

SUPPORTING COMMUNITY BASED RESPONSES TO AIDS:

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



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Abbreviations

CBO	community-based organization
CSO	civil society organization
CCM	Country Coordinating Mechanism
CISS	Coordination of International Support to Somalis
CSS	Community Systems Strengthening
FBO	faith-based organization
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IDU	injecting drug user
HSS	health systems strengthening
M&E	monitoring and evaluation
MSM	men who have sex with men
NAF	National AIDS Foundation
NGO	nongovernmental organization
PLHIV	people living with HIV
PR	Principal Recipient
SR	sub-recipient
SSR	sub-sub-recipient
TB	tuberculosis
TRP	Technical Review Panel
TSF	Technical Support Facility
TWG	Technical Working Group
UNAIDS	United Nations Joint Programme on HIV/AIDS
VCT	voluntary counselling and testing

Background

About this guidance tool

What is Community Systems Strengthening?

Community-based organizations play a critical role in responding to HIV. Over the last three decades, they have been key providers of prevention services, treatment, care, and support as well as addressing the social, political, legal and financial environment needed to support scaled up effective responses. In many countries and contexts, their impact and engagement are magnified by the reliance on them by some of the most hard-to-reach individuals—including members of key affected populations such as injecting drug users (IDUs), men who have sex with men (MSM) and sex workers. This is especially common where widespread stigma and other legal, social and economic obstacles dissuade or prevent members of such groups from seeking appropriate care and support in the public sector.

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

Purpose of this guidance tool

CSS has been an essential component of the AIDS response since the early days. It is only recently, however, that CSS has been identified as a key component in scaling up towards universal access. For example, it was not until April 2007 that the Global Fund to Fight AIDS, Tuberculosis and Malaria formally acknowledged the importance of CSS and health systems strengthening (HSS). Nearly a year later, in March 2008, HSS and CSS appeared in the Global Fund Proposal Form and Guidelines.

Such a delay highlights the lingering confusion and misunderstanding about CSS. It seems clear that most stakeholders involved in the AIDS response, from community-based groups themselves to national health systems to donors, still do not understand what the term means, what it requires, and what its full potential is.

This document seeks to increase understanding about the benefits CSS can bring at the national, district and local levels, and to support advocacy and technical support efforts around CSS. It suggests ways to implement CSS and provides practical guidance on developing proposals for CSS for the Global Fund, which is now actively seeking to support such activities. The information and recommendations in this document also take into account some broad parameters for CSS within the Global Fund framework. Most notably the guidance tool aims to:

- define CSS in its broader context as well as how it relates to the three core priority areas of funding emphasized by the Global Fund.

- highlight/emphasize the role of relevant partners and how they can increase demand for CSS.
- identify the specific capacity-building activities for CSS, as well as beneficiaries and recipients.
- outline mechanisms to assess community-level needs or to conduct rapid CSS assessments with example templates as well as “dos and don’ts” for conducting community consultations.
- suggest indicators to better monitor CSS activities.

Intended audience

Stakeholders likely to benefit from this guidance include staff in UNAIDS Country Offices and members of key affected populations, as well as civil society organizations, networks of people living with HIV (PLHIV), international and national nongovernmental organizations (NGOs), academia, faith-based organizations and technical partners.

How to use this guidance

This guidance will explain CSS to those helping to write proposals. It can be used, for example, in determining why, where and how to include CSS initiatives and activities in a Global Fund country proposal. It will help stakeholders identify core and priority areas for CSS and its activities and to advocate the inclusion of CSS activities in discussions with Country Coordinating Mechanisms (CCMs) before and during the proposal-writing process. It can be used to plan community-level needs assessments and consultation processes, and intervention in depth-mapping methodologies.

Limitations to this guidance

This document was produced relatively rapidly to be made available for adequate review and consultation prior to the deadline (May 2009) for Global Fund Round 9 proposal submissions. As a result, it has not been possible to consult with all stakeholders. UNAIDS will, therefore, update the guidance with more comprehensive information for Round 10 in the spring of 2009.

Section I.

The role of communities and partners in supporting Community Systems Strengthening

Communities have long been important HIV advocates at the international, regional and national levels. They also play a key role in disseminating services and delivering services; have a vital role to play in assessing what policies and programmes do and don't work and why; and are well-placed to deliver technical support and to disseminate information to those often left out of the information "loop".

Such reasons indicate why there can be no doubt as to the importance of CSS in ensuring that the Global Fund fulfils its mandates and goals. This means that strengthening of individual community systems must be considered a core element of successful Global Fund programming across all disease components, not just its largest (AIDS); and the impetus for increased and sustainable CSS should come from all sectors—including government, not just from the communities themselves. The list below focuses primarily on stakeholders and partners that tend to be directly engaged in supporting CSS and receiving resources for these activities.

Who are the relevant stakeholders and partners?

- international, regional and national networks of people living with and affected by HIV (PLHIV)
- international and national civil society organizations (including NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), and human rights organizations)
- advocacy bodies
- training and support organizations
- monitoring or "watchdog" organizations and networks
- organizations comprising, and working with, key affected populations
- bilateral and multilateral organizations and donors
- United Nations or technical partners, including the UNAIDS Secretariat and co-sponsors of the Global Fund

Country Coordinating Mechanism (CCM)

The CCM is one of the cornerstones of the Global Fund architecture and is responsible for submitting proposals to the Global Fund, applying for Phase 2,¹ and for the general oversight of an ongoing grant or grants.

