WORKING
TOGETHER

a community-driven guide
to meaningful involvement
in national responses to HIV

2015

ACKNOWLEDGEMENTS

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until **we** end aids

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ABBREVIATIONS

AAI....................................AIDS Accountability International
AfriCASO.......................African Council of AIDS Service Organizations
ALCS................................Association de lutte contre le SIDA
The Alliance ....International HIV/AIDS Alliance
ANCS ....Alliance Nationale Contre le SIDA
APNSW ....Asia Pacific Network of Sex Workers
CCM.................................Country Coordinating Mechanism
CSO ....Civil society organization
EHRN...............................Eurasian Harm Reduction Network
GIPA ....Greater involvement of people living with HIV
Global Fund ....The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+...............................Global Network of People Living with HIV
KAP..................................Key affected populations
LGBT................................lesbian, gay, bisexual and transgender
M&E ....Monitoring and Evaluation
MDG ....Millennium Development Goals
MSM ....Men who have sex with men
NFM.................................New Funding Model (Global Fund)
NGO.................................Non-governmental organization
NSP..................................National Strategic Plan
PLWD ....People living with the diseases (HIV, TB, Malaria)
PR ....Principal Recipient
SASOD............................Society Against Sexual Orientation Discrimination
UNAIDS ....Joint United Nations Program on AIDS
UNDP ....United Nations Development Program
UNFPA ....United Nations Population Fund
WHO................................World Health Organization

Contents

PART **1**

WHAT IS MEANINGFUL INVOLVEMENT OF THE COMMUNITY SECTOR AND WHY DOES IT MATTER?

Part 1 introduces *Working Together*, outlines what is meant by meaningful involvement of the community sector and explains why it matters. It contains the following Sections:

1.1   What is *Working Together*?

1.2   Who is *Working Together* for and how can it be used?

1.3   What is the community sector?

1.4   What is meaningful involvement of the community sector?

1.5   Who can strengthen meaningful involvement of the community sector?

1.6   What are key opportunities for meaningful involvement of the community sector?

1.1 What is *Working Together*?

Working Together is a guide to increase and improve the meaningful involvement of the community sector in all aspects of national responses to HIV, with an emphasis on national planning and decision-making processes.

Working Together is based on the understanding and evidence[1] that community sectors have a vital role to play in action on HIV. However, communities often benefit from practical support and the exchange of ideas to strengthen their coordination, consultation and representation.

This guide was developed through a partnership of three lead organizations: International Council of AIDS Service Organizations (ICASO), African Council of AIDS Service Organizations (AfriCASO) and International HIV/AIDS Alliance (the Alliance). It was originally developed as Coordinating with Communities in 2007 and focused on the "Three Ones"[2] – the key framework for national responses to HIV at the time. The guide was tested and further developed in a number of countries.

In 2014, Coordinating with Communities was updated and re-named *Working Together* to include the many changes in relation to funding patterns, policy priorities and scientific developments that have taken place in the area of HIV. The guide has also undergone some changes, for example to include more case studies from real life community sectors. The updates and changes are informed by the experiences of the three lead organizations and their many partners throughout the world. The updated information is also informed by the current frameworks and processes for national action on HIV. These include: National Strategic Plans on AIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; National Health Strategies; National Social and Economic Development Plans; and Post-Millennium Development Goals (MDG) agendas.

Importantly, *Working Together* does not start from scratch. Instead, it brings together the many existing tools, kits and guidelines developed by a wide range of groups and organizations involved in HIV and related areas. These are used and referenced throughout the guide.

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1   For example: *Investing in Communities Achieves Results: Findings from an Evaluation of Community Responses to HIV and AIDS*, Rosalía Rodriguez-García, René Bonnel, David Wilson and N'Della N'Jie for the World Bank, 2013.

2   One agreed action framework; one national AIDS coordinating authority; and one agreed country-level monitoring and evaluation system. *The 'Three Ones': Driving Concerted Action on AIDS at Country Level*, UNAIDS, 2004.

1.2 Who is *Working Together* for and how can it be used?

Working Together is designed to be used by community sectors working on HIV at the national level (as defined in Section 1.3). However, it can also be useful for other stakeholders such as governments, donors and private sector that want to learn about and support meaningful involvement of the community sector.

Working Together is designed to suit different types of community sectors and countries. It provides communities with ideas, options and checklists, from which they can select those that are most appropriate and useful in their specific contexts.

The guide covers involvement in a range of national planning and decision-making forums and processes relating to HIV. It can be used in a number of different ways, such as to design training sessions, inform meetings or support planning processes. These can support community sectors to increase and improve how they:

- **Understand** what meaningful involvement of the community sector is and why it matters.
- **Identify** opportunities for involvement of the community sector in national responses to HIV.
- **Communicate** within the community sector.
- **Consult** within the community sector.
- **Identify** priorities for the community sector.
- **Advocate** on priorities for the community sector.
- **Select** representatives for the community sector.
- **Strengthen** representation for the community sector.
- **Build** partnerships between the community sector and others.
- **Deal** with crises in the community sector.
- **Monitor,** evaluate and learn from the involvement of the community sector.

This guide is focused on HIV. However, it can be adapted to strengthen the involvement of the community sector in national responses to other health issues, such as tuberculosis and malaria.

SECTION ▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

1.3 What is the community sector?

The term community sector covers a wide range of people, groups and organizations. The sector is not one single institution. It is a collection of different interests, opinions, capacities, resources and priorities. In *Working Together*, community sector refers to:

- People living with HIV, their groups and networks.
- Community networks and community-based organizations, including those that are run by and/or for key populations (see *Box 1*).
- Local, national and international non-governmental organizations (NGOs).
- AIDS service organizations.
- Faith-based organizations.
- NGO networks.
- NGO support organizations.

These groups may focus on HIV. However, they may focus on related areas instead. Examples include: sexual and reproductive health; maternal and child health; women's health; human rights; economic development; and harm reduction (for people who use drugs).

Box 1

The term key populations, refers to groups of people who are key to the dynamics of and response to HIV. They include:

- **People** living with HIV
- **Sex** workers
- **Men** who have sex with men
- **Transgender** people
- **People** who use drugs
- **Women**
- **Youth**

When thinking about representation from the community sector, there are a number of considerations to be made to ensure diversity and a range in representation. Some things to consider when preparing invitations to organizations and individuals that represent parts of the community sector include:

- **People living with HIV** (and other diseases where appropriate).
- **Geography** (e.g. groups that are based in the capital, other districts, or rural areas).
- **Size of organizations** (e.g. single person, small operation, large-scale).
- **Level at which organizations work at** (e.g. community, city, district, national, regional, global).
- **Focus of organizations** (e.g. HIV/AIDS, human rights, and women's development).
- **Types of organizations** (e.g. self-help, service provision, network, activist).
- **Cultures of organizations** (e.g. politics, religion, language).

1.4 What is meaningful involvement of the community sector?

Meaningful involvement is about much more than community groups being invited to or included in a meeting. It has specific characteristics. Examples of these - for a national forum or process related to HIV - are outlined below:

☑ *Checklist 1*

GOOD PRACTICE FOR MEANINGFUL INVOLVEMENT OF THE COMMUNITY SECTOR

1 Can the community sector participate **legally** in the forum/process?

2 Can the community sector participate **safely** in the forum/process (for example, without fear of arrest or violence)?

3 Can the community sector select its **own representatives** for the forum/process?

SECTION

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

4 ☐ Does the community sector have **enough representatives** in the forum/process (for example, in comparison to other sectors, such as the government)?

5 ☐ Is the community sector **respected** and listened to within the forum/process?

6 ☐ Can the community sector influence **decision-making** in the forum/process?

7 ☐ Can the community sector play a **leadership** role in the forum/process?

8 ☐ Can the community sector access necessary **support**, such as induction, information, funding and training, to participate fully in the forum/process?

9 ☐ Can the community sector maintain its **independence** and perform a watchdog role in the forum/process?

10 ☐ Are there **structures** or **mechanisms** in place within civil society to coordinate and monitor the involvement of the community sector?

💡 *Ideas list 1*

BENEFITS OF THE INVOLVEMENT OF THE COMMUNITY SECTOR

The meaningful involvement of the community sector can bring many benefits to national responses to HIV. Examples are listed below. Involvement of the community sector can help to ensure that the national response to HIV is:

- **Based on real needs:** The community sector is best-placed to understand and provide evidence about the needs of people most affected by HIV.

- **Focused on "what matters":** The community sector's hands-on work and technical knowledge are vital to identify the services and support that make the biggest difference to people and epidemics.

- **Inclusive:** The community sector has strong links with and includes marginalized groups that are key to the dynamics of HIV and which other sectors are often unable or unwilling to reach out to/include.

- **Participatory:** The community sector has pioneered empowering approaches to HIV that encourage the participation of a broad range of individuals, groups and institutions in all stages and levels of responses.

- **Creative and effective:** The community sector has developed ground-breaking and risk-taking responses to HIV, often in difficult environments and with few resources. Many of these have been carefully monitored and improved over time and are now recognized as global good practice.

- **Comprehensive:** The community sector understands how different issues (such as HIV, maternal health, human rights and gender) combine for community members. In many contexts, it has taken the lead on providing integrated responses that address the "whole person" rather than just one part of someone's health.

- **Non-stigmatizing and non-discriminatory:** The community sector can mobilize action against stigmatizing attitudes and behaviors by tackling the root causes within communities. It is also often willing to identify and challenge discriminatory practices and policies.

- **Rights-based:** The community sector has been at the forefront of promoting rights-based approaches to HIV that, in particular, respect and protect people living with HIV and key populations.

- **Accountable and transparent:** The community sector has developed systems to ensure the ethics and accountability of its work. It can also play a vital watchdog role - holding other sectors to account.

