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

ROUND 8 CALL FOR PROPOSALS: COMMUNITY SYSTEMS STRENGTHENING

PART 1: INTRODUCTION

1. The Global Fund recognizes that the presence of strong, sustainable community-based organizations is an important element of ensuring program impact, sustainability, and results for HIV, tuberculosis, and malaria prevention, treatment, care and support efforts. For this reason, starting in Round 8, the Global Fund began explicitly encouraging applicants to include measures to strengthen community systems relevant to in-country contexts on a routine basis in proposals for new and continued funding.

2. Community systems strengthening (CSS) refers to initiatives that contribute to the development and/or strengthening of community-based organizations in order to improve knowledge of, and access to improved health service delivery.

3. This report provides preliminary analysis on the amounts and types of community systems strengthening activities that were requested by applicants in Round 8. Important to note, this report provides no comment on the quality of proposed CSS activities and the quantity of CSS-related activities per proposal varies significantly.

PART 2: EXECUTIVE SUMMARY

1. This analysis of community systems strengthening is divided into two main sections. The first section analyzes all of the proposals and section 4B health systems strengthening cross-cutting interventions received in Round 8 while the second section looks at only those proposals and section 4B health systems strengthening cross-cutting interventions that were recommended for funding by the Technical Review Panel (TRP) as a category 1, 2 or 2B.

2. <u>All Round 8 Proposals[1] Received</u>

   i. 78% of the 174[2] Round 8 proposals received included CSS activities.
   ii. Low income applicants included CSS activities more often in their proposals (82%) than either lower-middle (77%) or upper-middle income countries (70%).
   iii. Proposals from SEARO included CSS activities most often (95%), followed by WPRO, AFRO and EMRO (80-90%), and EURO and AMRO least often (65%).

[1] For the purposes of this analysis, the 45 section 4B health systems strengthening cross-cutting interventions included in the 174 disease components were analyzed as separate parts. Hence, the percentage refers to 219 parts (174 components and 45 HSS parts).

[2] Not including non-CCM proposals.

3. Category 1, 2 or 2B Recommended Proposals

i. 84% of the 110 proposals and section 4B health systems strengthening cross-cutting interventions recommended for funding by the TRP as Category 1, 2 or 2B included CSS activities.
ii. Proposals from AFRO, SEARO and WPRO were 10-20% more likely to include CSS activities than proposals from AMRO, EMRO, and EURO.
iii. Malaria and HIV proposals included CSS activities 15-25% more often than Tuberculosis or section 4B HSS cross-cutting interventions.

PART 3: METHODOLOGY

1. Data related to CSS was collected from two sections of the proposal form: sections 4.5.1 (Round 8 Initiatives) and 4.7.1 (Strengthening Capacity and Processes to Achieve Improved HIV Outcomes). These sections were reviewed to determine the following:

i. If the proposal included CSS activities.
ii. If the proposed CSS activities targeted the governmental and/or non-governmental sectors.
iii. And finally, what the specific CSS activities were.

2. The primary determinant of whether an activity contributed to CSS or not, was based on what the activity was, and at what *level* the activity was to be carried out at.

3. All Round 8 proposals were examined in this way and data was inputted into an Excel spread sheet that was later used to disaggregate and analyze results.

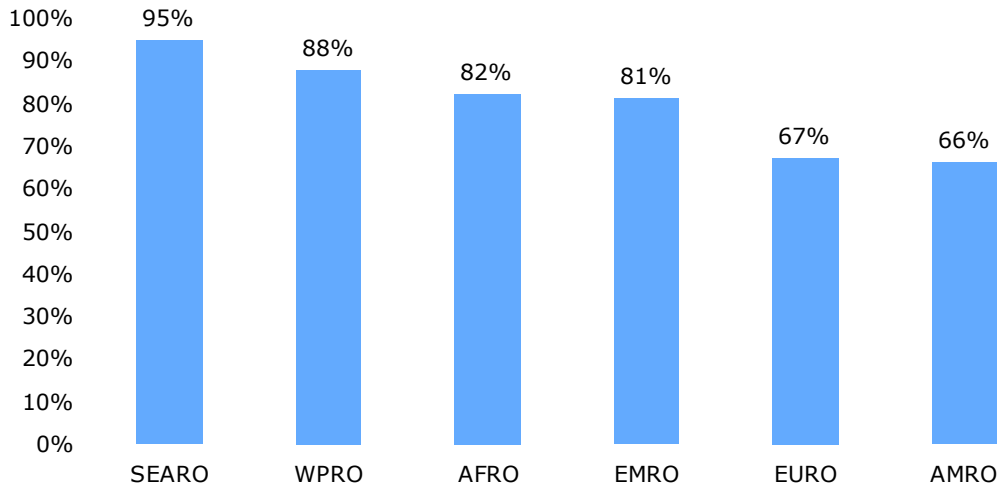
PART 4: ANALYSIS OF ALL ROUND 8 PROPOSALS SUBMITTED

1. This section provides an analysis of all 174 proposals received in Round 8 including their 45 section 4B health systems strengthening cross-cutting interventions.

i. 78% of the 219 Round 8 parts (disease components and section 4B HSS) received included CSS activities.