¹ The Global Fund approves grant proposals covering a period of up to five years. Funds are initially committed for the first two years of the proposal period. Continued funding to cover the remainder of the proposal period depends on satisfactory programme performance and the availability of resources. The extension of the grant to cover the remaining years of the original proposal is referred to as Phase 2 funding.

A CCM is a national body made up of key stakeholders vital to a country's disease response. Global Fund guidelines strongly recommend that the stakeholders be as widely representative as possible; as a result, most CCMs include members of government, technical partners, bilateral donors, academia, national and international NGOs, people living with HIV, and affected by tuberculosis or malaria, the private sector, media and/or religious representatives. At present, over 120 CCMs operate at country level.

Members each bring to the table their views on priorities for proposal development. Moreover, either through the CCM itself or through a designated proposal development committee, they determine the priorities for the country vis-à-vis the three diseases. They are often well-placed to give guidance to the CCM, for example on recent changes to Global Fund policy and proposal guidelines, the role of civil society in programme implementation and service delivery, or on how to prioritize interventions given the epidemiological context. They are thus uniquely placed to advocate inclusion of CSS in proposals to the Global Fund.

Communities in the response

Communities themselves must play active and meaningful roles in decision-making processes to raise demand for CSS and to ensure that funding for CSS activities meets their members' priority needs. This means that communities need a greater understanding of the opportunities that exist for strengthening community systems—e.g. the Global Fund proposal development process.

To this end, communities should support each other in nominating members to the CCM (or in the nomination of civil society organizations to attend as observers); in attending and participating in national, district and local level consultations; in consensus development meetings and technical working groups; and in forging partnerships with CSS allies and decision-makers.

Technical support

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

UN organizations and “stronger” NGOs have an essential role to play in supporting community consultations and in the mapping and conduct of needs assessments for disease-related interventions. Through such activities they play an important part in advocating the inclusion of CSS in national plans and Global Fund proposals. They can also identify technical support needs and, in many cases, find ways to provide that support—for example through regional Technical Support Facilities (see Annex 4 for a list of CSO partners providing this support).

Potential for advocacy and technical support among partners:

- Use their membership and relationship to the CCM to give guidance on CSS; articulate and advocate its value in mitigating the impact of HIV,
- Act as an apolitical or neutral broker on the CCM, highlighting a country's most at-risk groups and how to reach them.
- Acknowledge the political process involved in proposal development and support those stakeholders with less influence or power.
- Articulate the comparative advantage of the governmental *and* the nongovernmental sector in developing sustainable disease responses.
- Support countries and key stakeholders to more comprehensively get to “know their epidemic” to better identify gaps and constraints in service provision.
- Be a strong voice for key affected populations and explain the importance of prioritizing the needs of these groups.
- Bring CBOs and members of communities together to outline community-based priorities, conduct needs assessments and mapping, or support the proposal development process among CSOs.
- Create the conditions that help strengthen the vulnerable populations themselves to play a more meaningful role in the disease response.
- Provide technical support for further capacity development, in particular governance and leadership training.
- And, most importantly, demonstrate the value of working with civil society organizations and the imperative of investing in the sustainability of these organizations to ensure comprehensive and long-lasting HIV responses.

Section II.

Community Systems Strengthening: actors and activities

To take advantage of the current resources available for CCS through the Global Fund proposal submission and approval process, it is important for countries and all relevant stakeholders to understand what CSS is and the activities it can cover.

In Rounds 8 and 9, the Global Fund has intentionally kept CSS and its possible activities flexible. Rather than providing a list of “non-fundable” activities, it has instead provided guidance as to the types and kinds of activities that *can* be funded. This allows stakeholders to formulate innovative methods for CSS and to include in proposals the activities that other countries may have conducted in similar settings.

Defining CSS

CSS is the simultaneous building of skills and capacity alongside the drawing of organizations into a broader service provision network structure for improved service delivery.² The Global Fund indicates further that CSS initiatives are “encouraged to achieve improved outcomes for HIV, Tuberculosis and Malaria.”³ CSS is the *enhancement/improvement* of a community’s ability and capacity to scale up the AIDS response, confront its challenges, and provide services in a conducive and supportive financial, political, legislative environment.

Core priority areas for CSS

The Global Fund indicates three priority or core areas for CSS funding, all of which should be tied to overall service delivery and outcomes. They are outlined in the “Community Systems Strengthening Fact Sheet” on the Global Fund website:⁴

- I. Building the capacity** of the core processes of community-based organizations to provide an increased range, or quality of services, through for example:
 - a. Physical infrastructure development, including obtaining and retaining office space, holding bank accounts, and improving communications technology.
 - b. Organizational systems development, including improvements in the financial management of community-based organizations, and the development of strategic planning, monitoring and evaluation, and information management capacities.
- II. Building partnerships** at the local level to improve coordination, enhance impact, and avoid duplication of service delivery.
- III. Sustainable financing**, including a focus on supporting initiatives to plan for and achieve predictability of resources over a longer period of time with which to work for improved impact and outcomes for the disease(s).

² Birdsall K, Ntlabati P, Kelly K, Banati, P. *Models for funding and coordinating community-level responses to HIV/AIDS*. Johannesburg, Centre for AIDS Development, Research and Evaluation (CADRE), 2007.

³ *Fact Sheet: Community Systems Strengthening*. The Global Fund to Fight Aids, Tuberculosis and Malaria, 2008. <http://www.theglobalfund.org/en/rounds/8/faq/?lang=en>

⁴ Ibid.