- **Cost-efficient:** The community sector is used to making the most of limited funding. It provides good value for money, with cost-effective approaches that maximize existing local resources.

- **Based on international principles and commitments:** Measures to involve the community sector, such as the greater involvement of people living with HIV (GIPA) principle, are recognized and respected as good practice. Such approaches are also central to international policy commitments, such as the Political Declaration on HIV/AIDS (2011).

1.5 Who can strengthen meaningful involvement of the community sector?

There are many steps that the community sector can take to strengthen its own capacity and involvement in national responses to HIV. For example, this guide provides ideas about how to consult and communicate effectively within the sector and how to select and support high quality representatives.

However, other stakeholders (such as those listed in *Box 2*) can also play vital roles in strengthening the involvement of the community sector in national responses to HIV. Ideas for such roles by the government are listed below.

Box 2

STAKEHOLDERS IN NATIONAL RESPONSES TO HIV

- Government groups, institutions and Ministries
- Parliamentarians
- Multilateral and bilateral donors
- United Nations agencies
- Civic and labour unions
- Media
- Community sector
- Private sector
- Private foundations
- Academic institutions

💡 *Ideas list 2*

HOW GOVERNMENTS CAN SUPPORT COMMUNITY SECTOR INVOLVEMENT

- **Publicly supporting** the role and importance of the community sector in the response to HIV.

- **Building understanding** among government officials about the role, principles and ways of working of the community sector.

- Providing a "**seat at the table**" for the community sector in government-run forums and processes on HIV.

- Allowing the community sector to select its **own representatives** for forums and processes on HIV.

- Having **transparent, formal systems** that enable such representatives to genuinely influence decision-making in such forums and processes on HIV.

- Ensuring that forums and processes on HIV are **inclusive** of all aspects of the community sector, such as being conducted in local languages and providing a safe space for key populations.

- Respecting the right of the community sector to play the role of **independent watchdog**.

- Channeling financial and technical resources to **build the capacity** of the community sector to participate fully, such as through strengthened communications and consultation.

- **Advocating to other sectors**, such as the private sector, about the importance and value of community sector involvement in national forums and processes on HIV.

- Including indicators on community sector involvement in the **monitoring and evaluation** of national forums and processes on HIV.

SECTION ▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

1.6 What are key opportunities for meaningful involvement of the community sector?

In recent years, the context for action on HIV has changed dramatically. This has resulted in challenges in many countries. Examples include reduced funding and weakened political support for HIV programs. However, the context has also brought opportunities. One example has been to integrate HIV into wider and more sustainable programs on health and development.

The following provides a snapshot of opportunities in which community sectors can become involved and can influence national responses to HIV.

OPPORTUNITIES FOR MEANINGFUL INVOLVEMENT OF THE COMMUNITY SECTOR

OPPORTUNITY: NATIONAL STRATEGIC PLAN ON AIDS

EXAMPLES OF COMMUNITY SECTOR INVOLVEMENT:

- **Advocating** for the involvement of communities and other sectors in all steps of the planning process for the Strategic Plan on AIDS.

- **Playing** a leading role in Committees or Working Groups to guide the process and make decisions about the Strategic Plan on AIDS.

- **Contributing** community data and evidence to inform the goals, objectives and activities of the Strategic Plan on AIDS.

- **Including** community sector views in the development of an Investment Case and the identification of national priority interventions.

- **Participating** in consultations on the Strategic Plan on AIDS and using them to advocate for attention to community priorities.

- **Reviewing** and commenting on the draft Strategic Plan on AIDS.

- **Advocating** for a "place at the table" on committees or in processes to implement, monitor and evaluate the Strategic Plan on AIDS.

OPPORTUNITY: THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

EXAMPLES OF COMMUNITY SECTOR INVOLVEMENT:

- **Disseminating** information within the community sector on the opportunities, challenges and policies of the Global Fund.

- **Having** skilled and accountable community sector representatives on the Country Coordinating Mechanism (CCM) and its committees.

- **Developing** and implementing systems of consultation and communication between those representatives and the wider community sector.

- **Contributing** data, experiences and opinions within the Country Dialogue process to inform the country's proposal to the Global Fund.

- **Advocating** for the inclusion of community priorities in the country's proposal (concept note) to the Global Fund.

- **Developing,** sharing, and revising the Investment Case for Global Fund grants.

- **Advocating** for community organizations to be Principal/Sub/Sub-Sub Recipients within the country's proposal to the Global Fund.

- **Building** alliances and carrying out joint advocacy with the community sectors for tuberculosis and malaria.

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

2015 MILLENNIUM DEVELOPMENT GOALS

OPPORTUNITY: NATIONAL HEALTH STRATEGY AND SOCIAL AND ECONOMIC DEVELOPMENT PLANS

EXAMPLES OF COMMUNITY SECTOR INVOLVEMENT:

- **Advocating** for the involvement of communities and other sectors in all steps of the planning process for the Health Strategy and Social and Economic Development Plans.

- **Playing** a leading role in Committees or Working Groups to guide the process and make decisions about the Health Strategy and Social and Economic Development Plans.

- **Contributing** HIV community data and evidence to inform the goals and objectives of the Health Strategy and Social and Economic Development Plans.

- **Developing** strategic partnerships with other health and development community organizations to inform the Health Strategy and Social and Economic Development Plans.

- **Participating** in consultations on the Health Strategy and Social and Economic Development Plans and using them to advocate for attention to HIV priorities.

- **Reviewing** and commenting on drafts of the Health Strategy and Social and Economic Development Plans.

- **Advocating** for a "place at the table" on committees or in processes to implement, monitor and evaluate the Health Strategy and Social and Economic Development Plans.

OPPORTUNITY: POST-MDG AGENDA

EXAMPLES OF COMMUNITY SECTOR INVOLVEMENT:

- **Contributing** HIV data and evidence to information-gathering for the national post-MDG agenda.

- **Developing** strategic partnerships with other community sectors to increase attention to HIV in the post-MDG agenda.

- **Participating** in consultations on the post-MDG agenda and using them to advocate for attention to HIV.

- **Disseminating** information to the HIV community sector about progress on the post-MDG agenda.

- **Advocating** for a "place at the table" on committees or in processes to implement, monitor and evaluate the post-MDG agenda.

PART **2**

STRENGTHENING THE INVOLVEMENT OF THE COMMUNITY SECTOR

Part 2 gives ideas and guidance on key steps that the community sector can take to strengthen its meaningful involvement in national planning and decision-making related to HIV. It contains the following Sections:

2.1 Communicating within the community sector

2.2 Consultation within the community sector

2.3 Identifying priorities for the community sector

2.4 Advocating on priorities for the community sector

2.5 Selecting representatives for the community sector

2.6 Strengthening representation for the community sector

2.7 Building partnerships between the community sector and others

2.8 Dealing with crises within the community sector

2.9 Monitoring, evaluating and learning from involvement of the community sector

EACH SECTION INCLUDES:

What this is and why it matters
EXPLAINS THE SUBJECT OF THE SECTION AND WHY IT
IS OF IMPORTANCE FOR THE COMMUNITY SECTOR

What works?
PROVIDES GUIDANCE AND IDEAS FOR KEY
STEPS THAT THE COMMUNITY SECTOR CAN
TAKE IN RELATION TO THE SUBJECT

Ideas list / grid
SUMMARIZES THE KEY CONCEPTS OF THE SECTION
IN EITHER A LIST FORMAT OR AS A VISUAL GRID.

Checklist
SUPPORT TO ASSESS AND IMPROVE
GOOD PRACTICE.

Example / Case study
PROVIDES A CASE STUDY OR TEMPLATE
THAT RELATES TO THE "REAL LIFE" EXPERIENCES
OF A COMMUNITY SECTOR

Useful resources
LISTS EXAMPLES OF RELEVANT GUIDES, TOOLS OR
TRAINING KITS TO STRENGTHEN INVOLVEMENT
OF THE COMMUNITY SECTOR

2.1 Communicating within the community sector

ℹ️ *What is this and why does it matter?*

Communication is the process by which the community sector stays in touch with itself and exchanges information, ideas and opportunities about the response to HIV. It supports decision-making and the development of positions.

⚙️ *What works?*

Communication works best if it is managed by some type of coordinator (a person or an organization). Examples include: a community sector representative; NGO network; communications hub; or Communications Focal Point. These disseminate information, ideas and opportunities to the members of the community sector. In turn, those members communicate back to the coordinator, as well as among themselves.

Communication matters because it can help to ensure that:

- All relevant members of the community sector are **up-to-date** and well-informed about the issues, opportunities and challenges in the national response to HIV.

- The community sector can exchange views and opinions about its experiences and its ideas for **action** on those issues, opportunities and challenges.

- The community sector can reach **consensus** and inform the positions of its representatives and leaders.

- Members of the community sector can hold their representatives and leaders to **account** for the positions that they take.

- Community sector contributions to the national response to HIV are respected by decision makers, because they are the result of a proper communication process and come from a range of groups.

- **External stakeholders** (such as the government) have a clear and easy way to communicate with the community sector.

SECTION ▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

💡 *Ideas list 3*

METHODS FOR COMMUNICATION
WITHIN THE COMMUNITY SECTOR

Communications *Platforms*	**Social Media** *Platforms*	**Calls for** *Action*	**List-serves and Mailing lists**
Printed *Newsletters*	**Mobile phone** *SMS lists*	**Websites**	**Meetings and** *Conferences*

Communication within the community sector is strengthened by *external* communication with other stakeholders in the national response to HIV. This especially includes the secretariats or partnership staff of national bodies, such as the National AIDS Commission or CCM.

✅ *Checklist 2*

GOOD PRACTICE FOR COMMUNICATION
WITHIN THE COMMUNITY SECTOR

The following checklist supports community sector organizations to make the most of opportunities for communication and avoid some of the pitfalls:

1 Is the **coordinator** (person, organization or network) of the communication system appropriate and respected by the community sector?

