



LEARNING DOCUMENT

Navigating the pathway to becoming a Global Fund Principal Recipient for Civil Society: challenges, prerequisites, preparatory work and areas of transformation

**Case study on ARCAD
Santé PLUS in Mali**

L'Initiative is a project launched at the end of 2011 implemented by Expertise France, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It provides **technical assistance and catalytic financial support** to Global Fund recipient countries to improve the effectiveness of their grants and strengthen the health impact of funded programs. In this way, L'Initiative contributes to ensuring the effectiveness of **pandemic responses and health systems**.

Countries eligible for support from L'Initiative include the 19 priority countries for French official development assistance and member countries of La Francophonie. L'Initiative's recent developments amplify its **catalytic effect**, through strengthening the capacity of health and civil society actors, improving institutional, political and social frameworks, and supporting innovative approaches to respond to pandemics.

L'Initiative is now a key Global Fund impact partner.

The project places France and stakeholders it works with – research actors, civil society, public agencies, etc. – in an unprecedented position in the response to AIDS, tuberculosis and malaria. L'Initiative's budget for the 2023-2025 period is over 106 million Euros a year and is funded by 20% of **France's contribution to the Global Fund**.

L'Initiative is governed by a **steering committee**, chaired by the Ministry for Europe and Foreign Affairs. Members include representatives of civil society, AFD, the Ministry of Solidarity and Health, the French Red Cross and the research community.

This learning exercise was carried out by Mélanie Quétier and Vincent Bastien, who are independent consultants, in close collaboration with a steering committee composed of members from L'Initiative and the management team at ARCAD Santé PLUS, between January and September 2022.

Consultants took a participatory and inclusive approach, which engaged the different stakeholders involved, as far as possible. In this respect, information was gathered using qualitative data collection methods.



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A word from



Dr Bintou Dembélé Keita

Executive Director of ARCAD Santé PLUS

Becoming a principal recipient of a Global Fund grant must be, above anything else, something that is wanted by both staff and leadership teams within an applicant civil society organization. And it is something that is planned. To be able to achieve this goal successfully, planning and mobilization are crucial. It is a long process that requires investment from every single staff member.

Based on our experience, success also requires strong leadership and the ability to bring together civil society actors. It also requires recognition and trust from government bodies and technical and financial partners. Diplomatic support and national and international advocacy (in this case through organizations such as Coalition Plus and Sidaction) have also been crucial. And of course, not forgetting support from L'Initiative at Expertise France.

Finally, there are a number of organizational prerequisites to ensure an organization is strong, even before they take on the role of Global Fund principal recipient. This relates to governance, financial management and organizational and technical capacity.

Prior to becoming a Principal Recipient, ARCAD Santé PLUS had more than 20 years of expertise in the field, had been a Global Fund sub-recipient for more than a decade, and had coordinated the response with community-based organizations responding to AIDS and organizations of people living with HIV (PLHIV). ARCAD Santé PLUS has been at the heart of decentralizing services by putting forward innovations around community care within government public services and care provision for key populations vulnerable to HIV, including sexual health clinics.

Having Principal Recipient status adds even greater weight to the community's contribution, which is now integrated into the country's national HIV/Hepatitis strategic plan: increased visibility, stronger presence in decision-making bodies, meaningful accountability to technical and financial partners and civil society actors; as well as opening up to other diseases, such as tuberculosis, malaria and COVID-19.

As Principal Recipient, ARCAD Santé PLUS now faces new challenges in a very difficult environment. In order to increase the resilience of civil society actors, we must support them and be at their side. At the same time, we need to adapt grant management to an ever-changing implementation context. Finally, it is crucial to maintain ongoing dialogue with the Global Fund Portfolio Manager and Local Fund Agent. This involves building a relationship of trust, to effectively adapt management arrangements and ensure there is a shared understanding of objectives, requirements and constraints. In fact it is like the Fund itself, it is a partnership to enhance health service access for the people.



Éric Fleutelot

Technical Director, Major Pandemics Division, Expertise France Health Department

France is a long-standing advocate of national ownership of Global Fund grant management. This learning exercise is part of this. It has been developed to inform thinking for civil society organizations (CSOs) considering becoming Principal Recipients (PRs). All too often, the challenges and the journey to achieving this are underestimated.

L'Initiative believes that ARCAD Santé PLUS's journey from sub-recipient to principal recipient can inspire other organizations to become civil society Principal Recipients, in particular through the quality support mechanism put in place to strengthen them effectively.

The journey is demanding and requires a clear strategic vision, as well as genuine commitment from the organization as a whole, as the process involves many radical changes.

The technical assistance provided by L'Initiative is intended to support organizations to help them overcome the many pitfalls involved in this journey. But above all, it is about co-creating tailor-made solutions.

L'Initiative's support to ARCAD Santé PLUS on their journey to gaining PR status, has reasserted their commitment to Mali taking back ownership of Global Fund (GF) grants. This support was made possible in part through the recognition of ARCAD Santé PLUS by both national civil society and its partners – the Global Fund in particular.

Granting PR status to an organization is no small thing. L'Initiative is not involved in PR selection, that is the role of the Country Coordinating Mechanism (CCM). However, we can respond to requests relating to providing tailored support.

It is also worth highlighting how unique this case is, as it involved engaging another community PR to provide expertise. This is proof of how effective peer support can be, even at the highest level. Although it is not without its challenges. This achievement is reminiscent of the history of community responses and the way CSOs were established.

This experience should help to spark interest among national actors to take back ownership of GF funding with relevant authorities. If we are able to demonstrate the added value of community PRs and the many advantages in terms of managing Global Fund grants, this model can be replicated more widely in countries supported by L'Initiative, where representation remains too low. We continue our work in this regard and reaffirm our support to CSOs by helping them to better understand GF requirements, to show them the pathway and to support them as necessary.

Through our ongoing efforts to enhance the thinking of national actors and their technical and financial partners, we continue to support country ownership – particularly through increased investment to support civil society organizations. This aligns with our ambition to further support community responses to implement activities funded by Global Fund grants.

The essentials

Background

Since 2014, the new Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funding model has placed key emphasis on the specific needs of key populations, and has encouraged civil society organizations (CSOs) to actively participate in all stages of the funding cycle.

There are two essential principals: **1) Country ownership** - countries determining which responses are appropriate to their context and how they intend to use GF funding; **2) Dual-track financing** - public and private financing that ensures civil society participation in the management of public funding through having two Principal Recipients (PRs) for each grant – one from government and the other from civil society. However, in most French-speaking African countries, the community component is managed by a UN agency or an international NGO, as was the case in Mali the previous ten years. Therefore, the appointment of a local civil society organization as Principal Recipient (PR) in Mali, ARCAD Santé PLUS, is an exception that provides rich learning around the management of Global Fund programs.

ARCAD Santé PLUS had been sub-recipient under the HIV component for a long time before becoming Global Fund Principal Recipient (PR) for the HIV and tuberculosis components in 2021. L'Initiative, a mechanism implemented by Expertise France, embarked on an ambitious technical assistance plan to enable them to position themselves as PR, and provide them support in the first year of grant management.

Learning exercise: This document presents ARCAD Santé PLUS's experience of transitioning from Global Fund sub-recipient to principal recipient and the capacity strengthening work that the organization benefited from, thanks to L'Initiative. The information notes presented here are therefore intended for civil society organizations that would like to become Global Fund PRs, as well as for technical and financial partners who may support them in the process of applying for and implementing a grant. This work was carried out using a participatory and inclusive approach involving the various different stakeholders involved as far as possible: the ARCAD Santé PLUS team, their technical and financial partners, including L'Initiative, sub-recipients and implementing partners, and consultants.

The information notes in this document can be read separately, depending on the needs and interests of the reader, but they are designed to work together as a comprehensive step by step guide.

A quick overview

I am a CSO

Do you want to position yourselves as a PR and would like to know what prerequisites there are? What are the steps to becoming a PR and how can you prepare? What support is available? Do you want to know more about the challenges PRs face, understand GF requirements or learn about the pathway to follow (Information Note 2 [p. 22] and 3 [p. 27]). Then this document is for you!

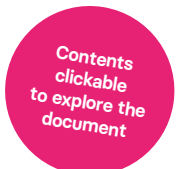
Key guidance: being a Principal Recipient involves being ready to make profound transformations to your organization and its scale. PRs must think about transformations in terms of their relations with the GF, with other stakeholders involved in the grant and with CSOs. They must also reflect on internal developments within the organization and the impact in terms of governance, HR and the various coordination and management components.

Planning is necessary for the PR role: even before submitting an application, there are various prerequisites that must be met by civil society organizations wanting to take on the role of Global Fund PR. These **prerequisites** relate to political, strategic, organizational, technical and operational considerations. The organization may then undergo many different changes: in terms of its structure, governance, administrative and financial management, human resource management, monitoring and evaluation – both internally and in terms of its network of sub-recipients (SRs) and implementing partners (IPs), etc. This learning document demonstrates some of the **pitfalls to avoid and some suggested solutions** (Information Note 6 [p. 49]).

Becoming a **PR also requires strong commitment at all levels of the organization** as well as the capacity to listen and be open to changes that are identified. Becoming a PR requires strong absorptive capacity because it involves both actively participating in preparing the funding request and negotiating the grant, alongside many internal transformations and technical assistance as necessary, as well as implementing part of the grant in many cases. Becoming a PR is a complex process and requires members of the organization to have a very strong will and determination. The organization's board must assist with the process and be supportive of the changes.

The PR must also be able to quickly **integrate sub-recipient capacity strengthening** considerations to ensure they have effective capacity for planning, implementation and reporting, as well as effective management of implementing partners (IPs). In order to achieve this, the PR will need to be flexible and adaptable because the profiles of SRs and IPs are very varied (in terms of size, governance type, expertise, capacity, etc.). Finally, establishing strong communication channels, creating a clear operating framework and maintaining ongoing dialogue with SRs and IPs is crucial to facilitate country dialogue, to reduce potential tensions during implementation and to improve coordination of the community response.

Tailored technical assistance can help to overcome the many pitfalls through identifying relevant solutions. The technical assistance approach used for ARCAD Santé PLUS was aligned with their ambitious objectives and the intervention context. This has had a clear impact on organizational development and its internal structure, and has also helped to improve the quality of their own services and those provided by the SRs and IPs involved (Information Note 5 [p. 39]).