The CSS Fact Sheet goes on to list areas of work that may be supported. These include initiatives to improve community-based programme implementation and service delivery, including:

- *strengthening core institutional capacity through physical infrastructure development, and organizational and systems strengthening; and*
- *partnership-building at the community level, focusing on the building of systematized relationships among and between community-based organizations to improve coordination.*

Examples of CSS activities

Based on the guidelines noted immediately above, Box 1 lists suitable and effective activities for CSS for countries and partners to consider.

Box 1. Suitable and effective activities for CSS

- financial management and book-keeping
- internal accountability systems
- accounting for and planning activities
- oversight of resources and budget
- project design and strategic planning
- project cycle management
- proposal writing
- principles of organizational management and good governance
- evidence-based programming
- monitoring and evaluation
- legal status and authority to enter into agreements
- information management
- policy and advocacy training
- involvement and accountability
- leadership development
- internal and external communication
- networking and partnership development, particularly for key population groups
- human resource management and recruitment, including technical support systems
- research and documentation methodology
- referral and linkages to local and national coordination bodies
- identification of strategic partners
- technical training for provision of treatment preparedness, peer counselling, voluntary counselling and testing, home care, etc.

CSS beneficiaries

It is also helpful to recognize the types of organizations that the Global Fund describes in its Guidelines on CSS and then to examine some characteristics which could be prioritized for CSS support.

Types of organizations:

- organizations working with key affected populations/vulnerable groups⁵
- home-based care organizations
- organizations for people living with and/or affected by the diseases
- faith-based organizations
- women's organizations
- youth organizations
- community centres
- private-sector organizations
- assorted other entities, including human rights organizations, PLHIV associations/networks/umbrella organizations, hospices, training organizations and local AIDS councils.

Key characteristics of recipients of CSS support

In general, organizations such as those listed above are viewed by partners as providing a vital service to the community and generally are highly respected in a given area. However, they face numerous constraints to their ability to effectively and continually deliver services. Among the most common constraints are the following.

- Recipients work in markedly poor communities that have particularly extensive needs.
- Major challenges in securing funding.
- High staff turnover, with staff retention a persistent problem.
- Inadequate human resource capacity; heavy reliance on unpaid volunteers.
- Insufficient linkages with other organizations/actors.
- The organization may not be legal, registered or recognized by formal labour and tax systems.
- Limited office space and equipment; lack of computer/communication technology.
- Insufficient experience with monitoring and evaluation processes.
- Does not or cannot participate in relevant national networks or forums that meet regularly.

⁵ The UNAIDS Programme Coordinating Board (PCB) definition of "key affected populations" is "women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrants and migrant laborers, people in conflict and post-conflict situations, refugees and displaced persons."

- Poor or absent government mechanisms that could, and ideally should, support their work.
- Lack of supportive social, legal or political support for evidence-based programming.

CSS implementers

Different entities will be required to deliver and implement CSS support, depending on what needs to be strengthened. They will act as Principal Recipients (PRs), sub-recipients (SRs) or sub-sub-recipients (SSRs) of Global Fund grants.⁶ In general, these organizations and partners should be prepared to engage intensively over the medium- to long-term.

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

- Experience in reaching and working with key affected populations.
- “Labour intensive” approaches that recognize the significant time and energy required to effectively build institutional capacity.
- Demonstrated capacity to strengthen smaller CBOs in financial and grant management.
- Mentoring and training organizations.
- A “closer to the ground” approach that draws on existing networks and coalitions.
- Demonstrated contact or ability to reach local CBOs and partnerships with a multitude of stakeholders.
- Capacity to administer small amounts of regular and predictable resources to several community-level organizations according to size and stage of development.
- Demonstrated capacity to undertake hands-on skills development, engaging directly and intensively with CBOs, with the key mandates of learning and growth.
- Demonstrated ability to conduct capacity-strengthening in monitoring and evaluation.

It is important to recall that CSS:

- takes time;
- should be related to National Strategic Plans if they are in place;
- requires broad stakeholder consultation before and during proposal development; and
- needs careful planning.

⁶ It is not necessary for implementers of CSS to have already received funding from a Global Fund grant.

EXAMPLES OF CURRENT CSS ACTIVITIES

Barnabas Trust (South Africa)⁷

The Barnabas Trust is a non-profit organization that provides training and mentoring to emerging CBOs and FBOs working on HIV in South Africa's Western Cape Province. The model combines direct mentoring and organizational guidance with small amounts of "seed funding" that allow organizations to gain practical experience managing finances in a controlled manner. The Barnabas Trust continues to work with the organizations it has supported after the completion of the "mentoring programme" and acts as a broker between other donors and CBOs that have progressed through its programmes, helping to support sustainable financing. The Barnabas Trust is a strong example of a medium-sized organization acting as a funding conduit to smaller organizations to build their capacity primarily in financial management and accountability.

National AIDS Foundation (Mongolia)⁸

The National AIDS Foundation (NAF) is a sub-recipient for several Global Fund grants in Mongolia under the Ministry of Health, which is the Principal Recipient. The NAF has funded and provided technical assistance to local NGOs to build their capacity in bookkeeping, monitoring and evaluation, HIV prevention and care as well as increased outreach to key affected populations, including sex workers, MSM, mobile traders, migrant workers, IDUs and vulnerable children. The NAF's activities in Mongolia demonstrate how a reputable NGO can serve successfully as a Global Fund sub-recipient in helping build capacity among other, smaller community-based groups for a range of institutional and organizational development skills—and at the same time link those organizations to the broader service provision networks in HIV care and prevention in the community at large.