2 Are there agreed **roles and responsibilities** for the communication system (i.e. who should do what, when and how)?

3. Does the communication coordinator have the right **infrastructure** (such as access to computers and translators) to fulfill their role?

4 Does the communication coordinator have enough **resources** (including funding) to sustain the work for the period needed?

☐ **5** Is there a clear **goal and purpose** for the communications system?

☐ **6** Is it clear who in the community sector is the **target audience** for the communication system and why?

☐ **7** Is the communication system reaching an appropriate **number and breadth** of its target audience (for example, not just leaders but other members of the community sector)?

☐ **8** Is the communication system **accessible** for its target audience (e.g. if appropriate, being in local languages and being available in a non-electronic format for those without access to computers)?

☐ **9** Is the communication system accessible to groups that are often **under-represented**, such as key populations?

☐ **10** Is the communication system in an appropriate **format** for its target audience (e.g. with a clear lay-out and easy to navigate)?

☐ **11** Does the communication system use **clear language** and avoid jargon?

☐ **12** Does the communication system clearly state where the **information** has come from?

☐ **13** Does the communication system make clear which parts of its content are **based on fact** and which are based on opinion (and of whom)?

☐ **14** Does the communication system allow for a **two-way process** (such as with a representative being able to communicate to the community sector and also the community sector being able to communicate to their representative)?

1.1
1.2
1.3
1.4
1.5
1.6
2.1
2.2
2.3
2.4
2.5
2.6
2.7
2.8
2.9

15 Does the communication system clearly state what **response** is required from the information received, by whom and when?

16 Does the communication system let people know where they can get **more information**?

17 Is the communication system **regular** enough? (For example, an NGO network may provide an update every 3 months or a community sector representative may provide feedback after each board meeting).

18 Are the **principles** of the communication system clear, such as whether it is confidential?

19 Is there a process to deal with **crises** within the communication system, such as if it produces strong differences of opinion among the community sector?

20 Is there a process for **evaluating** and identifying lessons from the communication system?

Example

TEMPLATE FOR A MEETING REPORT BY A
COMMUNITY SECTOR REPRESENTATIVE [3]

- Date, time and location of the meeting.

- Description or list of who attended the meeting.

- Background information (e.g. on any discussion that was held among the community sector in advance of the meeting and any positions that were agreed upon).

- A summary for each agenda item, including: how the discussion went; the positions that different representatives took; what position the community sector representative took; decisions that were taken; and any agreed upon action points, including for the community sector representative.

- A list of any other important issues that arose during the meeting and whether there should be any follow-up, including by the broader community sector.

- A list (in order of importance or urgency) of the key items that the community sector needs to discuss.

- The date, time and location of the next meeting.

[3] Adapted from *Challenging, Changing and Mobilising: A Guide to PLHIV Involvement in Country Coordinating Mechanisms*, Global Network of People Living with HIV/AIDS and POLICY Project, 2005.

📄 *Useful resources*

1. BLACK AIDS WEEKLY

Weekly email newsletter sent to national mailing list which highlights pertinent news, community sector activities such as trainings and awareness events. Original pieces and a weekly "recommended reading" section are included. http://www.blackaids.org

2. SASOD WEBSITE

SASOD, or the Society Against Sexual Orientation Discrimination, in Guyana hosts a robust website which serves to aggregate topical information, direct users to services and support, shares news about LGBT rights in Guyana, and announce events. A key feature of the website is the blog, which is an ongoing source of information, which is updated between once per week and once per day. http://www.sasod.org.gy

3. USING NEW MEDIA – AIDS.GOV

AIDS.gov provides an excellent guide to using various new media technologies, along with a series of tools. "New media" includes many kinds of platforms we use to communicate today, including the internet, social networks, mobile devices, video, and more. Coming from an HIV community mobilization standpoint, the AIDS.gov guide is an excellent starting point. http://www.aids.gov/using-new-media/

2.2 Consultation within the community sector

ℹ️ *What is this and why does it matter?*

Consultation is about seeking and listening to the experiences, opinions and lessons of individuals and groups. It enables the community sector to have discussions, reach consensus and state its positions and priorities for the national response to HIV. Consultations can serve a range of purposes. Some of these include:

- **Getting people together to prepare for priority-setting –** using consultations to facilitate dialogue within the community sector and establish common understandings.

- **Pooling evidence and opinions –** using consultations to build a joint advocacy case.

- **Program and policy monitoring –** using consultations to establish indicators, - assess progress against them and identify problems and good practice.

- **Getting input from experts –** using consultations to inform policies through expert and community input.

Efficient, effective and democratic consultation is vital for the community sector's contribution to the national response to HIV. It matters because consultation can help to ensure that:

- Members of the community sector increase their **understanding** about key issues and have well-informed opinions about them.

- Different members of the community sector can **have their say, but also listen** to the opinions of others.

- When necessary, the community sector can reach **consensus** on the issues being addressed.

- Community **issues** are highlighted within processes that may involve many different national stakeholders.

- A range of community **voices** are heard, rather than those of just a few representatives or leaders.

- Input from the community sector is respected – because it is the result of a planned and coordinated process and comes from a range of different organizations.

- Those who are leading the consultation (such as the government) can be **held to account** for both the process and how the results are used.

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

✿ *What works?*

Consultation may be needed on a specific technical issue (such as treatment as prevention) or for a specific purpose (such as to draft monitoring and evaluation indicators for the National Strategic Plan for AIDS). It may also be needed for a wider and on-going process, such as shaping a country's concept note and program for the New Funding Model (NFM) of the Global Fund.

Consultation can take place in one or a combination of different ways, such as those outlined in Ideas list 4. The choice depends on factors such as: the time allocated for the consultation; the number of participants; the resources available; and how the national community sector likes to work.

💡 *Ideas list 4*

METHODS FOR CONSULTATION WITHIN THE COMMUNITY SECTOR

One-off events, *such as a national or regional meeting*	**Townhall meetings,** *such as a series of public meetings where decision makers ask and answer questions.*	**Surveys,** *such as using a questionnaire, e-survey, SMS texting or Twitter.*
Qualitative research projects, *such as through focus group discussions with community members or interviews with community leaders.*	**Communications platforms,** *such as Facebook or other social media platforms, or listservs, to gather input from groups.*	**E-forums or communities of practice,** *such as working through a technical working group to consult on a specific theme, such as 'young people and HIV' or 'pre-exposure prophylaxis'.*

✔ *Checklist 3*

GOOD PRACTICE FOR CONSULTATION WITHIN THE COMMUNITY SECTOR

The following checklist supports community sectors to make the most of opportunities for consultation and avoid some of the challenges:

☐ **1** (If appropriate) is the consultation informed by **existing evidence** from the community sector, such as data, assessments and research studies?

☐ **2** Is there a clear and agreed **subject** for the consultation?

☐ **3** Is there a clear and agreed **purpose** for the consultation?

☐ **4** Is the organization that is convening the consultation respected by the community sector?

☐ **5** Is there a neutral **facilitator** for the consultation, with the right skills (such as in participatory facilitation) and information (about the subject)?

☐ **6** Is there an **agenda** for the consultation that makes it clear: what issues will be discussed; what time is allocated to each issue; and who will be the resource people (for example those making presentations)?

☐ **7** Are the **logistics** of the consultation clear (e.g. where it is, how long it will last, whether participants will receive payment, etc.)?

☐ **8** Is the consultation **accessible** (e.g. is in a convenient place, including for people from outside of the capital)?

☐ **9** Will the consultation be conducted in a **language** that is suitable for the community sector? Or will there be simultaneous translation services available?

☐ **10** Have steps been taken to invite communities that are often **under-represented** in consultations, such as those from key populations?

☐ **11** Will the consultation provide a "**safe space**" for such participants, such as where key populations can speak openly?

☐ **12** Are there clear and transparent **criteria** for who will/ will not be invited to the consultation?

☐ **13** Do the participants at the consultation represent an appropriate **balance** in terms of age and gender?

☐ **14** Have the participants been sent clear **information** about the consultation in advance, such as its purpose, agenda and logistics?

☐ **15** Are there clear **principles** or "ground rules" for how the consultation will be carried out, such as maintaining confidentiality and respecting each other's opinion?

☐ **16** Is the facilitator comfortable to allow **disagreements**, but has a plan in place should people have strong or violent differences of opinion?

☐ **17** Will the consultation use **methods** that enable the participants to both "have their say" and listen to each other?

☐ **18** Is there a plan for **documenting** the discussions at the consultation and for sharing the results?

☐ **19** Is it clear how, by whom and when the **results** of the consultation will be used?

☐ **20** Is there a plan for **evaluating** and identifying lessons from the consultation?

Case study

USING UNIVERSAL ACCESS PROCESSES TO ADVOCATE ON COMMUNITY ISSUES, BELARUS

In Belarus, before the national consultation in 2010, UNAIDS shared a preliminary document on indicators and coverage. Based on this, the Belarusian People Living with HIV Community and Belarusian Association of Non-Profit Organizations Countering HIV/AIDS organized a community caucus. Constituents reviewed national data, developed positions on five indicators and identified strategies to advocate on them. At the consultation, the sector focused on access/adherence to antiretroviral treatment (ART) and the needs of men who have sex with men, and sex workers. Representatives pushed for higher targets for ART, but were countered by the Ministry of Health (citing budget limits). In other cases, they argued for lower, more realistic targets. They also called for a more scientific approach to tracking results for key populations.