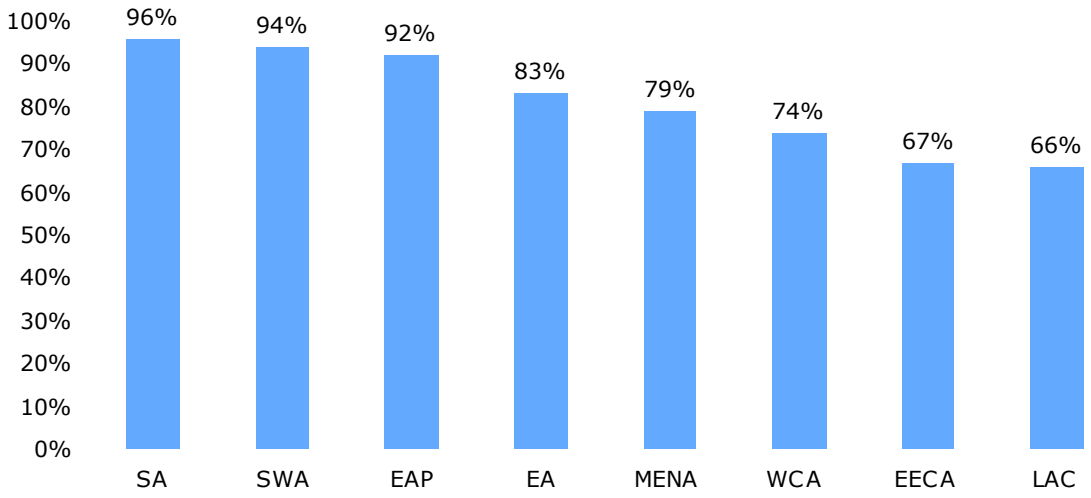
ii. Proposals from SEARO included CSS activities most often (95%), followed by WPRO, AFRO and EMRO (80-90%), while EURO and AMRO include CSS least often (66%).

CSS by WHO Region

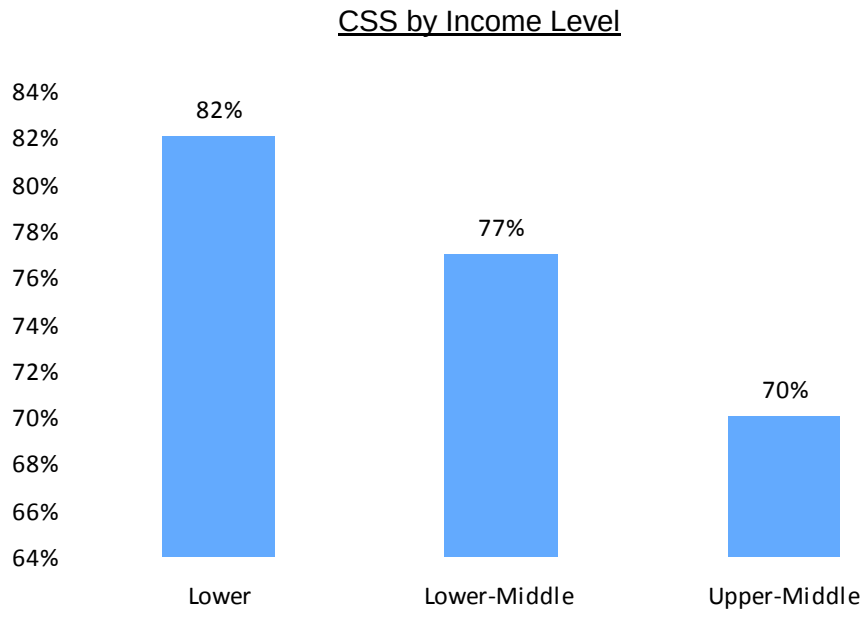


2. Proposals from Southern Africa (SA), South West Asia (SWA), and East Asia and the Pacific (EAP) Global Fund clusters included CSS activities in their proposals most often (92-96%). East Africa (EA), the Middle East and North Africa (MENA), and West and Central Africa (WCA) Global Fund clusters applied for CSS less often (73-84%). Eastern Europe and Central Asia (EECA), and Latin America and the Caribbean (LAC) Global Fund clusters included CSS activities least often (66%).