CARE Peru⁹

All Global Fund grants in Peru are currently overseen and implemented by civil society Principal Recipients in Peru, most notably CARE Peru. CARE works through a consortium of NGOs focused on HIV/AIDS and provides financial and technical support in basic management skills (including the formal legalization of PLHIV groups within NGOs), advocacy and partnership development with the public health system, training in effective counselling for issues related to HIV prevention and treatment, and the navigation of formal health care and referral systems. CARE Peru demonstrates that a larger NGO can implement CSS through a Principal Recipient role even while working through a consortium of NGOs to provide capacity development. In addition, CARE Peru's efforts to date offer an example of effective organizational development coinciding with, and enhancing, partnership development with the public health care system.



⁷ Birdsall K, Ntlatlapi P, Kelly K, Banati P. *Models for funding and coordinating community-level responses to HIV/AIDS*. Johannesburg, Centre for AIDS Development, Research and Evaluation (CADRE), 2007.

⁸ Hoover J. *Civil society success on the ground: Community Systems Strengthening and dual-track financing*. International HIV/AIDS Alliance and the Global Fund to Fight Aids, Tuberculosis and Malaria, 2008.

⁹ Ibid.

Coordination of International Support to Somalis (Somalia)¹⁰

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

The inclusion of the CSS mechanism in Global Fund grants is still very recent. This means that the process remains to some extent a work in progress, with the Global Fund and its partners continuing to learn from the proposals submitted and interventions undertaken. Countries and partners are encouraged to be open to adopting innovative interventions that may be required to address CSS issues. Partners and implementers are urged to review Global Fund web pages regularly for updated information: the Fund will provide examples of fundable CSS activities for countries to use as models for their own strategic approaches.

Examples of CSS activities provided specifically to assist key affected populations

CSS programming in the Global Fund context can be either broad-based or targeted. The examples of CSS described in the box above illustrate how civil society implementers can cast a wide net while building capacity and strengthening partners. The two examples below are slightly different in that they highlight Global Fund grants that focus on CSS for key affected populations. Both approaches, broad and targeted, are important. They need not be viewed as separate; it is best to consider broad-based and targeted CSS as complementary approaches that when undertaken together can greatly enhance the quality and effectiveness of Global Fund programming.

IDUs in Russia

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

¹⁰ Ibid.

Until relatively recently, however, the Russian government has offered limited services or support for HIV prevention among IDUs. Most such services have therefore been provided by NGOs, which are often overwhelmed and unprepared even as they seek to initiate and sustain crucial harm reduction interventions such as the provision of clean injecting equipment and social support. The following are among the challenges and capacity constraints noted by the RHRN:¹¹

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

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

MSM in China

With the support of the Chinese government, which has grown increasingly concerned about the spread of HIV among MSM, the UN Technical Working Group on MSM and HIV has initiated numerous CSS activities that ultimately enhance the quality and effectiveness of Global Fund programming in the country. As noted in a presentation made in August 2008, the activities aim to “increase community-based organizations’ participation in support of China’s national efforts to reduce HIV among MSM.”¹² The broad focus is on the following:

- developing the capacities of MSM community organizations and individuals to increase the coverage, sustainability and impact of community-based interventions and advocacy efforts;
- identifying opportunities and increasing the involvement of Chinese MSM in global and regional advocacy initiatives; and
- promoting leadership among MSM community-based organizations (CBOs) and individuals.

Meanwhile, the following are among the specific activities—all core CSS activities for and with MSM—the UN Technical Working Group aimed to undertake in 2008 alone:

- hold meeting with donors and international NGOs to identify common areas of support for MSM CBOs in China;
- support community-led development and consultation process on the National MSM Community Strategy on AIDS—which included MSM CBOs and MSM PLHIV; and
- convene two workshops (MSM community consultation and action plan workshop and national MSM community strategy development workshop).

¹¹ These challenges were noted by two RHRN staff members, Vitaly Djuma and Anya Sarang, in a PowerPoint presentation, “Harm Reduction in the Russian Federation: Achievements and Challenges”, at the Global Fund Partnership Forum in Durban, South Africa, in July 2006.

¹² Strengthening Community Participation in China’s AIDS Response among MSM”, a PowerPoint presentation at the XVII International AIDS Conference in Mexico City by Edmund Settle, an HIV Programme Specialist at UNDP. See www.aids2008.org/Pag/ppt/TUAD0301.ppt

Section III.

Assessing community-level needs within the national context

The first step in assessing community-level needs within the national context is to undertake a needs assessment. Before a proposal can be developed, key stakeholders and partners must fully understand the service delivery environment—i.e. who is providing which services, to whom and where, and who is *not* being reached. It is important that assessments are conducted in a fully participatory manner.

Partners should all familiarize themselves with the national strategic plan, where one exists. Assessing the country context is necessary to determine national gaps and constraints to service delivery, to identify health systems and Community Systems Strengthening needs, and to communicate the results of these inquiries to decision-makers.

The text A to D below offer some options for different kinds of assessments, depending upon a country's disease burden and the strength of its civil society sector. It also refers to guidance tools for undertaking some of the activities for assessment outlined. (It is important to note as well that several tools exist for analysing the capacity of communities and NGOs; some of these tools are listed in Annex 4.)

