

Reinforcing civil society contributions to health

A BACKUP approach to making Global Fund money work

Why and how the Global Fund supports civil society

Civil society organizations

In many countries, faith-based and other civil society organizations (CSOs) were pioneers in providing the health services we consider essential. While governments take the lead in providing these services now, CSOs often ensure they are extended to the poor and otherwise marginalized and vulnerable. They do this by advocating for human rights, educating service providers and the public, and providing supplementary services that meet the needs of specific populations.

Notwithstanding CSOs' strengths, their challenges often include weak regulation by government and weak capacity to manage programmes and coordinate with other partners.

The Global Fund

Since its launch in January 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has been committed to public, private and civil society collaboration on coordinated responses to the three diseases. It requires Country Coordinating Mechanisms (CCMs) that oversee the preparation of grant proposals and the implementation of grants; insists that public, private and civil society partners have fair shares of representation on the CCMs; and encourages dual track financing with Principal Recipients (PRs) from different sectors.

German Health Practice Collection

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This Collection describes programmes supported by German Development Cooperation assessed as 'promising or good practice' by experts from German development organizations and two international peer reviewers with expertise in the particular field. Each report tells the story, in plain language, of a particular programme and is published in a short (four pages) and full version at our web site: www.german-practice-collection.org.

Grants to civil society

By the end of 2011, the Global Fund had approved grants totalling US\$ 22.6 billion to support 1,000 programmes in 150 countries. A recent analysis found that 36% of all grants by the end of 2009 had gone to CSOs (including faith-based organizations and academic institutions) while 51% had gone to government organizations, 11% to multilateral organizations and 2% to private organizations.

Another analysis found that, of all 2005-2010 grants, those to civil society PRs had significantly outperformed those to all other PRs. In 2010, the performance of 52% of grants to civil society PRs met or exceeded expectations; that was true of only 31% of grants to government PRs, 40% of grants to private PRs, and 38% of grants to multilateral or bilateral PRs. (The Global Fund applies different criteria to different categories of PR, so these findings should be treated with caution.)



>> *The Total Control of the Epidemic (TCE) programme of Humana People to People mobilizes people like this HIV-positive mother to change behaviour and use health services.*

How the German BACKUP initiative contributes

Also launched in 2002, BACKUP provides – on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ) – technical support to partners as they build their capacities to qualify for Global Fund financing and then put it to effective use.¹ BACKUP is demand driven and flexible and considers a wide variety of requests for the financing of consultants or activities from partners engaged in Global Fund processes at international, regional and national levels. These requests often come through referrals by GIZ's country offices, multilateral organizations (e.g., UNAIDS or WHO) or international CSOs.

By the end of 2011, BACKUP had supported more than 420 capacity-building interventions in 72 countries. Over the five-year 2007-2011 period, BACKUP expended more than €31 million and 33% of that amount went to bilateral (country-level) partners. Of the money going to bilateral partners, 46.2% went to CSOs (43.4% to country-based, 2.8% to international CSOs) and 32.8% to governments while the remaining 20% went to various other partners and initiatives (e.g., strengthening CCMs).

Among the many types of CSO activity supported at bilateral level were organizational development, advocacy, monitoring and evaluation, proposal development, and technical support needs assessment. The following three case studies are examples of BACKUP's diverse and flexible support for CSOs.

Case 1: Civil Society Action Team

In 2007, the Global Implementation Support Team (GIST) – with representatives from the Global Fund, UN organizations, GTZ (now GIZ)² and other international organizations – supported a consultation process that identified the needs of country-level CSOs for technical support to overcome barriers preventing them from getting and effectively using Global Fund grants. The result was agreement to establish the Civil Society Action Team (CSAT) as a five-year (2008-2013) project.

CSAT is hosted by the International Council of AIDS Service Organizations (ICASO) and supported mainly by UNAIDS and BACKUP. It has seven Hubs in West and Central Africa,

Eastern Africa, Southern Africa, Middle East and North Africa, Asia Pacific, Eastern Europe and Central Asia, and Caribbean. These Hubs help CSOs:

- Identify needs for technical support, appropriate providers and possible sources of financing;
- Coordinate advocacy and other inputs to the Global Fund, UNAIDS and other international and regional mechanisms;
- Promote the inclusion of marginalized and vulnerable groups in Global Fund processes, from proposal development through implementation and monitoring and evaluation.

