Coordinating with Communities

Part C: Action Cards

Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses
The following Action Cards include descriptions of key steps aimed to support active and meaningful community sector involvement in national coordination of the HIV/AIDS responses in line with the “Three Ones” principles.

**Facilitation.** Most of the steps within the Action Cards require facilitators. Depending on the national context, this could be done by recognised and respected community leaders or organisations. However, where agreed leaders or lead organisations do not exist, or, where it is preferable, a group of community sector stakeholders could convene a joint coordination/working group to initiate action.

**Donor support.** In addition, many of the steps within the action cards require donors to offer financial support and, if appropriate, support for capacity building to the community sector.

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Cover Photo: The Theni District Positive Network meets for discussion, sharing, and support, India
Action Card 1

Initiating Action, Defining the Community Sector, and Building Consensus

The community sector needs to initiate action to convene and consult, to identify who belongs to the sector, and to work out how they will build consensus within the sector.

Key Steps A:
Initiating action and defining the community sector

1. The process is facilitated by recognised and respected leaders, organisations or a coordination group within the community sector. Often one agreed leader or lead organisation does not exist. In such cases, a group of community sector stakeholders could convene a coordination/working group to initiate action. Within this group, various individuals or organisations could then take on different tasks in order to share the workload and to ensure broader ownership, participation, and leadership.

2. Donors offer financial support and, if appropriate, support for capacity building to the community sector to assist the process of initiating action.

3. Through a facilitated process (e.g., a meeting), community sector stakeholders define who makes up the sector. In each country this sector needs to be defined according to the characteristics related to the epidemic and the conditions that make certain communities more affected by HIV and AIDS. [See Box 10]

Box 10: Defining the community sector

There is no clear or agreed operational definition of the community sector. In developing a definition, stakeholders should base it on the specific characteristics of each country or region. An example is provided below.

“Individuals, groups, or associations which are separate from the government and the private sector, and who undertake actions and present views in support of community members living with or highly affected by HIV and AIDS.” ICASO, 2006.

The community sector includes:

- People living with HIV/AIDS, their groups and networks
- Community networks and community based organisations, including those that involve or support key populations [See Box 2]
- Local, national and international non-governmental organisations
- AIDS service organisations
- Faith-based organisations
- NGO networks
- NGO support organisations
4. According to the definition of the community sector, the community stakeholders, leaders, and/or the coordination group invite representatives to be involved in future activities to build adequate and meaningful involvement of the community sector. The invitation process involves assessing the range of different communities and/or groups that they should represent, such as:

- People living with HIV
- Marginalised and vulnerable groups (e.g., sex workers, injecting drug users)
- Geography (e.g., groups that are based in the capital, district or rural areas)
- Size of organisations (e.g., one-person, large-scale)
- Level of organisations (e.g., community, district, national, international)
- Focus of organisations (e.g., AIDS, human rights, womens development)
- Type of organisations (e.g., self-help, service provision, network)
- Culture of organisations (e.g., politics, religion)

**Key Steps B:**

Building consensus within the community sector

In bringing together diverse groups, the community sector can take a number of practical steps to support and improve its consensus building. [See Box 11]

These include:

1. Agreeing to the procedures governing how the convened group will function, its roles and responsibilities.
2. Ensuring that consensus is based on evidence and not only on personal opinions by engaging in community-consultation activities or participatory research, for example.
3. Reaching consensus through an agreed and transparent process.
4. Reaching consensus through a participatory process that brings people together rather than highlight their areas of difference.
5. Supporting the consensus by also having alternative positions, based on the degree to which the community sector is prepared to compromise on an issue.

**Box 11: Consensus building**

Consensus building within the community sector involves:

- Supporting the sector to work together to understand similar and different opinions, positions and priorities.
- Balancing opinions with evidence (e.g., case studies, monitoring data).
- Being prepared to compromise.
- Reaching agreement, for example about priority gaps or needs.
- Having a cohesive voice once agreement has been reached.
6. Ensuring that community sector representatives are directly involved in or facilitate the process of building consensus – so that they have a thorough understanding of the background to the final position and understand the degree to which their constituents agreed or disagreed on it.¹

**Note:** In situations of extreme conflict or very little capacity in the community sector, it may not be possible to follow a process similar to the one outlined here and a temporary option may be necessary. Such options should be seen as short-term steps and should be implemented only with the input and agreement of at least some of the stakeholders in the community sector. Examples of such options are:

- Individuals or groups external to the local community sector – such as an international NGO or consultants from an academic institution – play a facilitator role, bringing community stakeholders together and moving agendas forward.
- Donors or United Nations organisations provide resources and play a convenor role, such as hosting a meeting of community sector stakeholders and providing them with a forum and tools with which to reach consensus.
- Donors, United Nations organisations and government provide resources for an intensive capacity-building programme for the community sector, including training potential leaders and building at least a minimal level of networking infrastructure.

¹ See Action Card 3.
Action Card 2

Identifying Roles, Responsibilities and Selection Criteria for Community Sector Representatives

The community sector needs to identify, agree on and communicate the roles, responsibilities and selection criteria for its representatives.

Key Steps:

1. The community sector facilitators support a process for the community sector to identify the appropriate type and number of community sector representatives in national coordination bodies, such as the one National AIDS Coordinating Authority. The type and number of representatives should reflect the diversity of communities and groups to be represented, such as:
   - People living with HIV
   - Marginalised and vulnerable groups (e.g., sex workers, injecting drug users)
   - Geography (e.g., groups that are based in the capital, district or rural areas)
   - Size of organisations (e.g., one-person, large-scale)
   - Level of organisations (e.g., community, district, national, international)
   - Focus of organisations (e.g., AIDS-specific, human rights, women's development)
   - Type of organisations (e.g., self-help, service provision, network)
   - Culture of organisations (e.g., politics, religion)

2. After this process, the community sector, through a coordinating group, works together to develop the terms of reference for the representatives. This document should outline their key roles and responsibilities, both within the national coordination body and with the community sector. It should also include expectations required from the representatives' own organisation, such as telecommunications, administration, and a formal institutional agreement of support.

3. In accordance with the terms of reference, the community sector works together to identify the balance of personal experience, qualities and skills required of their representatives. [See Box 12]

4. The community sector documents the terms of reference, organisations and personal profile in the form of a written job description, including selection criteria, for its representatives. This might include criteria that they must meet and criteria that it would be preferable for them to meet. It should aim to support the selection of a broad range of different types of community sector representatives. [See Box 13]

5. The community sector makes the job description and selection criteria openly available, both within the sector and to other stakeholders.