Useful resources

1. COMMUNITY CONSULTATION TO INFORM THE 2013 WHO CONSOLIDATED ARV GUIDELINES

To inform the updating of the ARV guidelines by the World Health Organization (WHO), the Alliance and the Global Network of People Living with HIV (GNP+) conducted a multi-platform global community consultation to ensure that the guidelines were developed with solid community input. The report and description of the consultation are available here: http://www.aidsalliance.org/assets/000/000/808/Guide_Community_ Consultation_Report_original.pdf?1407227788

2. BUILDING PARTNERSHIPS ON HIV AND SEX WORK

In 2010, the Joint United Nations Program on AIDS (UNAIDS), United Nations Population Fund (UNFPA) and the Asia Pacific Network of Sex Workers (APNSW) conducted a regional consultative process. This aimed to identify needs and priorities and develop recommendations for enhancing the legal and policy environment, improving access to health services and addressing violence and migration among sex workers. The report of the consultation is available here: http://asiapacific.unfpa.org/public/pid/7491

2.3 Identifying priorities for the community sector

ℹ️ *What is this and why does it matter?*

Priorities are critical to the meaningful involvement of the community sector in national responses to HIV. They enable the sector to identify and advocate for "what matters most" in relevant forums and processes. This is more effective and efficient than having many different opinions and requests.

Community sector priorities are needed to influence how resources are allocated (such as within a proposal to the Global Fund) or which HIV issues are addressed (such as within a National Health Strategy). Priorities may be about: which populations to focus on; which regional areas to work in; which interventions to use; or where to scale-up. They should be:

- Of top **importance** to community members living with and affected by HIV.
- Logical and **evidence-based**.
- Something that can be **achieved**, such as with a clear idea of *who* can achieve change, *how* they can do it and in *what* timeframe.
- **Measurable**, so that progress or impact can be adequately assessed.
- Suitable for **community** advocacy, for example in terms of the sector having the right knowledge and expertise.

⚙️ *What works?*

Within priority setting, it is important to focus on both the: process (with the priorities identified and agreed in a logical, transparent and democratic way); and product (with the priorities communicated and disseminated in a clear, powerful and authoritative way).

Priority setting can be carried out using a number of different methods (see 💡Ideas list 5). For example, members of the community sector may meet in person (such as through a series of meetings) or virtually (such as through e-consultations).

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

📦 *Box 3*

STEPS FOR SETTING PRIORITIES FOR THE COMMUNITY SECTOR

As shown below, the process for setting priorities usually involves four key steps:

- **Step 1:** Gather your evidence. This involves ensuring that the community sector's priorities are based on the reality on the ground, such as in terms of the epidemiological, social and political context for people living with HIV and key populations. Evidence might come from a variety of sources, such as community groups, academic institutions and the government.

- **Step 2:** Decide on your participants and design your process. This involves: setting criteria for who will be involved in the priority setting and inviting them to participate; and developing a clear and transparent process, outlining what methods will be used, by whom and when.

- **Step 3:** Implement the priority setting process. This involves carrying out the agreed upon process for the priority setting. Where possible, it should involve dynamic methods to build consensus among the community sector (enabling people to "have their say", but also to listen to others). If necessary, it also involves an agreed, democratic system (such as voting) to decide on the priorities.

- **Step 4:** Communicate the identified priorities. This involves wording the priorities in a clear and powerful way and communicating them both to those that participated in the process and to external stakeholders.

Identifying priorities requires the community sector to reach **consensus** (broad agreement). This can be difficult if members have different needs and passions. Building consensus involves:

- Supporting members of the community sector to **work together** to understand their similar and different opinions and positions.

- Balancing those opinions and positions with **evidence** (such as data and research).

- Enabling members of the community sector to **compromise**. Some groups' priorities may *not* be selected and they will have to accept the priorities chosen by the majority.

- Reaching **broad agreement** among the community sector, for example about the most important gaps and needs.

- Having a **cohesive voice** among the community sector once consensus is reached.
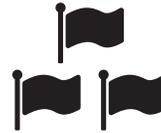
🔦 *Ideas list 5*

METHODS FOR SETTING COMMUNITY SECTOR PRIORITIES

National meeting,
for example chaired by representatives of the community sector.

Series of meetings,
for example held in different geographic areas or among different communities.

E-consultations or voting,
for example coordinated by a national NGO network.

National working group,
for example with members selected by the community sector and entrusted to identify the priorities.

✅ *Checklist 4*

GOOD PRACTICE FOR IDENTIFYING PRIORITIES FOR THE COMMUNITY SECTOR

The following checklist supports community sectors to design a process to identify priorities:

1 Is it clear who (e.g. community sector representatives, networks or leaders) is **coordinating** the priority setting process and what their roles and responsibilities are?

2 Was the coordinator selected through a **transparent process** which was endorsed by community sector representatives?

3 Is there a clear **purpose** for the priority setting (in terms of how the priorities will be used)?

4 Is it clear **how many** and what type of community sector priorities should be identified?

☐ **5** Is there a clear **definition** of whose priorities are being identified (e.g. the whole of the community sector or a specific part of the sector)?

☐ **6** Is the priority setting process informed by existing **evidence**, such as data, research or case studies from the community sector?

☐ **7** Are there clear and logical criteria for who will be **invited** to participate in the priority setting process?

☐ **8** Is the priority setting **process** inclusive – enabling all relevant community sector stakeholders to participate, including people living with HIV and key populations?

☐ **9** Is the method for priority setting **constructive** – enabling members of the community sector to work together, rather than highlighting their differences?

☐ **10** Will the method for priority setting make good use of the **resources** within the community, such as having community experts presenting their experiences and evidence?

☐ **11** Is there a very clear process for what will happen and how priorities will be identified if the participants have **different opinions**? For example, will decisions be taken using a voting system, or by a group of selected community leaders?

☐ **12** Are the **logistics** of the process supportive for priority setting (such as using local languages)?

☐ **13** Will the community sector priorities be **worded** as clearly and powerfully as possible?

☐ **14** Is there a plan to formally **document** the results of the priority setting?

☐ **15** Is there a plan to communicate the **results** of the priority setting?

Case study
CIVIL SOCIETY PRIORITIES CHARTER FOR THE GLOBAL FUND [4]

In October 2013, AIDS Accountability International (AAI) began conducting in-country workshops to support civil society and marginalized groups to participate in the Global Fund's New Funding Model (NFM) process. Evidence from the Zimbabwean NFM pilot made it clear that civil society was extremely marginalized in the process and that significant change needed to be made in other countries to avoid the same outcome. To ensure that the writing of Concept Notes includes civil society organizations (CSOs), especially those who represent the most marginalized, AAI developed a workshop that supported local civil society to produce a Civil Society Priorities Charter. This workshop and document include capacity building, sharing of best practice and debate by CSOs on what their priorities are for the Global Fund NFM. After the workshop, the Priorities Charter is used as an advocacy tool on the CCM to help ensure that the Concept Note includes the voices and needs of civil society, especially marginalized groups representing women, young girls, and lesbian, gay, bisexual and transgender (LGBT) communities.

AAI's unique methodology for priority setting involves an eight-step process carried out by groups of participants. First, participants must identify "**what**" their top two strategic priorities are. Next, they work to identify the evidence base for "**why**" this is their priority, using epidemiological data and bio-medical evidence to demonstrate the need for the intervention. This is civil society's Investment Case. Further steps in the activity involve strategizing around "**how**" the priority will be rolled out, and identifying priority activities. Participants then prioritize "**which**" populations the intervention should target, "**where**" and "**when**" the activities should be rolled out, and "**who**" the local civil society organizations are that are best placed to implement them. Lastly, participants discuss monitoring and evaluation indicators for measuring impact. Once priorities are set by the groups, they are shared with the other participants in the room and voted on to determine their order of importance in the Charter.

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4   *The Civil Society Priorities Charter; Good Practice for Global Fund Country Dialogue*, AIDS Accountability International; http://www.aidsaccountability.org/?page_id=11361&projectid=922

📄 *Useful resources*

1. ENGAGE!: PRACTICAL TIPS TO ENSURE THAT THE NEW FUNDING MODEL DELIVERS THE IMPACT COMMUNITIES NEED

In April 2014, the Joint Civil Society Action Plan Task Team of the Global Fund published this guide for communities on maximizing impact in the new Country Dialogue process. It offers clarifications on the NFM and practical tips for how to engage with the Country Dialogue process (where priorities and targets are set, which then inform the Concept Note). The guide can be found at: http://icssupport.org/wp-content/uploads/2014/04/Engage-Brochure-FINAL.pdf

2. THE CIVIL SOCIETY PRIORITIES CHARTER: GOOD PRACTICE FOR GLOBAL FUND COUNTRY DIALOGUE

The workshop described in the case study above has been piloted and documented by AAI. The summary report, including links to the actual Civil Society Priorities Charters that came out of the workshops, can be found at: http://www.aidsaccountability.org/?page_id=11361&projectid=922

SECTION ▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

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2.4 Advocating on priorities for the community sector

ℹ️ *What is this and why does it matter?*

Advocacy is vital for the meaningful involvement of the community sector in national responses to HIV. It enables the sector to "push" its priorities and achieve concrete change.

There is no one agreed definition of advocacy. However, advocacy is generally concerned with:

- Identifying **priorities** for the community sector.

- Shaping those priorities into powerful **messages** and "asks".

- Targeting and convincing **stakeholders** that have influence over those priorities.

- Bringing about **change** for those priorities, such as in policies, laws, systems and practices.

- Achieving **benefits** for the community members most affected by those priorities.

⚙️ *What works?*

As seen in 💡Ideas list 6, advocacy can be carried out using a range of different **methods**. It can happen at different **levels** - community, district, national, regional, etc. – and target a wide range of **stakeholders**. Examples include: Government Ministries, Departments and leaders; members of decision-making bodies (such as the CCM or Post-MDG Working Group); law-makers and law enforcement agencies; corporations, such as pharmaceutical companies; United Nations and other multi-lateral agencies; donors; and civil society institutions.