I am a representative of the Global Fund, a CCM or national policy

This learning exercise demonstrates that being well integrated locally over a long period of time, having a robust understanding of the intervention context and having expertise developed over many years by **CSOs at strategic and operational levels, represent features that enable optimal management of a Global Fund grant** or any other international funding. It is important to remember that at national level, having a civil society Principal Recipient (PR) aligns with the principles of national ownership and the participation of civil society and organizations that receive GF grants. This also encourages complementarity between the non-profit and the public sector (Information Note 2 [p. 22]). This document includes: **“8 good reasons to trust civil society PRs”** (Information Note 7 [p. 57]).

For this to work, **it is crucial to have the support of the Global Fund country team.** This requires always being available to respond to requests that are made of PRs and ongoing dialogue, based on a relationship of trust. This facilitates transparent sharing of the challenges faced by PRs, effective and timely changes to management methods and ensures a shared understanding of the objectives, requirements and constraints.

ARCAD Santé PLUS has been able to overcome many obstacles thanks to **a tailored, relevant and effective technical assistance approach, which involved a complementary approach combining individual expertise and the organizational / collective expertise of another community PR (Alliance Côte d'Ivoire).** This joint technical assistance approach made it possible to provide ARCAD Santé PLUS with support methods and approaches that were complementary, and to work on various issues and challenges that were closely linked. Finally, the format of the support they received enabled ARCAD Santé PLUS to take ownership of these new skills quickly, to be able to implement the Global Fund grant.

Support systems of this kind, **must establish communication and feedback procedures between the TA provider and the Global Fund.** This makes it possible to look at the TA carried out, to monitor the PR's progress and also to share information on complementary TA that may be carried out by the Global Fund.

The following information notes may be of interest: “Challenges faced by community organizations becoming a Global Fund Principal Recipient” (Information Note 2 [p. 22]); “Impact of technical assistance: Principal Recipient effectively fulfilling its role” (Information Note 6 [p. 49]); “8 good reasons to trust civil society PRs” (Information Note 7 [p. 57]); “What we can learn from ARCAD Santé PLUS's experience” (Information Note 8 [p. 62]).



I am a technical assistance provider

The technical assistance system provided by L'Initiative's support has enabled ARCAD Santé PLUS to address many potential pitfalls by finding solutions that are adapted to their ambitious objectives and the intervention context. The TA has had a clear impact on organizational development and the internal structure, and has also helped to improve the quality of their services and those provided by SRs and IPs involved in NFM-3 HIV/TB in Mali.

The technical assistance provided was unique, relevant and effective, thanks to the complementarity of the **different approaches – support from individual consultants combined with organizational shared expertise from another community PR** (Alliance Côte d'Ivoire), who provided grant implementation expertise that was relevant to the Malian context.

This type of technical assistance needs to respond to the many different challenges organizations face and must therefore be multifaceted; covering the various organizational development areas needed to meet GF requirements as a priority. There is therefore a large range of technical assistance requirements to support CSOs to become Global Fund PRs and to meet all the prerequisites required by the donor. This relates to political, strategic, organizational, technical and operational prerequisites that mean the organization will need to reflect on internal changes and the potential impact on governance and HR, in addition to the range of coordination and management considerations. This learning exercise demonstrates what the potential pitfalls are in relation to these key areas and identifies some solutions. TA suppliers working on projects **like this will require considerable flexibility to meet the emerging needs.** Being agile will enable you to adapt

or finalize the initial capacity strengthening plan, to be able to respond as closely as possible to issues as they arise. In this context, it may be necessary to identify other technical and financial partners (including the Global Fund) to support the overall TA approach.

It is crucial to co-create the TA methods with the PR to lay the foundations for an approach that is adapted to their needs. In order to do this, the organization receiving TA must actively participate in the overall assessment and prioritization of support, selecting profiles for individual consultants, and the approving TA methods and timelines.

Finally, TA mechanisms of this **kind also require concerted effort in terms of planning, programming and coordination.** For example, TA that focuses on ensuring the organization complies with GF requirements must be carried out well in advance of grant start-up to allow for discussions with the GF and for mechanisms, procedures, tools, etc. to be validated. TA with a primary objective of developing or revising management documents (e.g. financial management or HR manuals or procedures), it is important to allow time for the organization **to take ownership of them and support** for relevant teams within the PR to implement them, and also to share the tools with SRs/IPs.

These information notes may be of interest to you: “Technical assistance with multiple forms and approaches” (Information Note 4 [p. 33]); “Personalized support systems” (Information Note 5 [p.39]); “Impact of technical assistance: Principal Recipient effectively fulfilling its role” (Information Note 6 [p.49]); “What we can learn from ARCAD Santé PLUS's experience” (Information Note 8 [p. 62]).



Overview of L'Initiative and how to request support

Technical assistance is provided **following consultation with the Global Fund, the diplomatic network and partners, and approval by the steering committee**. Requests are made by stakeholders from eligible countries and there **is a particular focus on planning and gender mainstreaming**. Recipients of technical assistance can be Country Coordinating Mechanisms (CCM), Global Fund **Principal Recipients**, sub-recipients and sub-sub-recipients, **national pandemic control programs, public bodies, research organizations and civil society actors** in L'Initiative eligible countries. Technical assistance assignments, and experts themselves, are **monitored** and evaluated, in accordance with L'Initiative's quality criteria.

Request-based technical assistance

The Expertise Channel aims to support pandemic response and health system stakeholders through capacity building around accessing and implementing Global Fund grants. This involves the provision of short- to medium-term technical expertise.

How can support be requested?

Submitting a request	Presenting to the Steering Committee	If approved, technical support is developed
<ul style="list-style-type: none"> ◆ Using a simple template + information email to the CCM ◆ Send by email for discussion and clarification with L'Initiative before sending to the French Embassy (SCAC) 	<ul style="list-style-type: none"> ◆ Prior to this, L'Initiative contacts the Global Fund and the regional global health advisor for their insight ◆ L'Initiative puts together a budget and submits the request to the monthly Steering Committee meeting 	<ul style="list-style-type: none"> ◆ Draw up the terms of reference ◆ Identify consultants through call for applications (unless indicated otherwise, this is via CVs) ◆ Contracting, start-up and monitoring of technical support

Time between the request being received and experts starting work: two to three months.

Contents

INTRODUCTION	12
PART 01 - BACKGROUND AND CHALLENGES	16
INFORMATION NOTE 01 The Global Fund – Unique governance and high-level requirements	17
INFORMATION NOTE 02 Challenges faced by community organizations becoming a Global Fund Principal Recipient	22
INFORMATION NOTE 03 Becoming a Principal Recipient – A complex process that requires planning	27
PART 02 - SUPPORT MECHANISM PUT IN PLACE	32
INFORMATION NOTE 04 Technical assistance that uses different methods and approaches	33
INFORMATION NOTE 05 A tailored support mechanism	39
PART 03 - TRANSFORMATIONS AND LESSONS LEARNED	48
INFORMATION NOTE 06 Impact of technical assistance: Principal Recipient effectively fulfilling its role	49
INFORMATION NOTE 07 8 good reasons to trust civil society PRs	57
INFORMATION NOTE 08 What we can learn from ARCAD Santé PLUS's experience	62
ANNEXES	64
ANNEX 01 - Learning from ARCAD Santé PLUS's experience – why and how?	65
ANNEX 02 - Acknowledgements, bibliography, acronyms & abbreviations	68

INTRODUCTION

The Global Fund in Mali: ARCAD Santé PLUS on the front line

Mali is a West African country with just over 20 million inhabitants, with a surface area of more than 1 million km², two thirds of which are in the Sahara desert zone. Mali has a predominantly rural and low-income economy and was ranked 184th on the United Nations Human Development Index in 2019. The country has a very high rate of extreme poverty, which is exacerbated by drought, climate change and war. Ninety per cent of people living in poverty are in rural areas in the south of the country, where population density is highest.

Since 2012, Mali has had to face a rise in jihadism and numerous terrorist attacks, which have progressively spread across the country. Mali is currently going through a serious economic, social and humanitarian crisis, which is leading to significant political instability and inter-community divisions, making community interventions even more complex and undermining achievements in the response to pandemics.



MALI MINISTRY OF HEALTH AND SOCIAL AFFAIRS

There are many CSOs in Mali that provide prevention and sensitization services, and some also provide treatment as is the case with ARCAD Santé PLUS [...] The Mali Action Plan 2020-2030 made community health its priority pillar of intervention. The objective is to improve the structure of community health and standardize it [...] in order to strengthen the health system at the grassroots level [...] and improve accessibility and quality for populations.

Data compiled by the Ministry of Health and Social Affairs, to develop the Global Fund funding request in 2019, indicate that HIV prevalence appears to be stabilizing at around 1.1% among the general population (15 to 49), but remains very high among the most vulnerable groups: 2.9% among pregnant women, 8.7% among sex workers, 12.6% among men who have sex with men (MSM), 5.1% among people who inject drugs, 3.26% among prison populations and 11.7% among transgender people. Despite some progress over the past ten years (reduction in tuberculosis deaths, TB treatment coverage and improved treatment success rates), the number of people with TB increased by 10% in 2020 – an estimated 11,000 cases in 2020 and more than 4,000 undiagnosed TB cases.

ARCAD Santé PLUS, the first organization to respond to HIV in Mali

Association pour la Résilience des Communautés vers l'Accès au Développement et à la Santé PLUS (ARCAD Santé PLUS) was founded in 1994 and has been a key player in the HIV and AIDS response in Mali and West Africa since their CESAC center (listening, care, training and counselling center) opened in Bamako in 1996. In addition to the CESAC in Bamako and in Mopti, ARCAD Santé PLUS regularly monitors a large number of people living with HIV (PLHIV) in the country through several sexual health centers in Bamako, Kayes, Sikasso and Segou. Through a multisectoral and inclusive approach, based on community engagement and the promotion of human rights, the organization provides a wide range of services to PLHIV and key populations ranging from testing to medical care and psychosocial support.

Since the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) was established, ARCAD Santé PLUS has always been an SR under the HIV component, and has been a PR since 2021. It is now a key player in the decentralization of comprehensive care for users. ARCAD Santé PLUS is also a well-respected representative and partner of the Malian government. As a founding member of Coalition PLUS (established in 2008), an international partnership of community organizations responding to HIV and AIDS and hepatitis, ARCAD Santé PLUS also runs a sub-regional platform for capacity strengthening of community actors. They also act as a spokesperson for Malian civil society through their national and international advocacy.