- A. Community Systems Strengthening—rapid assessment.** A rapid assessment relies on existing baseline data, mappings and databases of community-level interventions. It can involve the dissemination and analysis of printed or electronically administered questionnaires. A rapid assessment also benefits from having existing organizations complete NGO or CBO profiles that can be collected and analysed to determine potential implementers and beneficiaries of CSS in a short time.
- B. Community-wide consultation(s).** Even if organizational mappings already exist, it may be necessary and beneficial to hold community consultations in various settings, including both urban and rural areas. Community consultations ensure that the affected communities themselves determine what their own capacity needs are, what *they* think should be prioritized and what support is most needed. Community consultations also provide opportunities to develop and deepen partnerships and to determine which at-risk groups are most in need of resources. (See Annex 1 for further guidance on community consultations.)
- C. In-depth mapping of partnerships and interventions.** If community-level mappings have not been conducted for three or more years, it will be essential to conduct an in-depth mapping not only of interventions at community-level but also a partnership mapping; this is necessary to determine which services link up to which systems and networks. An in-depth mapping requires time and resources as well as concerted efforts to reach out to clandestine or illegal (unregistered CBOs) working with key affected populations in urban *and* rural areas. Due to their often resource-intensive nature, in-depth mappings of community-level service delivery and partnership matrices can be built into the proposal itself as part of a step-by-step process of CSS.

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

Assessment models and methodologies

The best approach in terms of determining which model of community-level assessment to undertake is to consider a range of factors, including history of civil society engagement, relationships with government, resources and time available, and a country's overall disease burden. To decide which model to use, *partners must first do their research*.

It is *essential* that they try to determine the following.

1. **Which Round?** For which Global Fund Round do they seek to submit a proposal, i.e. Round 9, or 10, etc.
2. **How much time?** How much time is available before proposal development officially begins and how much time is being allotted by the CCM to prepare the proposal?
3. **Budget?** What is the level to which the CCM intends to budget resources for CSS activities?
4. **Who is prioritized?** Which groups are being prioritized for support—i.e. is the support intended for the general population in a setting with a high burden of disease or for key affected populations (and if so which ones) in a concentrated epidemic?
5. **The implementation model?** An idea of the desired CSS implementation model is required—for example, what kinds of implementers and beneficiaries, how many, and at which level?
6. **Baseline information?** What baseline data and research already exist—i.e. when did the last mapping take place and where are the information gaps to be filled?
7. **Who else is working on a proposal?** Who are the potential partners? Which different groups have comparative advantages in complementary areas and could work together?

Conducting community consultations

The purpose of a community consultation is to learn as much as possible about a given setting: for example:

- who is responsible for delivering which services?
- how are they being delivered?
- are any other organizations engaging in similar interventions?

- which organizations have strong linkages?
- and (most importantly) *what does the community itself think* its priorities are?

There is considerable guidance available on how to conduct community consultations and what exactly an organizational profile should include. Examples of available sources may be found at: www.angelfire.com/home/consultation/firstpage/consultationlinks.htm

The most important aspect to keep in mind when considering conducting community consultations—and there should ideally be more than one—is *inclusiveness*. This means going outside the “known” group of community stakeholders to make contact with others who may be engaged in vital work. In addition, the concepts (and practice) 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.¹³

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

Organizational profiles

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

One tried and tested method is to develop a simple form on a single page. The form needs to be in the local language of the community members and someone must be on hand to support individuals who may have literacy difficulties or who are elderly.

Coupled with community consultations, organizational profiles are an effective means for updating community-level databases. They are useful too as visual aids to understanding where capacity gaps and constraints are greatest (see Annex 3 for an example of an organizational profile template).

¹³ The following guidance is based on a conglomeration of some capacity-assessment tools currently being used by partners to work better with CBOs, NGOs and CSOs.

Dos and don'ts for community consultation and engagement

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

DO...

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

DON'T...

- rely solely on email to contact CBOs.
- hold meetings in government buildings or in the office of a local NGO; this may create unwarranted tension.
- invite participants from sectors that could impact on an individual's or organization's willingness to speak freely (for example government member of a CCM or donor).
- rush the consultation; allow plenty of time and opportunities for feedback.
- show preference for one organization over the other.

Section IV.

The Global Fund Proposal Form and Guidelines

When a Proposal Round is launched, there are approximately four months between the announcement of the new Global Fund Round and the deadline for submission of a proposal.

Given the limited amount of time—and the extent of the planning required in developing and submitting a technically sound proposal—countries and CCMs must consider the content of their proposal well before the announcement of a new Round.

The Global Fund Proposal Form and Guidelines¹⁴ are lengthy and require CCMs to provide a significant amount of background and disease-specific information. In addition, the Global Fund's Technical Review Panel (TRP)—the independent body responsible for evaluating and approving proposals—is strict in verifying that proposed activities and (particularly) budgets adhere to international best practice standards and can be measured to indicate outcomes.

The proposal development process

All relevant stakeholders should collaborate closely during the proposal development process. Key stakeholders involved in this process, including CCMs, must:

- Create an enabling environment for the participation of all stakeholders (representation of the different stakeholders involved in the national response, particularly the most at-risk populations).
- Reflect critically in advance of the announcement of a Global Fund Round on which of the identified gaps and constraints a proposal for funding should be developed for, the implementation model or strategy, the characteristics of potential beneficiaries, and the component (HIV/AIDS, TB, malaria or HSS).
- Read the Global Fund Proposal Form and Guidelines thoroughly and consider in every part of the proposal how communities can be strengthened.
- Read all relevant Global Fund Fact Sheets¹⁵ (www.theglobalfund.org/en/rounds/9/faq/).
- Gather together all relevant experts, stakeholders and sectors and determine a system by which each can engage in proposal development (either through a proposal development committee, technical working groups or through organized consultations).

