

A framework for analysing and organising data regarding community system strengthening in Round 8

Overview

The framework aims to help with assessing community systems strengthening needs and organizing data and costs for integration into Round 8 proposal development. It is based on existing Global Fund and other tools for assessing and planning capacity building with civil society organisations (CSOs).

The framework is in 4 parts: 1) gap analysis; 2) prioritization; 3) objective setting; 4) operational planning

The Global Fund has provided a broad description of CSS and this framework aims to provide a focus for consultation and planning by proposing more details of the core processes that may be considered for strengthening. These core processes may be defined in different ways with regard to different types of organizations and different roles that they may play in Global Fund grant management and implementation. The framework may therefore be adapted as necessary. However, it will be important to maintain focus during consultations as time is short and where there are so many actors involved in such a broad area of CSS there is a real risk of losing track of the purpose of the exercise. The framework provides a structure for facilitating consultations and organising findings.

CSS in the Round 8 proposal form

It is important to read the Global Fund guidelines regarding CSS to better understand what to write about CSS and where to include CSS analysis and planning in the form. It is also important to read the Global Fund fact sheet on CSS. The relevant excerpt of the guidelines is annexed to this document.

Note that support for community systems strengthening initiatives may be requested either through a disease-specific approach (e.g., included in s.4.5.1.) OR where appropriate to the weaknesses and gaps identified a proposal may include initiatives for community systems strengthening within the framework of the HSS cross-cutting interventions optional additional section (s.4B).

There is no single section of the proposal that addresses CSS. It is therefore important to build and follow the logic of what is being proposed for CSS by considering what should be included about CSS in each section of the proposal. It is advisable to ensure that CSS is mentioned to a greater or lesser extent in all relevant sections. The main sections to consider are:

Section 4.3 – Major constraints and gaps

- sections 4.3.2 and 4.3.3 provides an opportunity to make the link between the health system and CSS

Section 4.4 – Round 8 priorities

- gaps in the coverage of CSS activities can be mentioned here

Section 4.5 – Implementation strategy

- CSS-related goals, impact/outcome indicators and objectives should be included in section 4.5.1
- lessons learned from implementation experience related to CSS should be included in section 4.5.3
- CSS-related strategies and plans to enhance social and gender equality should be included in section 4.5.4
- Plans for partnerships with the private sector regarding CSS should be included in section 4.6.3

Section 4.7 – Program sustainability

- CSS is mentioned explicitly under section 4.7.1, Strengthening capacity and processes to achieve improved HIV outcomes – it is very important to describe clearly how investment in CSS will contribute to improved HIV outcomes
- Section 4.8 – Measuring impact
- CSS plans to strengthen monitoring and evaluation systems should be included in section 4.8.3

Section 4.9 – Implementation capacity

- CSS strategies and plans for improving coordination between implementers and for strengthening implementation capacity should be included in sections 4.9.5 and 4.9.6

Section 5 – Funding request

- Gaps in CSS funding should be included in section 5.1 and details of CSS budgeting in 5.2 (note that sub-sub-recipients' budgets are mentioned explicitly in the form)
- When organizing the costs of CSS activities, take note of the 13 GF Round 8 cost categories that are most relevant to each activity (these categories are annexed to this document)

Step 1: Gap analysis

CSS areas	Core processes	Key capacities/skills/processes to consider	Main gaps
Capacity building	Governance, leadership and strategy	Clarity of mission and strategic planning Effective organizational governance and leadership Clarity of structure and responsibilities, transparent decision making, and internal accountability systems	
	Financial management and systems	Recording transactions and balances Disbursing funds to sub-recipients and suppliers in a timely, transparent and accountable manner ¹ Maintaining an adequate internal control system Supporting the preparation of regular reliable financial statements including for internal management purposes Safeguarding organisational assets	
	Programme management and arrangements	Legal status and authority to enter into agreements ² Project cycle management, work planning, internal reporting and coordination Adequate HIV/AIDS and cross functional expertise (e.g. project cycle management, finance, procurement, legal, M&E) Effective systems for undertaking assessments of implementing partners, planning, delivery/management and monitoring of technical support for capacity building of implementing partners	
	Monitoring and evaluation	Collecting and recording programmatic data with appropriate indicators and quality control measures Preparing regular reliable programmatic reports Making data available for the purpose of internal programme management, evaluations and other studies	

¹ The relevance of this process depends on the type of organisation, e.g. is relevant to a lead SR working with SSRs

² This may not be relevant to all organisations, e.g. grassroots self-help groups

Step 1: Gap analysis contd.