New Funding Model (NFM)-3 combined HIV and TB grant 2021-2023 at a glance

The grant outlined below aligns with the Malian government grant over three years amounting to €47,103,403. **The performance framework of the combined NFM-3 HIV and TB grant 2021-2023 is based on specific objectives and a 6-point performance framework** (Extract from the contract between the GF and ARCAD Santé PLUS):

1. TB: Reduce TB incidence by 30% by 2025 (compared to 2018).
2. TB: Reduce TB-related mortality and morbidity by 50% by 2025 (compared to 2018).
3. HIV: Reduce HIV-related incidence by 50% by 2025 (compared to 2019).
4. HIV: Reduce HIV-related mortality and morbidity by 50% by 2025 (compared to 2019).
5. HIV/TB: Human rights and gender equality principles are implemented as part of the integrated plan by 2023.
6. HIV/TB: Governance of the national response to HIV, TB and viral hepatitis is integrated, efficient and effective by 2023.



Dr O. DOGONI, Chair of the board at ARCAD Santé PLUS

Over the last 30 years, the approach taken by stakeholders involved in the AIDS response has proved its worth. A multisectoral and inclusive approach, community engagement and representation, promoting equity and the protection of human rights, in addition to scientific innovations, have formed the foundations of an integrated response to HIV.

ARCAD Santé PLUS has been a major player in the AIDS response in Mali, supporting the government to define and implement strategic frameworks and innovative activities. ARCAD Santé PLUS intends to be key partner to the Malian government on health system strengthening.

Duration	3 years
Grant dates	1 January 2021 to 31 December 2023
Principal Recipient	ARCAD Santé PLUS (HIV/TB community)
Grant amount	€24,161,714, of which €8 million is for interventions in volatile areas of the country

ARCAD Santé PLUS implements the grant through: 2 CESAC; 4 sexual health centers in Bamako, Kayes, Sikasso, Ségou; 3 sub-recipients (SOUTOURA, Enda Mali, Santé Sud); and 4 implementing partners (AKS, RMAP+, WALÉ, RENAPOC).

Humanitarian NGOs working in insecure areas are also covered by the grant: Première Urgence Internationale (PUI), Médecins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC) in the Kidal

region; Cooperazione Internazionale (COOPI) and Save the Children in the Mopti region; Médecins du Monde Belgium (MdM-Be) in the Gao and Menaka regions; HELP and the Red Cross in the Gao region; and Terre des Hommes in the Ségou region. ARCAD Santé PLUS's relationship with these organization links specifically to measures taken to respond to the security context in Mali.

A collection of eight information notes describing ARCAD Santé PLUS's experience

Who are these information notes for? They are intended to highlight ARCAD Santé PLUS's experience in its transition from Global Fund Sub-Recipient to Principal recipient, and the capacity strengthening work they benefited from, through L'Initiative. The information notes presented here are therefore intended for use by civil society organizations that would like to become Global Fund PRs, as well as by technical and financial partners who might support them with the process of applying for and implementing a grant.

How are they structured? The information notes in this document can be read independently of one another according to the needs and interests of the readers, but they are designed to work together as a comprehensive step by step guide. In this way, it is useful to read the information notes in order, from 1 to 8, starting with key overview points about the GF through to insight into the challenges, different stages of support, organizational changes and lessons learned from this experience

- **Information Note 01** - The Global Fund – Unique governance and high-level requirements
- **Information Note 02** - Challenges faced by community organizations becoming a Global Fund Principal Recipient
- **Information Note 03** - Becoming a Principal Recipient – a complex process that requires planning
- **Information Note 04** - Technical assistance that uses different methods and approaches
- **Information Note 05** - A tailored support mechanism
- **Information Note 06** - Impact of technical assistance: Principal Recipient effectively fulfilling its role
- **Information Note 07** - 8 good reasons to trust civil society PRs
- **Information Note 08** - What we can learn from ARCAD Santé PLUS's experience
- **Annex 01** - Learning from ARCAD Santé PLUS's experience – why and how?
- **Annex 02** - Acknowledgements, bibliography, acronyms & abbreviations



PART 01 BACKGROUND AND CHALLENGES

INFORMATION NOTE 01
The Global Fund – Unique governance
and high-level requirements

INFORMATION NOTE 02
Challenges faced by community organizations becoming
a Global Fund Principal Recipient

INFORMATION NOTE 03
Becoming a Principal Recipient –
a complex process that requires planning

INFORMATION NOTE 01 The Global Fund – unique governance and high-level requirements

Funding model & general principles

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is an international funding mechanism established in 2002 to speed up responses to the three diseases by increasing, better targeting and improving the availability of funding. In order to increase its global impact and invest more strategically, the Global Fund's funding model is evolving to adapt to new needs, lessons learned and contextual changes. In this way, since 2014, the new funding model (NFM) has placed particular emphasis on the specific needs of key populations, and encourages civil society organizations (CSOs) to “actively participate in all stages of the funding cycle – from strategic planning and program design at national level, to program implementation at national and community levels”. In total, the Global Fund has disbursed more than US \$50 billion to respond to the three pandemics and health systems strengthening programs in more than 155 countries.

This funding model is based on two fundamental principles:

- ▶ The principle of country ownership: each country determines how it intends to use the GF funding and lead responses to the three diseases, which are adapted to the national context and the way that they steer grant implementation. This is an inclusive concept since it involves not only national government and health authorities, but also civil society organizations and their representatives, communities living with or affected by diseases, including key and vulnerable populations, and also the private sector. In this way, country ownership is an essential principle to optimize the impact and sustainability of health programs.
- ▶ The principle of dual-track financing ensures civil society representation in the management of public funds, which is reflected in particular by the central role CCMs play and by having two Principal Recipients (PRs), for each grant – one from government and one from civil society.



“FIGHTING PANDEMICS AND BUILDING A HEALTHIER AND MORE EQUITABLE WORLD. GLOBAL FUND STRATEGY” (2023-2028)

In 2020, for the first time in our history, key programmatic results declined across all three diseases. With only eight years to go, COVID-19 has knocked us further off course from the Sustainable Development Goal (SDG) target of ending the three epidemics by 2030. To respond to these challenges, the Global Fund has developed an ambitious new strategy to get progress back on track against HTM (HIV, TB and malaria) and contribute to the SDG target of achieving universal health coverage (UHC) [Goal 3: access to health and well-being].

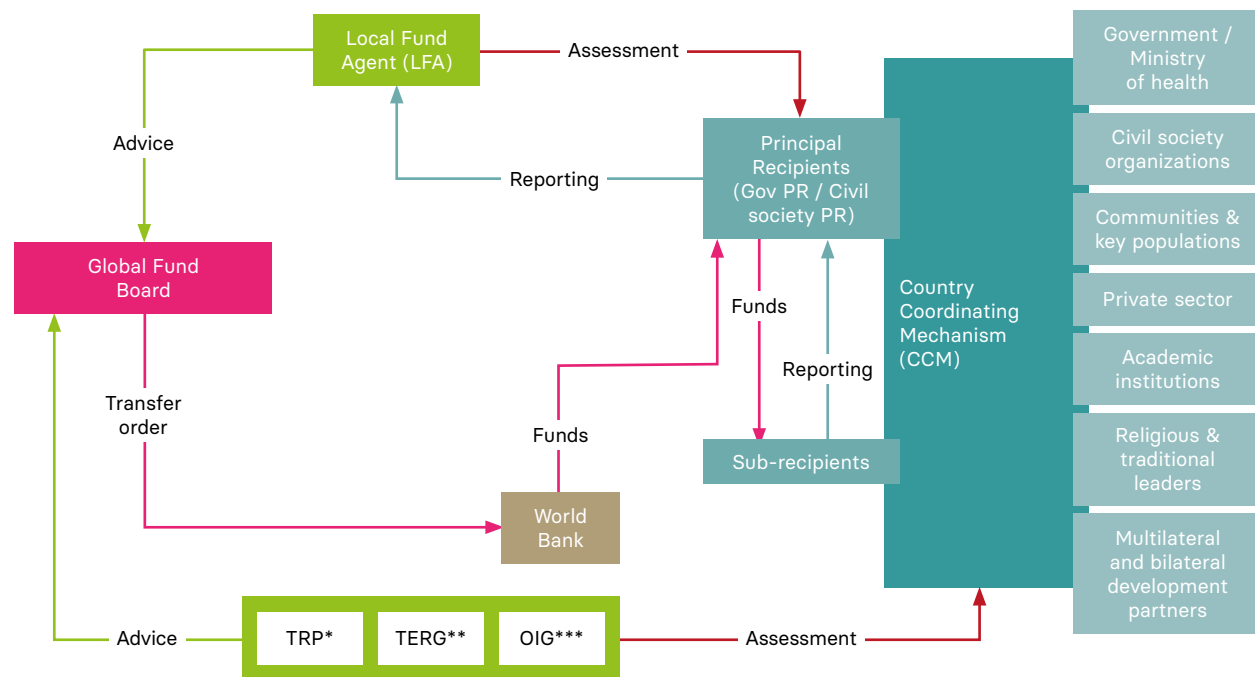
To enhance our impact, we will put even greater focus on equity, sustainability, program quality and innovation, take determined action to tackle human rights and gender-related barriers, and leverage the fight against HTM to build more inclusive, resilient and sustainable systems for health (RSSH) better able to deliver health and well-being, and to prevent, identify and respond to pandemics.

S. FLORISSE, GF Portfolio Manager - Mali

Civil society is a member of the Global Fund Board alongside governments, and it is important for the GF to work with community organizations, particularly under the New Funding Model (NFM): the idea is to give more and more space to strengthening health systems, which means strengthening both the national public system and the community system. This makes complete sense in Mali, where health care management is first and foremost community-based and where civil society has a role to play in ensuring this decentralization of care. ARCAD Santé PLUS becoming a PR contributes to a greater visibility and positioning of civil society in terms of policy development, because they are systematically invited to all meetings, giving them a different type of status and greater influence in discussions.

How the Global Fund operates & which stakeholders are involved in grants

The Global Fund's new funding model is rolled out in the following way:



* Technical Review Panel (TRP)
 ** Technical Evaluation Reference Group (TERG)
 *** Office of the Inspector General (OIG)

Global Fund Board

The Board comprises representatives from donor and recipient governments, civil society, the private sector, and communities living with and affected by the diseases. The Board is responsible for Global Fund governance, including strategy and policy development, funding decisions and budgeting.

Technical Review Panel (TRP)

The TRP is composed of international experts on HIV and AIDS, tuberculosis and malaria, and health systems, and is an independent committee that reviews eligible requests for funding, and makes recommendations to the Board.

Technical Evaluation Reference Group (TERG)

The TERG is an independent advisory group that conducts evaluations and advises the Board on issues related to monitoring and evaluation.

Office of the Inspector General (OIG)

The OIG operates independently of the Board to ensure that funding recipients are in compliance with Global Fund policies and procedures to prevent and detect fraud, waste, abuse, embezzlement and mismanagement.