¹⁴ The Global Fund proposal guidance is based on the Proposal Form and Guidelines issued in Round 8 (March 2008) and Round 9 (October 2008). It is likely that the Proposal Form and Guidelines for Round 10 will be slightly modified.

¹⁵ Global Fund Fact Sheets cover the following themes: Community Systems Strengthening (CSS), dual-track financing (DTF), gender, grant consolidation, health systems strengthening (HSS) and sexual minorities.

Examples A and B are two case-studies that illustrate comprehensive processes two countries used to develop their Round 8 proposal submissions, each of which included strong CSS elements and proposed activities.¹⁶

Country A

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

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

¹⁶ The case-studies are actual proposal development processes used by two countries that submitted for Round 8 and received category 1 (successful) ratings from the Global Fund Technical Review Panel.

Country B

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

- In the year prior to the launch of Round 8, Country B carried out an extensive mapping on activity coverage at the local, district and national levels.
- Technical working groups were organized for each disease; each group then submitted its proposal ideas to the CCM.
- It was determined that one of the main objectives of the proposal would be to target key populations at-risk.
- The goal of the proposal was very clearly 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 larger NGO to act as a Principal Recipient to be mainly responsible for carrying out CSS activities, while the governmental sector would be responsible for HSS.

The proposal form

The following section outlines:

- examples of possible CSS activities as they relate to the three core priority areas identified by the Global Fund in the Proposal Form and Guidelines;
- each section in the Global Fund Proposal Form in which CSS issues could or should be highlighted; and
- examples of monitoring and evaluation indicators which could be used to measure CSS activities in the proposal form.

Table 1. Examples of possible CSS activities.

Core priority area	CSS guidelines indicate:	Example activities ¹⁷
Building the capacity of the core processes of community-based organizations to provide an increased range, or quality of services	Physical infrastructure development, including obtaining and retaining office space, holding bank accounts, and improving communications technology. Organizational systems development, including improvements in the financial management of community-based organizations, and the development of strategic planning, monitoring and evaluation, and information management capacities.	<ul style="list-style-type: none"> • Training and capacity-building • Stipends as incentives to local outreach workers • Training in peer education and outreach • Training in monitoring and evaluation, programme management, financial system and information management • Training facilitators to identify and challenge stigma • Computers and related office equipment • Community outreach and peer education programme to support key populations at risk • Professional and mentoring support
Building partnerships	To improve national, district and local level coordination, enhance impact, and avoid duplication of service delivery.	<ul style="list-style-type: none"> • Training in implementing local advocacy initiatives • Counsellor network strengthening through participation in seminars and meetings • Capacity strengthening in partnership building • Community mobilization events to raise awareness and create an enabling environment for vulnerable populations • Participation in national consultative forums • Operational support to undertake coordination activities (travel, per diem, communication and overhead costs) • Stakeholder workshops for training in policy development
Sustainable financing	Supporting initiatives to plan for and achieve predictability of resources over a longer period of time with which to work for improved impact and outcomes for the disease(s).	<ul style="list-style-type: none"> • Capacity strengthening in resource mobilization • Small grant schemes • Grants to CBOs to provide core support to PLHIV

There are several sections in the Global Fund Proposal Form where there are opportunities to detail CSS activities, budgets and indicators for monitoring and evaluation. It is useful first to review each of these sections and then look at their counterpart in the Global Fund Proposal Guidelines for more detail. The following section provides particular guidance on sections of the proposal form that should be examined closely for opportunities to include information and indicate activities on CSS. Under each section heading, examples from actual country proposals that have indicated CSS activities have been provided for additional guidance.¹⁸

¹⁷ The following are activities listed by countries in the Round 8 proposal form and budgets which were accepted by the Global Fund Technical Review Panel.

¹⁸ For the proposal form template see: International HIV/Aids Alliance. *A framework for organizing and analyzing data regarding CSS in Round 8*. May 2008. Available at: www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=334&language=en

Sections of the proposal form where CSS issues should or could be highlighted

This section highlights the specific areas of the proposal form where CSS can be included:

Support for CSS initiatives may be requested through a disease-specific approach (s. 4.5.1). In addition, where weaknesses and gaps have been identified in s.4.3, a proposal may include initiatives for CSS within the framework of the optional additional section on cross-cutting health system strengthening interventions (s.4B).

Section 4.3: 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. 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:

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

4.3.2 provides an opportunity to outline CSS-related gaps that will be strengthened in the proposal. For example:

- *insufficient numbers of trained health workers for outreach to underserved communities to complement the work of professional health workers.*

Section 4.4: Round 8 priorities

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

"community outreach to the most at-risk populations".

Section 4.5: Implementation strategy

4.5.1: CSS-related activities could be included either in one of the disease objectives or as a CSS objective together with the relevant indicators and implementers.

4.5.2: Any CSS-related comments of the Technical Review Panel in Round 8 and Round 7 should be addressed.

4.5.3: Lessons learned from implementation experience related to CSS should be included.

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

Section 6: Links to other interventions and programmes

4.6.1: If any current CSS activities were included in previous rounds, describe how they complement those proposed, how they perform and what remedial actions were taken, if needed.

4.6.2: The above also applies to programmes other than the Global Fund.

Section 4.7: Programme sustainability

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

Section 8: Monitoring and evaluation

This section provides the opportunity to address the strengths and weaknesses of in-country systems used to measure impact. For example, this section can be used to argue that improved community systems and coordination among the HSS and CSS will strengthen the quality of information used to measure impact.

— Also use attachment A of the form to include CSS indicators (see next section).