CSS by Global Fund Cluster

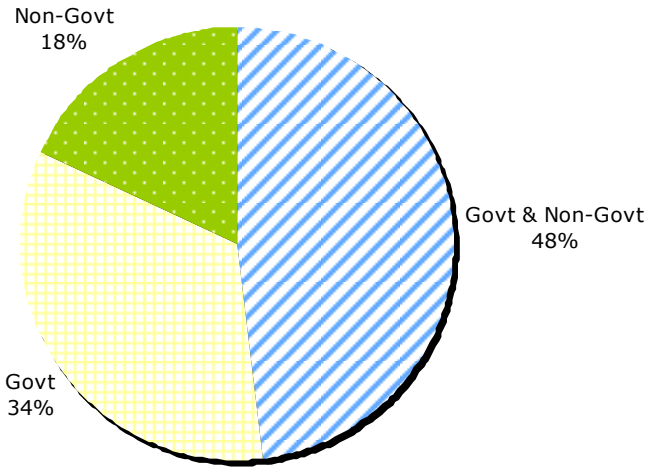


i. Low income applicants included CSS activities more often in their proposals (82%) than either lower-middle (77%) or upper-middle income countries (70%)



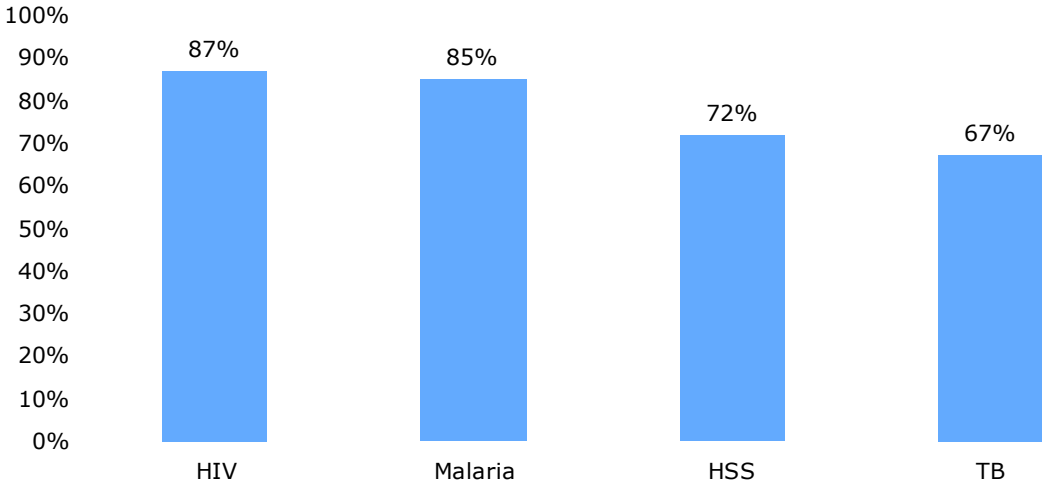
ii. Amongst all Round 8 proposals that sought to strengthen community systems, CSS activities were most often planned to strengthen *both* the government and non-government sectors. CSS support just to the governmental or non-governmental sectors occurred least frequently: 34% and 18% respectively.

CSS by Sector



iii. HIV and malaria proposals included CSS activities 10-20% more often than either tuberculosis or section 4B HSS cross-cutting interventions.

CSS by Component and Section 4B HSS Cross-Cutting Interventions



3. According to the Global Fund's fact sheet on CSS, areas of activity may include a focus on:

   i. Building capacity of the core processes of community based organizations through:

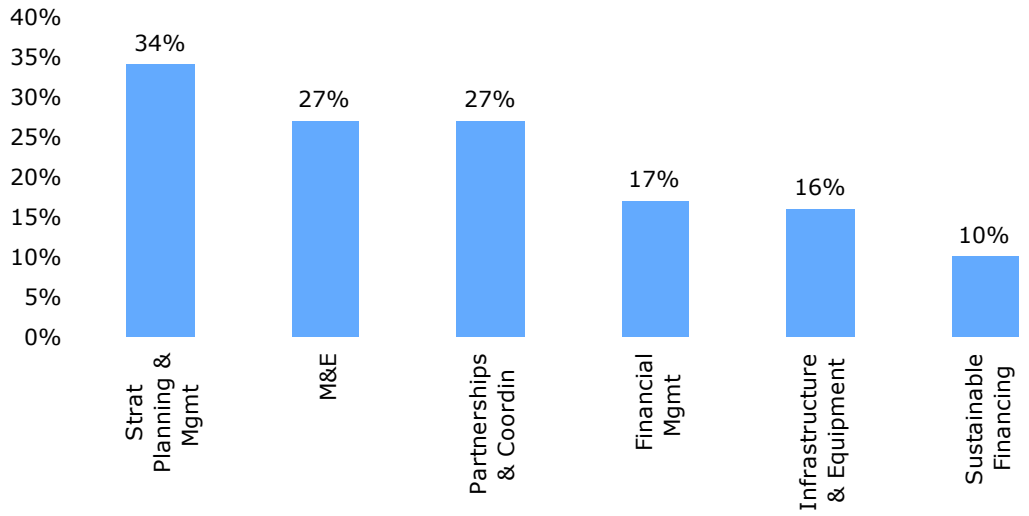
      - Physical infrastructure development
      - Organizational systems development including financial management, strategic planning, monitoring and evaluation and information management