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See Action Card

See Action Card
### Box 12: Knowledge, skills and attitudes for community sector representatives

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical experience and understanding of HIV/AIDS</td>
<td>Policy analysis and advocacy</td>
<td>Positive, enthusiastic, and persuasive</td>
</tr>
<tr>
<td>Understanding of the community sectors response to HIV/AIDS</td>
<td>Communication and information sharing</td>
<td>Willing to give enough time (preparing for, attending and following up meetings)</td>
</tr>
<tr>
<td>Issues affecting people living with HIV/AIDS and marginalised groups</td>
<td>Ability to listen and empathise</td>
<td>Honest and pragmatic</td>
</tr>
<tr>
<td>The community sector (what it is, how it works)</td>
<td>Leadership, negotiation and consensus building</td>
<td>Credible within their constituency</td>
</tr>
<tr>
<td>HIV/AIDS priorities and programmes of other sectors</td>
<td>Programme management (strategic planning, priority setting, proposal writing, budgeting, monitoring and evaluation)</td>
<td>Diplomatic and able to take criticism</td>
</tr>
<tr>
<td>Legal systems and protocols</td>
<td>Ability to understand complex ideas, documents and data</td>
<td>Committed to equality, especially with respect to people living with HIV/AIDS, gender, and marginalised communities</td>
</tr>
</tbody>
</table>

For example:

**Knowledge**

- Practical experience and understanding of HIV/AIDS
- Understanding of the community sectors response to HIV/AIDS
- Issues affecting people living with HIV/AIDS and marginalised groups
- The community sector (what it is, how it works)
- HIV/AIDS priorities and programmes of other sectors
- Legal systems and protocols

**Skills**

- Policy analysis and advocacy
- Communication and information sharing
- Ability to listen and empathise
- Leadership, negotiation and consensus building
- Programme management (strategic planning, priority setting, proposal writing, budgeting, monitoring and evaluation)
- Ability to understand complex ideas, documents and data
- Ability to work in a team and to be flexible
- Language (for local, national and international forums)
- Information-technology skills (Internet, e-mail)

**Attitudes**

- Positive, enthusiastic, and persuasive
- Willing to give enough time (preparing for, attending and following up meetings)
- Honest and pragmatic
- Credible within their constituency
- Diplomatic and able to take criticism
- Committed to equality, especially with respect to people living with HIV/AIDS, gender, and marginalised communities
- Open to working with other sectors (government, business)
Box 13: Selection criteria proposed by the Global Network of People Living with HIV/AIDS and the POLICY Project

The following criteria are suggested by the Global Network of People Living with HIV/AIDS and the POLICY Project for representatives of people living with HIV (PLHIV) on Country Coordinating Mechanisms (CCMs) for the Global Fund to Fight AIDS, Tuberculosis and Malaria. They can be adapted to other parts of the community sector and to any national coordinating bodies or processes:

1. Organizational affiliation
   Our representatives should be active members of one or more of the following groups:
   - An association of PLHIV.
   - A non-governmental organization of PLHIV.
   - A network of PLHIV.

2. Personal qualities
   PLHIV who are members of CCMs should be:
   - Living with HIV and open about their status.
   - Ready to work in the interest of the PLHIV constituencies and related constituencies such as young people, women, MSM, IDU, sex workers, migrants, and refugees.
   - Perceived as credible and honest, and have the trust and confidence of their community.
   - Willing to confront their own prejudices and able to demonstrate a lack of bias toward women, MSM, IDUs, sex workers, foreigners, and other vulnerable groups.
   - Motivated to defend the rights of all PLHIV, irrespective of who they are (e.g., economic status, education, religion, and culture).
   - Open to working with other groups and sectors (e.g., government, academia, the private sector).
   - Capable of standing up for other PLHIV beliefs and priorities in the face of fierce criticism and opposition from others.
   - Able to work within a team and be flexible, tolerant, and accepting of criticism.
   - Willing to listen to others and to empathise and see things from other peoples perspectives, however different or challenging they may seem.
   - Ready to be a leader and not a victim.
   - Willing and able to fully support the principle of gender equality.

3. Time commitment
   PLHIV representatives should be:
   - Able to devote the necessary time to effectively represent PLHIV on the CCM (an absolute minimum of four days: one day to review papers in advance of each CCM meeting, one day to consult with the PLHIV constituency before the meeting, one day for the CCM meeting, and one day after each CCM meeting to provide feedback to the constituency).
• Able to devote adequate time to familiarise themselves with existing donors, funders, and services in the country, so that the Country Coordinated Proposal can adequately address the gaps in services and not duplicate existing efforts.
• Willing to devote time to learning new skills and information.

4. Education and experience
To be effective on the CCM, it is recommended that PLHIV representatives have:
• A minimum of two years relevant work experience in the HIV/AIDS field.
• In-depth understanding of a broad range of HIV and related social issues.
• Confidence to speak up in meetings.
• Experience in negotiation.
• Ability to think creatively.
• Sufficient education to be able to take an effective part in planning, monitoring, and evaluating programs, with minimal training if required.
• Ability to report back to PLHIV constituencies in an effective manner, both verbally and through concise, well-written reports.
• Ability to read and understand the CCM documentation with ease.

5. Technical skills
The following important technical skills needed by PLHIV CCM members may require capacity building or reinforcement of existing capacity:
• Language (for both national and international forums).
• Competency in information technologies (computers, Internet, e-mail).
• Understanding of monitoring and evaluation of projects and programs.
• Management skills.
• Proposal and report writing.
• Priority setting and strategic planning.
• Understanding of current scientific data and evidence.

The community sectors representatives need to be selected by the community sector itself and in an efficient, fair and transparent way.