Local Fund Agent (LFA)

A local consultancy firm recruited by the Global Fund to assess the financial management and administrative capacity of Principal Recipients (PRs), and to verify and report on grant performance.

Country Coordinating Mechanism (CCM)

CCMs are composed of representatives from public and private sectors, including government, multilateral and bilateral development agencies, NGOs, faith-based organizations, private foundations, people living with disabilities and key populations. The CCM prepares and submits proposals, selects PRs, applies for funding from the Global Fund, and oversees implementation of the grant.

Principal Recipients (PR)

Stakeholders responsible for implementation of grants approved by the Global Fund. PRs are selected and overseen by the country's CCM and are usually local or national organizations, and may be part of government, civil society or the private sector.

Sub-recipients (SR)

SRs are responsible for delivering on sub-grants, and report directly to the Principal Recipients.

Fund Portfolio Manager (FPM)

Staff member at the Global Fund responsible for one or more countries. The FPM is based in Geneva and is the Global Fund focal point. They are supported by a cross-functional team ("country team") composed of specialists in finance, public health, monitoring and evaluation and procurement and supply management, who are in charge of facilitating collaboration between all grant stakeholders.



In Mali, the CCM is composed of 25 people representing the public sector, technical and financial partners, and the non-governmental sector. ARCAD Santé PLUS is a member of the CCM as a representative of civil society and community-based organizations.

As part of the NFM-3 HIV/TB grant 2021-2023, the Ministry of Health is the government PR via its sectoral unit on AIDS, TB and hepatitis (CSLS-TBH) to oversee technical implementation, while ARCAD Santé PLUS is civil society PR overseeing management and implementation of the community component of the grant. ARCAD Santé PLUS works with three SRs (Enda Mali, SOUTOURA and Santé Sud) and four implementing partners (AKS, WALÉ, RMAP+ and RENA-POC), and uses its own intervention sites (2 CESAC and 4 sexual health centers) to deliver all the activities included in the grant.



Portfolio categorization based on country context

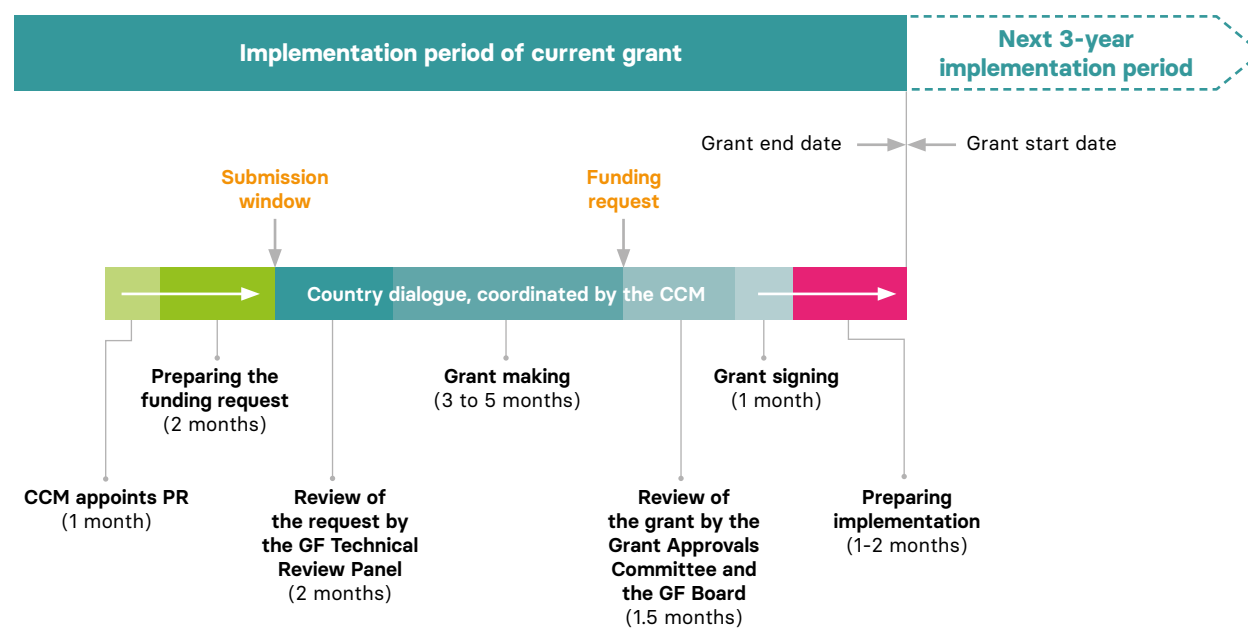
1 3 portfolio categories according to country contextual needs	Focused Portfolios are generally smaller portfolios, with a lower disease burden, and a lower mission risk.
	Core Portfolios are generally larger portfolios, with a higher disease burden, and a higher mission risk.
	High Impact Portfolios are generally very large portfolios with mission-critical disease burdens.
2 2 cross-cutting classifications	Challenging Operating Environments are countries or regions with complex natural or man-made crises and instability.
	Transitioning components are those that are approaching transition from receiving funding from the Global Fund.

Given the prevailing context in Mali in recent years, the country is currently considered to be a "Challenging Operating Environment". It is one of the high-impact portfolios.

Steps to applying to become a Principal Recipient

Steps that organizations applying to be PRs must follow are set out in the Applicant Handbook, which states that "The overall process from submission of the funding request to grant signing may take 9 months (or longer in some cases depending on the length of grant-making)".

These steps apply in all countries where the Global Fund is active, and no candidate can depart from them, so the first thing to do is to include the timeline in the organization's internal planning:



Source: Infographic information taken from the Applicant Handbook 2020-2022

The prerequisites expected of Principal Recipients

In addition to eligibility criteria to be selected by the CCM, the Applicant Handbook stipulates that implementers are required to meet the following nine minimum standards:

1. PR demonstrates effective management structures and planning.
2. PR has the capacity and systems for effective management and oversight of sub-recipients.
3. Internal control system of PR is effective to prevent and detect misuse or fraud.
4. The financial management system of the PR is effective and accurate.
5. Central and regional warehousing have the required capacity and respect good storage practices.
6. Distribution systems and transportation arrangements are efficient to ensure secure and continued supply of health products.

7. Data-collection capacity and tools are in place to monitor program performance.

8. Functional routine reporting system with reasonable coverage to report program performance.

9. Implementers have capacity to comply with quality requirements and monitor product quality throughout the in-country supply chain.

GLOBAL FUND RESULTS IN MALI

The Global Fund invested a total of US \$445.3 million in programs in Mali between 2002 and 2021. This has enabled expanded coverage of HIV, TB and malaria treatment and prevention interventions [e.g. new HIV infections and AIDS-related deaths have halved since 2002].

However, the 95-95-95 targets set by UNAIDS to end the AIDS epidemic by 2030 are not being met, while more than 4,000 TB cases remain undiagnosed and the number of people who have developed TB increased by 10% in 2020. There remain many challenges to respond to under NFM-3, for ARCAD Santé PLUS as much as other stakeholders engaged in HIV/TB grants.

Data are available on the Global Fund website: <https://data.theglobalfund.org/location/MLI/overview>



INFORMATION NOTE 02

Challenges faced by community organizations taking on a Global Fund Principal Recipient role

Global Fund policy and governance challenges

1°) Fostering national ownership of Global Fund grants

At country level, having a Principal Recipient (PR) from civil society aligns with the principle of national ownership. It also aligns with France's position, which strongly supports country ownership of Global Fund grants.

2°) Contributing to GF governance as a representative of civil society

Having civil society PRs also aligns with the second challenge of organizations that receive grants being involved in GF governance. Indeed, civil society is a member of the GF Board and at the country level, civil society representatives sit on the CCM. By coordinating and implementing the national response, civil society PRs can contribute fully to national dialogue alongside these representatives.

This was a very important policy area for ARCAD Santé PLUS. After 10 years of GF governance being in crisis in Mali, it was important to demonstrate that Malian civil society, through ARCAD Santé PLUS's leadership, was able to support the management of GF grants, and become a direct GF representative. It was important to demonstrate and promote the resilience of communities living with and affected by the diseases throughout these 10 years, despite the current difficult political, security and humanitarian context in Mali.



É. FLEUOT, Technical Director of the Health Department/ Major Pandemics Division, Expertise France

France is very committed to improved country ownership at level of both the Ministry for Europe and Foreign Affairs and L'Initiative. Countries sometimes experience significant challenges working with UN agencies / programs such as the United Nations Development Programme (UNDP).

In 2011-2012, a lack of transparency and accountability was blamed in Mali, which led the Global Fund appointing UNDP as PR. By supporting ARCAD Santé PLUS to become PR, France therefore reaffirmed its strong commitment to Mali taking back ownership of Global Fund grants.

"BECOMING A GLOBAL FUND PRINCIPAL RECIPIENT: A GOOD PRACTICE GUIDE FOR CIVIL SOCIETY ORGANIZATIONS", Coalition PLUS, Sidaction, PILS

Throughout its existence, the Global Fund has developed the principle of country ownership of the programs it finances. The principal is to promote a response developed, coordinated, implemented and co-financed by national actors involved in the AIDS response (communities, civil society organizations, government). Civil society participation aligns with the guiding principles of the Global Fund.

Thinking back to the Denver principles, written in 1983 by the first AIDS activists and reaffirmed in the Paris Declaration by communities in July 2017, which established the principle "nothing about us without us": everything that happens for people living with HIV and AIDS must be developed with them, not just for them. People living with HIV should be reduced to having patient status or that of mere spectators.



S. FLORISSE, Global Fund Portfolio Manager - Mali
This makes complete sense in Mali, where health care management is first and foremost community-based. Organizations like ARCAD Santé PLUS and many others, like the SRs, operate as a community network providing care to all.

Strategic and partnership issues

1°) Make visible and recognize the expertise of community actors

The first strategic challenge is to be able to represent civil society views and suggestions in a more systematic way in health policy decision-making bodies. ARCAD Santé PLUS as a civil society organization has always been particularly active in dialogues and discussions around HIV-related health issues and priorities. Becoming PR has given them additional status and greater clout in these discussions.

The challenge civil society PRs face relates to strengthening the recognition, visibility and promotion of community contributions to the response to the three diseases. In other words, contributing to ensuring that civil society in its full diversity, particularly groups that are more excluded or invisible, is more systematically invited to community meetings and dialogues.