For example: the **CSAT Hub in Eastern Africa** partnered with the International Treatment Preparedness Coalition (ITPC) to produce guidelines for CSO representation on CCMs and helped shape the Tanzanian CCM's Code of Conduct; the **CSAT Hub in West and Central Africa** supported the launch of MentorPro, a scheme where larger or more experienced CSOs help smaller or less experienced ones; the **CSAT Hub for Asia Pacific** helped the region's CCM identify civil society PRs for the region's Round 8 Global Fund proposal.

Case 2: Burkina Council of AIDS Service Organizations

Becoming Sub-Recipient of a Global Fund TB grant

Founded in 2001, the Burkina Council of AIDS Service Organizations (BURCASO) received little donor support until 2004, when the Netherlands financed its advocacy for civil society participation in Global Fund processes. This advocacy succeeded to the extent that, in 2006, the UNDP's Support Programme for Associations of Communities (PAMAC) became a Sub-Recipient (SR) of Burkina Faso's Round 6 Global Fund HIV project and BURCASO became one of four Sub-sub Recipients (SSRs).

From 2009 to 2011, BURCASO received and implemented three BACKUP grants totalling €52,000. With the first grant plus support from Population Action International (PAI), it held a workshop during which 52 organizations developed a proposal to integrate sexual and reproductive health into Burkina Faso's Round 9 HIV Global Fund proposal. The Round 9 HIV proposal was not approved but the workshop helped CSOs find ways they could strengthen their consultations with each other and their partnerships with government. This, in turn, helped them during negotiations leading to launch of Burkina Faso's five-year



>> *Trained by Red Crescent, a community outreach worker at a mosque in Tajikistan explains the symptoms and refers this young man to a hospital where he is diagnosed with TB.*

¹ For more information on BACKUP and how to apply for technical support, please go to www.giz.de/backup.

² GIZ was formed on 1 January 2011. It brings together the long-standing expertise of DED, GTZ and InWEnt. For further information, go to www.giz.de.



>> L. to r.: Cécile Thiombiano-Yougbare (seated in foreground), BURCASO's monitoring and evaluation manager for TB, observes a village animation.

>> Aligned with YurWorld, COTRAVEDT supports "Wednesday with Mama", a weekly transgender support group facilitated by a 55-year-old transgender woman.

(2010–2014) Round 8 TB project, for which PAMAC is the PR. BURCASO is one of three SRs and, as such, oversee the work of 65 CSOs in six of Burkina Faso's 13 regions.

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Building capacity to implement the TB grant

The second BACKUP grant paid for a consultant who, in 2010, supported development of project and financial management systems that are helping BURCASO and its CSOs implement their contributions to the Round 8 TB Project. The third BACKUP grant paid for a consultant who, in 2011, developed a monitoring and evaluation plan and tools and trained M&E focal persons from three of the six CSOs acting as BURCASO's regional coordinators for the project. BURCASO sees this as the first step in a three-step process that will extend the M&E system to its 215 member CSOs across the country, whether or not they are participating in Global Fund projects.

BURCASO's share of the Round 8 TB project budget falls short of the amount they estimated they would need when the Round 8 proposal was being developed. This means they have been able to engage fewer CSOs, train fewer animators to deliver TB prevention and urge TB testing, develop few communications tools to be used by the animators, and so on. However, BURCASO and its member CSOs recognize that their survival depends on their being multi-functional, flexible and ready to seize opportunities for financial and technical support as they emerge.

Box 1. How CSOs can strengthen a weak health system

Burkina Faso's limited resources for health meant that its health professionals were taking a passive approach to HIV, responding only to patients who came to them with severe symptoms. With Global Fund financing, CSOs were able to reach out from the core health system with prevention and, by 2006, they were also doing 95 percent of all HIV testing. Tuberculosis presents a similar problem. Burkina Faso's health system needs CSOs to deliver prevention and encourage TB testing and adherence to treatment regimes.