4.8.3: CSS plans to strengthen monitoring and evaluation systems should be proposed, especially at sub-recipient and sub-sub-recipient levels—e.g. on how to better collect community data and report them in the national system.

Section 4.9: Implementation capacity

4.9.2–4.9.3: Implementation strategies for working with sub-recipients and sub-sub-recipients for CSS should be indicated here. It is also possible to indicate the number of sub-recipients and whether or not they have been identified (it is better to identify them). Also useful would be to indicate the relative proportion of work to be undertaken by the sub-recipients and to highlight what their management and technical skills needs are.

4.9.5: CSS strategies and plans for improving coordination between implementers should be included.

4.9.6: Strengthening implementation capacity plans and technical support needs should be identified.

Section 5: Funding requests

5.1: Gaps identified in section 4.3 should be evaluated.

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

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

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

CSS indicators

Table 2 below lists examples of indicators and the indicator definitions which countries are able to consider when outlining CSS activities. These examples are the result of a 2008 consultation with civil society organizations that have been monitoring community-based and community-led activities and reflect a more holistic approach to examining CSS. Countries are advised to ensure that the indicators they adopt are in line with national strategies and a broader health systems development framework. There are also some suggestions as to how best to monitor them, although this is not an exhaustive list. For further information on possible indicators, see the Global Fund revised M&E toolkit: Remember to use a limited number of indicators (8-18 for the overall proposal).

Table 2. Examples of indicators and indicator definitions to consider when outlining CSS activities. These proposed indicators and indicator definitions for assessing CSS will be revised to improve their quality in line with internationally agreed normative guidance and standards.

Indicator and level	Indicator definition
Number of civil society organizations (CSOs) receiving support for organizational and system development to provide public health services at community level to vulnerable populations in line with national guidelines. Dissagregation: by type of service, geographical area and group	Proportion of civil society organizations that received support for organizational and systems development to enable them to provide high quality services at community level (disaggregate data by type of organization—NGO, CBO, FBO, etc); also, type of service offered and target group (e.g. vulnerable populations, sexual minorities, internally displaced persons, IDUs, sex workers, indigenous groups, migrants, refugees, etc).
Percentage of CSOs with strategic and action plans developed in consultation with stakeholders.	Proportion of CSOs with strategic and action plans developed in consultation with the board, staff, partner NGO/CBOs, donors, beneficiaries, etc.
Percentage of CSOs offering the minimum package of services by type of service.	Proportion of all CSOs offering a specific type of service offering the national or internationally recommended minimum package of services.
Proportion of population with access to community-based prevention, care and support and/or treatment services (Dissagregation by geographical area and other socio-demographic characteristics ¹⁹ (e.g. vulnerable groups).	Number of CSOs that received support (both financial and technical assistance from government and NGO partners, donor representatives, etc.) to assist orphans and vulnerable children (OVC).
Number of CSO health service providers that report having received supervision from trained designated personnel in the past 6 months.	Number of CSO service providers that report having received supervision from qualified personnel (can be from government or national-level NGO with oversight responsibilities) for the purposes of quality of service assurance and performance monitoring in the past 6 months.
National strategy in place for training CSOs for service provision.	Training strategy in place either by national programme or national-level NGO with oversight responsibilities for the provision of HIV/AIDS, TB and Malaria services by CSO service providers.

¹⁹ Based on countries' own definitions of basic package, access and service availability, etc.

Number of CSOs whose senior staff received in-service management training in past 12 months.	Number of CSOs whose senior staff have received in-service management training in line with their positions in the past 12 months.
Percentage of CSO volunteers provided with a stipend/allowance for the provision of HIV services.	Proportion of volunteers provided with an allowance/ stipend which is not equivalent to a salary to facilitate transport, lunch and utensils required for the provision of HIV services, out of the total number of volunteers.
Percentage of CSO permanent staff over the total number of staff.	Proportion of total number of staff in organization who are permanent staff.
Percentage increase in the number of CSOs with more permanent staff in place.	Proportion of CSOs with more permanent staff over the total number of staff in the organization.
Percentage of CSOs with increased organizational and technical capacity.	Proportion of CSOs that have demonstrated improved organization capacity for the delivery of HIV services.
Number of CSO with an M&E plan developed and implemented in line with the national M&E plan.	Number of CSOs with an M&E plan reflecting indicators that are in line with the national-level core indicators, schedule for data collection, management and use out of the total number of CSOs.
Number of CSOs with at least one staff member trained in strategic information/M&E, including surveillance and operational research.	Number of CSOs with staff trained in M&E, strategic information surveillance and/or operational research and who also have responsibility for data collection and management.
Number of CSOs with mechanisms and tools for data collection and analysis.	Number of CSOs with standardized data collection tools. This includes manual primary source documents and registers, data collection/reporting formats, and databases (both manual and electronic) for the analysis and management of information.
Number of CSOs with an information dissemination plan.	Number of CSOs with a clear schedule and forums for information sharing and mechanism for integrating information collected into programme planning and re-planning, submitting regular programmatic and expenditure reports to stakeholder organizations including donors, government departments and others.
Percentage of registered private-for-profit facilities/CSOs reporting routine HIV data to the national designated entity according to national guidelines in past 12 months.	Number of CSOs that submit timely updates on programmatic progress to the relevant government departments or NGO for integration into the national M&E system including to donors and other stakeholders.
Percentage of CSOs meeting established national financial management criteria.	Proportion of CSOs with nationally accepted financial management procedures, including accounting and financial reporting.
Number of CSOs with budget and accounting systems in place.	Number of CSOs with budget and financial accounting systems (both manual and computerized) in place.
Number of CSOs with a diverse funding base.	Proportion of CSOs with no single funding source exceeding 50% of funding.
Percentage of CSOs with projected income for the next 2/3/5 years.	Proportion of CSOs with firm funding commitments for work plan activities for the next 2/3/5 years out of total number of CSOs.

