



Community Systems Strengthening (CSS) Round 9 Asia Pacific Documentation Workshop

*29th September, 2009 – 30th September, 2009, Bangkok, Thailand
Venue: Zenith Hotel*

Meeting Report Documenting Asia Pacific CSS Experience in Round 9

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List of acronyms

CCM	Country Coordinating Mechanism
TSF	Technical Support Facilities
PR	Principal Recipients
SR	Sub-recipients
CBO	Community-based organization
CSO	Civil society organization
TA	Technical assistance
INGO	International non-governmental organization
CSS	Community Systems Strengthening
KAP	Key affected Populations
CCM	Country Coordinating Mechanism
CBO	Community based organizations
CS	Civil Society
CSO	Civil Society Organizations
CSAT	Civil Society Action Team
CSS	Community System Strengthening
DTF	Dual Track Financing
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GONGO	Government Organized Non-Government Organization
HSS	Health System Strengthening
ICAA	Independent Commission on AIDS in Asia
IDU	Injecting Drug Users
IPPF	International Planned Parenthood Federation
LFA	Local Fund Agents
MoH	Ministry of Health
MSM	Men who have sex with Men
NAC	National AIDS Council
NGO	Non-governmental Organizations
PR	Principal Recipient
RCC	Rolling Continuation Channel
SR	Sub Recipient
SSR	Sub-Sub-Recipient
SW	Sex Workers
7 Sisters	The Coalition of Asia Pacific Regional Networks on HIV/AIDS
TOR	Terms of Reference
TRP	Technical Review Panel (Global Fund)
TSF	The Technical Support Facility
TWG	Technical Working Groups
TWFH	The Technical Working Group for Health
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	The United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS

Summary of Findings

1. There is no clarity on what is community system strengthening (CSS)?
There needs to be more technical assistance/support gap analysis / needs assessment on CSS; focusing on Key affected populations (KAPs) before CSS components are planned and drafted into grant proposals.
2. Broad consultation with NGOs, CBOs, and Key populations is required prior to drafting any CSS proposals or developing work plans for CSS.
3. Common understanding among civil society on how CSS should be incorporated into a country proposal (<i>during proposal writing process</i>) is crucial for a successful proposal.
4. Countries lack organized and coordinated advocacy framework or plan to negotiate the inclusion of CSS in their country proposals.
5. There is lack of transparency surrounding PR and SR selection; Local NGOs/CBOs are usually excluded due to their relatively weak capacity/systems
6. There are a lot of misunderstandings on CSS among the Government, multilaterals, and other donors in country
7. Lot of resistance by Governments and some multi-laterals (UNODC and WHO, to name a few) on the need for CSS- many governments do not actually want a strong civil society and resist levels of funding that would allow civil society to grow.
8. UNAIDS at the Country level is often designated to “manage” or “represent” civil society, but UNAIDS is often hesitant to speak up and often serves as a deterrent to the community speaking up
9. Lack of clear indicators for CSS, is a reason the proposal writing team and CCMs don’t see CSS as a crucial or important component for inclusion in the country proposal.
10. CSS rarely if ever part of country’s National Strategic Plan, so very difficult to argue for its inclusion (esp. given the call for “alignment” by big global agencies)
11. Lack of coordination between civil society prevents the formation of a common stand or platform on CSS
TA PROVIDERS AND TA PROVISION
13. CBOs lack understanding of the TA provider landscape
14. Lack of clear budget lines for CSS among TA providers
15. INGOs monopolize the position of “TA provider”, managing funds while not actually empowering local groups to take over the work
16. Lack of consultants, organization or funding to provide institutional capacity building for potential civil society PRs/SR.
17. Same agencies often act as implementers (PR or SR) and also provide TA; creating many inefficiencies and lack of evidence-based and high quality TA provision for CBOs

RECOMMENDATIONS

Recommendation 1: Develop clear TA provision framework on CSS for civil society.
Recommendation 2: Ensure CSS regional consultant & local consultants have better coordination in future rounds
Recommendation 3: Advocate for CS representation in TSF decision-making process, particularly around TA for KAPs.
Recommendation 4: Ensure CS representatives on CCMs are given tools to advocate for CSS.
Recommendation 5: Ensure more representation from KAPs in the CCMs.
Recommendation 6: Ensure CCMs have CS on the country proposal writing team, specifically from organizations representing KAPs.
Recommendation 7: UNAIDS focal point in Malaysia should be continued to help the country if the round 9 proposal is successful.
Recommendation 8: Malaysia should write up a one page on what they did? What they could have done better in terms of developing a civil society proposal.
Recommendation 9: Develop effective communication channels between the Global Fund CS Asia representative and CS consultants in Asia working on CSS.
Recommendation 10: Technical assistance plan should be developed and matched with regional TA provision that is available. Identified gaps can be sourced globally, if not available in the region.
Recommendation 11: Develop a collaborative fund on CSS for community organizations to access for technical assistance.
Recommendation 12: Regional networks should take the responsibility of assessing the community TA needs through their country partners and networks.
Recommendation 13: Creation of a community fund at the TSF
Recommendation 14: All consultants present at this workshop should attend the November workshop
Recommendation 15: All consultants will bring updates from their countries for the November workshop.
Recommendation 16: Finalize CSS strategy list with recommendations for follow up and timeline.



Rationale for the CSS Round 9 Documentation Workshop

The Global Fund (TGF) and UNAIDS recognize that the full participation and strong involvement of key affected populations (KAPS) and the community-based organizations that serve them is an integral part of achieving sustainable impact in prevention, treatment and care of HIV, TB and malaria. For this reason, the Global Fund in its Round 8 proposals encouraged applications that included measures to strengthen community systems relevant to country contexts in new as well as in RCC proposals.

As the Global Fund provides this opportunity to further advance Community Systems Strengthening (CSS) initiatives for more effective national responses to HIV, TB and malaria, more work is needed to ensure its implementation at country level. This makes it essential for all stakeholders participating in their country's proposal development process to fully understand the concept of CSS and its implementation at country level.

For civil society and communities, CSS is an opportunity to utilize Global Fund channels to access funding that supports and facilitates their organizations and service delivery work.

The Coalition of Asia Pacific Regional Networks on HIV/AIDS (7S) regional host to Civil Society Action Team for Asia and the Pacific (CSAT AP) and Asia Pacific Network of People living with HIV/AIDS (APN+) see CSS as an opportunity to access key funding for Key Affected Populations (KAPs). However, this component being in its initial stage needs further discussions among key stakeholders and community to better understanding what is needed to support the CSS concept in proposal development and implementation. Many are still unclear on what are the activities that could be included under the CSS component. Though this has been defined by TGF, it still lacks clarity at the country level and creates conflict when the community wants input or seeks to include CSS within country proposals.

Some countries from Asia Pacific submitted CSS components in their Round 8 (R8) proposals but TGF saw a larger share of submissions with CSS components in Round 9 (R9). The CSS component though very nascent has encouraged country level applications to include measures to strengthen the community relevant to country context and AIDS response. Technical Support and/or Assurances (TS or TA) are required to strengthen the capacity of CS to ensure the inclusion and proper implementation of CSS. The capacity needs of CS for this process still needs to be formally identified and documented.

The Asia Pacific Regional Consultation:

As a follow up to the Global consultation held in Bangkok during the 1st week of July 2009, the 7S Coalition (7S)/CSAT AP and APN+ with support from UNAIDS Geneva, Technical Support Team for Southeast Asia and the Pacific (will be referred to as TSF) and The Global Fund, decided to hold this two day regional consultation process in Bangkok from 29-30 September 2009. This workshop plans to build on 7S/CSAT, APN+ and Commission on AIDS in Asia project's experiences in TGF R8 - R9. 7S/CSAT and APN+ sees this regional consultation as necessary to clarify and further understand CSS initiatives, develop more effective national responses, identify plans to make this CSS resources accessible to KAPS including their TS/TA needs and identify the TS/TA needed and or available to integrate this component in all future country proposals submitted to TGF.

This workshop and the follow will help the Asia Pacific region prepare for round 10, by identifying the challenges faced in R8 and R9 and the TS/TA sourced to address those challenges. The documentation will help to ensure the active input and participation of the KAPs and promote

better understanding of what is needed to support the CSS concept in proposal development and implementation for future TGF rounds.

Day 1. Documenting Asia-Pacific Experiences in Round 9 September 29th, 2009

I. Welcome and introductions

Annex 1: Agenda

Annex 2: Participant list

A. Introduction and Background to Community System Strengthening in Asia and the Pacific

1. Vince Cristosomo, Regional Coordinator for The Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters) and Civil Society Action Team for Asia Pacific (CSAT AP) welcomed the participants and introduced the facilitator, Mr. Odilon Couzin.
2. Mr. Cristosomo provided a background to this documentation workshop and its objectives. He stated that community system strengthening, was introduced by the Global Fund for AIDS, TB and Malaria (GFATM) in round 8 and that there was not a huge response to this initiative in the region. In round 9 there was more interest, but lack of support for this initiative. In response to the latter, The Commission on AIDS in Asia follow up project (CAA), The Asia Pacific network of groups living with HIV/AIDS (APN+), 7 Sisters (7S) and CSAT AP in partnership with the TSF decided to support the process to integrate CSS into Round 9 Country proposals. This process was a success in terms of having five countries submit a CSS component into their Round 9 Country proposal or their RCC proposal; China, Vietnam, Malaysia, India, Cambodia.
3. This workshop aims to document the experiences of the local consultants supported by the regional partnership and the challenges they faced in integrating CSS into the round 9 country proposals. The countries selected for the documentation are China, India, Cambodia and Malaysia. Since the process in Vietnam was done at a later stage, it will not be included in this documentation. However, the consultant from Vietnam will be present as a participant.
4. The findings of this report will be printed and also presented to other regions.
5. On behalf of 7 sisters, CSAT, APN+, we would like to welcome you to this meeting.

