REPORT RELEASED ON CIVIL SOCIETY CONTRIBUTION TO GRANT IMPLEMENTATION

The Global Fund and the International HIV/AIDS Alliance recently released a report on "Civil Society Success on the Ground – Community Systems Strengthening and Dual-Track Financing: Nine Illustrative Case Studies." The 48-page, undated report is available (in English only) at www.theglobalfund.org/documents/publications/progressreports/Dual-Track_Report_en.pdf. (Warning: the file is very big.)

The report provides case studies of substantial civil society participation in grant management and service delivery. Each case study describes a different way in which civil society organisations (CSOs) have been involved. The case studies involve CSOs in Cambodia, India, Mongolia, Peru, Senegal, Somalia, Thailand, Ukraine and Zambia.

All nine case studies examine HIV grants, but the examples are also illustrative of tuberculosis and malaria grants. Most of the programmes described in the case studies were implemented with money from the Global Fund.

The report focuses on civil society contributions to community systems strengthening (CSS), and dual-track financing (DTF). However, the case studies also describe CSO activities that integrate HIV services with sexual and reproductive health (SRH) services. The report also provides useful information on a number of other topics – such as the use of CSOs as sole PR; Non-CCM proposals; attempts to involve the private sector; and the importance of programmes to provide substitution treatment for injection drug users.

The next three sections of this article discuss what the report had to say about CSS, DTF and SRH

integration. This is followed by some examples of lessons learned from the case studies, as described in the report.

Community systems strengthening (CSS)

The report describes CSS as "the provision of financial, technical and other kinds of support to organizations and agencies that work directly with and in communities." According to the report, more and more CSOs are receiving not only financial support but also technical support in areas such as accounting, and monitoring and evaluation (M&E). The report says that "such CSS activities are vital for the long-term sustainability of organizations providing essential prevention, treatment and care services."

The report describes several instances of how CSOs contribute to CSS. For example, although the Khmer HIV/AIDS NGO Alliance (KHANA) in Cambodia does not deliver services directly, it offers financial, technical and capacity-building support to CSOs that are directly involved in such activities. KHANA has established a process for identifying CSO partner organization and training them on the basics of HIV and Sexually-Transmitted Infection (STI) prevention, and on how to carry out community needs assessments. KHANA then provides ongoing technical support to these CSOs.

The following are other examples of CSS described in the case studies:

- As PR for a Round 6 HIV grant, the India HIV/AIDS Alliance focused on building the capacity of local NGOs to provide community-based services efficiently, consistently and at the high standards required by the Global Fund.
- The National AIDS Foundation in Mongolia funded and provided technical support to local NGOs offering a wide range of HIV prevention and sexual and reproductive health-related services, including condom promotion, mobile VCT, drop-in centres, legal support, basic medical care and referrals, peer education and community outreach.
- The first year of the Round 4 HIV grant in Somalia was almost exclusively oriented toward intensive training of CSOs in all aspects of organizational administration and service provision. The rationale for this was the lack of awareness and capacity among local NGOs (in what is considered a "failed" state) to even apply for Global Fund grants, let alone provide appropriate services.
- As PR of a Round 3 Non-CCM grant in Thailand, the Raks Thai Foundation implemented CSS programmes aimed specifically at vulnerable groups, particularly injection drug users.
- The Zambian National AIDS Network (ZNAN) implemented an innovative and successful community engagement project that exemplifies CSS. The project focused on training and employing persons living with HIV to help support those in need and to link them with appropriate treatment services.

Dual-track financing

The report defines "dual-track financing" as including both government and non-government PRs in the same disease component of a proposal. The report describes the use of DTF in three of the case studies – India, Senegal and Zambia.

The report says that the DTF arrangement has been "remarkably successful" in Senegal and that the majority of SRs supported by the Alliance National Contre le Sida (ANCS), the civil society PR in Senegal, "have exceed their targets and the others have at least met them."

Sexual and reproductive health integration

The report says that "[i]n the context of the Global Fund, sexual and reproductive health integration usually refers to efforts to more fully coordinate and integrate reproductive health and HIV/AIDS services." The report adds that "it is only in the past couple of years that the Global Fund Board has taken steps that greatly increase the ability and inclination of CCMs to submit proposals that specifically outline sexual and

reproductive health integration strategies."

The reports points out that integrating SRH services with HIV services is a form of CSS.

The report says that the India HIV/AIDS Alliance, with funding from the UK Department for International Development (DFID), initiated an SRH and HIV integration programme in 2006. The organization reported the following outcomes (as of mid-2007):

- nearly 1,000 support groups of vulnerable women were formed and are meeting regularly;
- more than 100 women PLWHA groups were created;
- more than 20,000 information and discussion sessions were conducted in group meetings. Topics ranged from condom negotiation, ART, STIs, contraception and pregnancy, to legal and policy issues;
- approximately 14,000 home visits were conducted by outreach workers offering sexual and reproductive health/HIV information;
- more than 2,000 referrals were made to STI and reproductive health services; and
- nearly 200 women were supported by NGOs in obtaining legal advice.

The report says that "[t]he focus, strategies, results and impact of this … program were so promising – and were achieved within a very short period of time (the project was only funded for 14 months) – that the [India HIV/AIDS] Alliance decided that sexual and reproductive health/HIV integration would be a strategic priority for the next three years.

Lessons learned

The following are some of the "lessons learned" that the report cites:

- When CSOs build partnerships with governments, they have a greater chance of getting involved in Global Fund processes (such as proposal development and grant implementation).
- Large CSOs with significant experience at the community level can play a valuable role in voicing the needs of vulnerable people during Global Fund processes.
- NGOs on the CCM will have more impact if they can show that they are bringing a unified civil society perspective to Global Fund processes such as CCM meetings.
- Governments do not need to be directly involved in managing Global Fund programs for those programs to be effective.
- National responses can be greatly improved when civil society effectively recognizes and exploits its crucial "watchdog" function.

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