   ii. Building partnerships to improve coordination

   iii. Sustainable financing

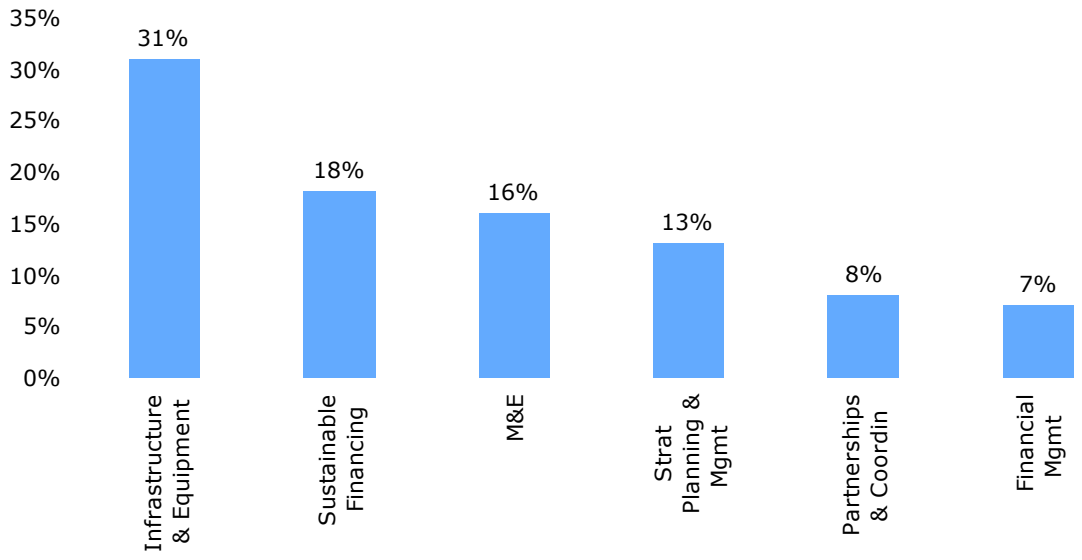
   iv. Monitoring and evaluation (M&E) and building partnerships and strengthening coordination were the two areas most often included to strengthen the non-governmental sector.

CSS for Non-Governmental Sector by Activity



4. Unlike CSS support to the non-governmental sector, the majority of CSS activities planned to strengthen the government sector were related to the purchase of infrastructure and equipment.

CSS to Government Sector by Activity

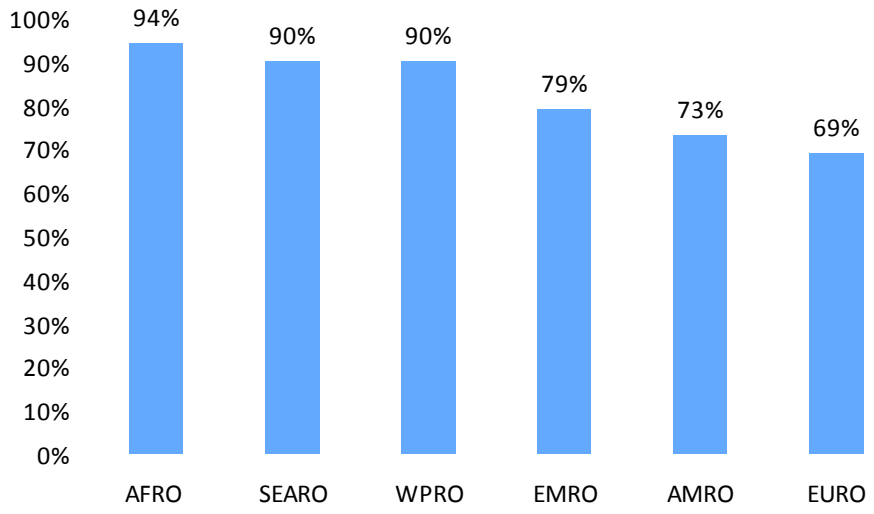


Part 5: Analysis of Round 8 Proposals with Category 1, 2 or 2B TRP Recommendation

1. The following section provides an analysis only of those proposals and section 4B health systems strengthening cross-cutting interventions in Round 8 that were recommended for funding by the TRP, having received a Category 1, 2 or 2B.