II. Community System Strengthening: Where are we now?

A. Defining the meeting objectives, Odilon Couzin, Facilitator

6. The facilitator welcomed the participants and provided a brief summary on the objectives of this meeting. He noted that the participants in the room were here because they were involved in the round 9 processes and were supported as consultants to integrate CSS into their country proposals. First, this workshop is about finding out what worked and what didn't work? Second, it is about developing a plan to address these issues through the provision of technical support and/or technical assistance (TS/TA).
7. *The meeting objectives are:*

- Documentation of Round 9 experiences.
- Strategies and planning for future CSS efforts and action.
- Develop recommendations for the November CSS workshop in Kuala Lumpur.

8. *The meeting outcomes are:*

- Documentation of successes, challenges, and opportunities from Round 8/9 experience.
- Agreement on activities incorporated under the term “CSS”, with clear documentation for dissemination to community organizations/partners in the Asia-Pacific region.
- Follow up action plan and strategies for involvement of CS and Key affected populations (drawn up in preparation for Round 10).
- Recommendations for the November CSS workshop in Kuala Lumpur.

III. REVIEW OF THE CSS PROCESS IN EACH COUNTRY:

OVERVIEW

Annex 3: Country Presentations

The facilitator introduced the next section and then opened it up to the participants to present on their countries and the process involved to integrate CSS into their round 9 Country proposals or their RCC proposals, as in the case of China.

The summary of the presentation and discussion on the processes in each country is provided below:

A. CHINA

1. The facilitator, who was the regional consultant for the process and Mr. Zhai Wen, who was the local consultant, provided a brief overview of the process that took place for the integration of CSS into China’s RCC proposal.

CSS Process

1. CSS workshop in Bangkok (October 28 th – 30 th , 2008) Introduction to the concept Preliminary discussion
2. Phone consultation Key Partners: UNAIDS, NGO and PLWH working committees and consultants
3. Questionnaire survey 25 CBOs
4. Development of CSS proposal Integrating findings from the survey
5. Submission of CSS proposal to Global Fund writing team for China’s RCC HIV program

Below is a summary of the process:

2. The facilitator stated that the initial interest for CSS started at the Global Fund CSS workshop held in October 2008, which was hosted by 7S, CSAT AP, CAA, TSF and APN+. The participants

from China at this workshop were interested in having CSS integrated into China's RCC proposal. Two of the participants were from NGOs representing key affected populations and the other was from China Global Fund Watch. Once they were back in China they initiated a series of discussions around the idea of integrating CSS into the RCC proposal, which was being developed.

3. The NGO and PLHIV working group then developed a questionnaire, which was sent to 25 CSOs, to gather information on what areas in terms of CSS should be included in the RCC proposal. The CSOs had five days to fill in the questionnaire and provide their feedback.

4. The facilitator stated that at this point support was sought to help develop a CSS proposal for inclusion into the RCC proposal. The CSS proposal was drafted based on the information given in the questionnaires and was submitted to China's Global Fund writing group. In addition, they sent a petition letter from the CS representatives on the CCM elaborating on the importance of having CSS integrated into China's RCC proposal.

5. This entire process took altogether about 1 month. The China process showed that CSS integration was possible due to the quick action by community representatives who attend the CSS Integration workshop in 2008.

6. The Global Fund writing process in China is extremely non transparent, you either had to know someone in the writing group or be part of the process. During the negotiations with the CCM writing team the NGO and PLHIV working groups had to really push for the integration of the proposal into the RCC proposal. In addition, lots of the contents in the survey were not added as the writing group felt the CSOs were critical of the Government process.

7. The consultant however felt that this process provided an opportunity to strengthen the understanding on CSS amongst CSOs that were involved in this CSS proposal.

8. At present the RCC has been approved and the CCM is working on the three-year implementation plan. However, the plan so far has limited CSS aspects, as opposed to the proposal.

9. Zhai Wen stated that UNAIDS has contacted him to work on strengthening the CSS component in the implementation plan, However, he has only been given a short time to consult with community groups and get feedback on how to push for stronger implementation of CSS in the plan. The question is now that CSS has been accepted into the proposal, how do we translate the concept into reality?

China's CSS proposal

10. The CSS proposal was based on findings from the Questionnaire, It focused on three key issues identified by the 25 CBOs:

- Finance: not as mere implementers, but to address the need for sustainable organizations.
- Capacity building
- CSO participation: lack of systemic support for CSOs

11. The proposal was then developed specifically around SDA 1.4: strengthening institutional capacity and civil society capacity. The amount requested was 1.7 million dollars.

Comments made by participants in response to China's process:

Vince stated that China was one of the countries where the UNAIDS country office was very helpful in supporting community representatives to attend the CSS integration workshop in 2008.

Also Mae from TSF helped to identify individuals from CSOs could help support the CSS process in China.

There were questions on what part of the survey the CCM felt was critical. The facilitator stated that it was around challenges to be involved in GF processes and also about sustainable funding. There was hesitance in providing CSOs with core funding.

A participant felt that in some countries the writing process was mainly personality driven and no consistency in what will be accepted and what will not be accepted on CSS.

The facilitator stated that most CSOs don't have access to the writing team in China and therefore there were components of the CSS proposal that were not integrated into the country's RCC proposal. The writing team omitted activities that focused on core funding or activities to address challenges in becoming more involved in GF processes.

The consultant from Vietnam stated that it was a similar experience in her country. Once the CSS proposal was submitted to the CCM the country proposal was completed one week before the deadline; but then there was no time to provide constructive comments. Also CS has no opportunity to provide feedback and since the proposal is in English CS representatives on the CCM cannot read it.

In Vietnam it was also UNAIDS that supported the CS writing team, but it was difficult to reach them or be part of the process at times. Also UNAIDS was involved in all negotiations around CSS with the Government and not CS. In addition at meetings with the Ministry of Health, the entire discussion is in English, which hinders CS in providing constructive comments.

The consultant from Malaysia felt that it was important to have community representatives in the CCM; however, they also need to be provided with tools to have meaningful engagement in high-level bodies.

The participants were in agreement that the community representatives have to be involved not only in the drafting of the CSS proposals, but also for providing feedback before it is finalized.

There were comments on the need to better define CSS, since the community needs to know what activities should be accepted around CSS and this will also enable them to raise questions with the writing team.

There was a suggestion that CS reps on the CCM should be approached to help monitor this process. However, it was felt that CS representatives on the CCM are sometimes from city based NGOs who the community have difficulties approaching.

The facilitator stated that in China it was the CS representatives on the CCM that helped push for the CSS proposal; however, they were not part of the writing team. In addition, the proposal was also in English, so the CS representatives on the CCM were not able to fully understand the entire proposal. Also UNAIDS provided support to the CS representatives in highlighting the components around CSS in the RCC proposal.

Another issue raised was that similar in the China case there is a need to prove to the CCM that core funding and other CSS activities have an impact on performance based funding.

One suggestion was to have it included all CSS activities as program costs, rather than stand alone, which will help to produce numbers on the amount reached after CSS activities have been implemented.

The participants were also informed that CSS indicators are being developed and this will help to convince CCMs the importance of CSS in actually having an impact on performance based funding.

It was also suggested that for Round 10, CS should use the CRIS and NASA information to reaffirm the AIDS Commission findings about the lack of spending on CS.

B. CAMBODIA

1. Kem Ley who was the local consultant involved in developing the CSS proposal for Cambodia presented on his experience and the process of integrating it into the country proposal.

CSS Process

1. Civil Society organization meeting More than 100 CSOs and 10 NGO networks
2. Community system assessment Identified community needs and developed concept note
3. Expression of interest for CSS proposal 13 Institutions applied as PRs and 5 NGOs selected by TRP
4. Development of CSS proposal 5 NGOs and local consultant worked on the proposal
5. CSS proposal submitted to CCM and integrated into country proposal

Below is a summary of the process:

2. Kem Ley stated that the country proposal was a resubmission of round 8 and many of the PRs and SRs re-applied. However, for round 9 CSOs and donor organizations stressed the need for the CCM to focus more at strengthening the community system. As many of the NGOs were already involved in the HSS components, the decision was made to look at grassroots organizations within the community-strengthening component.

3. The CSOs organized a meeting to bring together grassroots organizations to provide them with more information on CSS. This was followed by a community system assessment to prioritize challenges faced by grassroots organizations.

4. The biggest issue in the process was the lack of a clear timeframe from the CCM for inclusion or requirements for the country proposal.

Cambodia's CSS Proposal

5. The Goal of the proposal was to increase the demand for health services at the community level through community participation. The objectives were as follows:

- Objective 1: Strengthening community level mechanisms
- Objective 2: Improve responsiveness of primary health care facilities
- Objective 3: Increase knowledge of the community regarding the 3 diseases & client rights
- Objective 4: Lower access and utilization barriers
- Objective 5: Improve the policy climate for community level primary care.

6. There were 5 NGOs selected by the TRP as PRs and under them were their members, networks and partners from grassroots communities. The organizations that were selected as PRs were HIV/AIDS Coordinator Committee (HACC), Khmer HIV/AIDS NGO Alliance (KHANA), Medical Cooperative Service (MEDICAM) and Catholic Relief Services (CRS). The other grassroots communities would be reached through community partnership platforms, health center management committees, village health volunteers, commune councils, PLHIV at the grassroots.

Comments made by participants on Cambodia process:

Representative from TSF opened the discussions stating that Cambodia had mentioned the need for TSF to support TA to conduct feasibility studies during the 2008 CSS workshop. However, there was no request made to TSF and therefore even if they knew there was a need, they cannot interfere till a request is sent.

