ These can be found in the Global Fund M&E toolkit at <http://www.theglobalfund.org/en/me/documents>. The M&E Toolkit is being updated, and a new version will be available online by October 2011.

²⁹ *2010 CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:43.

³⁰ *2010 CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:34.

³¹ UNAIDS MERG indicator standards: operational guidelines for selecting indicators for the HIV response indicator. (http://www.globalhivmeinfo.org/AgencySites/MERG%20Resources/MERG%20Indicator%20Standards_Operational%20Guidelines.pdf),

The indicator is needed and useful.

- The indicator has technical merit.
- The indicator is fully defined.
- Collecting and analysing data for this indicator is feasible.
- The indicator has been field-tested or used in practice.

See Annex 6 for a full list of 10 SDAs and 29 recommended CSS indicators. The *CSS framework* includes 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.

Recognizing the confusion that often accompanies M&E planning, the Global Fund has designed a 12-step process to develop a CSS programme, strongly emphasizing assessing the needs and gaps within the community (during programme design) and measuring the results and outcomes of programme implementation.

The Global Fund's 12-step process for developing CSS interventions, including M&E³²

1. Define where CSS interventions are required to successfully implement the health sector plans and specific disease programmes.
 2. Conduct a needs assessment to determine the strengths and weaknesses of the community system in the targeted area(s).
 3. Based on the expected results, define clear and achievable objectives.
 4. Determine the SDAs in which strengthening interventions are required.
 5. For each of the selected SDAs, agree on the most appropriate CSS interventions.
 6. Select a number of CSS indicators and modify as needed to fit with the specific country context.
 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.
 8. Ensure that M&E for CSS is integrated into the national reporting system.
 9. Reach an agreement on roles and responsibilities of the various stakeholders involved.
 10. Develop harmonized data collection methods and formats.
 11. Reach agreement on arrangements for regular supervision and feedback.
 12. Set an agenda for joint programme review and evaluation.
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³² 2010 *CSS framework*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010:32.

Annex 1. Guidance for conducting community consultations

Step 1: Consider what you know

- What information exists already on community-level interventions taking place?
- What contacts or organizational databases have been used in the past?³³
- How extensive is the package of CSS activities for which the CCM seeks to submit a proposal?
- Is CSS intended to address a general or concentrated epidemic? And if concentrated, which groups at higher risk?

Step 2: Decide the size of the consultation

- Consider your budget. The 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, semiurban or rural meetings; one large meeting in an urban area for which you reimburse the transport costs of participants travelling from semiurban 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 with which you are not familiar; work with partners to learn of other organizations and their activities.
- Reach out and consult with key affected populations to ensure that you organize meetings where they can voice their concerns.
- 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 with which community members are familiar and that 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 with which you hope to meet.
- Send invitations through a range of media: printed invitations sent by post, electronic invitations sent by e-mail and posted on a community or partner web site and invitations 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

- One individual, organization or partner should be 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 5: Organizing the consultation

- Consider whether or not you want to have many different kinds of organizations in one meeting or whether the meeting should be organized to include similar types and kinds of organizations. Groupings could include, for example:
 - larger NGOs together;
 - thematic areas for key affected populations – such as sex workers or people who inject drugs – together;
 - care and support organizations or organizations providing prevention and treatment together; and
 - faith-based organizations.

³³ 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 6: Go prepared

Whether you or the facilitator are organizing and conducting the consultation, it is important that the key content questions be prepared beforehand, that an agenda be developed (see Annex 2 for draft agenda) and disseminated in advance and that the meeting use 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 on 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 given priority.

Step 7: During the meeting

While the meeting is taking place, you should:

- explain clearly and thoroughly to participants the purpose of the meeting and the agenda;
- ask whether 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: 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 8: After the meeting

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 the communities believed the priorities for CSS 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 and use this strategy as a tool to advocate with decision-makers and CCM proposal development committees; and
- continue to build on 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 the purpose of the 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 an icebreaker exercise.
- d. Designate a note-taker for the day.