**Key Steps:**

1. Through a facilitated process (e.g., a meeting), the community sector develops and agrees to a simple and practical process for selecting its representatives. [See Box 14]

**Box 14: Principles for selecting community sector representatives**

The selection process should be:

- Independent of other sectors and the national coordinating body on which the representatives will serve.
- Focused on selecting representatives who can fulfil the:
  - Terms of reference for the members of the coordinating body
  - Roles and responsibilities and selection criteria agreed by the community sector for its representatives
- Focused on ensuring a diversity of representatives (e.g., by using a rotational system).
- Fair, democratic and based on building consensus.
- All-inclusive, involving as many community sector constituents as possible.
- Safe (e.g., people living with HIV must be able to maintain their confidentiality if they wish to).
- Transparent (the processes and results must be accessible to all).
- Thorough (e.g., includes a plan in the event that two candidates receive an equal number of votes).
- Aware of power dynamics (e.g., ensuring that the largest NGO is not automatically selected just because it has the highest profile).
- Focused on a model of representation that suits the culture and democratic norms of the country.
- Focused on a model that ensures that representatives are never on their own and that involves selecting alternates or a team of representatives, rather than just individuals. [See Box 15]

**Characteristics of selection approaches:**

- **Organisational rather than individual representatives.** This means that if the director of a selected group of PLHIV is unable to attend a meeting, another member of the group will go instead.
- **A rotational system.** This can help ensure a diversity of representatives, instead of the permanent involvement of the same people or organisations. For example, if the community sector is represented by an NGO from the north of the country for two years, it may be represented by an NGO from the south of the country for the following two years.
• **An alternate for each representative.** If a selected representative is unable to attend a meeting, a named alternate from the community sector may be sent instead. [See Box 15]

• **A support team for representatives.** If the selected representatives need additional support and guidance, they can turn to a small group of community sector members. This can help support institutional memory as representatives change. [See Box 16]

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**Box 15: The roles of alternate representatives**

Alternate representatives should:

- Be elected through the same democratic and transparent system as for the first representative.
- If permitted, be an observer at all of the meetings of the national coordinating body, as well as any pre-meeting or post-meeting consultations with the community sector.
- Work as a team with the first representative to ensure that they can take over duties as quickly and easily as possible, if necessary.
- Be equally able to participate as the first representative (e.g., in terms of having skills in public speaking).
- Undergo the same induction and capacity building as the first representative.

**Box 16: The roles of support teams for representatives**

Support teams for representatives can:

- Provide representatives with support in between meetings of the wider community sector.
- Provide representatives with backup (technical guidance, contacts for useful people).
- Provide representatives with mentoring (moral support, stress relief).
- Monitor the performance of the representatives (giving constructive feedback, identifying their training needs).
- Maintain institutional memory (passing on information and support to new representatives).

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2. A facilitator issues a call for candidates. The call is communicated as widely as possible throughout the community sector through newsletters and websites⁴. The call:

- Includes the job description (outlining the roles and responsibilities) and the selection criteria and process (including how results will be announced) for the community sector representatives⁵.
- Asks candidates to propose themselves or, if appropriate, propose other people.
- Invites candidates to submit evidence of why they are suitable candidates. This might involve submitting:
  a. Their curriculum vitae (CV) or a short summary of their relevant experience, knowledge, skills and attitudes.
  b. References or letters of support from people who know the candidates and their work well.

3. A facilitator collects the information about potential candidates and disseminates it widely within the community sector. The facilitator also reminds people how and when the selection process will take place.

4. A facilitator coordinates the selection process within the community sector, according to good practice principles⁶.

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⁴ See Action Card ②
⁵ See Action Card ③
⁶ See Action Card ①
For example, the process:

- Takes place at an appropriate time and location to maximise inclusion and transparency. (It may occur during the Annual Meeting of an NGO network when most community sector groups are present.)
- Is carried out in an equitable way. (It may be appropriate to allocate one vote to each organisation, rather than one vote to each person. Alternatively, it may be more appropriate to have the selection made by a panel of respected community sector leaders.)
- Is carried out in a respectful, ethical and confidential way. (Votes are put into a box and then counted by an independent person.)
- Offers a variety of ways of participating. (It gives people the choice of attending a meeting or voting by mail or e-mail.)

1. A facilitator announces the results of the selection process immediately and communicates them publicly within the community sector and to other stakeholders.

2. Other stakeholders, including the government, acknowledge and welcome the representatives selected by the community sector.

Case study: Selecting regional representatives of people living with HIV/AIDS, Ukraine

Originally, there was only one seat for the community sector on the Country Coordinating Mechanism (CCM) of the Global Fund in the Ukraine. However, the number was increased to three (one NGO and two PLHIV) following campaigning by people living with HIV/AIDS. All three representatives were activists who had worked in organisations of people living with HIV/AIDS for over three years. They all offered knowledge and experience in relation to scaling up access to treatment, care and support. They also had skills in proposal development, project management, and monitoring and evaluation. They all lived and worked in Kiev, the capital city.

When the CCM adopted a process of annual rotation for its members, it became necessary to re-elect one of the representatives of people living with HIV/AIDS. The criteria for the new person stated that they should be an activist, have at least two years experience working in an organisation of people living with HIV/AIDS, understand the needs of people living with HIV/AIDS and be able to advocate for them on the CCM.

A general meeting of the All-Ukrainian Network of People Living with HIV/AIDS was held, with funding from USAID, and was attended by 200 people living with HIV/AIDS from different regions of the country. All members of the community sector were invited to propose a candidate. The selection process took place via a majority vote. Votes could be given either in person or by mail (with some 100 letters received from NGOs unable to attend). As a result, the representative of the networks regional office in Odessa was elected, allowing the voices of people living with HIV/AIDS from outside of the capital city to be more effectively heard on the CCM.

The Network now has a group of leaders who work interchangeably, allowing them to support each other and to sustain the organisations input. It has also carried out a training project to prepare the next generation of leaders from throughout the country. This was funded by the European Coalition of Positive People and focused on building the capacity of potential leaders in areas such as management and advocacy.

(Source: Adapted from Challenging, Changing and Mobilising: A Guide to PLHIV Involvement in Country Coordinating Mechanisms, Global Network of People Living with HIV/AIDS and POLICY Project, 2005, and from a presentation given at the Regional Workshop on the Role of People Living with HIV/AIDS and Affected Communities in the Three Ones, Moldova, February 2006.)
It is important to identify and address the capacity needs of representatives of both the community sector and other sectors, including the government and donors.

### Key Steps:

1. **All sectors, including the community sector, review the Terms of Reference for members of the national coordinating body or process (e.g., National AIDS Authority).** They assess the degree to which their selected representatives and their organisations can achieve them and identify their capacity-building needs. [See Box 17 and 18] This review can be carried out through a self-assessment process or by using the expertise of a capacity-building organisation.