💡 *Ideas list 6*
METHODS FOR COMMUNITY SECTOR ADVOCACY

Participating in national decision-making forums, *for example the National AIDS Council.*

Lobbying, *for example through one-on-one meetings with parliamentarians or business leaders.*

Developing and using advocacy materials, *such as briefings and position papers.*

Campaigning, *such as through petitions, demonstrations and rallies.*

Taking direct action, *such as attending a meeting of the Post-MDG Working Group and demanding a place at the table.*

Working through the media, *for example by writing press releases or holding press conferences.*

Using social media, *such as Facebook and Twitter to mobilize a community.*

Messages are an important tool in advocacy, as they summarize what the community sector is asking for and communicate it to their target audiences. For example, messages can be used in briefing papers, media interviews or meetings with decision-makers. The following provides a checklist for developing strong messages.

💡 *Ideas list 7*
CHARACTERISTICS OF STRONG ADVOCACY MESSAGES

A strong advocacy message is:

Short
– being able to be said in less than 20 seconds.

Focused
– being clearly related to the community sector's priorities.

Simple
– using straightforward terminology and avoiding jargon.

Targeted
– being appropriate and relevant to the advocacy audience.

Powerful
– convincing stakeholders about why the issue matters and why they must take action.

Agreed
– being supported by all those who need to use it.

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

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2.8

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☑ *Checklist 5*

GOOD PRACTICE FOR MAKING AN ADVOCACY PLAN FOR THE COMMUNITY SECTOR [5]

The following can be used as a checklist to support the development of an effective advocacy plan by the community sector:

☐ **Step 1** **Have you selected an issue or problem you want to address?** This involves selecting which community sector priority you will advocate on (See Section 2.3)

☐ **Step 2** **Have you analyzed and gathered information on the issue or problem?** This involves gathering evidence (such as community data and case studies) about the priority issue and analyzing it, for example to identify what type of change is needed.

☐ **Step 3** **Have you developed an aim and objectives for your advocacy work?** This involves developing an aim (the long-term result that you want) and objectives (the end results of your activities that will contribute to achieving your aim). An objective should be SMART:

Specific – for example, stating what will be done.
Measureable – for example, to allow monitoring and evaluation.
Appropriate – for example, suiting the community sector and the aim of its advocacy.
Realistic – for example, in relation to the community sector's capacity and experience.
Time-bound – for example, in relation to when the work will be done.

☐ **Step 4** **Have you identified your advocacy targets?** This involves identifying the stakeholders (individuals, organizations, sectors or forums) that could bring change for your priority issue.

☐ **Step 5** **Have you identified your advocacy allies?** This involves identifying the stakeholders (individuals, organizations, sectors or forums) that could support your advocacy work on your priority issue.

☐ **Step 6** **Have you identified your resources?** This involves identifying the resources (such as funding, expertise, training or political support) that you will need to do your advocacy work on the priority issue.

☐ **Step 7** **Have you created an action plan?** This involves writing-up and summarizing what you have decided in steps 1-6 in the form of a plan. This could use a framework such as:

Goal: xxxxxx	What is the Activity?	Who will do it?	When will it be done?	Which resources are needed?
Objective 1: xxxxxxx	1.1 xxxxxx			
	1.2 xxxxxx			
	1.3 xxxxxx			

☐ **Step 8** **Have you decided how to monitor and evaluate your advocacy?** This involves implementing your action plan and learning from your work, for example by using indicators to assess your results and areas for improvement.

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

⊛ *Case study*

SENEGAL: ADVOCATING FOR THE RIGHTS OF MSM IN THE NATIONAL RESPONSE TO HIV[6]

In Senegal, HIV particularly affects key populations, including men who have sex with men (MSM), among whom prevalence is over 20%. This occurs in a context where same-sex relationships are criminalized by law and highly stigmatized by society. Here, Alliance Nationale Contre le SIDA (ANCS) has partnered with others in the community sector to advocate for the rights and needs of MSM within the national response to HIV.

ANCS originally based its advocacy work on research by the Horizons Project that highlighted the extreme levels of violence faced by MSM in Dakar. One of its first achievements was to win commitments from several NGOs and government institutions to increase their programming for MSM. A major breakthrough followed with the inclusion of MSM issues in the National AIDS Strategic Plan 2007-2011. This reflected the participation of MSM representatives in all major HIV decision-making bodies in the country, including the National AIDS Council and CCM. As a result of these activities, MSM became more visible in society and in the response to HIV. ANCS supported capacity-building of eight MSM organizations to enable them to position themselves as effective recipients of Global Fund support. Unfortunately, this visibility led to a public backlash against MSM, culminating in the imprisonment of nine men in a high-profile case in 2009. Their sentences were overturned by the appeal court, and the men were released. At this time, ANCS was forced to adjust its advocacy approach. It joined with several other organizations to form a crisis group which engaged in coalition-building and "behind-the-scenes" advocacy. The group's efforts included outreach to social, political and religious leaders, the media and other key actors who were asked to support efforts to reduce violence against MSM.

ANCS also helped to form a network that became the Observatoire de la réponse au VIH/SIDA au Sénégal. This acts as a watchdog of the national response to HIV. It provides an open space for a range of actors, including NGOs, people living with HIV and the government. It routinely incorporates – and advocates on – strategic inputs from representatives of MSM organizations and other key populations.

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6   *Empowerment for Advocacy: The EMPAD Policy Framework for National Advocacy By and With Key Populations*, International HIV/AIDS Alliance, 2014.

Useful resources

1.   EMPOWERMENT FOR ADVOCACY: THE EMPAD POLICY FRAMEWORK FOR NATIONAL ADVOCACY BY AND WITH KEY POPULATIONS.

This framework was produced by the Alliance in 2014. It supports community sector groups and networks working on HIV at the national level to: design new advocacy and campaign programs; develop advocacy-related funding proposals; and communicate advocacy work around key populations. The framework is available at: http://www.aidsalliance.org/assets/000/000/409/90667-Empowerment-for-Advocacy-Framework_original.pdf?1405586678

2.   MEASURING UP: HIV-RELATED ADVOCACY EVALUATION TRAINING FOR CIVIL SOCIETY ORGANIZATIONS

This resource was developed by the Alliance and ICASO in 2010. It aims to increase the capacity of community sector groups to evaluate the progress and results of their advocacy work on HIV. Guides for facilitators and participants are available at: http://www.aidsalliance.org/resources/340-477-measuring-up-hivrelated-advocacy-evaluation-training-pack

3.   ADVOCACY IN ACTION: A TOOLKIT TO SUPPORT NGOS AND CBOS RESPONDING TO HIV/AIDS

This resource was developed by the Alliance and ICASO in 2003. It provides a practical and participatory toolkit for the community sector on how to design and implement effective advocacy work on HIV. It is available at: http://www.aidsalliance.org/resources/252-advocacy-in-action-a-toolkit-to-support-ngos-and-cbos

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

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2.8

2.9

2.5 Selecting representatives for the community sector

ℹ *What is this and why does it matter?*

To play an effective role in the national response to HIV, the community sector needs effective, respected and accountable representatives. These people are the "faces" and "voices" of the sector, for example in the Steering Committee for the National Health Strategy.

Community sector representatives must bring experience, skills and passion to their position. However, their job is to represent the views and positions of the sector as a whole, not just those of their own organization or community.

⚙ *What works?*

To select a representative, it is important to have a clear, transparent and efficient process. The details may vary, depending on the size of the community sector and how many representatives are needed. However, it usually involves the following general steps:

STEPS FOR SELECTING A COMMUNITY SECTOR REPRESENTATIVE

STEP 1 *: Identify who will manage/be involved in the process.* For example, the process may be managed by an existing group (such as the Steering Committee of an NGO network) or a group that is set up specifically (such as a Task Team). Meanwhile, it may involve all members of the community sector or just sections of it, such as groups of people living with HIV.

STEP 2 *: Develop and agree on the selection process.* This step is usually led by the managing group. It needs to outline the what, where, who and when of a simple and practical process.

STEP 3 *: Develop and agree on the selection criteria.* This step is usually led by the managing group. It involves developing terms of reference (or a job description) for the representative,outlining their roles and responsibilities. It also involves identifying criteria to select which candidates to consider for the position and, in time, which person to appoint as the representative. The criteria should be specific, clear and fair.

STEP 4 *: Issue a call for applications.* This is usually issued by the managing group, often through an NGO network or communications platform. It is distributed to all relevant stakeholders in the community sector, using such tools as newsletters and websites. A call often includes a package of information, for instance: a cover letter (summarizing the process and timeframe); the terms of reference (outlining the roles and responsibilities); the selection criteria; and an application form. Candidates are asked to submit an application that, for example, includes:

- A completed application form (or a statement of why they are interested).

- Their curriculum vitae (to prove that they have relevant experience).

- References or letters of support (such as from their own organization and other members of the community sector).

STEP 5 *: Shortlist, interview and select the representative.* This step is usually carried out by the managing group – using the agreed selection process and criteria. Sometimes, it involves the whole community sector, such as through a vote at the Annual Meeting of an NGO network. The process should emphasize confidentiality. It should provide candidates with opportunities to demonstrate their skills and experience and also to ask any questions about the position.

STEP 6 *: Share the results.* This involves informing the selected candidate and making a formal announcement to the community sector and externally.

The terms of reference for a representative should outline their roles and responsibilities, in relation to the community sector and the forum or process of which they will be a part. It is also important – either within the terms of reference or a separate document – to list the characteristics (knowledge, skills and attitudes) that are expected of the person. Examples are provided below. Some of these may be vital for candidates to have, while others may be preferable.