(recommended time: 1 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: 1 hour)

III. Partnership matrix

- a. Explain the importance of partnerships at the local, subnational and national levels.
- b. Articulate who various partners can be: similar community-level organizations, faith-based organizations, advocates, network of people living with HIV, nurses, doctors, clinics, hospitals, members of government, large NGOs, private organizations or companies
- c. On a flip chart or whiteboard, write the name of the participants' village or community in the centre, list what they do as an organization 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 – for example, after it is suspected that a client could have a sexually transmitted infection, where do they recommend the client go? Then ask whether 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: 1 hour)

(Ensure that 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 do they think is needed to improve the overall capacity to deliver services?
 2. What do they think are the most effective methods of reaching key affected populations?
 3. What do they think are the resources most needed to address capacity constraints?
 4. Which organizations do they think are most suited to implement capacity-strengthening initiatives?
 5. Which interventions do they think should be given priority?
- c. Make sure that the note taker writes all agreed statements on the flip chart or whiteboard.
- d. After the main information-gathering session, bring all groups back together (if they were separated into focus groups) and review together the outcomes from the discussions. Find out whether the participants agree to what is written.
- e. Consolidate a list of activities identified at the community level for priority-setting and make sure the participants agree with the priorities.

(recommended time: 2 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 recommit 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: 1 hour)

Annex 3. Organizational profile template³⁴

1. Full title of the organization or 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 e-mail 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 or with which body):
5. Location and coverage (indicate where their office is [if any], where they work, which provinces, communities or villages and the geographical coverage of their organization and the 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 the lines of responsibility and reporting):
7. Overview of activities (indicate the organizational mission and objectives; the groups with which the organization works, key issues and the focus of projects or programmatic activities):
8. Financial resources (approximate annual income or turnover and major donors):
9. Support (indicate whether any technical support or capacity development was or is received and the providers 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 it faces?):
12. Future needs (what are the immediate and future priorities of the organization that are necessary to deliver services or support?):
13. Additional funding (how would additional funding be used and what would be the priorities for the funding?):

³⁴ 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 are available at <http://www.aidsalliance.org>.

Annex 4. Links to organizations, tools and guidance on community system strengthening

UNAIDS Technical Support Facilities	<p>http://www.unaids.org/en/CountryResponses/TechnicalSupport/TSF <i>UNAIDS resource kit for Round 11</i> http://www.unaids.org/en/ourwork/programmebranch/programmeeffectivenessandcountry-supportdepartment/aideffectivenesscountrycapacitydivision/resourcekit</p>
Global Fund to Fight AIDS, Tuberculosis and Malaria	<p>2010 <i>CSS framework</i> (May 2010) http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=5485 <i>CSS information note</i> http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=15216 Round 11 proposal form and guidelines http://www.theglobalfund.org/en/application/materials <i>Round 11 Q&A document</i> http://www.theglobalfund.org/en/application/faq Documents and reports related to Civil Society, including analysis of CSS in Rounds 8, 9 and 10 http://www.theglobalfund.org/en/civilsociety/reports <i>Information note: the Global Fund's approach to health systems strengthening:</i> http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=13240 <i>Information note: women, girls, and gender equality</i> http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=23084 <i>Information note: sexual minorities in the context of the HIV epidemic</i> http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_SOGI_en.pdf <i>Most common weaknesses identified by the Technical Review Panel in Round 10 proposals</i> http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=23344 <i>Principles for technical support (developed by the Global Implementation Support Team)</i> http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=21297</p>
International HIV/AIDS Alliance	<p>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: <i>Civil society success on the ground: community systems strengthening and dual track financing</i> http://www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=326 <i>A framework for organizing and analyzing data regarding CSS in Round 8</i> http://www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=334&language=en <i>Report on access to Global Fund resources by HIV/AIDS key populations in Latin America and the Caribbean</i> http://www.aidsalliance.org/includes/Publication/Report_on_Key_Populations_access_to_resources_ENG.pdf <i>Analysis of technical assistance to civil society recipients of Global Fund grants.</i> http://www.aidsalliance.org/includes/document/Analysis%20of%20TA.pdf <i>Getting engaged with the Global Fund – learning from civil society in Southeast Asia and the Pacific</i> http://www.aidsalliance.org/publicationsdetails.aspx?id=90550 In addition, the Alliance produces several toolkits for working with communities and assessing the capacity of NGOs, CBOs and networks that are very effective; they are all available at capacity http://www.aidsalliance.org.</p> <ul style="list-style-type: none"> ■ <i>Network capacity analysis: a toolkit for assessing and building capacities for high quality responses to HIV</i> ■ <i>NGO capacity analysis: a toolkit for assessing and building capacities for high quality responses to HIV</i>