The facilitator felt that sometimes communities in countries don't realize what their needs are or if they do, they are not aware where they can access TA.

The consultant from Cambodia wanted to clarify that CSAT AP was approached but they did not have enough funding for us to have a consultation on CSS with the community groups.

The representative from TSF stated that Cambodia does not have a capacity issue and that all was required was a small pot of money to conduct a workshop. In terms of consultants to facilitate that can be acquired from within Cambodia. There has to be more coordination and planning within the country.

C. INDIA

1. Vengkatish Chakrapani, the local consultant who provided technical assistance to develop India's CSS component for integration in the country's round 9 proposal, presented on his involvement in the process.

CSS Process

1. Potential CSS sub recipient meeting Organized by India HIV/AIDS Alliance (IHAA) on CSS
2. Civil Society Organization meeting Organized by IHAA to agree on CSS components for resubmission
3. MSM community consultation meeting (3 meetings) Organized by Humsafar Trust to develop action plan and finalize proposal
4. Sub Recipients selected and meeting with SRs conducted Organized by IHAA
5. CSS proposal for MSM submitted to proposal writing team

Below is a summary of the process:

2. India's Global Fund round 9 proposal was a re-submission from round 8. The same PR was selected for the CSS component of the proposal. This was India HIV/AIDS Alliance (IHAA), a consortium of agencies (primarily CBOs) who were also working with MSM and transgender people.

3. The MSM component was specifically built around CSS, however, the challenge here was to try and get an MSM organization to become PR. Humsafar Trust applied, but they did not meet the financial requirements. Also the other organization working on MSM were also CBOs, therefore none could apply as PRs. Issue for CBOs to become PRs.

4. There was also a component by the Indian Harm Reduction Network (HRN), however, it was stated by UNODC that theirs was not a CSS proposal. UNODC was the lead UN agency that was working on the IDU component and the proposal focused on strengthening training agencies on OST and other IDU issues.

5. The consultant stated that due to a lack of understand on CSS by UNODC it was a missed opportunity to introduce CSS into the IDU component. UNODC was the proposal writer for the IDU component and even through there were CBOs involved in the proposal, the CSS aspects for integration into this component was ignored.

6. In addition there was no available funding for a civil society consultation for IDUs, which could have helped advocate for CSS within their proposal. The consultant further stated that there was communication with the CAA project for funding, but it was not supported by UNAIDS India, so it did not go ahead.

India's CSS Proposal

7. The key objective of India's CSS component was specifically to strengthening community and other systems that benefit MSM, hijras and transgender communities to increase reach and quality of services.

8. The strategies for achieve this objective was as follows:

Strategy 1: Stakeholder sensitization and advocacy;

Strategy 2: Facilitation of new and existing CBOs to strengthen their capacities to implement Programs;

Strategy 3: Operational research on key issues for MSM, hijra and transgender communities;

Strategy 4: Need based additional (to TI) services to communities that reduce vulnerability;

Strategy 5: Train health care providers on key issues relevant to the population.

27. The CSS component targeted 156 CBOs providing at least two new services to 316,000 MSM, hijra and transgender community members, with support from 6,600 trained service providers

Comments made by participants on India's process:

CSAT regional coordinator wanted the participants to understand that in Asia we are facing issues over the capacity of CBOs or local NGOs in becoming PRs. As what was done in Indonesia we need to start looking at building the capacity of CBOs before the next round is announced, otherwise INGOs will continue to dominate as PRs and there will be limited capacity building of CBOs.

There was lot of discussion around the IDU component and how come there was no money internally for the workshop. In addition, there were concerns around UNODC's role in blocking CSS activities for the CBOs involved in the component.

A participant stated that it was a conflict of UNODC's mandate and they should have also provided funding for the workshop.

A consensus among the group was that the CCMs are not required to have a CSS component in their proposals and therefore usually don't see the need for allocating money to CBOs on issues like core funding or strengthening their capacity.

The consultant from India stated that there is a real need to sensitize the UN, INGOs and CCMs on CSS, but also the larger CS community. In India there is a backlash on the amount of money going to organizations working with KAPs and to CBOs; especially from NGOs that are left out of the proposals.

CSAT regional coordinator was concerned that this was not brought to his notice. He wanted to clarify that he can try and find funds if there was a need for small amounts for workshops, etc, around CSS or the Global Fund process.

The representative from the CAA project wanted to clarify that he tried to coordinate with TSF, but there was limited time to access the money. This was a good lesson on how we need to plan ahead and not wait for the last minute.

D. MALAYSIA

1. Dr. Kanagalingam Kulasingam, who was supported to help Malaysia to set up a functioning CCM and facilitate the development of the round 9 proposal, presented on his experiences.
2. Malaysia was an entirely civil society driven process and it was the first time that they were eligible to submit an HIV proposal.

CSS Process

1. Global Fund briefing for Civil Society
2. Workshop on Global Fund
3. Set up CCM
4. Consultation with Government and other stakeholders Around the need for a round 9 country proposal
5. National Consultation with CS organizations and separate meetings with key stakeholder To identify priority areas for Malaysia
6. Budget consultation workshop Provide tools to enable CSOs to develop their proposals and budgets
7. SR selection
8. Workshops (2) to develop and finalize proposal
9. Submission of country proposal

Below is a summary of the process:

3. The consultant stated that the whole process started in March 2008 after the regional coordinator of CSAT AP had approached different stakeholders in Malaysia to inform them that they were eligible to apply for a Global Fund grants. It was the President of the AIDS council who was interested and initiated the process.

4. In October 2008 he attended the CSS workshop in Bangkok, Thailand and then two other TSF workshops in Kuala Lumpur, Malaysia on CCM strengthening and proposal development. He was then supported as the local consultant to help the Malaysian AIDS council (MAC) to help establish a CCM and then support the development of a round 9 country proposal.

5. A committee was set up with seven individuals from different backgrounds with experience working on HIV/AIDS. As the Government did not get involved the committee had a free hand to strategize.

6. Technical Assistance was for the proposal development process was provide by:

- **Malaysian AIDS Foundation (MAF):**
Funding for a consultant to set up CCM.
- **TSF/UNAIDS and MAF:**
Lead Consultant and National Consultant (twinning).
- **TSF/CSAT:**
CSS Consultant.

Malaysia's CSS Proposal

7. The Malaysian round 9 Global Fund proposal was entirely a civil society driven process, with focus on KAPs and no treatment component (this is covered by the Malaysian Government).

8. The proposal had a strong CSS component for CS focused on the following:

1. Training and capacity building
2. Technical assistance for management and information systems
3. Set up and scale up strong management and organizational capacity (core support)

9. The last component was essential since the Malaysian Government will only support project activities, but will not pay for core support.

10. The PR was from civil society, in phase 1 there will be nineteen (19) SRs (all were NGOs/CBOs) and in phase 2 six (6) additional SRs.

Comments made by participants on Malaysia's process

CSAT AP regional consultant wanted to know whether the establishment of a UNAIDS office in Malaysia was helpful or not?

The consultant from Malaysia stated that it was very useful to have the UNAIDS focal point in country, because there was no commitment from the Government, UNAIDS provided lots of support that was required. However, it would have been better if UNAIDS had started at the beginning of the process.

The regional coordinator for CSAT AP stated that as the Government was not involved there were difficulties for UNAIDS to support the process. However, the UNAIDS focal point in Malaysia is still an uncertain position and UNAIDS has to decided whether it wants to continue this position.

The discussion then revolved around the issue of conflict of interest. A participant wanted to know if there was a conflict of interest policy, since it was the same people on all the committee who are also PRs and SRs in the proposal and on the CCM.

According to the consultant when the MAC was selected as PR the Chair, who was from MAC, step down as Vice Chair of the CCM. Also there was an Independent committee of consultants on the TRP.

TSF representative wanted to elaborate that there was lot of work involve around lobbying, clarification of GF procedures and advocacy for developing the CCM and completing the proposal.

E. Regional Process

1. The facilitator, who was also the regional consultant in the CSS process, Mae Tan Siew Mann from TSF, Rico Gustav from the CAA project, Shiba Phurailatpam from APN+ and the Regional Director from CSAT AP were all asked to provide an overview of the process that took place at the regional level.

Below is summary of the regional process:

2. The regional process was a collaboration between 7 Sisters, Civil Society Action Team (CSAT), Asia Pacific Network of PLHIV (APN+), the team for Community Follow-up to the Independent Commission on AIDS in Asia's report (CAA project) and TSF.

Regional Consultation

3. The initial discussion between the partners in August 2008 was around developing a regional consultation to identify advocacy champions from 6 Asian countries. It was crucial that the advocacy champions are also the members of CCM in their own respective countries, as one of their main tasks would be to approach the CCM and promote the importance of the inclusion of CSS in the Global Fund grant proposal.

4. The community system strengthening Integration workshop was then held in Bangkok, Thailand from the 27th to the 30th of October 2008. This workshop gathered community representatives from five countries¹, regional partner organizations and other stakeholders. The objective was to discuss the integrating of the Community System Strengthening (CSS) component into the Global Fund Round 9 country grant proposal and to identify country specific strategies in approaching this objective. Indonesia was the sixth country, but they already had their own process and consultants, which was being coordinated by CSAT Indonesia.

Advocacy to Country Coordination Mechanism at the Country Level

5. The first task of the advocacy champions was to approach the CCM in their country and present the idea of inclusion of CSS into the GF Round 9 grant proposal. The advocacy champion would also be provided with a budget to call a meeting and conduct a small workshop, if it's required. There was also discussion with UNAIDS RST for their help in coordinating with the UNAIDS Country office to support and assist these advocacy champions, in terms of presenting this idea to the CCM.

