Report

on Community Systems Strengthening (CSS)

Training Session

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ICASO is the global host of CSAT

A: Background

This training was held as part of the CSAT global planning meeting held in Nairobi from November 15-17, 2008. The training session, held on November 18, 2008 was attended by six participants representing the various regions covered by CSAT. The participants were: Natalia, Jesus, Pablo, Kibibi, Richard (KANCO) and Esta (EUNNASO). The training covered four objectives:

1. Define communities and community organizations (COs), types of COs and their role in HIV and AIDS prevention and mitigation;
2. Define community systems strengthening (CSS) and its implications;
3. Understand how to help COs fulfil their role through the integration of CSS components in Global Fund (GF) programs; and
4. Learn how to put in place M&E systems to track the effectiveness of CSS components.

The presentation was done in a PowerPoint style that included discussions during and after the presentation (the training timetable is annexed for reference). This report outlines the training content on each of the topics and includes key points that arose during discussions. There is a conclusion that attempts to highlight some of the key areas for CSAT at the global level in support of COs seeking to apply for CSS funds and for the regional teams supporting COs applying for funds or implementing CSS.

B: Content and discussion

(1) Define communities and community organizations (COs), types of COs and their role in HIV and AIDS

Traditionally, a community has been considered as 'a geographical location.' However, the term community has evolved and is largely applied to any group sharing a common attribute including values. The shared attributes could be: locality; experience (e.g. youth); ethnicity/clannism; and interest (e.g. supporting people living with HIV and AIDS). In any given locality, there are different communities within the community. For example:

- ethnic community (e.g. predominant ethnic group);
- faith community (e.g. Christians of a particular faith);
- street families;
- people living with HIV and AIDS;
- gay, lesbian, bisexual community;
- health community; and
- elderly, women, youth communities among others.

Key discussion points:

- Need to differentiate between movements (gay, lesbian movements) and communities. What exist in many developing countries are movements rather than recognized communities. In some contexts, such as Kenya, gay/lesbian groups could be referred to as evolving communities.
- The danger of classifying people as 'living with HIV and AIDS' is that the condition becomes their identity thereby overshadowing their personality.
- Although the identity with HIV and AIDS was critical in the initial stages of the condition, it is increasingly important to advocate and support the integration of HIV-positive people within the broader community.

Types of Community Organizations

COs were, in many contexts within the sub-Saharan region, the initial groups that spontaneously responded to HIV and AIDS. Most of the initiatives were *ad hoc*, small with neither formal organization nor clear-cut guiding strategy. In deed, many of the founders acknowledge that they were operating from 'the heart'. However with time, COs have have evolved and continue to contribute immensely to the mitigation efforts through a variety of organizational types, including:

- Home-based care organizations;
- Support organizations for people living with HIV/AIDS, including post-test groups;
- Faith-based groups;
- Women's groups;
- Youth organizations;
- Private sector organizations; and
- Key populations (e.g. MSM and commercial sex workers).

Role of COs in HIV and AIDS

Despite their different origins and formations, COs continue to play key roles in HIV and AIDS prevention and mitigation. Firstly, they are key actors in community mobilization for action. Indeed, breaking the silence was an initiative that saw a lot of PLWHA speak openly about their status. Secondly, COs are key in creating awareness and community level education on HIV and AIDS. This has been most successful in the fight against stigma and discrimination. The third area has been service provision in the form of care and support to those infected and affected by HIV and AIDS; and home-based care, as a specific intervention. Lobbying, advocacy and representation of key populations in decision-making remain important contributions of COs in HIV and AIDS.

Key discussion points

- Most COs started as self-supporting groups.
- Faith-based groups are active in HIV and AIDS interventions.
- In Kenya, through the support of KANCO, commercial sex workers are supported to form groups that are then registered as community-based organizations with activities aimed at empowering the members economically and socially.

(2) Define CSS and its implications

Global Fund defines CSS as '*initiatives that contribute to the development and/or strengthening of COs in order to improve knowledge of, and access to improved health service delivery.*' CSS may focus on: (i) building capacity; (ii) building partnerships; (iii) complementing health service delivery; and (iv) sustainable financing. What GF provides are indications of areas of focus rather than strict guidelines on what should or should not be included in CSS.

(i) Building capacity: This has two components:

a. *Physical infrastructural development*: areas covered include obtaining office space, holding bank accounts, etc, to facilitate the work of COs. This intervention addresses a critical challenge to COs – that of being able to work in an appropriate environment.
b. *Organizational systems development*: the support can be utilized to support financial management, strategic planning, M&E, and information management capacities. This is mainly an appreciation of the fact that a large proportion of COs may not have systems, and where such systems exist, they would require general strengthening.