CSS areas	Core processes	Key capacities/skills/processes to consider	Main gaps
Capacity building contd.	Human and material resources	Adequate staffing for leadership, management, administration, implementation and technical support Systems for human resources (staff and volunteers) development management and motivation including access to knowledge and skills in HIV programming, technical support and grant management (training, exchange, mentoring etc.) Adequate infrastructure and information systems to support implementation including logistics and administration	
Building partnerships	Networking & advocacy	Awareness and working relationships with others Research, documentation, and external communication Consultation with partners/stakeholders, synthesis and representation of information and interests, accountability and feedback	
	Collaboration with health system entities ³	Degree of meaningful engagement with relevant local and national health systems entities – to contribute to policy and planning, and improve access, uptake and quality of services ⁴	
	Coordination	Degree of meaningful engagement with local and national coordinating bodies – to contribute to planning, assessment, programme design and oversight, referral, resource allocation, and decision making	
Sustainable financing	Planning for financial requirements	Costed strategic and annual plans (budgeting) Resource mobilisation strategy and plans, diversifying funding bases, income generation Financial risk identification and management	
	Institutional relations	Strategic partner identification and mobilisation Development and maintenance of donor relations Donor and other partner reporting	

³ Entity = policy and planning authorities and service providers

⁴ Particularly with key affected populations - UNAIDS defines affected populations as follows: women and girls, youth, men who have sex with men (MSM), injecting and other drug users, sex workers, people living in poverty, prisoners, migrant laborers, people in conflict and post-conflict situations, refugees and internally displaced persons. This definition relates, in principle, to vulnerable groups affected by HIV and AIDS but may be extended to tuberculosis and malaria, whereby youths, particularly infants, migrants and people living in poverty are considerably susceptible to the two diseases, whether directly or indirectly.

Step 2: Prioritisation

CSS areas	Core processes	Main constraints and gaps	Priorities
Capacity building	Governance, leadership and strategy	... From step 1...	... to identify...
	Financial management and systems		
	Programme management and arrangements		
	Monitoring and evaluation		
	Human and material resources		
Building partnerships	Networking & advocacy		
	Collaboration with health system entities ⁵		
	Coordination		
Sustainable financing	Planning for financial requirements		
	Institutional relations		

⁵ Entity = policy and planning authorities and service providers

Step 3: Objective setting

CSS areas	Core processes	Priorities	Objectives
Capacity building	Governance, leadership and strategy	... From step 2...	... to identify...
	Financial management and systems		
	Programme management and arrangements		
	Monitoring and evaluation		
	Human and material resources		
Building partnerships	Networking & advocacy		
	Collaboration with health system entities ⁶		
	Coordination		
Sustainable financing	Planning for financial requirements		
	Institutional relations		

⁶ Entity = policy and planning authorities and service providers

Step 4: Operational planning

CSS areas	Core processes	Objectives	Activities	Indicator targets	Lead organisation	Budget
Capacity building	Governance, leadership and strategy	... from step 3...	... to identify...	... to identify...	... to identify...	... to calculate...
	Financial management and systems					Refer to R8 cost categories
	Programme management and arrangements					
	Monitoring and evaluation					
	Human and material resources					
Building partnerships	Networking & advocacy					
	Collaboration with health system entities ⁷					
	Coordination					
Sustainable financing	Planning for financial requirements					
	Institutional relations					

⁷ Entity = policy and planning authorities and service providers

Annex 1: Excerpt of the Round 8 guidelines on CSS (see section 4.7.1)

The Global Fund recognizes that strong service delivery is required throughout the health system to have an impact on the three diseases.

This question therefore seeks information on how the activities/interventions to be undertaken strengthen overall service delivery. (*s.4.9.6. asks specifically what management and technical assistance is requested during the proposal term to support implementation*).

When responding to this question, applicants should not limit their responses to the government sector. Rather, focus should also be given to the capacity strengthening of the private sector and/or the broad range of non-government sectors referred to in other parts of these Guidelines.

In particular, applicants are encouraged to include *community systems strengthening* activities/interventions in their proposals where the planned activities/interventions respond to weaknesses and gaps that have been identified as barriers to increasing demand for, and access to, services at the local level for *key affected populations* (including women and girls), sexual minorities, and people who are not covered with services due to stigma, discrimination and other social factors.

Community systems strengthening initiatives may include (but are not limited to):

- **Capacity building** of the core processes of community based organizations (CBOs) through: *physical infrastructure development* - including obtaining and retaining office space, holding bank accounts, strengthening communications technology; or *organizational systems development* - including improvements in the financial management of CBOs (and identification and planning for recurrent costs); development of strategic planning, M&E, and information management capacities;
- **Systematic partnership building** at the local level to improve coordination, enhance impact, avoid duplication, build upon one another's skills and abilities and to maximize service delivery coverage for the three diseases; and/or
- **Sustainable financing**: creating an environment for more predictable resources over a longer period of time with

provided that the support requested is demonstrated to be linked to improved service delivery and outcomes for the three diseases.

Support for community systems strengthening initiatives may be requested through a disease-specific approach (e.g., included in s.4.5.1.). In addition, where appropriate to the weaknesses and gaps identified in s.4.3., a proposal may include initiatives for community systems strengthening within the framework of the HSS cross-cutting interventions optional additional section (s.4B). Refer back to the community systems strengthening fact sheet in Part A1 of these Guidelines.