Proposal Development

6. After the CCM expressed their interest in integrating the CSS into the GF Round 9 proposal, the advocacy champions would coordinate with the regional partners. In addition local consultants would be sourced if it were needed to assist the country at this point. However, one main regional consultant should be also recruited, to ensure the quality of work of the local consultants at the country level.

¹ The countries that were represented were India, China, Thailand, Indonesia, Cambodia and Malaysia.

7. The regional consultant would have the responsibility of supporting the local consultants, providing them with advanced knowledge on GF proposals, and ensuring the quality of end result.

8. At the initial stage India, China and Malaysia were provided with local consultants contracted through TSF. These local consultants were contracted from the beginning of November till the 31st of January 2009. However, with the extension of round 9 their contracts were extended till the 30th May 2009. The local consultant in Cambodia was only supported from the 1st February 2009 till June 2009.

9. In the case of Thailand, as they had already developed their CSS proposal, a local consultant was contracted for Vietnam; who had requested for one to support their CSS proposal development. The consultant for Vietnam was contracted from the 5th May 2009 till the 15th May 2009.

The Regional Consultant

10. The primary role of the regional consultant within this project was to provide technical support to and ensure smooth communication with both national consultants and the regional partners during the drafting of Global Fund proposals, with an emphasis on the individual countries' CSS components.

11. This work included but was not limited to the following:

- a. Assisting with key stakeholder meetings and consultations;
- b. Providing strategies to promote CSS to the CCM and CS;
- c. Assisting in sourcing local resources to promote CSS,
- d. Support to develop the CSS proposals;
- e. Working to revise and improve relevant documents and proposal section drafts.

12. China:

As China was not submitting a R9 proposal, the focus was on the RCC proposal (rolling continuation channel).

A local consultant was identified, and together with him and utilizing my network of existing contacts, we engaging with the Civil Society members on China's CCM to initiate an extensive series of discussions and consultations within Civil Society.

In addition, I secured additional funds to go to Beijing and work closely with both the national consultant and the proposal writing team, and ultimately we managed to include CSS as an integral part of the RCC proposal. The proposal has since been approved.

13. Cambodia:

In Cambodia, an existing network of NGOs (the HIV/AIDS Coordinating Committee, or "HACC") had already begun to work promoting CSS as an important concept to include in national Global Fund proposals. While earlier CSAT and APN+ efforts to support these initiatives had already shown some results, there were still numerous local barriers, not the least due to political in fighting between both NGOs and government CCM members.

Under this project, we supported a key advocate of real community involvement (Mr. Kem Ley, who was engaged as national consultant) in efforts to include a comprehensive community focus in the national proposal.

My role in supporting him, included both a 3-day visit to Cambodia to work closely with him in analyzing community feedback regarding CCM, creating the outline for CSS inclusion in the R9 proposal, as well as reviewing and making extensive suggestions on the revision of draft proposals, proposal sections, and budgets during the course of the proposal development process.

14. India:

In India, the national consultant was largely sufficiently experienced, and his own network within community organizations sufficiently developed, to require only limited technical support.

Therefore, my role was mainly to provide feedback, revisions, and other support to the national consultant during the course of the R9 proposal development process.

15. Vietnam

The request from Vietnam was primarily for support to contract a local consultant for 10-20 days, as Thailand already had own local consultants, there was funding available.

In Vietnam, there is still a very weak foundation for Civil Society, though one local NGO network was effectively working to include more grass roots NGOs in Global Fund. Working with the coordinator of this network as the national consultant, extensive discussions and consultations led to a greatly strengthened CSS component within the national R9 proposal.

The representative from TSF stated that the process in Vietnam was very much demand driven, as opposed to the other countries, who were identified at the beginning of the process.

III. REVIEW OF THE CSS PROCESS IN EACH COUNTRY: CHALLENGES

A. Summary of Challenges on CSS integration in Country Proposals

1. The facilitator opened up this discussion by stating that it was extremely important to not only look at the challenge faced, but come up with constructive recommendations to improve the process.
2. The challenges below are a summary of what was presented by the consultants and the discussion around challenges in each country.

Challenge 1. To get buy-in from all stakeholders

- a. In most countries the process to complete the proposal took a long time because they had to spend most of their time convincing stakeholders about the importance of CSS. There was a lot of advocacy work to get buy in for this process.

Challenge 2. Lack of knowledge around Global Fund processes and templates

- a. The SRs were not familiar with Global Fund templates

Challenge 3. Funding issues

- a. Lack of funding for the CSS process.

Challenge 4. Reluctance in accepting 'uninvited' technical assistance on CSS

- a. This was evident with the UN agencies and INGOs at the country level; who are technical providers themselves.

Challenge 5. Limited communication between the regional and country levels

- a. This was primarily between the UN regional offices and their country offices on CSS

Challenge 6. PR Financial requirements

- a. Local NGOs and CBOs have difficulties meeting the GF financial requirements to become PR

Challenge 7. Lack of information

- a. Difficult for evaluating the actual scale of needs for organizations at the community (grassroots) level.

Challenge 8. Unclear definition of community system strengthening and about TGF

- a. CS needs a clearer understanding of CSS and GF: we need to understand TGF processes before suggesting CSS to them.

Challenge 9. Lack of coordination among the all the consultants

Challenge 10. Legal status

- a. Creates challenges for CBOs and NGOs to become SRs, since they don't have legal status; in many countries in Asia most of them don't have the opportunity to register.

Challenge 11. Issues of competition vs. collaboration between CS

- a. Large amount of funding creates lots of competition and destroys any form of collaboration that did exist

- a. NGOs are threatened by CSS as it concentrates on CBOs and key affected populations; competition for funds among CS.

Challenge 12. CS representatives on the CCM are unapproachable

- a. There is difficult to push for CSS unless the CS representatives on the CCM have vested interest in advocating for it.

Challenge 13. Lack of contact communication channels between country CS and the Global Fund; specifically the Grant Portfolio Manager

Challenge 14. Issues around policy and management

- a. Politicalized institutions and environment make it hard for CS push for CSS
- b. Commercialized public health system, this makes the Global Fund proposals all about funding for the public health and hard to push for CSS.
- c. PRs and SRs are not just the fiscal sponsor, they also have a role in TA provision and M&E processes. However, they don't even have enough capacity to do so.

Challenge 15. Resource allocation

- a. Limited amount for CBOs and NGOs in the proposal development process
- b. There is not enough to help build capacity of NGOs and CBOs

Challenge 16. Monitoring and Evaluation

- a. No indicators to measure meaningful impact and outcomes; WHO building blocks not conducive to CSS.
- b. There is not professional capacity to provide efficient TA and M&E for CS or specifically on CSS.

Challenge 17. Capacity Issues among CBOs

- a. No long-term strategy/ dated and inefficient methodology
- b. No adequate technical support within countries
- c. No proper organizational structure

Challenge 18. Issues of Ownership

- a. CSS still an unclear concept, no proper buy-in from CS

Challenge 19. Lack of transparent process and timeline in countries

B. Discussion on Key Challenges faced by the Consultants

Communications

1. The CSAT AP regional coordinator initiated the discussion around communications with the Global Fund. He stated that one of the things CSAT AP tried to contribute throughout the process was to communicate issues in the country to the Global Fund.
2. In round 8 and round 9 this role helped clarify lots of issues around CSS and with the new partnership offices there will be more communication links for the other rounds.
3. The Consultants all stated that if they had contact with the portfolio manager or direct contact with the CS team at the Global Fund; there could have been lots of questions answered.
4. In China the CCM discourages consultants working with CS to contact the portfolio manager.
5. Malaysia did get in touch with their portfolio manager and this was because they attended a TSF workshop on Global Fund proposal writing and their portfolio manager was present. In
6. Cambodia, there were issues with the portfolio manager since the one they were working with initial was changed for a new person.
7. The facilitator wanted to comment that there is a big barrier between CS consultants working on Global Fund proposals in countries and the Global Fund.
8. Some of the consultants were concerned that even if there are good communications channels, there is an issue among Asians in asking for help or for clarification. Similar to demand driven TA, there has to be a way to make people more comfortable with asking for clarifications.

Language

9. The regional coordinator from APN+ was concerned about the use of English in the CCMs, particularly, if there are no translators to help the CS representatives. He wanted to know if there is process in place to make the CCM use the local language or have translators present?
10. The Consultant from Vietnam, however, felt that even if there is a CS representative on the CCM in most countries they are excluded from the writing team. In addition, the proposal is provided in English and there is a limited deadline for comments.
11. In Vietnam there are 2 CS representatives on the CCM, but it is UNAIDS role to support the CS and they have been mandated by the CCM to represent CS. But it is also because of the present of UNAIDS everything is done in English; which makes it difficult for the CS representatives who do not speak English.
12. Unless we can dialogue with in local languages, CBOs will be left out of any decision-making processes during proposal development.

Proposal Development Process

13. CSS needs to be advocated not only to the CCM, but also to the writing team, which sometimes independent of the CCM.
14. In most countries UNAIDS is part of the writing team, however, some of the country focal points are not knowledgeable about CSS.
15. In some of the countries, it was the main consultant who had issues with integrating CSS into the country proposal. This was because of pressure from larger NGOs and INGOs who were not part of the CSS proposal.
16. INGOs in some countries see CSS or core funding for CBOs as a challenge to them.
17. There was agreement that Global Fund should have a separate section for CSS, like with HSS. However, this was brought up with the Global Fund and they had said that it was not possible.
18. In China, the issue around CSS is more about civil society ownership and collaboration. The CBOs are only allowed to do certain activities and are not permitted to apply for others; such as core funding. Also translation of CSS is hard in China, as there is no word for community in the local language, so CBOs are not familiar with the meaning behind the word.
19. This was a similar issue in Vietnam where CS had no power in the negotiation process during the development of the proposal. In lots of countries UNAIDS is tasked with representing CS, but if there is a close working relationship then it works, if there isn't then there is an issue.