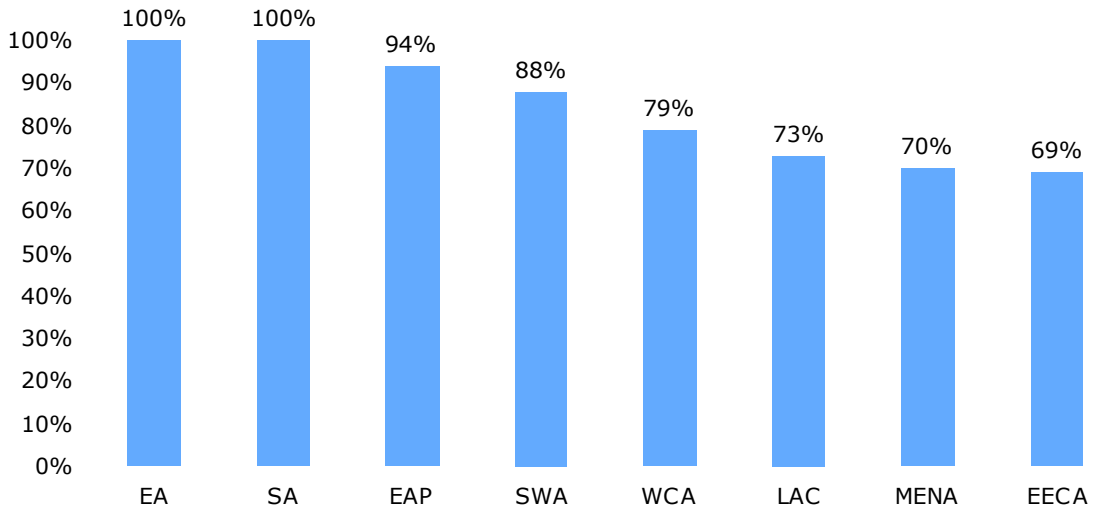
2. The graph below illustrates the percentage of proposals and section 4B health systems strengthening cross-cutting interventions from each WHO region that included CSS activities in Round 8. Proposals from the AFRO region contained CSS activities most often (94% of the time), while proposals from EURO included CSS activities least often (69% of the time).

CSS by WHO Region



3. When proposals and section 4B health systems strengthening cross-cutting interventions recommended for funding are disaggregated by Global Fund cluster, the trends seen in the previous WHO regional analysis are confirmed. All EA and SA proposals included CSS activities. EAP, SWA and WCA make up a middle bracket of countries that included CSS in 70-90% of their proposals. LAC, MENA and EECA included CSS activities least often – approximately 70% of the time.

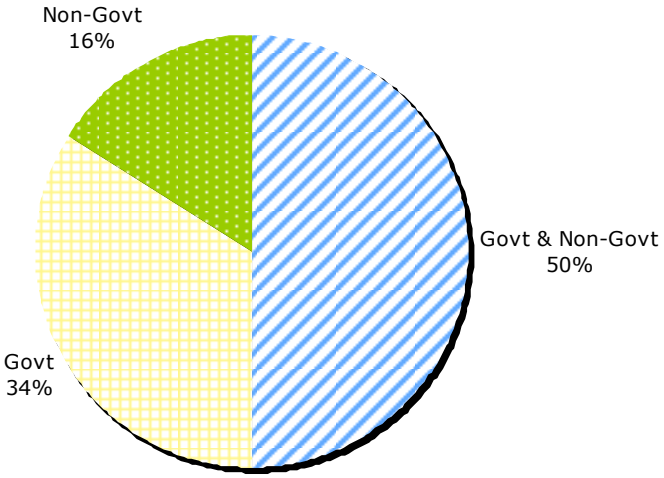
CSS by Global Fund Cluster



4. Amongst accepted Round 8 proposals and section 4B health systems strengthening cross-cutting interventions that sought to strengthen community systems, CSS activities were most often planned to strengthen *both* the government and non-government sectors. CSS support just to the governmental or non-governmental sectors occurred least frequently: 34% and 16% respectively.

5. According to the Global Fund's *Civil Society Success on the Ground: Community Systems Strengthening and Dual-Track Financing*, "From the Global Fund's perspective, most entities in need of such support are local NGOs that comprise and/or provide services to people living with HIV/AIDS, TB or Malaria, members of vulnerable populations and individuals who otherwise have sub-standard access to vital health services. [However] both civil society and government can and do provide CSS currently in Global Fund grants."

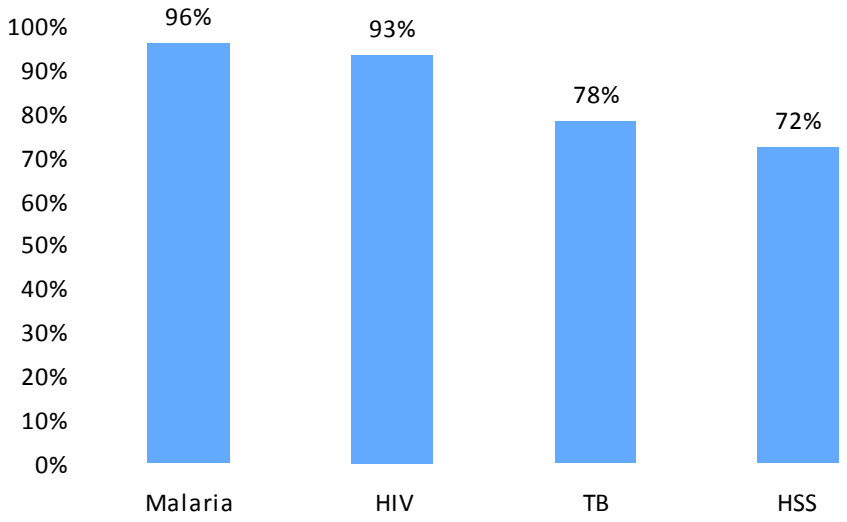
<u>CSS by Sector</u>



6. HIV and malaria proposals included CSS activities significantly more often than either the tuberculosis or section 4B HSS cross-cutting interventions.