As explained in s.4.5. of these Guidelines, applicants who believe it appropriate to their in-country setting, may apply for funding for 'HSS cross-cutting interventions' in a distinct section in one disease, where the interventions benefit more than one of the three diseases. (Refer to the Board's decision entitled, 'Global Fund's strategic approach to health systems strengthening', GF/B16/10).

Additional Guidance from Aidsplan

Section 4.7.1 is asking you to describe how the activities included in this proposal will contribute to strengthening the government and non-government sectors. It is a general question, related to the broad range of initiatives in the proposal. Later, in [Section 4.9.6](#), you will have an opportunity to describe what management and technical assistance activities have been included in the proposal.

In its guidance above, the Global Fund describes the types of community systems strengthening activities that can be included in your proposals. An increased emphasis on community systems strengthening is one of the new features of Round 8 (see "[Community Systems Strengthening](#)" in Chapter 2: What's New for Round 8). Applicants should therefore read the guidance provided above **before** designing their implementation strategy for this proposal.

Annex 2: Round 8 cost categories

Activities identified for strengthening community systems will vary with regard to which GF cost category to use. For example, the costs of a 'home-based care' intervention may be broken down into the following activities and cost categories:

Description	Cost Category for table 5.4
<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>

Round 8 Cost Categories:

	Category	Expenditure examples
1	Human Resources	Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs.
2	Technical and Management Assistance	Costs of all consultants (short or long term) providing technical or management assistance, including consulting fees, travel and per-diems, field visits and other costs relating to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management).
3	Training	Workshops, meetings, training publications, training-related travel, including training per-diems. <i>Do not include employee training-related human resources costs that should be included under the Human Resources category).</i>
4	Health Products & Health Equipment	Health products such as bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials and other consumables. Health equipment such as microscopes, x-ray machines and testing machines (including the 'Total Cost of Ownership' of this equipment such as reagents, and maintenance costs). (Total cost of ownership includes the cost of reagents and other consumables, and annual maintenance to ensure that the equipment operates effectively.) <i>Do not include other types of non-health equipment, as these costs should be included under the Infrastructure and Other Equipment category below.</i>
5	Pharmaceutical products (<i>medicines</i>)	Cost of antiretroviral therapy, medicines for opportunistic infections, anti-tuberculosis medicines, anti-malarial medicines, and other medicines. <i>Do not include insurance, transportation, storage, distribution or other like costs. These costs should be included in Procurement and Supply Management costs below.</i>
6	Procurement & Supply Management costs	Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling. Warehouse, PSM office facilities, and other logistics requirements. Procurement agent fees. Costs for quality assurance (including laboratory testing of samples), and any other costs associated with the purchase, storage and delivery of items. <i>Do not include staff,</i>

	Category	Expenditure examples
		<i>management or technical assistance, IT systems, health products or health equipment costs, as these costs should be included in the categories above.</i>
7	Infrastructure and Other Equipment	This includes health infrastructure rehabilitation and renovation and enhancement costs, non-health equipment such as generators and beds, information technology (IT) systems and software, website creation and development. Office equipment, furniture, audiovisual equipment, vehicles, motorcycles, bicycles, related maintenance, spare parts and repair costs.
8	Communication materials	Printed material and communication costs associated with program-related campaigns, TV spots, radio programs, advertising, media events, education, dissemination, promotion, promotional items.
9	Monitoring & Evaluation	Data collection, surveys, research, analysis, travel, field supervision visits, and any other costs associated with monitoring and evaluation. <i>Do not include personnel, management or technical assistance or IT systems costs, as these costs should be included in the categories above.</i>
10	Living support to clients/target populations	Monetary or in-kind support given to clients and patients E.g.: school fees for orphans, assistance to foster families, transport allowances, patient incentives, grants for revenue-generating activities, food and care packages, costs associated with supporting patients charters for care.
11	Planning and Administration <i>Do not include CCM support costs in the Round 8 proposal**</i>	Office supplies, travel, field visits and other costs relating to program planning and administration (including in respect of managing sub-recipient relationships). Legal, translation, accounting and auditing costs, bank charges etc. Green Light Committee contributions (refer to s.4.10.7). <i>Do not include human resources costs here - they should be included under the Human Resources category above.</i>
12	Overheads <i>Do not include CCM support costs in the Round 8 proposal**</i>	Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees.
13	Other <i>Do not include CCM support costs in the Round 8 proposal**</i>	Significant costs which do not fall under the above-defined categories. Specify clearly the type of cost. Applicants are able to add additional rows to this table should there be other national budget cost categories that are not covered by the above categories.

****** *Commencing from November 2007, CCM (and Sub-CCM) support costs are provided through a separate budget from the Secretariat, and not through grant funds. Applications for this support are made through a separate form, and subject to review, those costs will be provided through a separate Secretariat budget. Information on those costs is available at: <http://www.theglobalfund.org/en/apply/call8>*