Technical Assistance

20. The consultants identified the lack of technical assistance on different aspects of proposal development in country as a serious issue.
21. In Cambodia there was a need to do a community gap analysis, but there was a limitation in finding funding or someone who had the time to take on this assignment.
22. There needs to be a TA framework for CSS. This should be identified prior to the proposal development process, with timeframe and gaps if identified.
23. Sarah Zaidi from The International Treatment Preparedness Coalition (ITPC) stated that there should be several components in addition to a TA framework for CSS to address the challenges.
 - a. Focal person to coordinate the different communities and identify their TA needs
 - b. Information sharing on CSS
 - c. Develop processes to advocate for CSS
24. The issue is also about having more participation by the community, however, there needs to be an effective communication system in place; as not many can access email and there are limited funds for consultations.
25. The participants felt the concept behind CSS in country proposals is to empower the community, however, to get CSS in country proposal we need to empower the community to advocate for it.

26. Therefore, it is not just organizational capacity issue but also to engage with the larger community and develop their capacity to advocate or be part of the process.
27. The Global Fund processes are too complicated and there needs to be capacity development to help the community understand the processes.
28. Another focus during the discussion was on the need for TSF to have KAPs as a priority group for TA provision. According to the Regional Coordinator for APN+ when even if there is a need from the community, it is hard to access TSF funds, as certain requirements by the community does not fit their criteria for accessing TA.
29. TSF is mandated to provide TA after it has been identified, so it is demand driven. However, even if communities know what they require, there is a lack of understanding of the landscape of TA providers and donors to approach on specific support.
30. A concern was raised that everything is being put on the communities. There is an obligation from other parties to provide that information and TA providers should not take it for granted that CS is informed. In most cases, UN agencies have workshops to inform community members, but there is limited representation.
31. The consultants were in agreement that there have been limited initiatives in their country by the UN, INGOs and other partners to advocate for CSS.

Collaboration versus Competition

32. All the consultants felt that this was a serious issue as CSS has created tension in some countries and due to the lack of understanding on CSS it becomes difficult to create a CSS proposal.
33. In many countries it is a small group of NGOs leading the process, while the CBO are not empowered enough to be part of the decision-making.
34. The consultant from India stated that he felt there were not enough consultations around CSS and there was a lack of interest among some donors to support it. This was the case with UNODC; therefore there was no interest around CSS for drug users. However, UNDP supported the MSM consultations and the entire MSM proposal was around CSS.
35. In many cases there is also opposition from NGOs and other CBOs to address the needs of marginalized groups. In round 9 there was lot of division among the community groups due to lots of misunderstanding about CSS.

Day 2. Documenting Asia-Pacific Experiences in Round 9 September 30th, 2009

I. REVIEW OF THE CSS PROCESS IN EACH COUNTRY: STRATEGIES

1. The first day of the consultation was about the local consultants sharing their experiences, challenges and providing recommendations on how to improve the CSS process.
2. The rapporteur did a recap of the first day and the facilitator provided an overview of Day 2. He then elaborated that the agenda might change along the way, but the focus will be on the following key issues:
 - **What can different organizations do best? (CSAT, UNAIDS, USAID, UNDP, WHO, APN+, 7 Sisters)**
 - **How can TSF play a stronger role during proposal development?**
 - **What will be the follow up in countries?**
 - **What strategies and recommendations can we identify to improve the proposal development process (and incorporate more support for CSS)?**
3. The facilitator also stated that the importance of coming up with key strategies based on the focus questions was so that the momentum around CSS can be continued and to have a TA provision framework around CSS. He then opened the session up for discussion.

Discussion by Participants on Developing Strategies

- The participants felt that it was good to have a regional strategy for TA provision, but also one that takes into consideration the need for country strategies as well.
- The regional consultant for CSAT AP that this was the idea behind this workshop, which was to have both regional and national strategies to be, shared with donors and TA providers.
- There was concern that strategies for TA provision done at the regional level sometimes don't take into account the full picture of what CS thinks they need; but rather what we think the community needs.
- In China, this was done, but due to time limitation there was only 25 CBOs that took part in the survey. The community representative from China stated that for the next round they plan to have meetings with CS at the provincial level.
- Many felt that survey's were not sufficient enough to gauge the TA needs of CS, however, many felt that having country level workshop also take up a lot of time and resources.
- However, as in Cambodia it was through the country networks that the information was accessed and disseminated; once a common agreement on the CSS proposal was reached.
- Jane Wilson, from UNAIDS RST, felt that it would be more difficult to establish common needs in a larger country, as opposed to a smaller one. The question should be how do you build partnership?
- The regional coordinator for APN+ felt that it was important to establish networks not only to establish common needs, but also to have country level ownership around CSS.

- The participants all felt that there was not enough initiative from the Global Fund to enable civil society to have a greater role in access to funding. Even with CSS it all depends on the decision of the CCM, which in Asia is usually dominated by the Government.
- **The consensus among the participants was that the CSS proposals should be separate from the country proposal or a separate component. The regional consultant from CSAT AP stated that this will not happen anytime soon, but there is a need to advocate for it.**

A. What can different regional organizations do best?

4. The facilitator opened up the discussion on this issue in order to develop strategies around how regional organizations can play a stronger role in supporting CSS in countries.

Regional Networks

5. The participants felt that at the regional level support for CSS needs to be led by community organizations such as 7 sisters, ITBC, APN+ rather than the UN agencies. However, there needs to be a division of labor at the regional level for a more effective response.
6. Regional networks should play a stronger role as a clearinghouse for information on CSS and the provision of TA.
7. There is also a need for regional networks, such as APN+ and 7 Sisters to reach out to their national partners and networks to advocate for CSS. In addition to advocating for TA provision to CS, at the regional level and in Geneva.
8. Some consultant felt that the regional organizations need to meet with KAPs in country and find out what TA support they require, rather than just access it from a regional level.
9. The facilitator stated that this might be a larger focus and maybe it could be linked with existing regional initiatives being done at country level. A few examples were provided:
 - **Commission on AIDS in Asia**
 - The UNAIDS RST representatives stated that they would be happy to support how CAA can be adopted to fit the CSS framework.
 - **National strategic plans**
 - Incorporating CSS into National Plans
 - 2010 strategic plans need to be better aligned to Global Fund processes

UNAIDS

10. The role of UNAIDS RST is something that was discussed a lot by the participants. To many participants a strong RST was essential for them to advocate for CSS in this region.
11. However, this will depend on the relationship between the regional organizations and UNAIDS RST. The representatives from the regional organizations felt that they require community support and the regional organizations need their support.
12. The role of UNAIDS, as an organization was something that has been brought up throughout the workshop, however, the participants felt that in many countries there role has changed.
13. Prior, to the Global Fund, UNAIDS role was to support Government processes, however, now the Government in most countries have enough money to access their own technical support. There is a shift towards UNAIDS working more with CS, however, this is not reflected in their official mandate.

14. The consultant from Malaysia felt that UNAIDS role should be that of a neutral player and civil society needs to ensure that they play that role.
15. The regional coordinator from CAA project stated that UNAIDS has played a significant role in supporting CS regionally, however, in some countries they have become a barrier to building the capacity of CS and advocating for CSS.
- 16. The participants felt that UNAIDS RST needs to ensure that country offices support CS and advocate for CSS at the country level.**

INGOs

17. The role of INGOs is to build the capacity of CBOs or local NGOs. However, this has not been the case in many countries, where INGOs do not want to build the capacity of local organizations; as they feel threatened.
18. INGOs become PRs because NGOs and CBOs don't have the capacity to become PRs and many prefer to be SRs, as they will lose their mandates once they become a PR.
19. Many also felt that INGOs have take advantage the above situation and also the Global Fund process, by either registering themselves as local NGOs in country, while still being funded by their International offices.
20. This has led to a profusion of INGO or their local partners monopolizing the role of PR in countries.
- 21. The participants all agreed that if INGOs are applying or are presently PRs or SRs they need to have a timeframe in place for hand over to local organizations.**

B. How can TSF play a stronger role during proposal development?

22. The TSF representative stated that the principle behind their mandate was national ownership. Therefore, it is not about CS accessing services, but what the country requires for capacity building. This is one of the reason there has not been activities on demand creation by TSF, but rather wait for the country to identify their own needs.
23. There have been some initiatives at the TSF in terms of building the capacity of CS. One was the twinning program, which matches a regional or International consultant with a local consultant.
24. However, the participants felt that guidelines need to be put in place on the selection of the local consultant, to ensure that they represent the community.
25. The participants felt that there has to be a separate fund at the TSF for the community to access.
26. The demand creation for this can be done by regional organizations in terms of creating awareness.
27. The representative from ITPC stated that there are two issues in terms of building CS capacity to write proposals to access the funds and to have a peer review process in place to grant funding.
28. Some participants felt that by creating this new system, we are setting up a process to facilitate another process. Why can't we just improve the one that TSF has, rather than having a separate screening process?

29. Another issue raised about TSF was that they do not inform civil society about what can be accessed or is available in terms of TA provision.

30. There needs to be more communication between TSF and CS in countries. Also a separate community fund for CS.

C. What will be the follow up in countries?

31. Each country was asked about their follow up activities to keep the momentum on CSS rolling in their countries.

Cambodia

- The consultant from Cambodia felt that there was a need in the next few months to develop a common action plan on CSS.
- The first step will be to approach donors for funding to have a consultation meeting with stakeholders to define CSS for the country and a common framework for TA provision.
- The next step will be to start providing CS representatives on the CCM with information about CSS.
- This will be done with the help of two NGO networks in Cambodia. However, there still is the issue of funding to take the process forward.
- The regional consultant for CSAT AP stated that Global Fund could probably support a consultant and that they should put in an application to TSF as well.