2°) Contributing to strengthening the health system

Having a civil society PR also responds to the strategic challenge of strengthening the health system – both the national public health system and the community system. Reforms of Mali's health system began in 2019 with the aim of improving the proximity and accessibility of services by strengthening of the community system that populations pass through on their health pathway. This involves decentralizing care and support for people so that it is no longer available solely at referral health centers (known as CSRef). Through the GF grant, the PR must contribute to bringing health services closer to communities, through community health centers (known as CSCOM) and enable CSRefs and hospitals to focus on serious cases.

3°) Fostering complementarity between the community sector and public sectors

This is a particularly important area as community PRs in some instances take over from public services where they are failing, and therefore need to have a good knowledge of how the public sector operates and its shortcomings. Assessing this complementarity should take place when developing the funding request to be able to determine the level of intervention most relevant for organizations, or by ensuring that links between community and public services are effective for optimal care of populations. Finally, this also links to the issue of dual-track financing and appointing two PRs for each grant – one for government and one for civil society.



STATEMENT TO THE CCM - ARCAD Santé PLUS

Investing in the community's social fabric will contribute to strengthening the health system and in this difficult intervention context will also contribute to the resilience of populations who are affected by a deep and lasting crisis and do not have access to all the basic social services.

MALI HEALTH SYSTEM REFORMS IN FEBRUARY 2019

The main health system challenges identified are: maternal and infant morbidity / mortality, poor governance in the health system, lack of access to health care for financial reasons, sub-optimal quality of care. In order to respond to these challenges, the reform proposes ways to improve the context at community level, including refurbishing

CSCOMs throughout the country, increasing the number of CSCOMs and strengthening essential care in the community: through national scale up of community health worker (CHW) coverage and integrating CHWs into government interventions; strengthening community level interventions through static, advanced, and mobile approaches and creating "community hubs".

Dr Mohamed BERTHÉ, Coordinator of the Mali Health System Strengthening Implementation Unit (UMRSS), which implements the GF HSS grant, explains that: *"This reform must address existing documentation and structures. Despite this being a country where purchasing power is very low, the average contribution to health care costs for households is around 30%. It was therefore necessary to address several pillars of the health system in order to reform it. This relates to primary health (CSCOMs, community-based organizations, as they are on the frontline), laboratories, the health information management system, and the supply chain. ARCAD Santé PLUS is therefore operating at the frontline."*



A. YATASSAYE, Technical Director, ARCAD Santé PLUS

A hierarchy still exists and there are commitments that are made to the GF. We cannot be in a relationship of equals because we have responsibilities in relation to the management of the grant.

Public health challenges

1°) Improving access to prevention, diagnosis, care and treatment

A key challenge is to scale up and demonstrate the value of engaging community actors, in particular through peer facilitators and community health workers (CHWs), in order to improve access to services and contribute to implementing reforms to the community component of the health system.

There are many challenges related to HIV with a view to accelerating achievement of the UNAIDS 95-95-95 targets. In other words, scaling up access to prevention, care and treatment for populations throughout Mali. It also involves improving the care pathway for populations to ensure that people who test positive for HIV are effectively put on antiretroviral therapy (ART). Through the SRs and community actors, it is critical to ensure, that HIV prevention, care and treatment services are accessible, available and continuous

3°) Maintaining links with civil society organizations despite a line of hierarchy being in place

The power that Principal Recipients have in relation to SRs is significant, both in terms of their decision-making role with regard to intervention approaches, and in terms of accountability requirements. There is a risk of organizations losing their status as a peer to other community organizations in the country. Although the power that comes with being a PR can disrupt the existing dynamic, it must be a priority for them to maintain links and relationships with CSOs.

for the people. Finally, the service package should be enhanced (e.g. access to community ARV treatment, access to pre-exposure prophylaxis) and the referral / counter-referral system between community actors and the public health system should be strengthened.

In terms of community-based tuberculosis (TB), the major challenges are access to diagnosis and treatment, including in the least accessible areas, and the detection of all forms and types of TB cases. It is a question of being able to support the roll out of the community TB strategy through a network of community health workers (CHWs), as well as strengthening the delivery of drugs and transportation of samples to and from the most remote areas. Finally, the integration of joint TB and HIV activities allows for combined testing and achieving the goal of 90% of people living with HIV diagnosed with TB.

Strengthening the systematic and integrated consideration of human rights in the provision of comprehensive health in Mali is a major challenge to ensure improved access to health services for key populations¹ (KPs), who are particularly vulnerable to discrimination and gender-based violence.

2°) Improving the quality of service provision

Strengthening and improving the integration of services for the three diseases, promoting a people-centered holistic management approach rather than a siloed approach, are key issues in terms of quality. ARCAD Santé PLUS, as the PR for the combined HIV/TB grant, must rise to this challenge to identify a comprehensive community approach and provision of an integrated ongoing service package for joint management of the two diseases.

Integrating dedicated human rights activities into all HIV and TB health services, as well as protecting people in a discriminatory context, is a key challenge for improving the quality of services. Activities of this kind make it possible to respond effectively to needs. This may take the form of establishing a community observatory, or the provision of legal support, training and establishing a team of paralegals, recruiting lawyers or carrying out human rights studies.

Integrating sexual health care provision tailored to target groups through the creation of sexual health centers and safe spaces for key populations is another area of complementarity.

3°) Improving community dynamics

Improving coordination of the community response by mobilizing and convening CSOs, through developing and strengthening networks of KP and PLHIV organizations. PRs must then be careful not to dominate in discussion fora and leave space for others.



S. FLORISSE, Global Fund Portfolio Manager - Mali

We are seeing great progress in terms of human rights, because previously there was no funding, despite the context being very discriminatory.

For example, it is one of the few grants that has a dedicated component for transgender people.

H. ROGER, Director of Analysis and Advocacy, Sidaction

When populations, particularly key populations, have strong knowledge and a rights-based approach is taken, this enables improvements to the quality of care because it is more tailored.



¹ Key populations include: people living with HIV (PLHIV), sex workers (SWs), men who have sex with men (MSM), women who have sex with women (WSW), transgender people, and people who inject or use drugs.

Organizational, operational and implementation challenges of Global Fund grants

1°) Knowing how to take responsibility and risks in relation to effective grant management

For civil society organizations who position themselves as PR, one of the operational challenges is taking responsibility for grant management. GF grant management is demanding and PRs will need to take many risks, including financial risks.

Financial responsibility is important because if there are any ineligible expenses, the PR is responsible and must reimburse them. It is therefore difficult to find a balance between demands that can seem contradictory: managing a demanding grant while providing services to the populations, and at the same time carrying out advocacy to criticize lack of access to health.

2°) Being a Principal Recipient involves being ready to make profound transformations to the organization and its scale

PRs must think about transformations in its relations with the GF, with other stakeholders involved in the grant and with CSOs. They must also reflect on internal developments in the organization and the impact on governance, HR and the overall coordination and management components.

3°) Identifying, prioritizing and classifying weaknesses in structural, organizational and programmatic processes to align with the Global Fund requirements

This is an important issue because the GF's transparency policies require the PR to assess its programmatic and operational capacity and identify areas that need strengthening. This exercise to prioritize and classify capacity building needs must be aligned with the key GF milestones:

- ▶ Prerequisites to be met before the PR selection stage by the CCM.

- ▶ Areas of weakness that can be off-set during the grant making phase to demonstrate that the PR will be able to control the risks, and meet expectations of the Local Fund Agent (LFA) and the GF in line with the areas included in the Capacity Assessment Tool-CAT* (i.e. monitoring & evaluation and programmatic management – including SR management, financial management, procurement and supply management, and governance).

- ▶ Capacity areas that can be worked on at the start of the grant, to demonstrate ability to play the role of both PR and implementer of part of the grant.

4°) Supporting SRs with skills strengthening

PRs must also be able to quickly integrate capacity building considerations for sub-recipients to ensure they have strong capacity for planning, implementation and reporting, and can also effectively supervise implementing partners.

5°) Maintaining communications with the public sector PR and operationalizing this link with the public sector SRs

This is an important issue because it helps to ensure all the components of the grant, including the most innovative and focused interventions with populations most excluded from care, are integrated into the national system. Maintaining this flow of communication enables greater fluidity in grant implementation and even the potential for scale-up.

INFORMATION NOTE 03 Becoming a Principal Recipient – a complex process that requires planning



Before even submitting an application, there are a number of prerequisites that must be met by any civil society organization wanting to become a Global Fund (GF) Principal Recipient (PR).

Political and strategic prerequisites – foundations for identifying converging issues and interests between the organization applying to be PR and other stakeholders

- ▶ Have a long-term and clearly defined strategic vision, based on a robust knowledge of national and international issues (political, strategic, public health), that is shared by everyone internally. This vision must include an in-depth reflection on positioning that enables the organization to maintain an activist, civil society identity while meeting GF requirements and being part of a binding framework.
- ▶ Be in a position of leadership to be able to mobilize civil society and to advocate for its central involvement in GF governance. This is a position that is established over time and that strengthens the visibility and legitimacy of the organization.
- ▶ Have the support and confidence of technical, financial and institutional partners, including those likely to provide technical assistance. This makes it possible to generate collaborative links that will facilitate the application process at a later stage.
- ▶ Diplomatic support at the highest level, both nationally and internationally, may also be necessary, especially if the country is classified by the GF as a "Challenging Operating Environment".

DR B. DEMBÉLÉ, Director General, ARCAD Santé PLUS

Having a strategic vision is a source of motivation, it helps to stay on track and be resilient during difficult times.

S. FLORISSE, GF Portfolio Manager - Mali

Within the CCM and the Ministry of Health, there is always a focus on civil society engagement. In Mali, there was consensus from civil society around ARCAD Santé PLUS's application.

V. LECLERCQ, Managing Director, Coalition PLUS

ARCAD Santé PLUS had to really focus on improving the image to rebuild the confidence of the GF, technical and financial partners and the other actors. Even if you are excellent at management, if you don't have the leadership required, you won't become PR.

C. BOULANGER, Expert at TEAM 4 HEALTH

Support from a portfolio manager who feels strongly about the importance of community interventions and that CSOs have a role to play in GF governance can be another crucial advantage in terms of a PR application being approved.



A. MAÏGA, Team Leader, LFA Mali

The main grant implementation challenges for PRs relate to scale up and restructuring the organization and its ways of working. For example, it is necessary to know how to make changes to ways of working and instincts if you are an organization that oversees all the details, wants to manage everything and has difficulty delegating.

DR B. DEMBÉLÉ, Director General, ARCAD Santé PLUS

Becoming a GF PR is a difficult exercise with complex systems. It is very demanding.

There are a lot of policy and governance considerations with the other PRs, with whom it is also necessary to manage the relationship to ensure effective implementation.