**Box 17: Capacity-building needs of all sectors**

- Key principles (e.g., Greater Involvement of People Living with HIV/AIDS, rights-based approaches, gender equality).
- Key international standards and commitments (e.g., Declaration of Commitment on HIV/AIDS, Convention on the Rights of the Child).
- Networking, advocacy and communication (e.g., understanding policy dialogue, public speaking, negotiation).
- Programme management (e.g., participatory needs assessment, priority setting, strategic planning, proposal writing).
- Budgeting and financial management.
- Monitoring and evaluation (e.g., how to adapt nationally and internationally agreed indicators, how to collect qualitative and quantitative information, how to use data to improve HIV/AIDS programmes).
- Running multi-sectoral groups (e.g., chairing meetings, building consensus).
- Representation and accountability (consultation, conflict resolution).
- Ways in which national and international political systems function.

2. **Each sector identifies appropriate and high-quality technical support providers who might meet the needs for capacity building.** This can involve looking at whether the provider:
   - Understands the community sector and how it works?
   - Understands the context (HIV/AIDS, financial, etc.) in which the community sector works?
   - Has a good track record?
   - Offers solid knowledge and experience in the subject?
   - Uses participatory and practical approaches?
• Regularly updates their work, based on national and international good practice?
• Evaluates their work?

3. Each sector develops a capacity-building plan for its representatives and, where possible, incorporates it into the core work plan and budget of the national coordinating body.

4. The national coordinating body or individual sectors identify donors and resources to support the capacity-building plan. For example, they develop a database of HIV/AIDS experts and a set of key tools for collaborative decision making.

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**Box 18: Capacity-building needs of specific sectors**

<table>
<thead>
<tr>
<th>The community sector</th>
<th>Other sectors (governments, donors, private sector)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Broader and deeper knowledge about the diversity of community-sector needs, experiences and requirements.</td>
<td>* How the community sector functions (e.g. how it delivers services to communities, how it builds consensus, why and how it performs a watchdog role).</td>
</tr>
<tr>
<td>* How other sectors (donors, the government) function (what processes they use, who holds power).</td>
<td>* The needs and contributions of people living with HIV/AIDS and other marginalised and vulnerable communities (e.g. unique, real-life perspectives about what prevention and care strategies do/do not work).</td>
</tr>
<tr>
<td>* How political systems work.</td>
<td></td>
</tr>
<tr>
<td>* How to translate community-sector experiences to national forums (how to contribute community-level indicators to discussions about one agreed country-level M&amp;E system).</td>
<td></td>
</tr>
</tbody>
</table>

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**Case study: Building representatives capacity, Moldova**

In Moldova, the capacity-building priorities for representatives on the National AIDS Coordinating Authority were identified during a national workshop by means of a questionnaire given to community sector participants.

Strategic management and project management were identified by the representatives as the priority areas and two courses (for 2 days and 3 days) were organised. The sessions were funded by UNAIDS and facilitated by an independent local consultancy company. Alongside NGOs and people living with HIV/AIDS, they included some of the Authority’s representatives from United Nations agencies and the government. The sessions provided an important opportunity to network and build mutual understanding and skills.

*Source: Adapted from a presentation given at the Regional Workshop on the Role of People Living with HIV/AIDS and Affected Communities in the Three Ones, Moldova, February 2006.*
It is important that community sector representatives operate in an effective, professional and ethical way. It is also vital that they receive appropriate support (technical, moral, etc.) from other individuals and groups within the sector.

Key Steps A: Being an effective community sector representative

Once selected, community sector representatives can take several steps to help ensure that they perform their role as efficiently and effectively as possible. These include:

1. Building skills and knowledge: by participating in skills-building workshops and training in areas such as public speaking and national policy making.

2. Making time to fulfil their responsibilities: by reducing commitments to other initiatives in order to free up time to be an active representative.

3. Acting professionally and responsibly. [See Box 19]

4. Consulting and learning about the community sector, and representing the constituency, not their own interests: by regularly attending community sector meetings, being in direct communication with a wide variety of groups, being aware of existing community-level programmes and resources, and being able to identify and promote the sector’s overall priorities.

5. Keeping a balanced view and seeking out and articulating different opinions: not being too closely linked to one particular organisation and being able to identify and explain differences of opinion within the sector.

6. Being transparent and accountable: by declaring any conflicts of interest in advance and consulting constituents before taking a public position on an issue.

Box 19: Acting professionally and responsibly

A community sector representative needs to:

- Be prepared for meetings and read agendas in advance.
- Attend all required meetings, or send apologies in advance and ensure that an alternate representative can attend.
- Be on time for meetings.
- Behave and dress appropriately.
- Use appropriate language.
- Treat others with respect, regardless of their status or level of knowledge.
- Be prepared to speak up and advocate for the community sector from the start of debates, not just wait for votes to be taken.
- Be prepared to face and cope with ignorance or extreme views.
- Follow appropriate protocols and rules of etiquette.
- Complete tasks on time and do as thorough and high-quality a job as possible.
- Be honest and transparent, including about any issues relating to money.
- Use power responsibly and for the positive benefit of the community sector.
7. Taking action to consult with marginalised and vulnerable groups: by taking proactive steps to meet with and learn about groups of people living with HIV/AIDS, women or sex workers, especially those unable to engage in national consultation processes.

8. Consulting and reporting systematically and regularly: by proactively asking community sector groups about issues that are coming up on agendas (e.g., National AIDS Authority meetings) and providing brief, accurate verbal and written reports to constituents after meetings.

9. Communicating effectively: for example, by refining and promoting the community sectors key messages and informing groups about exactly how and when they can be involved in processes.

10. Facilitating a better understanding of community sector issues: by educating others about the sector and raising awareness about its concerns and needs.

11. Being an active and influential advocate for the community sector: by being prepared to speak up in national forums and to ask probing questions about controversial issues that affect the community sector (e.g., prejudices that prevent support for marginalised communities, and bottlenecks in funding systems for NGOs).

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11 See Action Card ①  12 See Action Card ②  
13 See Action Card ③  14 See Action Card ④
Key Steps B: Supporting the role of an effective community sector representative

Once representatives have been selected, other members of the community sector can take several steps to help them perform their role as efficiently and effectively as possible. These include:

1. Participating in and endorsing the selection process for representatives: for example, by mailing in their votes to an election meeting and by talking positively about those who have been democratically selected.

2. Ensuring effective induction of representatives: by inviting representatives to visit a project supporting marginalised and vulnerable communities and by giving them a briefing on the challenges involved in the work.

3. Taking an interest in and keeping up to date about the National AIDS Authority, AIDS Action Framework and M&E System: by attending NGO network meetings and by being aware of when the Action framework is being developed.

4. Providing input into consultations and documents: by making a contribution (in person at a meeting, via e-mail, etc.) to the development of standardised national indicators for the one agreed country-level M&E System.