China

- The consultant from China stated that the RCC proposal is presently in the grant negotiation stage and the CCM has to develop a three-year work plan.
- The consultant has been contracted by UNAIDS to convene the NGO working group and the PLHIV working group to get their comments on the work plan.
- He felt that this is a good opportunity to ensure that CSS is not excluded from the work plan and that NGOs and not GoNGOs get the funding for CS activities. The latter was the case with round 6, where the plan strong in term of CS activities, however, when the final work plan was created lots of activities was omitted out and funding was provided to new SRs (GoNGOs).
- This time there is also a worry that the CSS activities included in the RCC proposal will not translate into reality.
- In order to ensure that the CSS activities will be included into the work plan he has to ensure that CS can provide concrete steps for implementation for the action plan. He stated that he would be looking for good experience from other countries to suggest to the NGO and PLHIV working groups.
- His follow up plan would be as such:
 - Consult with NGO and PLHIV working groups
 - Review activities and indicators in the RCC proposal
 - Look at country examples of what has worked in terms of CSS activities
 - Contact Global Fund CS team for suggestions
 - Develop an action plan for CS under the CSS category
 - Monitor how the CSS money is being spent.

- The next step would be to look at accessing funding to create a Global Fund watch in China. A work plan has already been developed and the next stage is to implement the activities.
- In addition, there is a need to come up with a local definition of CSS through consultations and to get UNAIDS to issue a country paper on CSS for the Government and other donor agencies.

Malaysia

- The follow up in Malaysia was looking at how to continue the momentum around CSS.
- The consultant also was concerned that Malaysia would not be prepared for grant implementation if their proposal were accepted. Therefore, he planned to organize some workshops around grant implementation for CS and the CCM.

D. What strategies can we identify to improve the proposal development process (and incorporate more support for CSS)?

32. The facilitator and participants developed a matrix with the challenges that were identified and strategies recommended for addressing these challenges.

Below is a summary of the discussion around some key challenges and strategies:

33. All the consultants were in agreement that the proposal writing teams in most countries were very inclusive and it was hard to get access to the process.

34. There was concern that the CCM communication system in most countries does not work properly or do not reach out to the community. In addition, some don't even have websites.

35. This is also something that UNAIDS country office is supposed to ensure is done properly, however, some countries felt it was hard to get information from UNAIDS or they were not fully involved in the process.

36. The suggestions to improve this was as follows:

- Advocate with UNAIDS Geneva to ensure that all country offices involve civil society through out the process.
- Global Fund should make it mandatory for all CCMs to have a website.
- Regional organizations should also share information on Global Fund processes in country with their partners and networks.
- Develop a civil society website in each country on the Global Fund.

34. The consultant from Cambodia, stated that their CCM will not set up a website since they see themselves as a technical working group.

35. The lack of Government interest in CSS was another key issue in most countries and in some cases like China there was hostility to certain CSS activities.

36. The main suggestion was to set up watch dogs, such as what China CS plans on doing as follow up. There is a need for documentation or a form of CCM shadow report; additional to the report sent by the PRs.

37. The representative from ITPC felt that all the strategies that were in place were great, but we need to find away to delink them from donors. If there is reliance on donors for these strategies to be implemented, they might not work as well.

38. On the issue of having a common understanding on CSS for the regional, there was a lot of discussion. However, the agreement was that the following strategy should be part of every CSS proposal:
- Establish networks of KAPs
 - TA provision to strengthen organization for KAPs
 - Core funding to sustain the organisations
39. Core funding is the crucial element for developing the capacity of civil society and must be advocated for at all levels.
40. The facilitator stated that to advocate for core funding, we need proper indicators. The regional coordinator for CSAT informed the participant that the Global Fund was presently working CSS indicators.
41. The consultants all felt that the following need to be in place to continue the momentum around CSS:
- Have a session on CSS at the November workshop; come to a common regional understanding.
 - Advocated for UNAIDS Geneva to inform UCC to push for the inclusion of CSS in all country proposals
 - Develop a strong national proposal writing team for CSS in each country with different stakeholders
 - Document the experience of developing CSS proposal in the region
43. The facilitator with the help of the consultants compiled a matrix identifying all the challenges faced during the CSS process at the country and regional level and developed recommended strategies for addressing them.

Please see annex 3 for the matrix on the challenges and strategies around CSS; identified by the consultants and other workshop participants:

II. NEXT STEPS FOR THE NOVEMBER WORKSHOP

1. The last session of the workshop was on the next steps and recommendations for the November meeting.
2. The facilitator stated that this workshop was the first opportunity for all the consultants that had worked on CSS during round 9 to meet up and share their experiences.
3. The November meeting will be looking at round 10 and therefore, it was important to have recommendations on for follow up on the strategies identified.
4. The regional coordinator for CSAT AP elaborated further about the November workshop and told the participants that with this workshop and the November workshop, which will be titled Road map to Round 10; a plan will be developed at the regional level to support the integration of CSS into round 10 country proposals.
5. The CSAT regional coordinator also outlined some next steps:
 - a. Develop Agenda for November workshop
 - b. Develop participant list
 - c. Develop Timeline for completion of workshop report and CSS Round 9 documentation
6. The discussion was opened up to the participants to come up with some recommendations for follow up on the strategies identified.

Below is a summary of some of the recommendations and follow up discussed:

Recommendations/Follow up

- Push GFATM and UNAIDS to release their revised “framework” and supporting docs soon
- Country consultants should report back after TRP has release results and analyze the comments by the TRP; focusing on how to improve CSS components for the next round.
- Prepare a simple one-page documents to supplement the GFATM/UNAIDS guidance
- APN should take the lead on this (or CSAT), and work closely with the new CS Officer in Geneva to figure out what is possible in terms of official engagement/endorsement/support of CSS.
- Try to secure funding from TSF to conduct this TA gap analysis. Can CSAT or APN do this? Can TSF pay for consultants, if we can identify appropriate people?
- 7S and APN+ should identify local networks and work with them to draft work plans for TA provision and identify potential consultants or staff to do the needs assessments in country.
- Approach UNAIDS and other key players (NGOs, donors, CCM) after the Work plan is drafted.
- Ensure there is funding on the regional level to enable local CS to hold consultations on CSS.
- Initiate discussion with GFATM CS Officer and Asia team on the need for a more accessible communication system for CS
- Reach out to local networks and NGOs, as well as regional/global ones (APN+ and ITPC) to investigate how to set up a monitoring mechanism of Global Fund funding.
- Prepare briefing papers for national CCM reps (and others) to introduce CSS and related issues to their CCMs and communities.
- Possible means of dissemination:
 - CSAT
 - GFATM (talk to Asia Team and CS Officer)
 - Launch a simple (multi-lingual) website
- Consider launching a regional site (and possibly national sites) to
 - provide basic information about grants (PRs, SRs, etc),
 - provide a space for community discussion
 - link to additional GFATM-relevant sites and information
 - monitor GFATM implementation progress if possible

- Discuss with each country UCC (CSAT and APN+), insist that CS be kept informed and have a say in how UNAIDS “supports” CS participation
- Identify “sympathetic” UNAIDS staff and work closely with them to advocate within the system.
- Once the CSS indicators are released, thoroughly analyze with respect this region (get funding for CSAT AP to do this)
- Initiate local community consultations (involve CCM rep and/or UNAIDS) to provide feedback and push for locally-relevant indicators to be used
- Work through APN+ and 7S to promote community understanding of TSF
- Help community orgs to apply for TSF funding for TA needs
- Investigate how often national UNAIDS offices are involved in “vetting” local NGO proposals, and if political considerations often mean outspoken NGOs are not supported – if it is commonplace, then work with TSF and UCC to ensure that it doesn’t restrict civil society (APN+, 7S)
- Ensure that TSF formalizes the twinning consultant initiative.

7. The facilitator told the participants that a complete list of challenges, strategies, recommendations and follow up would be distributed by Monday 5th October 2009 for comments. Once they have been finalized, the report will be released in time for the November regional workshop.
8. The facilitator closed the workshop and he thanked all the participants for their contributions.

ANNEX 1: Agenda

<u>Day 1 - 29th September 2009</u> Documenting Asia-Pacific CSS Experiences in Round 9.	
9.00 –	Welcome address and Logistics:
9.15	Vince Crisostomo, Seven Sisters
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9:15-	Introduction and Consultation objectives
9:45	<ul style="list-style-type: none">• Meeting objectives• Participants expectations
	Odilon Couzin, Facilitator
<hr/>	
9.45 –	CSS: Where are we at? (Presentation and discussion
10.30	
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10:30-	Coffee Break
10:45	
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10.45	Review of CSS in each country: Timeline Activity
-	
11.15	
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11:15	Review of CSS in each country
-	(Each country presents their timeline and prepares 10-minute presentation on
12.30	process of incorporating CSS into national proposals)
	India, China, Cambodia, Malaysia
<hr/>	
12:30	Lunch
- 1.30	
<hr/>	
1.30 –	Documenting experiences (cont) – including CSS in national proposals (small
2.30	groups)
	<ul style="list-style-type: none">• Continue discussion of challenges and opportunities to including CSS in proposals• Strategies for improving proposal development process (focus on CSS inclusion)
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2.30 –	Group report back/ discussion
3.30	
3:30 -	Coffee Break
3:45	
3.45 –	Review Technical assistance – what was available and what was effective in
5.00	ensuring strong community participation?
5.00 –	Wrap up
5.30	Discussion/Conclusion: Based on CSS experiences during Round 9:

ANNEX 1: Agenda (continued)

Day 2 - 30th September 2009.
Supporting more effective CS involvement during program implementation

9.00 –	Recap of Day 1.
9.30	Revanta Dharmarajah
9.30 –	Realities and needs in each country at present
10.30	(5 min presentation from each country)
10:30 –	Tea/Coffee break
10.45	
10.45 –	Barriers and challenges facing CS in accessing Technical Support
12.00	
12.00 –	Lunch
1.00	
1.00 –	Technical support needs in Countries (Group Work)
2.30	
2:30 -3.00	Group report back and discussion (by country)
3.00 –	Coffee break
3.15	
3.15 –	Discussion: Next Steps and Recommendations for the November Workshop
5.00	
5.00 –	Wrap-up- Odilon
5.30	Vote of Thanks- Shiba

ANNEX 2: Participants List

List of Participants
AP CSS Documentation Workshop.
Dated: 29th and 30th September 2009.
Venue: Bangkok, Zenith Hotel Sukhumvit Soi 3.