💡 *Ideas list 8*

KNOWLEDGE, SKILLS AND ATTITUDES FOR A COMMUNITY SECTOR REPRESENTATIVE

KNOWLEDGE
For example about:

Community-based action on HIV *and related areas*	**How the community sector works**	**Issues** *affecting people living with HIV and key populations*
The legal and policy environment	**The HIV priorities of other sectors,** *such as donors and the government*	**How national decision-making forums** *and processes for HIV work*

SKILLS
For example in:

Policy analysis	**Advocacy**	**Communication,** *listening and information sharing*
Leadership	**Negotiation** *and consensus building*	**Diplomacy**

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

Understanding complex ideas, *documents and data*

Working as a team

Information technology *(such as the internet and social media)*

ATTITUDES
For example being:

Positive *and enthusiastic*

Committed to human rights, *especially of people living with HIV and key populations*

Willing to give enough time *(such as to prepare, attend and follow-up on meetings)*

Honest and open

Respected by the community sector

Able to take criticism

Open to working with other sectors, *such as the government and business*

Often, it is important to also select an alternate for each community sector representative. This is someone who can stand in for them if they are unable to attend a call or a meeting, for example due to illness. Where possible, the alternate should be selected through the same type of democratic process as the representative. If they are allowed, they should be an observer of the work of the representative (for example, attending the same meetings so that they learn about the roles and responsibilities involved). An alternate should work as a team with the representative to ensure that if necessary, they can take over duties as quickly and easily as possible. They should have similar knowledge, skills and attitudes and undergo the same induction and capacity building.

✓ *Checklist 6*

GOOD PRACTICE FOR A PROCESS TO SELECT A COMMUNITY SECTOR REPRESENTATIVE

The following checklist supports community sectors to develop processes to select representatives that are based on good practice principles:

☐ **1** **Is the process independent?** (For example, is it managed by the community sector rather than the forum on which the person will sit, such as the National AIDS Council?)

☐ **2** **Is the process focused on "what matters most"?** (For example, is it focused on identifying and selecting people who can fulfill the terms of reference and selection criteria?)

☐ **3** **Is the process fair?** (For example, does it give equal opportunity to candidates who are male or female or who are from the capital city or a rural area?)

☐ **4** **Is the process logical?** (For example, is it clear how/when candidates will be short-listed and how/when a decision will be made?)

☐ **5** **Is the process transparent?** (For example, are the steps involved in the process easy to understand for both people within the community sector and for external stakeholders?)

☐ **6** **Does the process address conflict of interest?** (For example, is there a procedure to follow if someone on the selection panel knows one of the candidates?)

☐ **7** **Is the process inclusive?** (For example, was the call for applications sent to all relevant members of the community sector, not just existing leaders?)

SECTION
▼

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

2.3

2.4

2.5

2.6

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2.8

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| | **8** | **Is the process safe?** (For example, if they wish, can candidates who are people living with HIV or from key populations maintain their confidentiality?) |

| | **9** | **Is the process "problem-proof"?** (For example, does it have a democratic way to decide between two candidates who have the same levels of experience?) |

| | **10** | **Is the process efficient (in terms of time and resources)?** (For example, does it have clear and transparent decision-making processes at all relevant stages?) |

Case study
SELECTING MEMBERS FOR THE COMMUNITIES DELEGATION TO THE BOARD OF THE GLOBAL FUND

The Communities Delegation works to bring the voices and issues of people living with HIV and tuberculosis and affected by malaria to the deliberations of the International Board and Committees of the Global Fund. This aims to ensure greater and sustained impact of the Global Fund at the community level. Members of the Delegation represent three disease areas, geographic regions and types of community sector organizations. They are selected through a transparent and confidential process that includes a call for nominations, an on-line application form and a review by a Selection Panel. Information about the process is available on the Delegation's website (http://www.globalfundcommunitiesdelegation.org/home). The process is based on Terms of Reference[7] that outline information about members': terms of office; selection criteria; and roles and responsibilities. They also include key performance indicators, against which members' work can be assessed.

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[7] See: http://www.globalfundcommunitiesdelegation.org/atomic-documents/10777/20820/TOR%20Delegation%20Members%20ToR%20Endorsed%2014042013.pdf

▤ *Useful resources*

1. CHALLENGING, CHANGING AND MOBILISING: A GUIDE TO PLHIV INVOLVEMENT IN COUNTRY COORDINATING MECHANISMS

This guide was produced by GNP+ and the POLICY Project in 2005. Some of the details about CCMs have now changed. However, the guide provides highly relevant information including that which relates to the selection of representatives of people living with HIV. It can be found at: http://www.policyproject.com/pubs/policyplan/CCM_Handbook.pdf

2. A GUIDE TO BUILDING AND RUNNING AN EFFECTIVE CCM

This guide was produced by Aidspan and the Alliance Regional Technical Support Hub for South Asia in 2014. It provides practical guidance to all members (including community sector representatives) on how to build, strengthen and operate effective CCMs. It addresses issues of leadership, equality and conflict of interest. The guide is available at: http://www.aidspan.org/sites/default/files/publications/CCM_guide_FINAL.pdf

2.6 Strengthening representation for the community sector

ℹ️ *What is this and why does it matter?*

Once selected, it is important that community sector representatives work in a way that is effective, professional and ethical. It is also vital that they receive support from other individuals and groups in the sector. In combination, this will enable a representative to have the greatest impact and to achieve the greatest results for communities.

⚙️ *What works?*

Strengthening the work of a community sector representative can involve action at three levels. The first involves representatives taking steps to improve their own performance:

💡 *Ideas list 9*

STEPS FOR COMMUNITY SECTOR REPRESENTATIVES TO STRENGTHEN THEIR WORK

Community sector representatives can be more effective by:

- **Building their skills and knowledge –** by participating in skills-building workshops and training in areas such as public speaking and national policy-making.

- **Making time to fulfil their responsibilities –** by reducing their commitments to other initiatives and freeing up time to be an active representative.

- **Acting professionally and responsibly –** such as treating all stakeholders with respect and working within the procedures of national decision-making bodies.

- **Consulting and learning about the community sector –** by regularly attending community sector meetings, being in direct communication with a wide variety of groups and being able to identify and promote the sector's overall priorities.

- **Keeping a balanced view and seeking out different opinions –** such as not being linked to only one organization and being able to identify and explain differences of opinion within the sector.

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- **Being transparent and accountable –** by declaring any conflicts of interest in advance and consulting constituents before taking a public position on an issue.

- **Consulting with marginalized groups –** by taking proactive steps to meet with and learn about groups of people living with HIV or key populations, especially those who cannot engage in national processes.

- **Consulting and reporting systematically and regularly –** by proactively asking community sector groups about issues that are coming up on agendas (such as of the National AIDS Council) and providing brief and accurate verbal and written reports to constituents after meetings.

- **Communicating effectively –** for example by promoting the community sector's advocacy messages and informing groups about exactly how and when they can be involved in processes.

- **Facilitating a better understanding of community sector issues –** by educating others about the sector and raising awareness about its concerns and needs.

- **Being an active and influential advocate for the community sector –** by being prepared to speak up in national forums and ask probing questions about controversial issues that affect communities.

- **Welcoming feedback on their performance –** by participating in appraisal systems and being open to changing and improving how you work as a representative.

It may be particularly important to identify a representative's needs for **capacity building**. These can be addressed in a variety of different ways. Examples include: training courses; information materials; mentoring (such as by past community sector representatives); and exchanges (such as being able to observe other community sector representatives "in action").

It is also important to have systems in place to **assess the performance** of community sector representatives and hold them to account. This helps ensure that they are doing their job well, while also giving them an opportunity to learn and improve. Such processes can build on those already used within the sector. Examples include: performance appraisal systems; 360-degree reviews (when a range of different stakeholders share their assessment of the representative); and key performance indicators (when a representative is assessed against specific criteria). Such processes need to be fair and transparent. They must also be practical, for example including a clear process to decide if a representative's performance is not satisfactory and how their position will be terminated.

The second level of action involves **members of the community sector** taking steps to support the representative to improve their performance:

💡 *Ideas list 10*

STEPS FOR MEMBERS OF THE COMMUNITY SECTOR TO STRENGTHEN THE WORK OF REPRESENTATIVES

Members of the community sector (individuals, groups and networks) can support a representative by:

- **Participating in and supporting the selection process for the representative**, for example by voting in an election and talking positively about the person who has been democratically selected.

- **Helping the community sector representative to understand your issues**, for example by inviting them to visit your community or sending them a briefing about your work.

- **Providing input into the work of a representative**, for example by responding to their requests for information and commenting on reports that they produce, all within agreed timeframes.

- **Providing evidence of the community sector's resources and needs – by gathering data**, case studies, etc. that a representative can use in their advocacy.

- **Facilitating input from other groups in the community sector**, for example by organizing a meeting between a representative and members of a key population, such as sex workers.

- **Being committed to consensus building –** by accepting collaborative decision-making processes and supporting a representative to take the results forward.

- **Holding a representative to account –** by providing honest, constructive feedback if a representative is working in an inappropriate or ineffectively.

- **Giving moral support and positive feedback**, for example offering informal support if a representative is facing hostility, such as from members of the **CCM**.

- **Recognizing success –** by congratulating a representative on their hard work and celebrating their achievements.

The third level of action – which might be useful in some situations – involves having a small **support team** (comprising for example three people) for a representative. The members of this group may include people who have held the same or a similar position in the past and are in a position to provide mentorship. Their role is to provide one-to-one support to the representative to help them perform their role as effectively as possible.

🔦 *Ideas list 11*

STEPS FOR A SUPPORT TEAM TO STRENGTHEN THE WORK OF REPRESENTATIVES

A support team can support a representative by:

- **Providing regular and on-going support**, including between meetings of the wider community sector.

- **Providing back-up**, such as technical guidance or contacts for useful people.

- **Providing mentoring**, such as moral support or advice about how to deal with pressure and stress.

- **Monitoring performance**, such as giving a representative constructive feedback and supporting them to identify their training needs.

- **Maintaining institutional memory**, for example passing on information (about the community sector's past processes and results) to a new representative.