Number of CSOs that are legally registered as HTM service providers and are in compliance with national labour requirements.	CSOs have a valid certificate of registration and documented evidence of compliance with tax and other laws as might be applicable to different settings.
Number of CSO with staff who have received training in the past 12 months on strategic planning and policy development (Disagregation: Staff trained by service type).	Number of CSO with staff receiving new training or retraining in past 12 months on strategic planning and policy development per service type.
Percentage of CSOs that work in partnership with a public/private provider in delivering HIV services.	Number and percentage of CSOs that have functional referral linkages with a public or private provider in delivering HIV services.
CSOs and vulnerable groups actively involved in planning, policy formulation, budgeting, M&E of HIV activities at national and subnational levels.	Proportion of CSOs and/or vulnerable groups actively engaged in planning, policy formulation, budgeting and M&E of HIV activities with government at national/central, district/provincial and community/village level.
Number of CSOs involving people infected by HIV and other affected communities at all levels in decision-making.	Number of CSOs involving people infected by HIV and other affected communities at all levels of decision-making including planning, implementation and M&E.
Existence of effective CSOs in countries with mechanisms in place for citizens to express views to government bodies.	Recognized CSOs in place to receive and channel citizens' feedback to government bodies.

Annex 1:

Guidance for conducting community consultations

Step 1: Consider what you know

- What information exists already on community-level interventions taking place?
- What contact/organizational databases have been used in the past?²⁰
- How extensive is the CSS component the CCM seeks to submit a proposal for?
- Is CSS to address a general or concentrated epidemic? And if concentrated, which at-risk groups?

Step 2: Decide the size of the consultation

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

Step 3: Choose a venue

- Selecting an appropriate venue for a community consultation may have more influence on the meeting than you would think.
- Select a venue that community members are familiar with and which is easy for most to reach.
- Make sure the venue you choose is “neutral”. That means the venue should not be the office of a CSO, because this might indicate a preference for one over another, and it should not be in a government building or a publicly or nationally supported premises or in a faith-associated venue (again, this may indicate a religious preference in a multi-faith environment).

²⁰ 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.

- Calculate whether choosing one particular venue may use resources one could otherwise use to hold several smaller meetings in less expensive venues.

Step 4: Sending invitations

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

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

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

Step 5: Organizing the consultation

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

Step 6: Go prepared

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

- what they think is needed to improve the overall capacity to deliver services;

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

Step 7: While the meeting is taking place, you should:

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

Step 8: After the community consultation is finished, you should:

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

Annex 2:

Draft agenda for community consultation

I. Welcome participants and introduction

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

(recommended time: one hour)

II. Organizational profile

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

(recommended time: one hour)

III. Partnership matrix

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

(recommended time: one hour)

(Ensure participants are given a break at this stage)

IV. Assessing community-level needs: core feedback

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

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

(recommended time: two hours)

V. Summary and conclusions

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

(recommended time: one hour)

Annex 3: Organizational profile template²¹

1. Full title of the organization/network:
2. Contact details of the organization (include the name of the director and contact details for the organization, including postal address, telephone number, fax number and email address):
3. When was the organization established? (indicate month and year):
4. Is the organization legally or officially registered? (indicate details of when and how/with which body):
5. Location and coverage (indicate where their office is [if any], where they work, which provinces, communities/villages and the geographical coverage of their organization/people they reach):
6. Organizational structure (main jobs, number of full-time or part-time staff, paid or unpaid, number of volunteers; is there a board of trustees? indicate lines of responsibility and reporting):
7. Overview of activities (indicate the organizational mission and objectives; which groups the organization works with, key issues, focus of projects or programmatic activities):

²¹ The following organizational profile template is based upon the International HIV/AIDS Alliance Network Capacity Analysis Tool and the NGO Capacity Analysis Tool, both of which can be found on: www.aidsalliance.org

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

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

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

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

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

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

Annex 4:

Organizations providing guidance on CSS and tools available

<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria</p>	<p>Round 9 Proposal Form and Guidelines Community Systems Strengthening fact sheet www.theglobalfund.org/en/rounds/9/</p>
<p>The International HIV/AIDS Alliance</p>	<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.</p> <p>Civil society success on the ground: Community Systems Strengthening and dual track financing www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=326 A Framework for organizing and analyzing data regarding CSS in Round 8 www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=334&language=en</p> <p>In addition, the Alliance produces several toolkits for working with communities and assessing NGO/CBO/network capacity which are very effective; they can all be found at www.aidsalliance.org.</p> <ul style="list-style-type: none"> • Network capacity analysis: A toolkit for assessing and building capacities for high quality responses to HIV • NGO capacity analysis: A toolkit for assessing and building capacities for high quality responses to HIV • Intermediary capacity analysis
<p>Aidspan</p>	<p>Aidspan produces a number of guides on Global Fund processes including the Guide to Round 8 applications and the proposal form and A guide to building and running an effective CCM. www.aidspan.org/index.php?page=guides</p>
<p>CSAT</p>	<p>The Civil Society Action Teams provide guidance to civil society on Global Fund processes as well as facilitating technical support for civil society. www.icaso.org/csats.html</p>

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 80 countries worldwide.



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