Sl	Name	Country	Contact id
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ANNEX 3: Challenges, Strategies and Recommendations matrix

Challenges	Strategies (and TA needs)	Recommendations and follow-up
<p>1. Many people are still not clear what CSS includes, and CSS is a foreign concept for many countries (China, global)</p> <p>Lack of basic understanding among community members of Global Fund and how it works</p>	<p>Based on the Global framework (coming soon from GFATM Secretariat), create an Asia regional framework for CSS (focusing on key affected populations). Use the CAA report to identify common issues in different countries.</p> <p>In each country, consider existing guidelines within NSP (where they exist)</p> <p>Community-led review of Round 9 CSS efforts (based on TRP approved proposals)</p> <p>Target consultants (proposal writing consultants) to ensure that they understand what CSS is</p> <p>Target writing teams with CSS info</p> <p>Create local definition of CSS (CS-led effort, try to engage UNAIDS to back up, and share with other donors such as USAID, Gates, etc)</p>	<p>Push GFATM and UNAIDS to release their revised “framework” and supporting docs soon – they clearly need some pressure. (CSAT, ICASO, ITPC, APN+, etc)</p> <p>Each national consultant should dig this up, and we can also try to get it via UNAIDS (ask the PCB people to help, or go via the UCCs)</p> <p>Once TRP results are in, each country consultant should analyze the proposals with CSS in mind.</p> <p>Prepare some simple one-page documents to supplement the GFATM/UNAIDS guidance</p> <p>APN+ should take the lead on this (or CSAT), and should work closely with the new CS Officer in Geneva to figure out what is possible in terms of official engagement/endorsement/support</p>
<p>2. Need for community gap analysis / needs assessment before including CSS</p>	<p>Arrange country visits/consultations to compile the actual needs of KAP in each country</p>	<p>Try to secure funding from TSF to conduct this sort of gap analysis. Suggest to UNAIDS and GFATM that there needs to be some non-govt-</p>

<p>(Cambodia)</p> <p>It is difficult to draft CSS component without having a broad consultation with NGOs, CBOs, and Key populations (Cambodia)</p>	<p>(face-to-face and other means, such as survey in China, but must be flexible and creative, use resources that we have)</p> <p>Consider creating simple surveys to collect initial basic information, follow up with meetings and other activities to collect more details</p> <p>Ensure local ownership by involving local (and regional) networks and groups – they should really be leading this process</p> <p>Consider existing data and information about needs of communities (including UNGASS)</p> <p>Ensure that any consultation is done in local language</p> <p>Consider regional variations and other issues in larger countries (eg, Indonesia, India, China)</p> <p>Coordinate with UNAIDS, CCM and others in country</p> <p>Secure funds (even limited funds) to organize local discussions and/or support local networks</p>	<p>dominated process to conduct this sort of analysis, and see what they suggest.</p> <p>Can CSAT or APN do this? Can TSF pay for consultants, if we can identify appropriate people?</p> <p>7S and APN should identify these local networks and work with them to draft workplans (simple) and identify potential consultants or staff to do the needs assessments</p> <p>Approach UNAIDS and other key players (NGOs, donors, CCM, govt) after the Workplan is drafted and try to organize support – be careful not to let them hijack the process</p>
<p>3. Creating a common understanding among NGOs of how CSS should be incorporated (during proposal writing process)</p>	<p>Organize discussion between different NGOs (potential PRs and SRs) to establish common understanding of what CSS is and how to include it (outside consultant + national networks)</p> <p>Use results of needs assessment in this discussion</p>	<p>This only really applies to R10 – find funding to hold a local consultation if R10 is announced. Possibly work through the CCM reps, or other local networks/groups.</p>

<p>4. Lack of an organized and coordinated framework or plan for organizing and advocating to include CSS (Cambodia)</p>	<p>Wait for GFATM to come up with a plan – to a certain degree we need to wait and see what they say.</p> <p>Start organizing community members before new funding round is announced to create a strategy and conduct needs assessment (see above).</p> <p>Link to NGO and community networks – they can organize this discussion</p> <p>Use the results of community consultation to initiate discussions with CCM members, government, UN and other partners</p> <p>Seek funds from TSF, possibly GFATM (to support facilitator/consultant), also seek in-country sources</p>	<p>This is largely dependent on getting the new guidance and M&E info from GFATM/UNAIDS, and whether there is a Round 10.</p>
<p>5. Lack of transparency surrounding PR and SR selection</p> <p>Local NGOs are usually excluded due to their relatively weak capacity/systems</p>	<p>INGOs should be required to partner with local NGOs to build capacity and allow local groups to meet the requirement to be SRs/PRs – push for a timeline to be in place</p> <p>(see strategies for “<i>implementation</i>” below)</p> <p>Advocate for explicit GF (or local) guidelines for PR/SR selection, including clear timelines for INGOs to back out and NGOs to take on these roles</p> <p>Start assessment of local NGOs as SRs and PRs early, and provide support where necessary to build their capacity to act as PRs</p>	<p>Most of this can best be pushed from Geneva – there needs to be a longer-term advocacy effort aimed at the board and key Secretariat staff (mainly the Asia team, but also the “partnerships” division) to push this agenda in the region.</p>

	and SRs.	
6. Convincing the local government (and multilaterals, and other donors) of the need for a CSS component – there is a lot of resistance and misunderstanding	<p>Advocate with GF secretariat (and TRP if possible) to make CSS a real priority – only this will convince stubborn governments to take it seriously</p> <p>Include CSS as a separate component in proposals (make this a requirement)</p> <p>Convince UNAIDS to include this activity as part of their national strategy</p> <p>Engage partnership units in both UN agencies and Global Fund in Geneva to raise CSS as a priority</p> <p>Find “peers” or other suitable people/orgs who can advocate with government and multilaterals (UNAIDS? Who else?)</p> <p>Identify government needs and try to anticipate those needs during negotiation process</p> <p>Do not allow CSS to be subsumed in HSS components [CS orgs need to raise this with WHO]</p>	<p>Push GF CS Officer to raise this in Geneva – pressure from within is essential</p> <p>CSAT and GF Board delegation members (Thomas in China) should raise it with the GFATM board</p> <p>Lobby UNAIDS Bangkok to make this a priority and find funds to push in country.</p>
7. In some countries, governments actually <i>do not want</i> strong CS or CS participation	<p>In countries such as China, GF should consider opening up proposal process to pure Civil Society applicants. We need to have this discussion.</p> <p>Establish CS-led mechanisms to document and feed back the <i>reality on the ground</i> to GF in Geneva, and demand that GF secretariat act on these. (<i>CS reps/teams might need to be given anonymity to prevent this affecting their safety or work</i>) Work through existing networks</p>	<p>Initiate discussion with GFATM CS Officer and Asia team – insist that they are failing to reach/support CS in the region, and that there needs to be a new approach.</p> <p>Reach out to local networks and NGOs, as well as regional/global ones (APN+ and ITPC) to investigate how to set up this sort of monitoring mechanism.</p> <p>Clarify these issues – perhaps talk to CCM department or others in Geneva.</p>

	<p>such as ITPC or local positive networks, and consider TMAP report on CCMs</p> <p>Lobby to increase the mandatory % of CS on CCMs (or is this already true on paper, but not in reality?)</p> <p>Find some way to differentiate between independent CS and government-linked “CS” reps (<i>or is this already true on paper, but not in reality?</i>)</p> <p>Consider whether it is necessary/wise to advocate for grants to be rejected or stopped if they do not include sufficient Community work – this is risky, but might be the only thing that will affect some stubborn governments.</p> <p>Demand that UNAIDS support the CAA-recommended “watchdog” mechanism</p>	<p>Initiate this discussion with GF CSO (CSAT/7S).</p> <p>Take this issue to the board delegation (Thomas)</p> <p>Discuss with all of our networks (all)</p> <p>Who can raise this <i>forcefully</i>? APN+ seems the most likely voice, and possibly Frika</p>
8. Convincing the CCM of the need for a CSS component	<p>Push GFATM to act on the recommendations in their own (highly critical) CCM report, as well as the TMAP CCM report</p> <p>Provide support to CS reps on CCM to lobby/advocate within the CCM to act on GF recommendations</p> <p>Support CS reps to disseminate this info back to their communities (and also <i>push</i> them, demand that they be accountable)</p>	<p>Raise this with GFATM board (Vince and Thomas)</p> <p>Prepare briefing papers for national CCM reps (and others) to introduce CSS and related issues to their CCMs and communities. Possible means of dissemination:</p> <ol style="list-style-type: none"> 1) CSAT 2) GFATM (talk to Asia Team and CS Officer) 3) Launch a simple (multi-lingual) website
9. Having access to the writing team and convincing them of the need for a CSS component (Vietnam)	<p>Advocate to UNAIDS - Country Offices should share this and support CS involvement</p> <p>Push for CS rep (CCM member?) to be on the</p>	<p>Keep track of each country’s writing process, especially the initial stages when writing teams and basic programme focus is being determined. (coordinate with UNAIDS, WHO and others in-country)</p>