- **Resolving challenges and crises**, for example supporting a representative to re-establish contact with members of the community if there has been a disagreement.

✅ *Checklist 7*

GOOD PRACTICE FOR PROFESSIONAL AND ACCOUNTABLE BEHAVIOR BY A COMMUNITY SECTOR REPRESENTATIVE

The following checklist supports community sector representatives to assess, and in turn improve how professionally and accountably they perform their roles and responsibilities:

1 Do you understand your **roles and responsibilities** as a community sector representative?

2 Do you **attend** all required calls, meeting and consultations, or send apologies in advance and ensure that an alternative representative can attend?

3 Are you **prepared** for calls, meetings and consultations? (For example: Do you read the materials and agenda in advance? Do you arrive on time?)

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☐ **4** Do you **dress and behave** appropriately as a community sector representative?

☐ **5** Do you use appropriate **language** and terminology as a community sector representative?

☐ **6** Do you treat others with **respect**, regardless of their status or level of knowledge?

☐ **7** Are you prepared to **speak up** and advocate for the community sector at all relevant stages of discussions and debates?

☐ **8** Is what you say as a representative based on the views and priorities of the **community sector**?

☐ **9** Are you prepared to face and cope with **ignorance** or extreme views?

☐ **10** Do you follow appropriate **protocols** and rules of etiquette (how to behave)?

☐ **11** Do you complete **tasks** on time and do as thorough and high-quality a job as possible?

☐ **12** Are you **honest and transparent**, including about any issues relating to finances?

☐ **13** Do you use **power** responsibly and for the positive benefit of the community sector?

☐ **14** Are you honest about when you face **problems** in your role, and prepared to take action to resolve those problems?

☐ **15** Do you actively participate in an **appraisal** of your performance?

Case study

PRE AND POST-CCM MEETINGS FOR THE COMMUNITY SECTOR, SRI LANKA

The Sri Lanka CCM Key Affected Population/People Living with the Diseases Subcommittee holds separate meetings before and after CCM meetings. There are only two CCM members representing key populations and people living with the diseases, so the pre-meetings are used to invite representatives from the broader community sector to discuss their issues and prepare the representatives (and their allies on the CCM) to make a stronger impact on the Mechanism's proceedings. The post-CCM meetings then allow for the representatives to share with the community what has happened and what to expect over the next period. This type of structure supports the community representatives to be more effective both as advocates in the CCM and as channels for information back to their constituents.

Useful resources

CHALLENGING, CHANGING AND MOBILISING: A GUIDE TO PLHIV INVOLVEMENT IN COUNTRY COORDINATING MECHANISMS

This guide was produced by GNP+ and the POLICY Project in 2005. Some of the details about CCMs have now changed. However, the guide provides highly relevant information including about how to support and improve the performance of representatives of people living with HIV. It can be found at: http://www.policyproject.com/pubs/policyplan/CCM_Handbook.pdf

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2.7 Building partnerships between the community sector and others

ℹ️ *What is this and why does it matter?*

The community sector can make a significant and unique contribution to the national response to HIV. However, it can make an even bigger and better contribution if it collaborates.

Partnership is about working with others to achieve what we cannot achieve on our own. It involves the community sector and their partners:

- Working for an agreed, **common purpose**.
- Working for **mutual benefit**.
- **Understanding** and appreciating each other's strengths, weaknesses and ways of working.
- **Planning** and strategizing together.
- Having specific and complementary **roles and responsibilities**.
- Sharing **resources**, such as skills, good practice and funding.
- Respecting an agreed set of **principles** for *working together*.

⚙️ *What works?*

The community sector can build partnerships with a wide range of **groups, organizations and sectors**. Examples include: government groups, institutions and Ministries; parliamentarians; multilateral donors; bilateral donors; private foundations; United Nations agencies; the private sector; unions and labor organizations; academic institutions; the media; religious leaders and organizations; traditional leaders; influential individuals (such as celebrities); and community sectors for other areas, such as human rights or women's health.

Often, the community sector works with the "usual suspects"; stakeholders with which it already has a strong relationship. Depending on the context, an example might be partnering with an academic institution to produce data on key populations for advocacy on the National Strategic Plan on AIDS. However, some of the most effective collaborations can be with "unlikely partners" – ones that the community sector works with for a specific, strategic reason. An example might be partnering with the Ministry of Finance to ensure the inclusion of cost-effective, community-based HIV services in the National Health Strategy.

Partnerships require time, energy and, sometimes, resources. However, they can bring major **benefits** to the community sector and the national response to HIV.

💡 *Ideas list 12*

BENEFITS OF PARTNERSHIPS FOR THE COMMUNITY SECTOR

Partnerships can bring the community sector access to more and/or better:

- **Influence and power**, for example reaching government decision-makers that would not normally work with the community sector.

- **"Strength in numbers"**, for example getting a larger proportion of national stakeholders to vote for a decision in the CCM.

- **Skills and expertise**, for example in areas where the community may lack knowledge, such as data analysis or intellectual property rights.

- **Ideas and lessons**, for example about effective advocacy strategies to incorporate HIV into other national agendas, such as on the post-MDG framework.

- **Resources**, for example funding, technical support and in-kind support (such as the use of facilities).

- **Respect and credibility**, for example by demonstrating that the community sector can work collaboratively.

Strong partnerships are based on agreed **working principles**. As shown below, these address *how* the partners will work together. They might be agreed informally (such as through a brief discussion at a meeting) or formally (through a Memorandum of Understanding for instance).

💡 *Ideas list 13*

WORKING PRINCIPLES FOR A PARTNERSHIP BY THE COMMUNITY SECTOR

Working principles address areas such as:

- **How the partners will treat each other**, in other words being respectful and non-judgmental.

- **What language the partners will use**, such as avoiding jargon and using non-discriminatory terms.

- **Confidentiality**, such as ensuring that people living with HIV can participate without fear that their status will be disclosed.

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- **Transparency**, such as with a commitment to discussing things openly and honestly.

- **Intellectual property**, such as who owns any documents or ideas developed through the partnership.

- **Key principles to be promoted**, such as gender equity, human rights and the greater involvement of people living with HIV (GIPA).

- **Working practices**, such as responding to each other's messages within three days or always giving apologies if someone cannot attend a meeting.

✅ *Checklist 8*

GOOD PRACTICE FOR DEVELOPING A COMMUNITY SECTOR PARTNERSHIP

The following provides a checklist for the community sector to use for developing a partnership:

1 **Is there a clear purpose for the partnership?**
For example, is there a strong rationale for investing the time and energy in the partnership?

2 **Are there clear objectives for the partnership?**
For example, are there concrete results that the community sector and their partner want to achieve through the partnership?

3 **Is the selected partner appropriate for the purpose and objectives of the partnership?**
For example, is the partner "right for the job" and going to provide the type of access, resources and influence that the community sector needs?)

4 **Is the selected partner as specific as possible?**
For example, does the community sector want to develop a partnership with the Ministry or Minister for Gender?

5 **Is the partnership mutually beneficial?**
For example, will the community sector and its partner both gain more than if they were working alone?

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☐ **6** **Will the partnership bring concrete improvements to the response to HIV?**
For example, will the partnership bring changes to policies, more resources or higher quality interventions?)

☐ **7** **(If needed) is there formal documentation of the partnership?**
For example, is there a Memorandum of Understanding agreed by both of the partners?

☐ **8** **Is it clear who (for example representatives, leaders, groups) in the community sector is responsible for:**
• Leading the partnership; and
• Contributing to the partnership?

☐ **9** **Does the community sector have the right resources to carry out the partnership?**
(For example, does the community sector have the funding and skills to make their agreed contribution to the partnership?)

☐ **10** **Is there a plan to monitor and evaluate the partnership?**
(For example, will the community sector document and assess what it achieves and learns from the partnership?)

Case study

RESEARCH ON SEX WORK AND VIOLENCE, ASIA

Sex Work and Violence: Understanding Factors for Safety and Protection[8] is a collaborative research project that brings together sex worker communities, sex worker rights advocates, the United Nations, researchers and governments from Indonesia, Myanmar, Nepal and Sri Lanka. It aims to find solutions to stopping violence against sex workers as an important component in the response to HIV. The project is overseen by a regional

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8 Report pending publication

steering committee that includes the Centre for Advocacy on Stigma and Marginalisation, APNSW, the United Nations Development Programme (UNDP), UNFPA, UNAIDS and Partners for Prevention (a joint UN initiative working on gender-based violence). UNDP and UNFPA were instrumental in designing and funding the research at the regional and national levels. Their expertise together with Partners for Prevention and UNAIDS helps ensure that the quality of the final research is sound and meets international standards. At country level, national working groups were set up to bring together government, law enforcement and sex worker leaders to oversee the national studies. Various UN agencies have played a convening role with the groups to oversee the national research. Led by a local sex worker organization which received training and collected the data, with support from UN country teams, the research was done in a participatory manner that included researchers sharing the initial analysis with the communities. The aim is to ensure that their experiences are authentically reflected in the interpretation of the data. The research project has the potential to achieve a great impact by shaping evidence-based programs and influencing policies in the field of HIV to guide a human rights-based response.

📑 *Useful resources*

1. PATHWAYS TO PARTNERSHIPS

This toolkit was produced by the Alliance in 1999. It is a participatory training tool that takes community sector groups through the process of planning and implementing strategic partnerships with a wide variety of other groups and sectors. The kit is available at: http://www.who.int/hiv/topics/vct/sw_toolkit/pathways_partnership.pdf

2. UNAIDS GUIDANCE FOR PARTNERSHIPS WITH CIVIL SOCIETY, INCLUDING PEOPLE LIVING WITH HIV AND KEY POPULATIONS.

This guide was produced by UNAIDS in 2011. It provides guidance to UNAIDS and its UN Co-Sponsoring organizations on how to build meaningful and effective partnerships with community sector organizations. It is available at: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2236_guidance_partnership_civilsociety_en.pdf

2.8 Dealing with crises within the community sector

ℹ️ *What is this and why does it matter?*

Community sectors involve a large number and range of people, groups and organizations. These often have different needs, opinions and passions. It is not surprising that crises sometimes occur. However, it is important to have ways to resolve them. Otherwise, serious harm can be done to the community sector and also to the national response to HIV.