Aidspace	<p>Aidspace produces several guides on Global Fund processes, including <i>The Aidspace guide to Round 10 applications to the Global Fund</i>, <i>A beginner's guide to the Global Fund</i> and <i>The Aidspace guide on the roles and responsibilities of CCMs in grant oversight</i>. http://www.aidspace.org/index.php?page=guides&menu=publications</p>
Civil Society Action Team, International Council of Service Organizations	<p>The Civil Society Action Team provide guidance to civil society on Global Fund processes as well as facilitating technical support for civil society. www.icaso.org/csat.html Baker BK. <i>Increasing civil society impact on the Global Fund to Fight AIDS, Tuberculosis and Malaria: strategic options and deliberations</i>. ICASO 2007 http://www.icaso.org/resources/CS_Report_Policy_Paper_Jan07.pdf</p>
Others	<p><i>Models for funding and coordinating community-level responses to HIV/AIDS</i>. Centre for AIDS Development, Research and Evaluation, 2007 http://www.cadre.org.za/node/198 <i>Strengthening community health systems: perceptions and responses to changing community needs</i>. Centre for AIDS Development, Research and Evaluation, 2007 http://www.cadre.org.za/node/197 <i>Support for collaboration between government and civil society: the twin track approach to strengthening the national response to HIV and AIDS in Kenya</i>. Futures Group Europe, 2009 http://www.futuresgroup.com/wp-content/uploads/2009/11/FGE-Briefing-Paper-November-2009.pdf Global Fund HIV proposal development for key population proposals and for the Targeted Pool in Round 11. 2011 http://www.aidsprojects.com/resources/global-fund-application-tool Stop TB Partnership: advocacy, communication and social mobilization http://www.stoptb.org/countries/acsm/ Roll Back Malaria (RBM) Partnership: http://www.rbm.who.int/index.html</p>

Annex 5. Community systems strengthening – what the Global Fund will support*

Provided that there is a clear and demonstrated link to improved HIV, TB and/or malaria outcomes, CSS areas of focus that may be relevant to be included in proposals 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 sociocultural practices.

Community networks, linkages and 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, maximizing 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 mobilization.

Resources and capacity-building. Resources for community systems include human resources, including people with relevant personal capacities, knowledge and skills; appropriate technical and organizational 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 and services. Community activities and services are an important aspect of CSS. 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. Organizational 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 organization 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 organizational or external evaluations.

* From Round 10 proposal guidelines, Annex 3.

Annex 6. Recommended service delivery areas and indicators for community systems strengthening³⁵

Core component 1: Enabling environments and advocacy

SDA 1: Monitoring and documentation of community and government interventions	<p>[CORE] Number of community-based organizations and/or networks that have meaningfully participated in joint national programme reviews or evaluations in the last 12 months (1.1)</p> <p>Number of community-based organizations and/or networks that have documented and publicized barriers to equitable access to health services and/or implementation of national HIV, TB, malaria and immunization programming during the last 12 months (1.2)</p>
SDA 2: Advocacy, communication and social mobilization	<p>[CORE] Number of community-led advocacy campaigns that saw a targeted policy change or can clearly document improved implementation of an existing (targeted) policy within 2 years of the start of the advocacy campaign (2.1)</p>

Core component 2: Community networks, linkages, partnerships and coordination

SDA 3: Building community linkages, collaboration and coordination	<p>[CORE] Number and percentage of community-based HIV, TB, malaria and immunization service organizations with referral protocols in place that monitor completed referrals according to national guidelines (3.1)</p> <p>Number and percentage of community-based organizations that are represented through membership in national or provincial level technical or coordination policy bodies of disease programmes and providing feedback to communities (3.2)</p> <p>Number and percentage of community-based organizations that implemented at least one documented feedback mechanism with the community they serve in the last 6 months (3.3)</p>
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Core component 3: Resources and capacity-building