<p>Lack of a transparent <u>process and timeline</u> for proposal development and grant negotiations (Cambodia, Vietnam)</p>	<p>writing team</p> <p>Coordinate with CSO (Mauro) to collect schedule info from each country and share it with regional networks</p> <p>Push to make local CCM website a <i>requirement</i> for all countries (this was also raised in Bali)</p>	<p>Use local and regional networks to disseminate basic schedule information (proposal drafting process). 7 Sisters/CSAT, APN+ and ITPC can all participate</p> <p>If local CCM websites are created, be sure the check them regularly and provide input (constructive and critical alike)</p>
<p>10. Lack of a fair and transparent structure and system for ensuring <i>broad</i> community participation in the national GFATM proposal process (and prevent “rigging” of the process)</p>	<p>Advocate that the national CCM website should include information and provide space for community input on the proposal process</p>	<p>Consider launching a regional site (and possibly national sites) to 1) provide basic information about grants (PRs, SRs, etc), 2) provide a space for community discussion, 3) link to additional GFATM-relevant sites and information, and 4) monitor GFATM implementation progress if possible</p>
<p>11. UNAIDS often designated or plays the role of “gatekeeper” to “manage” Civil Society, but UNAIDS is often hesitant to speak up and often serves as a deterrent to NGOs speaking up</p>	<p>Clearly define UNAIDS’ role and responsibility within the GFATM system, and push them to increase support to Civil Society</p> <p>Advocate at both regional and Geneva level to make sure these roles are clear, and that there are mechanisms to push national UNAIDS offices – CS needs to monitor this and have a feedback mechanism</p>	<p>Discuss with each country UCC (CSAT and APN+), insist that CS be kept informed and have a say in how UNAIDS “supports” CS participation</p> <p>Identify “sympathetic” UNAIDS staff and work closely with them to advocate within the system.</p>
<p>12. Lack of clear indicators for CSS, which means activities are often not budgeted or seen as critical to the proposal</p>	<p>GFATM is preparing these now</p> <p>Demand that CSS components actually provide core funding to local networks and community organizations, as the original plan says it will.</p> <p>Insist that all CSS activities (either as an</p>	<p>Once these indicators are released, thoroughly analyze with respect to our region (get funding for CSAT to do this)</p> <p>This should be done when R9 workplans are being submitted – local NGOs and CCMs should be supported to do this. (TSF and GFATM should be approached to provide this support)</p> <p>Initiate local community consultations</p>

	<p>individual objective or as a defined part of multiple objectives) need to be <u>clearly budgeted</u> and be linked to indicators – monitor both proposal and grant negotiation stages</p> <p>Countries and regions (especially CBOs and affected populations) need to have some say in designing locally-relevant indicators</p>	(involve CCM rep and/or UNAIDS) to provide feedback and push for locally-relevant indicators to be used
13. Workplans often distorted during grant negotiations, with budgets for CS cut in the final version	<p>CS must be allowed/empowered to follow the entire process and monitor adjustments to the grant</p> <p>GFATM must demand/maintain transparency during the grant agreement process --- once it's signed, it's too late</p>	<i>See above</i>
<p>14. CSS rarely if ever part of country's National Strategic Plan, so very difficult to argue for it's inclusion (esp. given the call for "alignment" by big global agencies)</p> <p>Governments are reluctant to provide sustained funding for CSS (even if funds are included in GF proposals)</p>	<p>UNAIDS (and other UN agencies?) can try to support the inclusion of CSS in National plans</p> <p>TSF might be able to press/support governments to do this, or support them to some extent.</p> <p>Other funding sources (Gates, Ford, etc) could possibly be mobilized</p>	<p>Long-term plan needed – very little possible in the short term. CSAT, APN+, and others need to talk to the high-level folks on this.</p> <p>If a "neutral" body existed (see #27) that could monitor government implementation, such advocacy would have a much stronger basis.</p>
15. Lack of coordination between NGOs prevent the formation of a common stand or platform on CSS	Neutral broker (in Vietnam possibly UNAIDS) should sit down with NGOs and push coordination / common voice during proposal drafting or implementation	In countries with approved R9 proposals, we need to assess the possibility of doing this asap. Can TSF provide small-scale funding?
16. Lack of funding support for community	Advocate for flexible funding mechanism for	Long-shot – this will have to go via Geneva

consultations and other community activities	small-scale community activities (UNAIDS, GFATM, etc)	
17. Lack of time for CBO consultations and discussions – often deadline are very short	<p>Create some sort of “rapid response” support from regional networks</p> <p>Advocate for UNAIDS/TSF/other agencies (donors) to provide some flexible funding for this</p> <p>Organize informal CS “support network” of peers to help</p>	Form a “Asia Civil Society Support Network”, to be housed in APN+, to play this role. [all volunteer, but try to get some funds from GF, UNAIDS, OSI or TSF for this]
18. There are deep prejudices against certain marginalized populations (different in different countries)	Requires more sensitization for both governments and other institutions – how to achieve this?	Long term task, no clear plan how to address this
19. Fundamental decisions about GF proposals are made without a transparent or rational consultation process (eg, target population, budget etc)	Create mechanisms in each country to disseminate this information to community members	UNAIDS or other agencies often have access, and should share this information with communities NGO and affected populations CCM reps should keep track of these decisions and share them with their constituents and broader community
20. Overload at country level (GFATM, UNGASS, NSP, etc) overwhelms communities (and governments)	No clear strategy on how to address this – CS needs to prioritize which processes it needs to be involved in, and not allow funders to dictate activities – this is of course very difficult to achieve.	No clear plan how to address this, though it is a critical issue.
TA PROVIDERS AND TA PROVISION		
21. TSF sometimes fails to satisfy TA needs at grass-roots level	<p>TSF should have clearer and more consistent policies for TA provision</p> <p>Facilitate support to CBOs to apply for funding from TSF, especially smaller groups in more distant countries (use local networks? Consider Collaborative Fund model)</p> <p>Address TSF dependency on UNAIDS for</p>	<p>Work through APN+ and 7S to promote community understanding of TSF</p> <p>Help community orgs to apply for TSF funding for TA needs</p> <p>Investigate how often national UNAIDS offices are involved in “vetting” local NGO proposals, and if political considerations often mean outspoken NGOs are not supported –</p>

	opinions/vetting	if it is commonplace, then work with TSF and UCC to ensure that it doesn't restrict civil society (APN+, 7S)
22. CBOs lack understanding of the TA provider landscape, what is available and what each agency's mandate is	<p>Create demand for TA among local CBOs by mapping and <i>explaining to local CBOs</i> what is available</p> <p>Find support for regional networks/groups to reach out to local groups and disseminate information</p> <p>Simplify documentation (TSF, GFATM and others) on TA, criteria for accessing TA, etc</p> <p>Sit down with UNAIDS, TSF, and GFATM to discuss how this can be done more effectively</p>	See #21
23. Lack of clear budget lines for CSS among TA providers	<p>Advocate to Global Fund, UNAIDS, and other TA providers to specify and increase funds available for TA to CS as part of programme implementation.</p> <p>Push TSF to review and evaluate TA support to CS</p> <p>Evaluate the actual funding needs for CS work (CSS inclusion?)</p>	Work to ensure these issues are on the agenda of the November meeting in KL (7S, APN+, all)
<p>24. Larger INGOs monopolize the position of "TA provider", managing funds while not actually empowering local groups to take over the work (links to PR/SR selection)</p> <p>INGOs and INGO-led bodies are dominating TA funds, possibly at the expense of independent CBOs</p>	<p>Build and support coalitions of community-led networks or organizations to provide (and/or decide how funds are allocated to) TA to local CBOs</p> <p>Advocate (to UNAIDS, TSF) for the creation of regional "peer review" committee that will be involved in TA fund allocation</p> <p>Empower regional</p>	<p>APN+ or a similar community network needs to take the lead on this in Asia.</p> <p>A joint advocacy effort will be necessary – CSAT, APN+, 7S, ITPC can all be involved, but we should get as much weight behind this as possible. Somebody needs to take the lead on this.</p> <p>APN+ should take the lead on this.</p>

	networks to play a leadership role in identifying needs and disseminating information about TA	
25. Lack of consultants or organizations to provide institutional capacity building for potential Civil Society PRs/SRs	<i>This is a big and long-term problem that we cannot really resolve. It's more the work of TSF and other big TA agencies to address, though we can offer them advice and feedback on the quality of TA provided and the real needs of the community</i>	Raise this with anyone who will listen, but do not expect a solution to appear tomorrow.
26. Limited local consultants to provide support to CBOs (on CSS)	Improve “twinning” arrangement for TSF and other TA funders (matching national and international and/or more and less experienced consultants providing TA)	1) Request pairs of consultants (International and National) whenever applying for TA. Push to get this on the agenda for Nov meeting (TSF)
IMPLEMENTATION		
27. Lack of a neutral agency/body to do follow up and monitoring of GF implementation (applies to most if not all countries in the region)	Try to form a CS-led body to play this role Lobby for funders like OSI to fund such an initiative	
28. Same agencies often act as implementers (PR or SR) and also provide TA, creating many inefficiencies and lack of evidence-based and high quality TA	Advocate for PRs to keep TA and service delivery separate – push GFATM to advise/require this. Monitor who is providing TA and other “support” (such as “management support”) during grant implementation, and how much money they are receiving.	