Case 3: Youth in the Real World

The dream and the determination

In 2004 – under the umbrella of the German-supported 2003–2006 Supra-Regional Project Youth and AIDS in the Caribbean (Pro-SuRe-GTZ) – a number of young people in the Dominican Republic's capital, Santo Domingo, developed a proposal for a drop-in centre for poor and marginalized youth. The idea was to give them opportunities to initiate and participate in a variety of activities including ones promoting and supporting HIV prevention, testing, treatment and care. They managed to establish the centre on a trial basis just before ProSuRe-GTZ came to an end.

The young people remained determined to realize their dream until, in early 2008, the Center for Integrated Training and Research (COIN) took them under their wing. COIN agreed to establish a new project called Youth in the Real World (YurWorld) which aims to establish a youth centre with outreach programmes in Santo Domingo and, eventually, similar centres or, at least, programmes in the country's other major cities.

By July 2008, COIN/YurWorld had received a BACKUP grant for €61,000 and was ready to use it for a ten-month schedule of activities. UNAIDS and many other partners made financial or in-kind contributions to a process in which the central mechanism was a series of tertulias, informal meetings where discussion and debate focus on particular topics. These brought "key stakeholders" (youth and their organizations) together with "key duty-bearers" (organizations driving the HIV response) in order to collaborate on advocacy and on development and implementation of project and programme proposals.

Realizing the dream

It turned out to be a remarkably rapid "learn-as-you-do" process that extended beyond the ten months financed by BACKUP and enabled COIN/YurWorld and various new partners to launch a number of new initiatives, some of which are:

- **Centro Salud Joven (CeSaJo)**, providing user-friendly health care to marginalized and vulnerable youth and serving as YurWorld's headquarters. A five-year (2011–2015) contribution of US\$ 300,000 from a Round 9 Global Fund grant is providing core funding for the premises and for basic youth-specific programmes. These include 12-week courses training peer

educators to build self-esteem among marginalized youth and give them the knowledge and skills to make their own life choices.

- **The Tal Cual health programme for transgender women** (biological males who identify as females), run jointly with COTRAVEDT (an association of transgender sex workers) and providing prevention information and outreach services to the estimated 4,000 transgender women in Santo Domingo.
- **The programme for drug users**, providing health outreach with counselling and testing for HIV and STIs, onward referrals, and sensitization training for staff at care and treatment centres. Enhanced with a three-year project financed by the Centers for Disease Control and Prevention (CDC) this programme will train drug users as peer educators, first in Santo Domingo and then in other cities.
- **Programmes for men who have sex with men but do not self-identify as gay** (e.g., many male sex workers), **for youth who engage in transactional sex and for female sex workers** provide various kinds of outreach to those populations and also produce documentary films and radio programmes.

Peer review

Two independent peer reviewers have found the BACKUP approach to be 'at the cutting edge' when it comes to providing CSOs with the technical support they need to qualify for and make effective use of Global Fund financing. They have also said that the demand driven and flexible nature of BACKUP's support will allow it to sustain its support to country-based CSOs even as the Global Fund and other international donors adjust their policies and programmes to fit their ever changing circumstances.

The case studies show that CSOs are often sufficiently dedicated that they will carry on trying to serve their target populations regardless of their resources. Modest contributions from BACKUP can give them the "little bit extra" they need to achieve impressive results.

Box 2. The CVC/COIN Vulnerabilized Groups project

YurWorld's *tertulias* brought COIN into close contact with the Caribbean Vulnerable Communities Coalition (CVC). They submitted a joint proposal for the CVC/COIN Vulnerabilized Groups Project, now a component of the Round 9 Global Fund project 2011-2015 of the Pan Caribbean Partnership against AIDS (PANCAP). YuRWorld administers a Marginalized Youth sub-component which aims for models of good practice in the Dominican Republic, Jamaica, Trinidad and Tobago and, eventually, in three more Caribbean countries.



>> *Executive Director Santo Rosario Ramirez explains how COIN identifies and empowers natural leaders in marginalized populations.*

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German Health Practice Collection
Registered offices Bonn and Eschborn, Germany
Dag-Hammarskjöld-Weg 1-5
65760 Eschborn, Germany
ghpc@giz.de
www.german-practice-collection.org

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Writer Stuart Adams

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