SDA 4: Human resources: skills building for service delivery, advocacy and leadership	<p>[CORE] Number and percentage of staff members and volunteers currently working for community-based organizations who have worked for the organization for more than 1 year (4.1)</p> <p>Number and percentage of community health workers currently working with community-based organizations who received training or retraining in HIV, TB, malaria or immunization service delivery according to national guidelines (where such guidelines exist) during the last national reporting period (4.2)</p> <p>Number and percentage of community-based organizations that received supportive supervision in accordance with national guidelines (where such guidelines exist) in the last 3/6 months (4.3)</p> <p>Number and percentage of volunteers working with community-based organizations who are provided with incentives (4.4)</p>
SDA 5: Financial resources	<p>[CORE] Number and percentage of community-based organizations that have a complete and sound financial management system, which is known and understood by staff and consistently adhered to (5.1)</p> <p>Number and percentage of community-based organizations that have core funding secured for at least 2 years (5.2)</p>

³⁵ CSS indicators. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011:8–13.

SDA 6: Material resources – infrastructure and essential commodities (including medical and other products and technologies)	<p>[CORE] Number and percentage of community-based organizations reporting no stock-out of HIV, TB, malaria or immunization essential commodities according to programme implementation focus during the reporting period (6.1)</p> <p>Number and percentage of community-based organizations that keep accurate data for inventory management according to national or international policy (6.2)</p> <p>Number and percentage of community-based organizations with staff or volunteers that are responsible for stock management trained or retrained in stock (inventory) management in the past 12 months (6.3)</p> <p>Number and percentage of community-based organizations that maintain adequate storage conditions and handling procedures for essential commodities (6.4)</p>
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Core component 4: Community activities and service delivery

SDA 7: Community-based activities and services – delivery, use and quality	<p>[CORE] Number and percentage of community-based organizations that deliver services for HIV, TB, malaria or immunization according to national or international accepted service delivery standards (7.1)</p> <p>Number and percentage of community-based organizations that implemented activities contributing to the national disease strategic plan as documented by their plans and reports to the national designated entity (7.2)</p> <p>Number and percentage of people that have access to community-based HIV, TB or malaria services in a defined area (7.3)</p>
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Core component 5: leadership and organizational strengthening

SDA 8: Management, accountability and leadership	<p>[CORE] Number and percentage of staff members of community-based organizations with written terms of reference and defined job duties (8.1)</p> <p>Number and percentage of community-based organizations with staff in managerial positions who received training or retraining in management, leadership or accountability during the last reporting period (8.2)</p> <p>Number and percentage of community-based organizations that received technical support for institutional strengthening in accordance with their requests in the last 12 months (8.3)</p>
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Core component 6: Monitoring and evaluation and planning

SDA 9: Monitoring and evaluation, evidence-building	<p>[CORE] Number and percentage of community-based organizations that submit timely, complete and accurate financial and programmatic reports to the national level according to nationally or internationally recommended standards and guidelines (where such guidelines exist) (9.1)</p> <p>Number and percentage of community-based organizations with at least one staff member in charge of M&E (9.2)</p> <p>Number and percentage of community-based organizations with at least one staff member in charge of M&E who received training or retraining in M&E according to nationally recommended guidelines (where such guidelines exist) during the last national reporting period (9.3)</p> <p>Number and percentage of community-based organizations using standard data collection tools and reporting formats to report to the national reporting system (9.4)</p> <p>Number and percentage of community-based organizations conducting documented reviews of their own programme performance according to their strategic plan in accordance with the national reporting cycle (9.5)</p>
SDA 10: Strategic planning	<p>[CORE] Number and percentage of community-based organizations with a developed strategic plan covering 2 to 5 years (10.1)</p> <p>Number and percentage of community-based organizations that are implementing a budgeted annual work plan (10.2)</p>

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