Organizational prerequisites, in particular ensuring good internal governance and selecting the most relevant organizational model

- ▶ Demonstrate strong governance, in compliance with the organization's governing documents, including strong involvement of the board and regular General Assembly (GA) meetings.
- ▶ Decide whether to integrate grant management into the organization or to create a dedicated management unit. Be aware that both options have advantages and disadvantages, which should be carefully assessed to be able to effectively identify recruitment needs.

In all cases, carrying out an internal assessment of organizational strengths and weaknesses and of its environment and areas that need strengthening, is essential to become a PR and plan for GF requirements.

ARCAD Santé PLUS used a self-assessment Capacity Assessment Tool (CAT) to do this in the first instance and then requested expert support from L'Initiative to consolidate what came of the initial assessment.



DR B. DEMBÉLÉ, Director General, ARCAD Santé PLUS

Creating a management unit can be more expensive, and recruiting people from outside the organization can lead to relationship tensions between them and existing staff.

ARCAD Santé PLUS therefore decided to integrate grant management, by recruiting experienced people from ARCAD Santé PLUS who know the organization and the way it works well, have carried on even during difficult times and who should not be pushed to the side when new funding arrives – people who need training to carry out new roles but who have a greater sense of personal investment.

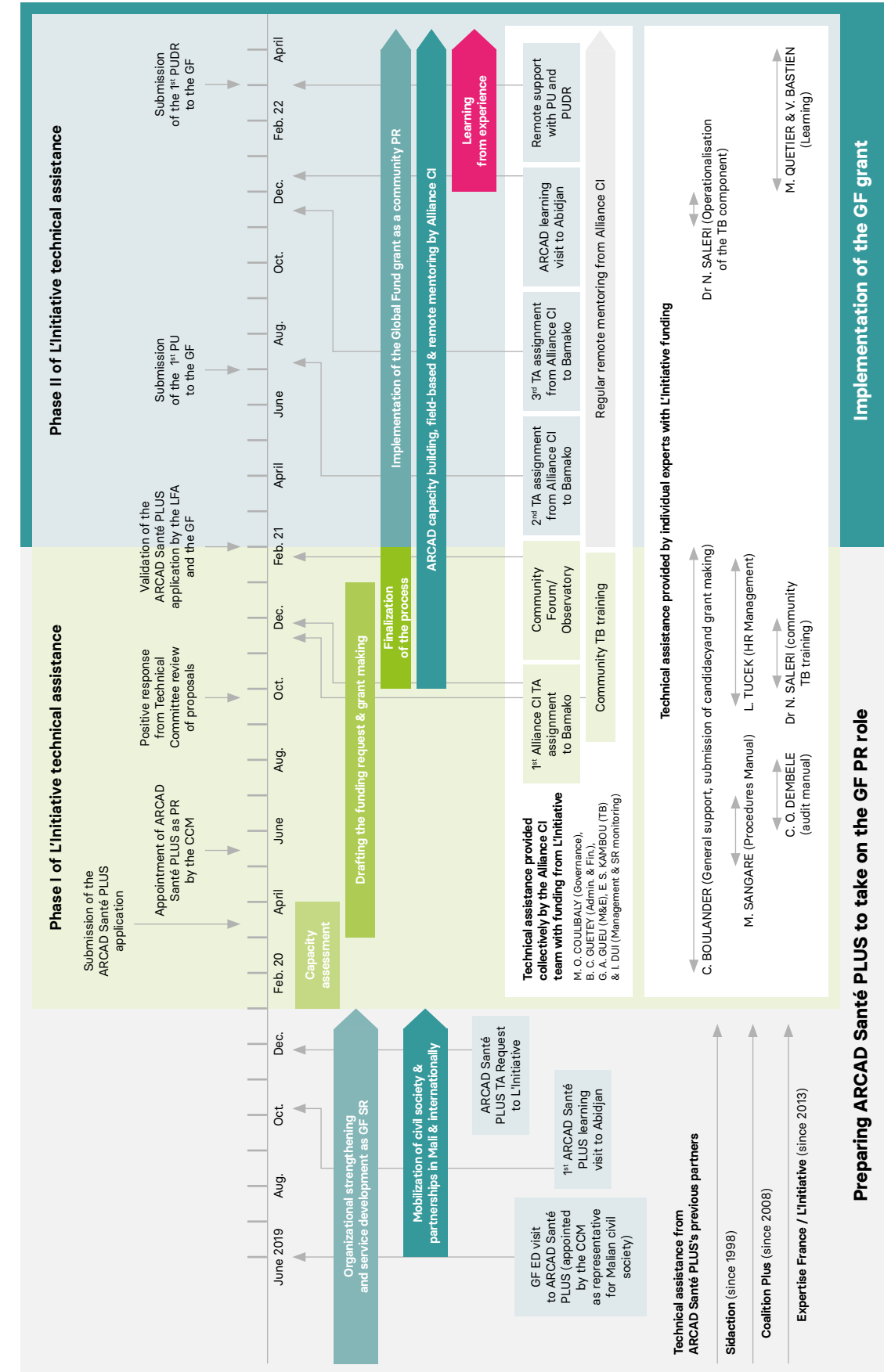
Technical and operational prerequisites that are essential to demonstrate ability to manage GF grant implementation

- ▶ Having demonstrated their ability to implement effective projects with lasting impact, and having presented national level results. Through their various intervention sites, ARCAD Santé PLUS already provided a full range of HIV prevention, testing and management services and covered 55% of people on antiretrovirals (ARVs) in Mali.
- ▶ Demonstrate a robust internal structure and an experienced and competent team, who already have strong technical capacity (particularly in terms of administrative and financial management, HR management, programmatic management and monitoring and evaluation). This structure represents “an organization's foundations, in the same way as its human resources” and must be put in place well in advance of applying to be PR (ARCAD Santé PLUS began to strengthen its accounting and financial management at least 10 years before the GF audits). It also involves having certain key documents (procedures manual, strategic plan, monitoring and evaluation plan, organization chart, etc.) and regularly updating them.
- ▶ Have previous experience working with the GF, because “being an SR is learning on the job” and allows you to have a solid knowledge of GF operations, their procedures and expectations with regard to PRs.



Demonstrating previous HIV experience can facilitate taking on management of a TB or malaria grant. Transition to other components needs to be thought through and started well before taking on a PR role.

However, this is not enough: even though it seemed “natural for ARCAD Santé PLUS to position itself to become PR for TB”, the organization was aware they needed external support and did not hesitate to make a request to L'Initiative related to integrating TB into their community interventions.



The timeline above summarizes the main steps taken by ARCAD Santé PLUS since June 2019, at which point the organization publicly announced to all its local and international partners, during a GF delegation visit to its premises in Bamako, its intention to become a Global Fund community PR.

Steps to becoming a PR and implementing a Global Fund grant

There is a series of crucial steps to follow to prepare for becoming a PR; these are dictated by both internal procedures that govern Global Fund operations, and by the capacity strengthening mechanism to be rolled out to prepare for applying to be a PR and planning to implement a GF grant. It therefore needs to fulfil two different agendas: firstly, to respond to requirements of the application process, which is the same for all organizations in all contexts, and secondly to tailor to the specific needs of the organization in line with the contextual needs.

Steps related to GF procedures

Steps that organizations applying to be a PR must follow are set out in the Applicant Handbook, which states that "The overall process from submission of the funding request to grant signing may take 9 months (or longer in some cases depending on the length of grant-making)."

These steps apply in all countries where the GF is active, and candidates must comply with them. It is therefore necessary in the first instance to include this in the organization's internal planning. This process

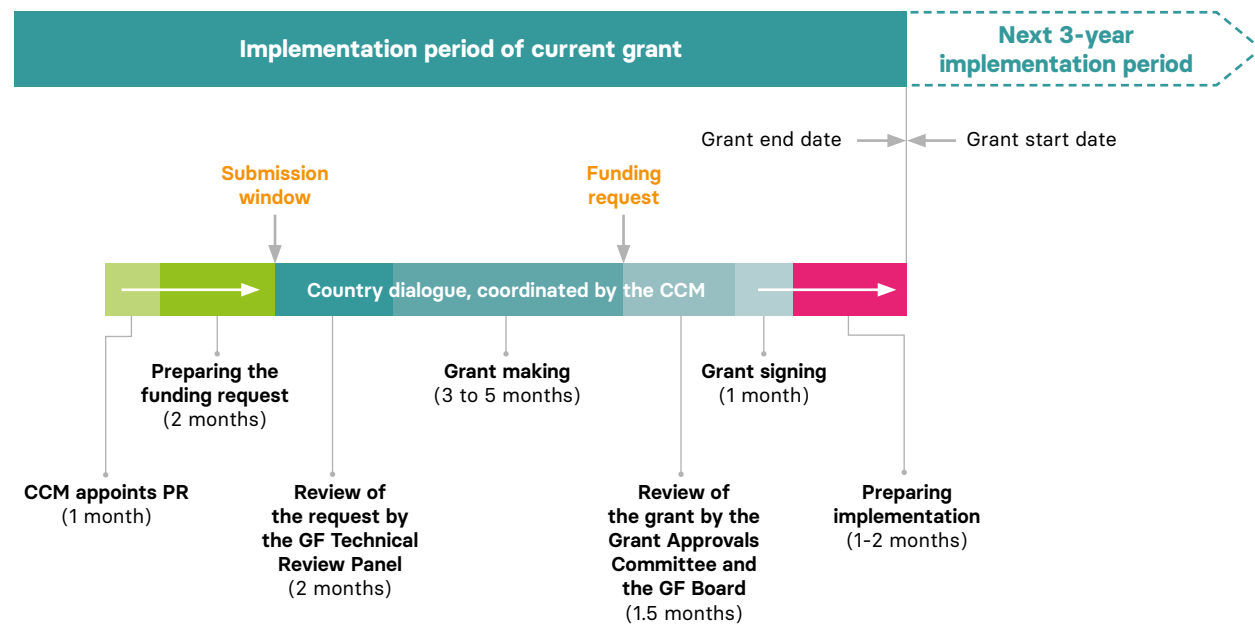
goes from the PR application process through to being appointed by the CCM, to preparing for grant implementation, to preparing the funding request, to the grant making phase and the various stages of validation by the GF bodies.



DR A. YATASSAYE, Technical Director, ARCAD Santé PLUS

Carrying out a self-assessment helps you to look ahead. This means having a vision of where you want to go and what you want to achieve, and also ensuring you have the resources to get there.

Having a long-term strategic vision is knowing how to make choices about the changes that will happen.