(ii) Building partnerships: partnerships are critical to the success of any community level intervention. It is therefore important for partnerships to be fostered around CSS in order to achieve a range of benefits including:

- improved coordination;
- enhanced impact;
- avoidance of duplication;
- leverage on the experience of others working on similar issues;
- creation of a caucus for lobbying; and
- building a case to address community level issues.

(iii) Complementing health service delivery: It is recognized that the poor and vulnerable groups (those that tend to bear the brunt of HIV and AIDS once infected and affected) face enormous challenges in accessing healthcare and other services, therefore, CSS could be an entry point into several activities. These include:

- income generating activities for women, youth and other affected groups;
- sporting activities to address youth idleness;
- skills building for key populations; and
- recreation activities for children living in resource poor environments, such as slum areas.

(iv) Sustainable financing: One of the greatest challenges for HIV and AIDS interventions is lack of sustainable mechanisms for continued support to target populations. Through CSS, it is possible to:

- support COs to plan for and achieve predictability of resources over a longer period of time; and
- explore access to community-level resources because these tend to be more sustainable, e.g. building strong partnerships with the government and the private sector.

Rationale for CSS

CSS provides multiple opportunities for COs to enhance their activities at the lowest level of intervention. In addition, many COs are based in rural and/or remote areas, and in slum communities. COs operating at this level are predominantly characterized by:

- limited human resources;
- lack of sufficient expertise and experiences;
- lack of or inadequate systems; and
- overwhelming demand from the communities mainly because of the high poverty and vulnerability levels of the populations they support.

Key discussion points

- Natalia informed the participants that GF only provides guidelines. It is not prescriptive of what is fundable but any CSS application should be in line with the country objectives.
- CSS funding is not new – countries in Latin America have successful received funds for CSS in the past.
- CSS grant proposals have to show linkages between the interventions and increasing access to health care access, which is the main focus for GF
- There is need to learn from Latin America through reviewing proposals that have been funded in comparison to those from Africa that have been rejected and to apply the lessons in the future grant applications.

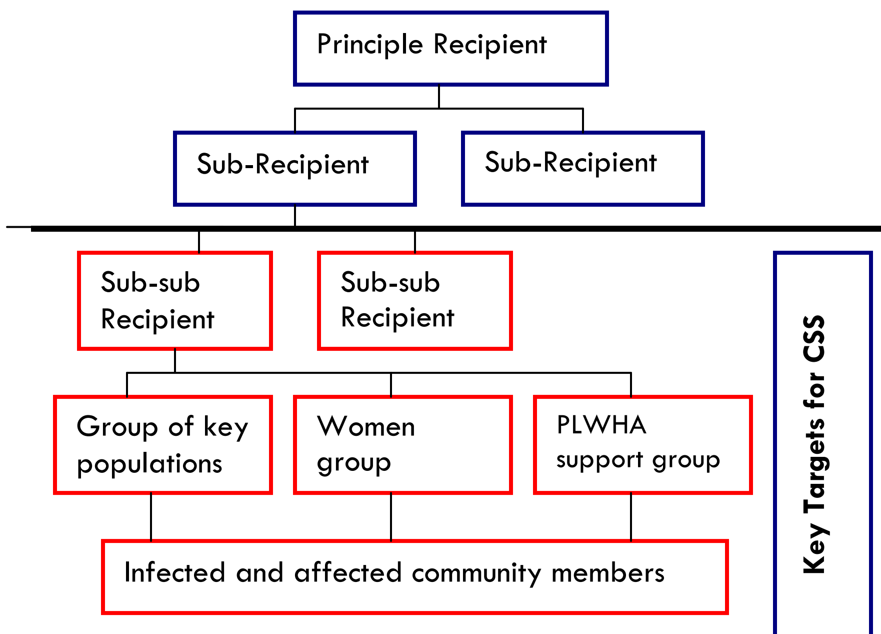
(3) Understand how to help COs fulfil their role through the integration of CSS components in Global Fund programs

For an effective CSS grant proposal, there is need to understand the community needs which should be packaged in alignment with the national objectives. There are three main steps in identifying CSS needs:

- identify and document challenges facing COs;
- analyze both internal and external challenges; and
- define strategies for including community level issues in GF grant proposals.

The matrix below is a figurative depiction of the level at which CSS support should be extended for effective HIV and AIDS interventions.

Global Fund Target for CSS



The following should act as guiding principles in the identification of challenges facing the COs:

- identify gaps in meeting the needs of people infected and affected by HIV/AIDS;
- establish the extent of coverage by COs and their areas of focus (e.g. there may be an over-concentration on OVC care but limited attention to widowers); and
- assess the capacity of the COs to fulfill their mandate and document capacity gaps.