5. Providing evidence of the community sectors resources and needs: by providing case studies and data from NGO projects to feed into representatives contributions to the development of the national AIDS Action Framework.

6. Facilitating the input of other community sector groups: by organising a consultation on monitoring indicators among local community groups unable to attend national meetings.

7. Being committed to consensus building: by accepting collaborative decision-making processes and being open to the possibility of making compromises.

8. Holding representatives to account: by providing honest, constructive feedback if a representative is working in an inappropriate or ineffective way.

9. Giving moral support and positive feedback: by offering informal support if a representative is facing hostility from other members of a National AIDS Coordinating Authority.

10. Recognizing successes: by congratulating representatives on their hard work and celebrating their achievements.

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15 See Action Card
16 See Action Card
17 See Action Card
The community sector requires a range of resources, including adequate and appropriate funding, to cover consultations among constituents and representatives attendance at meetings.

**Key Steps:**

1. The community sector facilitator or coordination group identifies members of the sector who will be in charge of fundraising. These members might form a small task team with appropriate time, skills and contacts.

2. The task team identifies:
   - The areas of the community sectors work linked to national coordination that need financial support. [See Box 20]
   - How much funding is required for each area, in the form of a detailed budget.

**Box 20: Resources needed for community sector involvement**

To support its involvement, the community sector might need financial support for areas such as:

- Developing job descriptions and selection criteria for its representatives.
- Carrying out processes for selecting its representatives.
- Covering representatives expenses (e.g., to attend meetings).
- Building representatives skills.
- Building communication systems within the sector (newsletters, e forums).
- Carrying out consultations within the sector.
- Building constituencies within the sector (by strengthening advocacy by groups working with marginalised communities).
- Strengthening network systems and processes.

3. The task team reviews each of its areas of financial need and analyses its potential sources of national and international funding. This involves mapping out key information about donors (which ones operate in the country and what levels of funding they offer). [See Box 21]

4. According to its analysis, the task team develops a fundraising plan for each area of need or combination of needs. The plan should outline:
   - Which donors will be approached, for which areas of work, for how much money and for what timeframe.
   - Who will develop the proposals.
   - When the proposals will be developed.
   - Any background information that has to be gathered to support the proposals.
The plan should bear in mind any potential problems with the funding source that would prevent representatives from working with or advocating for certain marginalised groups (e.g., sex workers). This would include any restrictions attached to funding from the government or specific donors.

5. The task team makes contact with the respective donors to:
   • Build relations and get to know them better.
   • Ask key stakeholders to provide letters of support or make introductions to prospective donors.
   • Confirm their interest in funding the needs identified by the community sector.
   • Identify the processes involved (e.g., when proposals have to be submitted and what format has to be used).

6. The task team develops one or more fundraising proposals. These outline the:
   • Rationale (why the money is needed).
   • Aims and objectives (what the money will achieve).
   • Activity breakdown (how the money will be used).
   • Budget.
   • Work plan (what activities will take place, where, when, by whom).

7. The task team is transparent with the rest of the community sector regarding the amount of money being raised, the donor(s) and the recipients. To minimise the risk of conflict that can occur in decisions about the recipients of the resources, the task team and/or a coordinating group can:
   • Set out clear criteria for selecting who will receive the funding.
   • Use open and documented selection processes (by issuing a call for proposals).
   • Include monitoring and evaluation and reporting (to the coordinating group) requirements for recipients.
The community sector sometimes needs to carry out advocacy for its involvement. This is a process that involves bringing about change in the attitudes, practices, policies and laws of influential individuals, groups or institutions.

**Key Steps:**

1. A facilitator convenes the community sector or a task/working group is set up (through a consultation meeting of members of NGO networks) to identify major barriers to its adequate and meaningful involvement in each national coordinating body or process. Examples of such barriers are:
   - The community sector does not have a seat on the National AIDS Coordinating Authority.
   - People living with HIV/AIDS are not being consulted about the national HIV/AIDS Action Framework.
   - Community sector issues and activities are not acknowledged in the national Monitoring and Evaluation System.
   - The National AIDS Coordinating Authority is excluding non-registered NGOs.
   - The government is refusing to work with representatives of communities whose behaviours or activities might be illegal, such as sex workers, injecting drug users and men who have sex with men.
   - The community sector lacks the resources to effectively consult and represent.

2. The community sector (through a coordinating group) selects one or more of the major barriers and develops a detailed advocacy plan. The plan outlines the key steps to be followed. [See Box 22]

**Box 22: Planning cycle for advocacy**

- **Step 1:** Select the barrier to community involvement that you want to address.
- **Step 2:** Analyse and research the problem.
- **Step 3:** Develop specific objectives for your advocacy work.
- **Step 4:** Identify your targets.
- **Step 5:** Identify your resources.
- **Step 6:** Identify your allies and other stakeholders.
- **Step 7:** Create an action plan.
- **Step 8:** Implement, monitor and evaluate the action plan.

(Source: Adapted from Advocacy in Action, International HIV/AIDS Alliance, 2002)
3. The planning process bears in mind that:
   - The advocacy issue needs to be as clear and specific as possible and centred on an aspect of community sector involvement that is achievable.
   - The analysis and research might include gathering:
     - Facts and figures.
     - Case studies (how the issue limits effective HIV/AIDS responses).
     - Opinions (about how strongly the community sector and others feel about the issue).
   - The objectives and the activities that they involve need to be as SMART as possible. This means:
     - Specific
     - Measurable
     - Appropriate
     - Realistic
     - Time-bound
   - The targets and allies can be diverse, including:
     - Direct targets/ally (those that can make changes themselves, such as government).
     - Indirect targets/ally (those that can influence others to make changes, such as the media).
     - Groups of stakeholders (e.g., the members of the sub-committee of the National AIDS Authority that is developing the one agreed Monitoring and Evaluation System).
     - Influential individuals (e.g., the Prime Minister, celebrities).
   - The resources for advocacy might include:
     - Political support.
     - Technical support (e.g., skills in working with the media).
     - Financial support.
     - In-kind support (e.g., free use of an office for meetings).
     - Materials (e.g., leaflets, position papers). [See Box 23]
     - The action plan should be detailed, including identifying what contributions different people and organisations will bring, when they will be involved and what range of creative strategies will be used. [See Box 24]
     - The action plan should be fully costed and include a detailed budget.