Source: Infographic information taken from the Applicant Handbook 2020-2022

Steps related to the technical assistance and capacity-strengthening framework

These steps are specific to each organization based on an internal and an external assessment. These steps are critical for preparing your application and subsequently implementing the GF grant, and are internal deadlines that should be included in the organization's workplan.

Ideally, this process should be initiated at least 12 to 18 months before programs start up and should include at a minimum:

- Mobilizing partners likely to support the organization's PR application.
- An assessment of the structural strengths and weaknesses of the organization in order to assess its capacity and identify areas for strengthening.
- Developing a capacity strengthening plan giving an outline of the technical assistance types and methods to be implemented.
- A timeline of the various technical assistance assignments.

Scope of technical assistance

The areas of expertise that need to be strengthened to prepare for the PR role and then be able to implement a Global Fund grant are varied and numerous. However, they must be identified according to the specific needs of the organization, based on a robust internal and external assessment carried out in advance.

For ARCAD Santé PLUS, these were the areas of focus to enable the organization to become Principal Recipient:

- Governance
- Administrative and financial management
- Human resource management
- Monitoring and evaluation, both internally and in terms of supervising Sub-recipients (SRs) and Implementing Partners (IPs);
- Integration of community TB, both in the organization's objectives and positioning, as well as in its intervention programs and intervention planning.

Other areas may be important for the implementation of a GF grant and be integrated into the PR capacity building plan, such as internal and external communication, engagement of key populations in decision-making mechanisms, humanitarian access and security management, gender mainstreaming in the project and in the budget, and finally any new thematic areas related to the focus of the grant.



PART 02
SUPPORT
MECHANISM
PUT IN PLACE

INFORMATION NOTE 04
Technical assistance that uses different
methods and approaches

INFORMATION NOTE 05
A tailored support mechanism

INFORMATION NOTE 04 Technical assistance that uses different methods and approaches

Grant management & accountability – technical assistance priorities

As the technical assistance provided to ARCAD Santé PLUS was intended to enable them to meet Global Fund requirements, it is essential to specify what these requirements are.

Once a country's funding request is reviewed and approved, preparations and implementation begin. In order for the Global Fund country team to be effective and inclusive, they rely on various different mechanisms at each stage of the process: the Applicant Handbook states that *"ongoing dialogue at the country level, grant agreements and improvements in financial management, regular updates and progress, reporting, monitoring and evaluation activities, annual funding decisions and reprogramming underspends and any additional funds to enhance program effectiveness."*

Grant management is set out in a results framework, which identifies the expected results and a timeline, and specifies how progress should be measured based on indicators agreed with the country team. This process therefore requires a high level of transparency and management. It also means that Principal Recipients (PRs) are the most important representatives of the different Global Fund actors, and therefore they collaborate closely with the Ministry of Health, CCM, the PFM for the country team, the LFA and the SRs.



GF expectations of PRs / SRs / IPs during the funding request preparation phase (“2020-2022 Applicant Handbook”)

Preparing the request	
National Strategic Plan (NSP)	<ul style="list-style-type: none"> Ensure that the national government, the CCM and other technical partners are aware of interventions and implementation mechanisms that have a real impact, based on relevant country or regional experiences. Sharing tools and practices, particularly monitoring and evaluation (M&E) and procurement and supply management (PSM), and collaboration between programs. Ensure that the CCM is aware of the timeline for the end of each implementation period for the current grant and implications of submitting a funding request to the GF.
Funding request	<ul style="list-style-type: none"> Outline implementation methods and identify risks relating to them. Strengthening your own capacity to deliver GF programs. Strive to provide objective opinions around the feasibility of programs, as well as accurate and up-to-date information on the required costs to be able to develop the summary budget for the funding request.
Grant-making	<ul style="list-style-type: none"> Carry out a participatory grant-making process following approval of the concept note, prepare documents required for grant-making and submission to the GF Secretariat (performance framework, budget, PSM plan, M&E plan, audit, baseline data). Update and finalize the implementation plan to include other implementers (SRs/ IPs) or new information (funding, commodities and communication flows) during grant making. Complete the PR capacity analysis as requested by the country team and carry out capacity analyses of SRs that are not assessed by the country team. Ensure that capacity building and risk mitigation plans exist for PRs and SRs / IPs. Finalize grant documents with the GF Secretariat. Negotiate and finalize the terms and conditions of the grant, identifying issues related to residual risks and capacity gaps that are not addressed during the grant making phase but will need to be followed up during implementation of the grant.



GF expectations of PRs / SRs / IPs during grant implementation (“2020-2022 Applicant Handbook”)

Implementation of funding	
1. Programs / M&E	<ul style="list-style-type: none"> M&E training: PRs should ensure that their SRs understand the M&E requirements and communicate accordingly with the PR. It is therefore important that PRs design M&E templates and forms that are suitable for CSOs and train them on how to use them. Quality of programmatic data: PRs must inform their SRs of the checks that will be carried out by the LFA to ensure that SRs collaborate with them during these visits by giving them access to program data and beneficiaries. PRs can help CSOs better prepare for LFA on-site audits. Programmatic reporting: PRs should ensure that all SRs submit programmatic reports in time to be incorporated into their periodic cumulative activity reports submitted to the GF. Program reviews: PRs are expected to track SR progress against work plans and targets in performance frameworks. Monitoring grant conditions: PRs should monitor and report on progress made by SRs, particularly key implementers, against conditions included in grant agreements or relevant management actions (in program / M&E components of risk mitigation and capacity development plans).
2. Finance	<ul style="list-style-type: none"> Finance training: PRs should train SRs on Global Fund standards for financial management and internal controls. Quality of financial data: PRs should ensure that SRs maintain updated financial records, including invoices, payments and receipts, and that they are filed and stored securely. Financial reporting: As with M&E reporting, PRs are expected to ensure that SRs submit financial reports on time to enable the PR to review them and collate all SR data into a single report to be submitted to the Global Fund. Expenditure tracking: As with programmatic reporting, PRs must also review SR financial reports to monitor their expenditure against the budget. Disbursements of funds: PRs must ensure that funds are disbursed to SRs in a timely manner. Organizing audits: PRs must ensure that SRs are subject to an external audit. The GF now requires a consolidated audit specific to each grant. This involves a comprehensive audit for all PRs and SRs. Monitoring grant terms and conditions: PRs should monitor and report on SR and IP progress based on the terms and conditions included in grant agreements or relevant management measures (the financial component of risk mitigation and capacity development plans).
3. Procurement and inventory	<ul style="list-style-type: none"> PSM policies included in SR subgrants: PRs should ensure that the Global Fund's standardized policies and guidelines for the procurement of health and non-medical products applicable to PRs also apply to SRs. Inventory tracking: PRs should ensure that their SRs have accurate and up-to-date inventory records, including receipts and distributions of health products – e.g. condoms and lubricants provided by PRs and distributed to clients. They must also keep a fixed assets register for office equipment. Monitoring grant terms and conditions: PRs should monitor and report on SRs, particularly key implementing partners, against progress in implementing the terms and conditions included in their grant agreements and related management measures (procurement and inventory management components in risk mitigation and capacity development plans).
4. Governance	<ul style="list-style-type: none"> SR understanding of legal obligations: PRs must ensure that SRs are legally registered and that they understand the obligations stipulated in agreements signed with PRs. Monitoring grant conditions: PRs should monitor and report on progress made by SRs, particularly key implementers, against the conditions included in grant agreements and related management measures (governance and management components in risk mitigation and capacity development plans).

Before positioning themselves as PR for the new HIV/TB grant in Mali for 2021-2023, ARCAD Santé PLUS had already taken an important step by becoming the SR of the HIV grant for the prevention and treatment/coordination of the community response component. In addition, they had already worked with various technical and financial partners, who had supported them with organizational strengthening over a long period.

However, becoming a PR involves adapting your internal structure, operations and management capacity to the GF's accountability requirements, which is a major challenge for civil society organizations. At the end of 2019, ARCAD Santé PLUS therefore requested technical assistance from L'Initiative (Expertise France) in order to prepare for their PR application process to implement the HIV and TB grant.

A two-phase technical assistance approach

L'Initiative provided ARCAD Santé PLUS with a comprehensive capacity building and support system via its Expertise Channel.

Phase 1 (January - December 2020)

The first step was to support the organization with application phase, preparing the funding request and the grant making phase. Technical assistance (TA) provided in this first phase enabled ARCAD Santé PLUS to get together all the documents required for their application (procedures manual and tools for administrative and financial management, manual and tools for HR management, manual and tools for monitoring and evaluation, etc.), to develop its funding request and to actively participate in country dialogue with other stakeholders (GF, CCM, health authorities, SRs and IPs). The TA also informed their thinking in terms of positioning to be able to anticipate the challenges, risks and expected impact of becoming a GF PR.

Phase 2 (January 2021 - June 2022)

Once the ARCAD Santé PLUS application was approved by the GF bodies, a second support phase began to support them with grant implementation. A wide range of technical assistance has been provided to strengthen their capacity in various thematic areas, from governance to supervising SRs and IPs, to administrative and financial management, programming, the M&E system, operationalizing the community TB management activities, and also drafting reports on results and disbursement requests (Progress Update and Disbursement Request – PUDR). The purpose of the TA provided was to enable them to apply all the procedures adopted in phase 1, to take full ownership of these new skills, and to gradually transfer them to the SRs and IPs responsible for interventions on the ground.