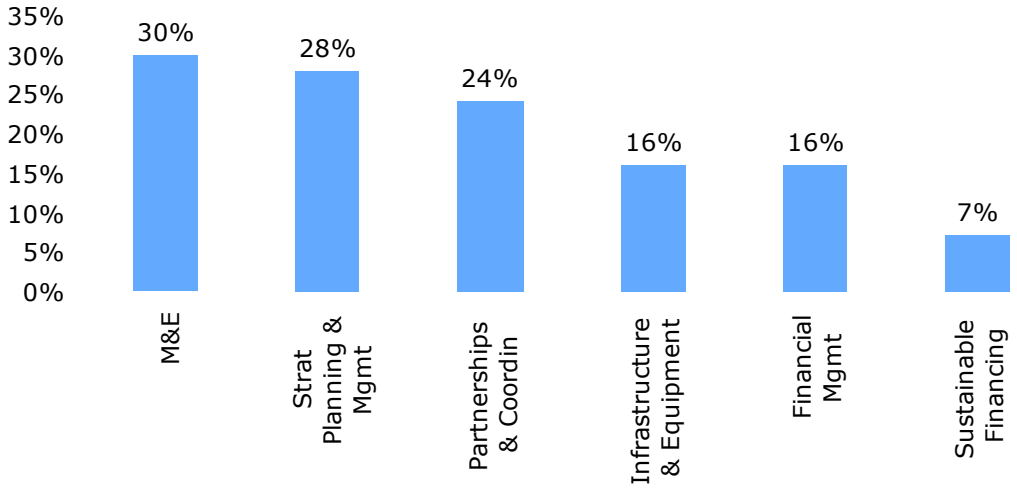
7. 28 accepted HIV proposals contained CSS, 21 tuberculosis proposals, 27 malaria proposals, and 18 section 4B HSS cross-cutting interventions.

<u>CSS by Component/Cross-Cutting HSS</u>



8. Similar to all proposals and section 4B health systems strengthening cross-cutting interventions received in Round 8, the majority of Round 8 proposals and HSS sections recommended for funding that provide CSS support to non-governmental sectors cite M&E as the top priority.

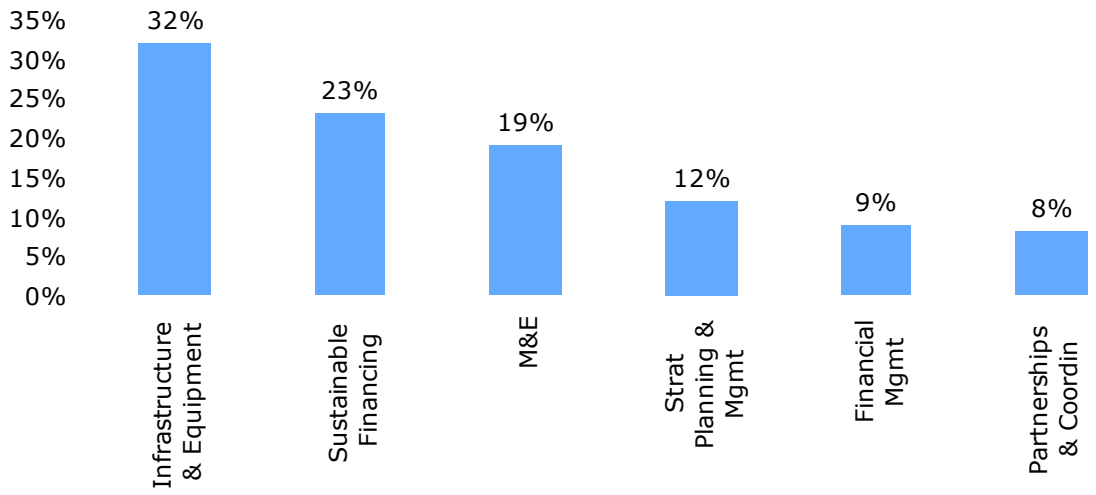
CSS Activities for Non-Governmental Sectors



9. Similar to all proposals and section 4B health systems strengthening cross-cutting interventions received in Round 8, the majority of accepted Round 8 proposals and HSS