Box 23: Resources for advocacy work

Advocacy resources, such as briefing papers, should:
   - Be brief and concise.
   - Look smart and professional.
   - Be focused on key messages (what the problem is, why it matters and what others can do about it).
   - Be based on facts and figures and include references.
   - Include some human interest (a case study about what the problem means to a real person).
   - Be in an appropriate language for the target audience.
   - Include action points about what readers can do.
Box 24: Strategies for advocacy work

Advocacy strategies can include:

- Constituency building (building grassroots support among community members and community groups).
- One-to-one briefings with key decision makers (e.g., the Chair of the National AIDS Authority).
- Media work (press releases, press conferences).
- Disseminating advocacy materials (leaflets, briefings).
- Letter writing or e-mail campaigns.
- Working through champions (influential people who support the issue).
- Holding rallies and protests.
- Direct action (attending a meeting of the National AIDS Authority and demanding a place at the table).

4. The community sector or individual organisations identify key messages for the advocacy plan. [See Box 25]

5. The community sector or individual organisations identify any capacity-building needs that should be addressed before implementing the advocacy plan. This might include building skills in areas such as:
   - Developing key messages
   - Speaking in public
   - Lobbying decision makers
   - Working with the media

6. The community sector coordinating group or working group keeps other community constituents informed about the advocacy activities, by providing updates through its website, newsletter or meetings.

7. The community sector organisations monitor and evaluate the advocacy plan and continuously consult with the broader community sector. When necessary, they make changes, such as identifying additional targets or changing the key messages.

Box 25: Key messages

Advocacy messages should be:

- Short and simple
- Positive and action-oriented
- Accurate and consistent
- Suitable for their target audience
- Agreed and used by all those involved in the advocacy work
- Used throughout all advocacy activities (in leaflets, in presentations to decision makers)

Examples of key messages about the importance of community sector involvement:

- If communities are actively involved in the planning processes, HIV/AIDS action frameworks are more likely to reflect and address the needs of the key populations most at risk. This will result in more effective responses to HIV.
- Involving the community sector in the design and implementation of the monitoring and evaluation system will provide a fuller picture of the actual AIDS response. It will also provide a better understanding of what interventions are actually meeting the needs of communities most at risk or in need of support.
Case study: Advocating for the involvement of people living with HIV/AIDS, Bolivia

While preparing proposals for Rounds 1 and 2 of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bolivian government decided who could join the Country Coordinating Mechanism. It did not include people living with HIV/AIDS. Proposals were written in almost total secrecy and were rejected both times.

Before Round 3 was launched, groups of people living with HIV/AIDS decided to challenge the situation. They did this in several ways, including:

- Developing their capacity and learning skills, with the assistance of the International Council of AIDS Service Organizations and the Latin American regional network for people living with HIV/AIDS (REDLA).
- Sending letters denouncing the exclusion of people living with HIV/AIDS to national and international networks and to the Global Fund itself.
- Having their leaders communicate their demands through the media.
- Lobbying international organisations, such as UNAIDS.

The advocacy work was successful. In 2006, four of the thirty or so members of the Country Coordinating Mechanism are people living with HIV/AIDS. They are elected by their network and they also participate in the Mechanisms Executive Committee and sub-committees.

Bolivia’s application for Round 3 of the Global Fund was accepted.

The community sector needs to communicate effectively both with its own constituents and with other stakeholders.

**Key Steps:**

Increasing and improving communication by and for the community sector requires action by a range of individuals and organisations. These include:

- **Community sector representatives.** For example, a representative on the National AIDS Coordinating Authority needs to keep other members of the community sector up to date about decisions being made about the allocation of resources.

- **The organisation of the community sector representatives.** For example, they formally commit to allowing a percentage of time for their staff members to undertake communication tasks and they allocate resources for communication roles.

- **Community sector leaders and coordinators.** For example, an NGO network needs to produce regular newsletters, e-bulletins, etc., to inform members about when they can provide input into the HIV/AIDS Action Framework.

- **Community sector constituents.** For example, groups of people living with HIV/AIDS need to communicate their concerns about the development of national monitoring indicators to community sector representatives.

- **Secretariats of national coordination bodies or processes.** For example, the administrative staff of the National AIDS Authority’s Secretariat need to clearly communicate with community sector representatives about the dates and agendas of meetings.

- **Members of national coordination bodies or processes and wider stakeholder groups (such as Expanded UN Theme Groups).** For example, members of the National AIDS Authority need to communicate to the community sector about opportunities and challenges that are coming up for community groups.

The community sector coordination group or a communications working group, and the representatives on the national coordination bodies or processes, can take a number of practical steps to improve communication, which include:

1. **Ensuring open, transparent and professional communication:** This involves (a) being open to sharing information freely and widely; (b) building collaboration rather than competition; (c) maintaining confidentiality, and (d) treating people with respect.

2. **Ensuring active, multi-directional communication:** Members of the community sector communicate proactively with their representatives, instead of simply expecting to receive information.
3. Reaching out across the breadth of the community sector: This means communicating not only with NGO leaders and activists, but with a wide range of community sector individuals and groups, including those that are geographically or socially isolated.

4. Agreeing on communication roles and responsibilities: This involves (a) identifying which individuals or organisations are responsible for specific communication tasks (e.g., distributing the meeting agendas of National AIDS Coordinating Authority among the community sector); and (b) holding each other to account if responsibilities are not met (e.g., if newsletters are distributed late).

5. Using appropriate, simple, accurate and respectful language:
   - Using the most widely spoken local language or producing resources in several languages.
   - Not using terms that are incorrect or offensive.
   - Avoiding jargon, and translating terms and ideas into information that is easily accessible to community groups. [See Box 26]

6. Identifying appropriate and effective means of communication:
   - Communicating to different types of audiences through a combination of creative and practical formats, such as newsletters, websites, briefing papers and e-bulletins; not disseminating all information via e-mail if most community sector groups do not have computers.
   - Using databases to facilitate knowledge management and ensuring that information can be disseminated rapidly and efficiently.

7. Using agreed formats for reporting and communication, keeping records for monitoring and evaluation and capacity building. For example, community sector representatives on the National AIDS Coordinating Authority could use a template (basic format) to produce reports on each meeting that they attend. [See Box 27] This report can be used to engage in consultations with the community sector and to help identify capacity-building needs of the representatives of the community sector and other sectors.

8. Keeping communication regular and ongoing. An NGO network could commit to updating its members about the national coordinating body or processes at least four times a year, and a community sector representative could commit to giving feedback after each meeting of the National AIDS Coordinating Authority.