The process of characterizing COs should also consider the internal and external challenges facing these groups, especially those organizations that work at the grassroots level. The internal challenges include:

- poor planning – some do not engage in collaborative planning;
- limited engagement of communities in planning, implementing, monitoring and evaluating interventions;
- limited resources or unreliable/unpredictable flow of resources;
- limited human capacity, sometimes coupled with limited knowledge; and
- lack of monitoring and evaluation systems.

The external challenges encountered by COs include:

- multiple needs that go beyond the capacity of the COs;
- competition among COs for scarce resources – both human and financial;
- lack of transparency among COs - for fear of competition, etc;
- inadequate representation at the decision-making level – their voices remain muzzled; and
- stigma, discrimination and/or criminalization of some of the membership of COs (e.g. gay groups and commercial sex workers).

The following strategies are critical for CSAT and other groups supporting the development of country grant proposals to ensure that community issues are reflected and addressed:

- facilitate the formation of CO networks and coalitions;
- facilitate needs assessments of the target communities and various COs, networks and coalitions;
- support, facilitate and mobilize resources for skills building in specific areas including:
  - community mobilization;
  - program planning (including community engagement);
  - program implementation;
  - monitoring and evaluation; and
  - financial and human resource management;
- support training in partnership building;
- support the development of sound proposals by the stronger COs who are able to qualify as principle recipients or sub-recipients; and
- ensure the grantees represent community realities by integrating the needs of marginalized groups.

Key discussion points

- CSS funding can be and should be utilized to create sustainable mechanisms at the community level.
- Need to ensure that CSS is an integral part of country applications.
- Partnerships are important between COs, Government and the private sector more so because health is a business that is aimed at improving people's quality of life and wellbeing.

(4) Learn how to put in place M&E systems to track the effectiveness of CSS components

Why is M&E necessary?

M&E should be part and parcel of the proposal development process mainly because it:

- guides each step of the process of project planning, implementation and evaluation;
- helps in deciding the type of information necessary for the intervention;
- minimizes the use of time on gathering information that may not be necessary;
- helps in identifying the best possible methods and strategies for getting the needed information; and
- helps in defining a reasonable and realistic timeline for monitoring and evaluating the intervention.

Steps for developing an M&E plan

There are five main steps for developing a sound M&E plan:

a. Analyze the situation;
b. Decide on the scope, focus and type of the intervention;
c. Formulate the objectives, outputs and outcomes;
d. Determine the strategies, activities and indicators; and
e. Determine actors, time plans and budgets.

(a) Why do you need to analyze the situation?

- Allows those involved to pool their knowledge on the problem;
- Clarifies the problem and the possible factors that may be contributing to it; and
- Facilitates decisions on the focus of the intervention.

The main steps in analyzing the problem include:

- Literature review (both published and unpublished sources are important).
- Formative research (baseline survey) or discussions with key players.
- Specify and describe the problem:
    - the nature of the problem; the discrepancy between '*what is*' and '*what should be*';
    - the distribution of the problem – who is affected, when, and where;
    - the size and intensity of the problem – is it widespread, how severe is it, what are the consequences (e.g. exclusion, lack of representation, marginalization, etc).

(b) Decide on the scope, focus and type of the intervention

There are three main factors to consider in deciding on the scope of the intervention:

- *Appropriateness of the intervention:* will the planned intervention help improve the health outcomes of the target population?
- *Feasibility:* is it possible to implement the intervention in the selected area(s) and within the outlined timeframe?
- *Duplication:* is a similar intervention being implemented in the same area?

(c) Formulate the objectives, outputs and outcomes

An Objective:

- Summarizes what the project should achieve.
- Must be closely related to the problem:
    - E.g. if the problem identified is '*weak financial management systems*' the general objective could be to '*facilitate skills transfer on financial management to COs in slum areas in Nairobi.*'
- The general objective should be broken down into smaller, logically connected parts that spell out in detail what the intervention would focus on to achieve its aim.

Objectives for CSS, like other programs, must be SMART:

- **Specific:** The objective states a specific output to be accomplished – in numbers, percentages, frequency, reach, scientific outcome.
- **Measurable:** The objective can be measured and the measurement source is identified.
- **Achievable:** The objective or expectation of what will be accomplished is realistic given the time period, working conditions, resources, etc.
- **Relevant:** The output of the objective supports the stated purpose of the project.
- **Time-bound:** The objective clearly states when the objective will be accomplished.