Crises commonly occur when members of the community sector:

- Lack effective **coordination**, without opportunities to work together and reach consensus.
- Lack strong and respected **leadership**.
- Lack clear and agreed processes for **decision-making**.
- Feel that processes are **unfair**, for example with some groups able to participate in national consultations and others not.
- Have different **priorities**, for example about how resources should be allocated or what type of HIV programs should be emphasized.
- Are **under threat**, for example because of cuts to funding or oppressive laws.
- Have **personality** clashes.
- Suffer **trauma**, for example when a community sector representative dies.

⚙️ *What works?*

There is no single, "magic" way to resolve a crisis in the community sector. Sometimes, the process can be challenging. However, as shown below, there are a number of approaches to choose from, depending on factors such as the time and resources available to the sector.

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💡 *Ideas list 14*
WAYS TO RESOLVE CRISES IN THE COMMUNITY SECTOR

- **Delegation to community sector leaders –** with existing community sector representatives and leaders given the responsibility to resolve the crisis.

- **Crisis Task Team –** who are elected by the community sector specifically to resolve the crisis. The team may combine respected leaders from within the sector and neutral, external stakeholders.

- **Community forums –** which are guided by facilitators from the community sector and enable members of the sector to share their different opinions and come to a resolution together.

- **Community arbitration –** with different "sides" of the crisis making a statement (or submission) about their position and having an elected group make a decision about a way forward.

- **Voting –** with members of the sector being given choices and asked to vote for their preferred way forward.

In situations of extreme conflict, it may not be possible for the community sector to resolve its own crisis. Here, it can be useful to take short-term steps to make progress. Examples including having:

- Individuals or groups who are external to, but **partners of the community sector**, such as an international NGO or consultants from an academic institution, play a facilitator role, bringing community stakeholders together and moving agendas forward.

- **Other stakeholders** (such as donors, government or UN agencies) provide resources and play a convener role, such as hosting a meeting for the community sector and providing them with a forum and tools with which to reach consensus.

- Professional **external negotiators** "arbitrate" among members in the community sector, such as by holding individual talks with the different "sides" and then bringing them together for a facilitated discussion.

☑ *Checklist 9*

GOOD PRACTICE FOR RESOLVING A CRISIS IN THE COMMUNITY SECTOR

The following provides a checklist of principles that can be used for any process to resolve a crisis in the community sector.

☐ **1 Is there clear and respected leadership for resolving the crisis?**
For example, all relevant stakeholders know who is responsible for guiding the process and who will make decisions.

☐ **2 Is there a clear and logical process to resolve the crisis?**
For example, members of the community sector know exactly when and how they can participate.

☐ **3 Is the process to resolve the crisis transparent?**
For example, all relevant stakeholders - both within the community sector and externally - can see and understand what is happening.

☐ **4 Does the process enable all relevant stakeholders to "have their say"?**
For example, all appropriate members of the community sector feel that they have provided their evidence and have had their opinions heard.

☐ **5 Does the process focus on finding common ground and reaching consensus?**
For example, does it emphasize the "positive" rather than the problems and differences between the stakeholders?

☐ **6 (If appropriate) is the process legal?**
For example, are both the process and the results respected and not open to dispute?

☐ **7 Is the process fully documented?**
For example is there a formal record of every step, and even if people disagree with the result, they cannot question the process?

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Case study

RESOLVING A CRISIS RELATED TO THE
GLOBAL FUND, MAURITANIA

In 2010, after the Global Fund found evidence of fraudulent and unjustified expenditure in Mauritania, it suspended funding to the Executive Secretariat of the National AIDS Committee, which disrupted the country's response to HIV. As part of a multi-partner support effort coordinated by the Joint United Nations Regional Technical Assistance Partnership (JURTA), Grant Management Solutions (GMS) collaborated with the Association de lutte contre le SIDA (ALCS) and the African Council of AIDS Services Organizations (AfriCASO) to support mobilization of civil-society constituencies to elect new representatives to the CCM. A three-stage process was carried out, including civil-society mapping and stakeholder information sessions (leading to the definition of an election process). Elections were subsequently completed, enabling the CCM to meet one of the conditions of eligibility for Global Fund grants.

2.9 Monitoring, evaluating and learning from involvement of the community sector

ℹ️ *What is this and why does it matter?*

The work of the community sector is constantly changing. So are national responses to HIV. Involvement requires investment – of time, money, etc. – by the community sector and other stakeholders. As such, it is important to know what does and what does not work, to be able to adapt to new opportunities and threats, and to increase and improve involvement in the future. This can be done through efforts focused on monitoring and evaluation (M&E) and learning.

⚙️ *What works?*

The community sector needs to **document** and learn from its involvement in the national response to HIV. This may involve: making a record of relevant calls and meetings; compiling case studies of successful examples; facilitating discussions (such as through an e-forum) to identify good practice; or making a video about what was involved in the work.

However, it is also important to have more **formal M&E** of community sector involvement and representation. This might be carried out by the community sector itself. For example, the sector might assess the quality and impact of its involvement in a national forum, such as the CCM. However, it may also be done by other stakeholders. For example, within the National Strategic Plan for AIDS, there may be indicators that require the government to report on its involvement of the community sector in multi-sectoral forums.

Whatever the process, there are some key **principles** that can support an M&E process to be useful and accountable:

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💡 *Ideas list 15*

PRINCIPLES FOR AN M&E SYSTEM FOR COMMUNITY SECTOR INVOLVEMENT

An M&E system for involvement of the community sector should be:

- **Simple –** being easy to understand.

- **Practical –** being easy to put into action, for example through the collection of data and opinions.

- **Logical –** using indicators that make sense and that capture the type of information that is needed.

- **Based on existing systems –** using processes and indicators that, for example, are already included in the country's reporting for the UN General Assembly Special Session on AIDS (UNGASS) or the National Strategic Plan for HIV.

- **Transparent –** enabling all members of the community sector, plus external stakeholders, to understand what is being assessed, why and how.

✅ *Checklist 10*

GOOD PRACTICE FOR DEVELOPING AN M&E SYSTEM FOR INVOLVEMENT OF THE COMMUNITY SECTOR

The following checklist supports community sectors to carry out effective M&E of their involvement in the national response to HIV:

☐ **1 Is there an agreed purpose for the M&E system?**
For example, it is clear how the results will be used, by whom and when?

☐ **2 Is there a coordinator of the M&E system?**
For example, is there a person, organization or network that is responsible for leading and/or coordinating the process?

☐ **3 Is there a clear remit for the M&E system?**
For example, is it clear what issues related to involvement of the community sector do or do not need to be evaluated?

☐ **4 Does the system fit with existing M&E requirements?**
For example, do the indicators complement those included in national commitments and strategies?

☐ **5** **Is there a plan for gathering the information for the M&E system?**
For example, is there an agreed upon process for when the information will be gathered, by whom and when?

☐ **6** **Is the M&E system participatory?**
For example, will it be "owned" by and involve collecting data or opinions from a range of members of the community sector?

☐ **7** **Is the M&E system inclusive?**
For example, does it involve and include information relating to people living with HIV and key populations?

☐ **8** **Is the M&E system transparent?**
For example, will the community sector be updated on how the M&E work is progressing and be informed of the results

☐ **9** **Does the M&E system combine quantitative and qualitative information?**
For example, does it capture both data (such as how many representatives are included in how many meetings) and "feelings" (such as whether community representatives feel that they are treated with respect)?

☐ **10** **Is the M&E system feasible?**
For example, will it involve a realistic amount of time and effort for those involved in managing and implementing it?

:mag: *Case study*

ASSESSMENT OF A COMMUNITY SECTOR PROCESS TO DEVELOP A CONCEPT NOTE FOR THE GLOBAL FUND

The Eurasian Harm Reduction Network (EHRN) was the first civil society applicant invited to be a Principal Recipient (PR) to implement a regional proposal under the NFM of the Global Fund. After discussions with international partners ICASO and Health GAP, EHRN concluded that it would be useful to document the process as it was happening, as well as provide an assessment of the role, involvement and participation of civil society and key populations every step of the process, so that it could be shared with the Global Fund and other interested parties. The report[9] relied on a desk review of relevant documents provided by EHRN, the Global Fund Secretariat and other stakeholders. A questionnaire was developed by the author and used for interviews with a range of participants who had engaged during different steps in the process, including EHRN staff, UN partner organizations, donor organizations, national and international civil society organizations, networks of people who use drugs, networks of people living with the diseases, consultants involved in the concept note drafting process and Global Fund Secretariat staff. The questionnaire was administered by the author in English either face-to-face, by telephone or by email. Russian translation was provided when needed. A report with priority recommendations was developed and shared with members of the Secretariat and the Board.

:page_facing_up: *Useful resources*

1.   MEASURING UP: HIV-RELATED ADVOCACY EVALUATION TRAINING FOR CIVIL SOCIETY ORGANIZATIONS

This resource was developed by the Alliance and ICASO in 2010. It aims to increase the capacity of community sector groups to evaluate the progress and results of their advocacy work on HIV. Guides for facilitators and participants are available at: http://www.aidsalliance.org/resources/340-477-measuring-up-hivrelated-advocacy-evaluation-training-pack

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9   *The Global Fund's New Funding Model: Early Outcomes for Regional Civil Society Applicants*, ICASO. http://www.icaso.org/?file=23954