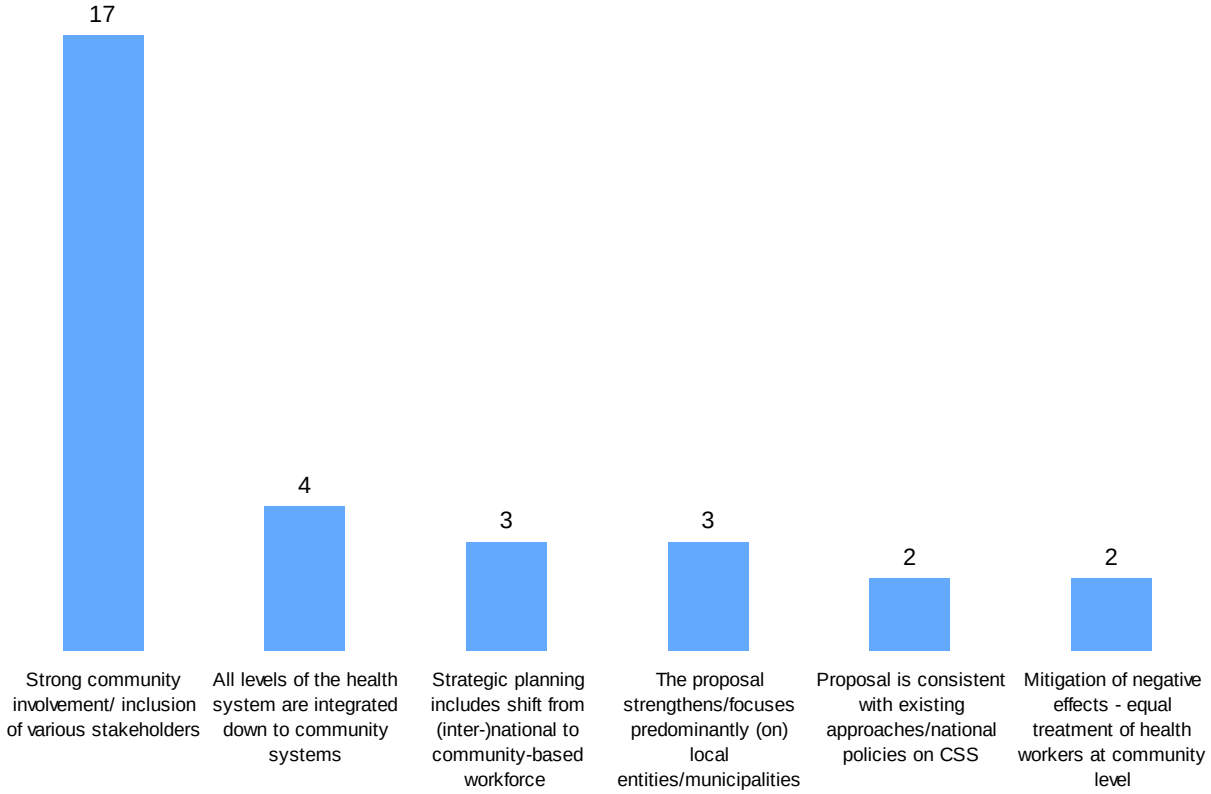
sections that provide CSS support to the governmental sector cite the purchase of infrastructure and equipment as the top priority.