In general terms - *outputs* are information, products, or results produced by undertaking activities or projects (0-2 years), while *outcomes* are broad changes in development conditions. Outcomes help us answer the 'so what' question (2-5 years), and *impacts* are the overall and long-term effects of an intervention (5-10+ years).

(d) Determine the strategies, activities and indicators

Strategies are broad statements of what will be done to actualize the objectives, for example:

- community mobilization;
- training;
- advocacy;
- partnership creation; and
- policy formulation.

Activities describe the inputs into the intervention to ensure that the outlined strategies are fulfilled, for example, community mobilization would entail:

- identifying the community structures;
- holding a number of community meetings;
- conducting a number of workshops with key stakeholders; and
- using community radios and other forms of communication to reach the target population.

Indicators are units of information measured over time that document change. They provide evidence of how much has been or has not been achieved. They are usually quantitative (number-related) measures but may also be qualitative (narrative-related) observations. In addition, they enable a large amount of data to be reduced down to its simplest form. For example, a CSS indicator would be a 'number *of organizations supported to set up financial management systems in the last 12 months.*'

(e) Determine actors, time plans and budgets

Actors: HIV and AIDS interventions are multi-sectoral hence the need to determine during the planning period who the main actors would be and their respective roles. The main actors for a CSS would include:

- communities – including vulnerable groups;
- COs – those based in the community;
- departments and ministries of health, public works, education, etc (depending on the intervention);
- private companies; and
- global level stakeholders.

Time plans: Sequencing of monitoring and evaluation visits is important because it:

- facilitates planning of the intervention activities in a logical manner;
- allows a feedback mechanism to be an integral part of the program;
- ensures accountability; and
- facilitates budgeting.

Budgets are the anticipated costs of M&E. The main challenge for COs is a failure to adequately budget for M&E. Items that should be budgeted for include:

- data collection activities (e.g. training, hiring research teams);
- data processing and analysis;

- travel (transport and allowances during planning and data collection periods);
- supplies (pens, paper, files, etc);
- communication (internet, courier, telephones, etc);
- staff time; and
- administrative costs (although some institutions do not pay for this).

Key discussion points

- It is important to have an M&E plan from the initiation of a program. It may require capacity building within COs to ensure that they are able to monitor and integrate the results into refining the respective program.
- Budgets for M&E are usually scrutinized and tend to be cut depending on the funding situation and institution. However, Natalia informed the participants that GF is keen on M&E and having this component in a grant proposal could actually endear it to the reviewers.
- In terms of addressing the CSS needs, the process would entail isolating the issues that could be addressed at CSAT global level, GIST and GF Secretariat; and those that could be addressed at the regional and country levels.
- The need for more regular contact between CSAT and the regional hubs was realized especially when they were supporting the development of grant proposals. It was suggested that weekly calls would be more appropriate rather than the current bi-monthly calls.

C: Conclusion

The following emerged as key areas for consideration by CSAT at the global level and the regional teams as they seek to apply for and/or support countries in applying for CSS grants.

a. CSAT should deepen its interaction with the global teams including the GF Secretariat and GIST in view of being continually informed on new ideas and information that would support groups developing CSS grant proposals.
b. Harmonize tools and guidelines for use by regional hubs and their country counterparts in assessing the capacity of COs in planning, implementing, monitoring and evaluating CSS interventions.
c. Acquire and analyze proposals from Latin America that have been successfully funded drawing lessons for the other regions which are yet to get a funded proposal.
d. Extend training on CSS to countries and COs to ensure that CSS is incorporated into country grant proposals to GF and that the capacity of COs to implement CSS is enhanced.
e. Maintain regular communication between CSAT global and the regional hubs to respond to issues as they emerge at the operational level.

Annex 1: Training Program for CSAT Team
November 18, 2008

Time	Topic	Objective
0900 - 0915	▪ Introduction to the training ▪ Explore participants' expectations	Build rapport and understand participants' expectations
0915 - 0945	Define *community* and *community organizations*, types of community organizations and their role in response to HIV and AIDS	Generating a common understand on the terms community and community organizations within the contexts of HIV/AIDS programming
0945 - 1030	Define Community Systems Strengthening and its implications for HIV and AIDS programming	Create an understanding of CSS and its importance in HIV and AIDS programs
1030 - 1045	Break	
1045 - 1130	Understand how to facilitate COs to fulfill their role through the integration of CSS components in Global Fund programs?	Consensus building on the necessary processes for ensuring the inclusion of CSS in GF program grants
1130 - 1200	Learn how to put M&E systems in place to track the effectiveness of community strengthening components of Global Fund programs	Acquire knowledge on the processes necessary for establishing a CSS M&E system