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**Box 26: ‘Translating’ jargon or using appropriate language**

<table>
<thead>
<tr>
<th>Term</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS victims</td>
<td>People living with and affected by AIDS</td>
</tr>
<tr>
<td>Prostitutes</td>
<td>Sex workers</td>
</tr>
<tr>
<td>Country Response and Information System (CRIS)</td>
<td>A way of collecting, storing, and sharing information on what is being done in responding to HIV in the country.</td>
</tr>
</tbody>
</table>

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Footnotes:

Box 27: Template for a meeting report by a community sector representative

A meeting report from a community sector representative (for example on the National AIDS Coordinating Authority) to the constituency might include:

* Date, time and location of the meeting.
* Who attended the meeting.
* Background information (e.g. on any discussion held among the community sector in advance of the meeting and any positions that were agreed).
* Summary for each agenda item, including:
  * How the discussion went.
  * The positions that different representatives took.
  * How the community sector representative voted.
  * Decisions that were taken.
  * Any agreed action points, including for the community sector representative.
* List of any other important issues that arose during the meeting and whether there should be any follow-up, including by the broader community sector.
* List, in order of importance or urgency, of the key items that the community sector needs to discuss.
* The date, time and location of the next meeting.

(Source: Adapted from Challenging, Changing and Mobilising: A Guide to PLHIV Involvement in Country Coordinating Mechanisms, Global Network of People Living with HIV/AIDS and POLICY Project, 2005)
The community sector needs to be able to facilitate efficient, effective and democratic consultation among its members and reach consensus on its positions, priority needs, and strategies.

Key Steps:

The community sector can take a number of practical steps to ensure and improve its consultation work. [See Box 28] These include:

1. Strengthening community sector leadership and networking, especially of those that typically have the weakest representation. For example, ensuring that a community sector network is strong and skilled enough to facilitate consultation processes and to have their leadership role respected by their constituents.

2. Holding consultations when and where they are most convenient to the community sector, and providing opportunities for participation from all parts of the country (e.g., beyond the capitals). This can include sub-regional consultations, followed by selected representatives attending national consultations.

Box 28: Consultation

Consultation among the community sector involves:

- Seeking out the opinions, experiences and lessons of individuals and organisations.
- Giving people a clear subject matter and facilitating (but not directing) discussions.
- Listening to what people have to say.
- Giving people the chance to share their views honestly and openly.
- Allowing and acknowledging disagreements.
- Focusing on:
  - A specific section of the community sector, such as NGOs that support orphans and vulnerable children; or
  - A broad cross-section of community sector stakeholders.
- Identifying key themes, plus areas of agreement and disagreement.
- Documenting and sharing the outcomes of the consultation.
3. Holding both one-off and more regular opportunities for consultation, for example:
   - One-off consultations to review draft standardised indicators for the country-level monitoring and evaluation system.
   - Ongoing, regular consultations with NGO networks organising consultation meetings two weeks before each session of the National AIDS Coordinating Authority - to discuss the issues to be placed on the agenda and existing agenda items, and to prepare the community sector representatives.

4. Being transparent by widely announcing opportunities to participate in consultations. Formally agreeing on and communicating which consultation methods will be used, so that constituents are clear about exactly how they can or cannot be involved. A variety of different consultation methods can be used, such as:
   - Meetings
   - Focus group discussions
   - E-forums
   - Questionnaires

5. Arranging for facilitators to hold the consultations so that they remain focused and allow a wide variety of participants to express their views. The facilitators should preferably be from within the community sector itself, be well briefed and have solid skills in participatory processes.

6. Supporting marginalised and vulnerable groups, especially those with little organisational capacity, to meet, share their perspectives and articulate their views. This could involve providing people living with HIV or injecting drug users with support to have an additional separate, safe space in which to identify their priorities for the HIV/AIDS Action Framework.

7. Supporting consultations by making the most of existing community sector resources, such as participatory community assessments, evaluation reports, case studies, good practice guides and monitoring data.

8. Ensuring that the community sector representatives on the national coordinating bodies or processes are directly involved in or facilitate consultations with the community sector so that they have a detailed knowledge of their constituents views.

9. Ensuring that the process starts with defining the issues of major importance for the community sector and focus the consensus-building processes on these issues first. Be practical and focus also on what will be easier to reach consensus on first. Report the outcomes of the consultations to the participants and community sector more broadly.

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22 See Action Card
23 See Action Card
It is important that all sectors, and the diverse groups within the community sector, work together in a collaborative and supportive way. This involves building mutual understanding (about different ways of working, priorities, terminology, etc.) and developing practical tools and processes to reach consensus and take difficult decisions (about shared objectives, the allocation of resources, etc.).

**Key Steps:**

The community sector and other stakeholders involved in each of the national coordinating bodies and processes can take a number of practical steps to improve the way in which they work together. These include:

1. Clarifying what each means by partnership. [See Box 29]

**Box 29: Partnership between sectors**

Partnership is about working with others to achieve what we cannot achieve on our own. For national coordination of AIDS responses, it involves different actions:

- Developing mutual understanding and appreciation of each others strengths, weaknesses, experiences, lessons, etc.
- Working for a common purpose.
- Working for mutual benefit.
- Having specific, complementary roles and responsibilities.
- Sharing complementary resources (e.g., skills, good practice, access to funding).
- Respecting the agreed working principles of the partnership.

(Source: Adapted from Pathways to Partnerships, International HIV/AIDS Alliance)

2. Building mutual understanding. This can involve:

- Learning about what each group actually does and how each functions. For example, by reading each others annual reports and best practice guides, and analysing each others evaluation reports.
- Appreciating each others opportunities and challenges. For example, by asking about each others resources, limitations, pressures and diversity.
- Seeing each other in action. For example, by sex workers inviting government and private sector members of the National AIDS Coordinating Authority to visit their projects, or by a UN Theme Group inviting representatives of people living with HIV to observe one of its meetings.
3. Developing and using participatory tools to build mutual understanding, plan together and reach consensus. [See Box 30] These tools need to:
   · Be explained to all those involved, ensuring that they understand and agree to them.
   · Foster collaboration.
   · Allow for differences of opinion and provide a way of channelling them.
   · Be practical, enabling people to develop and share their thoughts by doing something together, rather than just talking.
   · Have their results documented, so that people remember exactly what decisions were reached and how.