CSS Activities for Government Sector

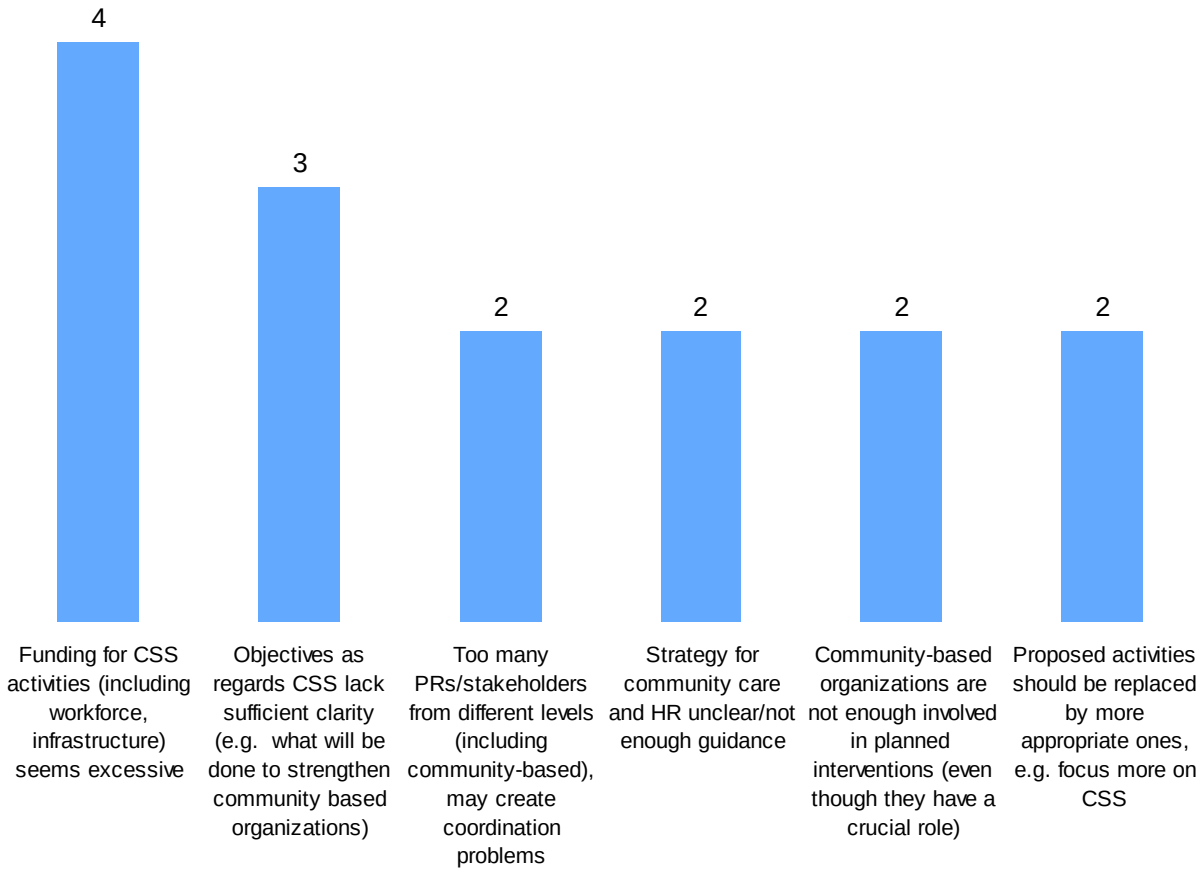


10. The Technical Review Panel was not asked to look specifically for CSS aspects in proposals. Nevertheless, due to the great variety of backgrounds and the extensive health-specific knowledge within the group, a number of CSS-related aspects were mentioned on the TRP review forms. The analysis of TRP review forms of the proposals recommended for funding reveals that certain strengths and weaknesses were of particular interest to the TRP. A strong involvement of community institutions and stakeholders represents by far the most often cited CSS strength. As for weaknesses, the TRP often criticized the excessive amounts requested for CSS, especially for infrastructure and human resources.

Most common strengths mentioned in TRP review forms



Most common weaknesses mentioned in TRP review forms



Annex

Annex 1: Examples of CSS Activities

Listed below are the different CSS activity areas described previously in this report. The bullets under each heading are examples of each type of CSS activity pulled directly from Round 8 proposals and section 4B health systems strengthening cross-cutting interventions.

Infrastructure and Equipment

- Ensure that good quality microscopes and trained microscopists are present in all community health centers.
- Renovation of 234 health facilities including 200 at peripheral level (public, private and community health outposts), 20 health centres, 10 regional and 4 national referral facilities.

Financial Management and Reporting

- Provide training and expert consultation in programmatic, financial, and health workforce management including monitoring and evaluation.

Strategic Planning, Reporting and Project Management

- Capacitating local government units in HIV program planning, implementation, monitoring and evaluation, and financing.
- Training of health workers in the national, regional, provincial and local levels on health data utilization for health program management and policy development.

Monitoring and Evaluation

- Improve the capacity of sub-recipients, sub-sub-recipients, community based organizations and local health facilities on program quality monitoring as well as utilizing data for program improvement

Building Partnerships / Coordination

- To increase and strengthen political commitment, coordination among district administration, public health offices, NGOs, and civic society, and improve planning we propose provincial sensitization and planning workshops.
- Encourage networking among NGOs to generate greater community action nation-wide

Annex

Sustainable Financing

- Institutional costs of sub-recipient NGOs and CBOs estimated at 15% of the amounts directly implemented.
- Provide the 4,161 community distributors (i.e. 1 DC/2 villages) with a transport allowance based on a monthly report validated by the PECADOM

Annex 2: Constraints

This analysis was limited by a number of constraining factors. They are listed below.

- The single most significant constraint of this analysis is the fact that it was up to the discretion of the person performing the analysis to determine what was CSS and what was not CSS.
- No financial analysis was possible because the Global Fund does not ask applicants to itemize their budgets specifically by CSS activity. For this reason, it was impossible to determine how much money was budgeted for CSS.
- At times, applicants provided vague descriptions of the CSS activities to be carried out and it was consequentially difficult to categorize them. For example: "Provide CSOs with necessary support in the care and support of PLHIV."
- There was a challenge in knowing what constituted 'community'. For instance, is district level sufficiently 'community' (particularly given the fact that 'district' means different things in different countries)?
- It was at times hard to determine at what level an activity was being carried out. For instance: "*Carry out capacity building in Mtb culture for technical laboratory staff for the implementation of culture testing for Mtb to heighten proficiency of techniques and ensure quality control*." – in this example it is impossible to determine if the activity is to happen at the community level or not. The analysis erred on the side of caution and did not consider activities like this to be CSS.
- Work done in prisons or with prison staff was not considered to be 'community'.