

CSS Concepts vs Realities

Some Reflections From Asia-Pacific Experiences*

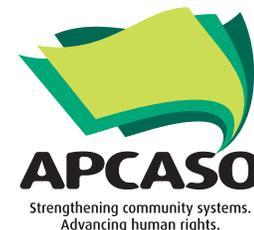
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Ang tanong / The question

- ✓ We know, Global Fund knows, the value of CSS in ensuring effective of grants
- ✓ Global Fund does fund CSS activities and interventions
- ✓ Global Fund/TRPs actually look or are supposed to look for CSS interventions in their review of funding requests
- ✓ There are CSS interventions in grants though they may be called something else

How come we still find huge gaps in getting CSS coherently included and sufficiently allocated resources in Global Fund grants?

Stars that need to align to have strong CSS components in GF grants

- 1. Aware, informed, empowered communities and civil society that demand for CSS in Global Fund grants**
 - Chicken and egg dilemma
 - Women in key population networks continue to clamor for dedicated spaces and resources, if they exist at all
 - CRG TA is available!
- 2. A CCM that believes, too, in CRG and CSS; and listens to community and civil society**
 - Facilitating participatory and transparent country dialogue processes comes with the territory
 - Needs to have effective community and civil society representation in the first place
 - Strong and effective community leadership in CCMs a definite accelerator
 - Pay attention to upcoming CCM Evolution roll-out
- 3. PRs, as above**
 - In principle: Community and civil society in CCMS have the capacity to influence decisions on PRs
 - Having civil society PRs/co-PRs can accelerate assurance of having CSS in grants
 - CSS issue at SR levels: Cases of CSS being assigned to one community/CS SR in charge of CSS – “if not integrated and budgeted in other programmes, they will not stay”
- 4. Enabling FPMs**

Where to put CSS in GF grants

- **Modular framework of RSSH grants provide for CSS interventions but these are for broader health systems interventions, not disease specific**
 - Community and CS engagement in RSSH grants very limited; need support to increase engagement and build synergies with CSS in other GF grant components
 - CSS not just = support for strengthening capacity of community health workers
- **HIV, TB, malaria modules**
- **Can even be part of grant management allocations of PRs (for CS PRs to support community SRs in developing needed networks, strengthening existing ones, building capacity in financial management, reporting, etc)**

How to: IF A COUNTRY SO WILLS, IT WILL FIND A WAY

The FIGHT FOR CSS

Assuming we do have all the key ingredients, what then?

Where and when to fight it out?

1. NSPs and country dialogues stages

- Need to get organize - as independent networks of women as well as women within broader HIV, TB, or malaria networks
- Need to express women-specific issues and needs and what CSS interventions may address these (includes support for women network organizing, mobilisation, capacity-building)

2. GF funding request development through your TWGs, CCM reps, writing team reps

- Important to see CSS in both both technical request and budget request

There is CRG TA to support you in these!

If CSS, particularly towards supporting gender and women empowerment interventions are missed during funding request stage, take heart...

- TRP stage > you could write to the TRP
- Grant negotiation > could raise issues with PRs, CCMs, Country Team

After a grant has been signed

- Reprogramming stage

STAND TOGETHER, THERE ARE ALWAYS AVENUES FOR INTERVENTION AT ANY STAGE OF THE GF GRANT CYCLE

- FPMs and country team
- CRG Department through focal points
- Escalate if needed; could get support from outside country even, as needed
- Look to W4GF
- Tap your CRG Platforms!

When the stars do align (The Case of Nepal)

INGREDIENTS:

- Global Fund CSS support through the years = strong KP networks on HIV, this starting to happen to in TB
- Excellent community leadership at CCM
- Supportive FPM who has strong CRG orientation; supportive PR which really listens to community/selected by community
- Extensive country dialogues, including community focused dialogues > at both national and provincial levels
- Support from APCASO through 2019-2020 GIZ project: community workshops on operationalizing CRG in grants and role of communities and CS to push + how to push

MENU: Community-determined CSS interventions are in the 2020 FR submitted, with budget allocations for:

- A. Formation and Strengthening of networks
 1. Strengthening of existing KP networks
 2. Establishing of missing networks (CABA, TB)
- B. Capacitating these networks
 1. support for office costs, personnel, regular meetings
 2. Capacity building on: good governance and leadership development, human rights literacy
- C. Advocacy, Meaningful engagement in all relevant platforms at various levels (national to local, also regional and international)
 4. CLM for accountability and services quality

Bottomlines

- **There are pathways to propose funding of CSS interventions across different Global Fund grant components – within and outside RSSH grants, and even after the signing of grants**
- **Even if we may not know all the technicalities of how to operationalize CSS interventions within GF funding requests, there are CCMs, PRs, writing teams with paid consultants who should be able to do that for us**
- **What we need to know and stand firm on:**
 - CSS is essential (not just nice to have) to the effectiveness of Global Fund grants
 - Global Fund knows the importance of, and does fund, CSS
- **Our role and challenge is to make it our country's will to have CSS in GF grants**
- **Global Fund has allocations for TA to support you in these under CRG SI, tap these**