4. Developing and agreeing on working principles: This can be done as an informal agreement or more formally through a mechanism such as a memorandum of understanding or another legally binding agreement. This document could cover areas such as:
   · How different sectors will treat each other (emphasising the importance of being non-judgemental and non-discriminatory).
   · What language will be used (avoiding jargon whenever possible and identifying an appropriate working language that will not exclude people).
   · Confidentiality (ensuring that people living with HIV can participate without fear of their status being disclosed publicly).
   · Transparency (reaching a commitment to discuss issues openly and honestly).
   · Intellectual property (clarifying who owns key documents, such as the one agreed HIV/AIDS Action Framework, and who can use them and how).
   · Key principles that will be promoted, such as gender equality and the Greater Involvement of People Living with HIV and AIDS (GIPA).
   · Working practices, such as responding to each others e-mails within one week or always giving apologies if someone cannot attend a meeting.
   · What the expected outcomes and outputs will be, including, where appropriate, work plans and budgets.

5. Developing and using participatory tools to cope with differences of opinion and crises. These tools need to:
   · Be explained to all those involved, ensuring that they understand and agree to them.
   · Allow people to communicate their differences, but be focused on finding common ground or identifying compromises.
   · Be practical, enabling people to build mutual understanding and respect by doing something together.
   · Be goal-oriented, for example ensuring that they eventually lead to a decision, no matter how serious and complex the differences are.
   · Have their results documented, so that people cannot dispute what decisions were reached and how.

6. Developing and agreeing on mechanisms to monitor, evaluate, and review the partnership. This can include developing indicators to assess the effectiveness of the partnership and whether the agreements are being fulfilled.
Box 30: Tool for building mutual understanding

The following tool can be used by a sector to understand more about its existing relationship with another sector and to identify areas that need improvement.

For example, it could be used by the community sector (e.g., during a meeting of an NGO network) to assess the diversity of organisations within the sector and its relationship with the government, donors or private sector.

Instructions:
1. Select a sector that your sector wants to improve its relations with.
2. Discuss what your sector thinks about the other sector. For example, what do you think about: Their role? Their strengths/weaknesses? How their ways of working resemble or differ from yours? The best/worst things about working with them? Write the key points in the left-hand column of the chart below. Repeat the process, but from the point of view of what the other sector thinks about your sector. Write the key points in the right-hand column of the chart.

<table>
<thead>
<tr>
<th>How we see them</th>
<th>How they see us</th>
</tr>
</thead>
<tbody>
<tr>
<td>* xx</td>
<td>* xx</td>
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</tbody>
</table>

3. Discuss the points that your sector has in common with the other sector. Write the key points in the left-hand column of the chart below.
4. Discuss how your sector differs from the other sector. Write the key points in the right-hand column of the chart.
5. On the basis of your discussions, identify two or three points considered priorities for improving your relationship with the other sector. Write the priorities in the bottom section of the chart.

<table>
<thead>
<tr>
<th>Things that we have in common with the sector</th>
<th>Differences between us and the sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>* xx</td>
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<table>
<thead>
<tr>
<th>Priorities for improving our relations</th>
</tr>
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<tbody>
<tr>
<td>* xx</td>
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<tr>
<td>* xx</td>
</tr>
</tbody>
</table>

6. Discuss practical ways in which you might address the priorities that you have identified. Identify your first step, that is, what you will do, when, where and how.

(Source: Adapted from Pathways to Partnership, International HIV/AIDS Alliance)
Action Card 11
Scrutinising Progress and being an Independent Watchdog

It is vital that, along with the official participation of its representatives, the community sector be able to play a watchdog role, independently assessing and critiquing the contributions and results of a variety of sectors and initiatives. This is particularly important in support of marginalised groups that are often excluded or have limited influence within formal processes.

Key Steps:

1. A facilitator convenes the community sector - such as through consultation meetings with members of an NGO network - to identify what sort of watchdog role it wants to play and what type of group or processes this role might require. [See Box 31]

Box 31: Partnership between sectors
The community sector needs to ask itself:

- What type of issues and groups does the community sector want to monitor as part of its watchdog role?
- How aggressive does the community sector want to be in its watchdog role?
- What mechanism will best help the community sector to play a watchdog role? For example, should it develop a new watchdog group or build on the functions of an existing group (such as an NGO network)?
- What are the advantages and disadvantages of playing a watchdog role? For example, how might it affect funding opportunities for those involved?
- How can the community sector balance a watchdog role with its official participation in coordination structures?
- Does the community sector need to build its capacity to play an effective watchdog role? For example, does it need to increase knowledge and skills about areas such as economics and budgeting?

2. The community sector develops terms of reference for its watchdog role, whether it involves a new or existing group. This document outlines the groups:

- Aims and objectives. (What is its focus? What does it want to achieve? Is it a mechanism for community complaints or an additional arena for community sector discussion and decision making?)
- Membership. (Is it just for community stakeholders or open to others, such as academic institutions? Is it for particular groups within the community sector?)
• Principles. (How will it ensure the greater involvement of people living with HIV and other marginalised groups and that their issues are addressed?)

• Working practices. [See Box 32]

**Box 32: Working practices for a community sector watchdog group**

Developing working practices for a watchdog group involves agreeing on issues such as:

• How the group will be coordinated and administrated.
• How often the group will meet, where and for how long.
• How the group will gather its information.
• How the group will make decisions and deal with any differences of opinion.
• How the group will document and share its decisions.
• How the group will relate to other groups and institutions.

3. The community sector uses the information and decisions from its watchdog role for a variety of purposes. These include:

• Informing the community sector's official participation in national coordination bodies and processes (by giving representatives evidence of how issues are affecting communities).

• Informing the community sector's advocacy work (by providing evidence of how an issue is affecting communities throughout the country).

4. Other stakeholders, including the government and donors, respect the watchdog role of the community sector and acknowledge it as a vital part of democratic systems connected to the principles of the Three Ones and the national response to HIV/AIDS.

**Case studies: Scrutinising progress and being an independent watchdog**

In 2005, largely in response to the Global Fund to Fight AIDS, Tuberculosis and Malaria, five NGOs – Africa Consultants International, Alliance National Contre le SIDA, ENDA Santé, SIDA Service, and Synergie pour L’Enfance – co-founded the Observatoire. The initiative provides an open space for a range of actors, including the community sector and government. It aims to:

• Act as a national watchdog by critically examining the multi-sectoral response to HIV/AIDS.

• Be a forum for formulating constructive proposals and recommendations likely to improve the response.

• Feed into reflection on the response to date and the implementation of the country's strategic plan.

The Observatoire is open to all organisations and encourages the involvement of people living with HIV/AIDS. It has no formal structure, with communication taking place via e-mail and meetings called as the need arises. Decisions are made by consensus and are documented.