The resulting objectives

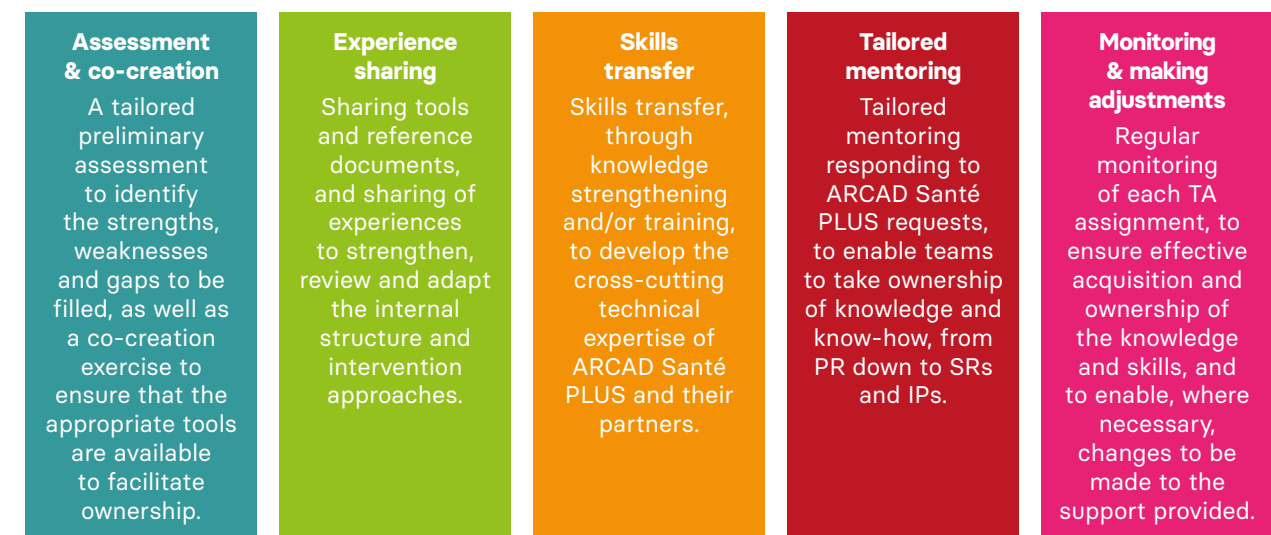
Phase 1 Strengthen and support ARCAD Santé PLUS to position itself as a PR for Global Fund grants	<ul style="list-style-type: none"> ➤ Comprehensive capacity assessment, prioritization of needs and priorities for the funding request, development of a capacity building plan, support to write the request, identification of compliance considerations for alignment with Global Fund requirements ➤ Selecting the organizational model, revising the organization chart and supporting the recruitment of additional staff ➤ Capacity strengthening around PR grant management (preparing documents for administrative and financial management procedures, HR management, data management and reporting, and internal and external audit) ➤ Support to integrate SR management mandate (reviewing the procurement system, the M&E system, etc.) ➤ Training PR and SRs on TB and community TB activities ➤ Support to set up a community forum and reflections around the community observatory (supported by the Global Fund)
Phase 2 Support ARCAD Santé PLUS with activity implementation in the first year of the 2021-2023 cycle, in close collaboration with SRs and IPs	<ul style="list-style-type: none"> ➤ Support and mentoring for ARCAD Santé PLUS executive teams to facilitate implementation, development and monitoring and evaluation of all grant activities ➤ Support to integrate and operationalize community TB activities ➤ Support to upskill SRs and IPs through skills transfer to teams, regular work mentoring and periodic supervision ➤ Streamlining management and monitoring and evaluation procedures and tools used by PR, SRs and IPs ➤ Capturing learning around ARCAD Santé PLUS's experience to share with other CSOs

Structured capacity strengthening

In order to achieve these operational objectives and deliver the expected deliverables throughout the two technical assistance phases, many individual and group assignments were organized in a combined way:

	Phase 1 (January - December 2020)	Phase 2 (January 2021 - June 2022)
Individual experts	<ul style="list-style-type: none"> ➤ One-off TA by M. SANGARE (Procedures Manual), C. O. DEMBELE (Audit Manual), and L. TUCEK (HR Management) ➤ Series of assignments (intermittent TA) by C. BOULANGER (General support, PR application and grant making) and Dr N. SALERI (Community TB Training) 	<ul style="list-style-type: none"> ➤ Intermittent assignments by C. BOULANGER (coordination of TA), Dr N. Saleri (Operationalization of the TB component) ➤ One-off TA by M. QUÉTIER & V. BASTIEN (Learning)
Experts from Alliance CI	Intermittent assignments to Bamako and monthly remote coaching by M. O. COULIBALY (Governance), B. C. GUETAY (Admin. & Fin.), G. A. GUEU (M&E), E. S. KAMBOU (TB) & I. DUI (SR Management & Monitoring)	

Individual experts and the Alliance Côte d'Ivoire (PR) team involved in strengthening ARCAD Santé PLUS capacity have generally applied the same approach in their respective areas of expertise:



Many varied and tailored deliverables

To be a PR role, it is essential to have in place a range of documents to ensure sound and transparent management of the GF grant. It is therefore crucial to plan to update and finalize particular pre-existing documents so that they comply with GF requirements during the application phase, and also to plan to develop and/or adapt tools required for grant implementation (in line with the assessment carried out previously to identify needs, and have a detailed plan to strengthen them. Technical assistance provided to ARCAD Santé PLUS proved crucial to (non-exhaustive list):

- Revise key governing documents for the organization (statutes and organization chart).
- Update, finalize or produce procedural documents (administrative and financial procedures manual, procurement plan, internal audit manual, manual for the management of sub-recipients, monitoring and evaluation plan, guide for justifying expenditure, risk management manual, etc.).

- Set out organizational processes (mechanisms to recruit and appraise staff, monitoring and evaluation mechanisms, gender mainstreaming policy, mechanisms for responsibility and task delegation, etc.).
- Update, create or embed tools (job descriptions, salary grid, evaluation questionnaires, financial and human resource management software, bank reconciliation form, databases, dashboard, grid supervision, registers, SR/IP financial reporting templates and other activity monitoring tools, etc.).
- Develop training modules (on governance, financial management, integration of the community TB approach, etc.).



INFORMATION NOTE 05

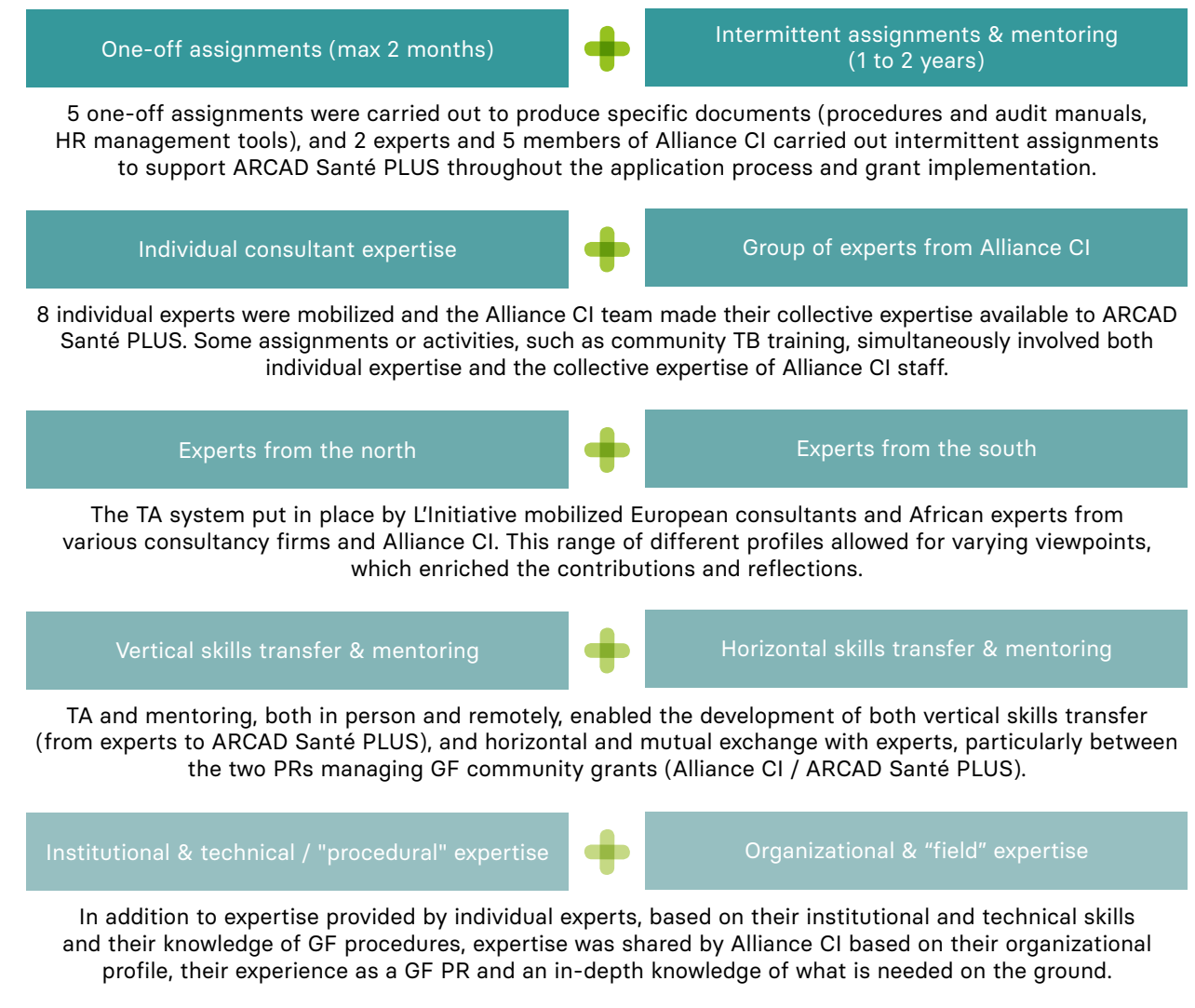
A tailored support mechanism

Complementary & interconnected technical support

The distinctive feature of the TA system was that it mobilized individual experts combined with organizational and collective expertise from another community PR (Alliance Côte d'Ivoire).

work on various different issues and challenges closely related to each other. Finally, the format of the TA provision enabled ARCAD Santé PLUS to quickly take ownership of the new skills to be able to implement the Global Fund grant.

This joint technical assistance (TA) approach made it possible to provide ARCAD Santé PLUS with different support methods and complementary approaches, to



Complementarity of TA approaches and methods used



The technical support package provided support on practical and operational issues, such as revising salary scales or developing an internal audit procedures manual. It also addressed topics requiring deeper reflections within the organization, for example extensive work on governance and delegation of tasks.



Theory-based sessions were conducted on GF grant management mechanisms by the PR, such as contractual obligations, performance rating and the financial reporting cycle, as well as discussion sessions to enable practical implementation of these requirements at PR and SR levels.



ARCAD Santé PLUS was able to get answers around immediate needs and external requirements through this flexible TA system, such as preparing the various required reports (PU and PUDR). Time to reflect and advise on internal changes in human resource management and grant management enabled ARCAD Santé PLUS to decide, for example, that the grant management unit would be integrated with the rest of the team. Finally, field visits to Abidjan (Alliance Côte d'Ivoire) made it possible to firmly establish certain decisions, such as the added value of implementing robust tools to carry out checks.



The initial training on community-based TB provided theoretical knowledge and understanding around prevention, diagnosis, treatment and monitoring of TB at the community level. Field visits to improve monitoring and evaluation of SRs in relation to implementing TB interventions and data collection quality contributed to improved changes in practices and greater ownership of the approach.

Interconnected themes & topics discussed and a mix of approaches

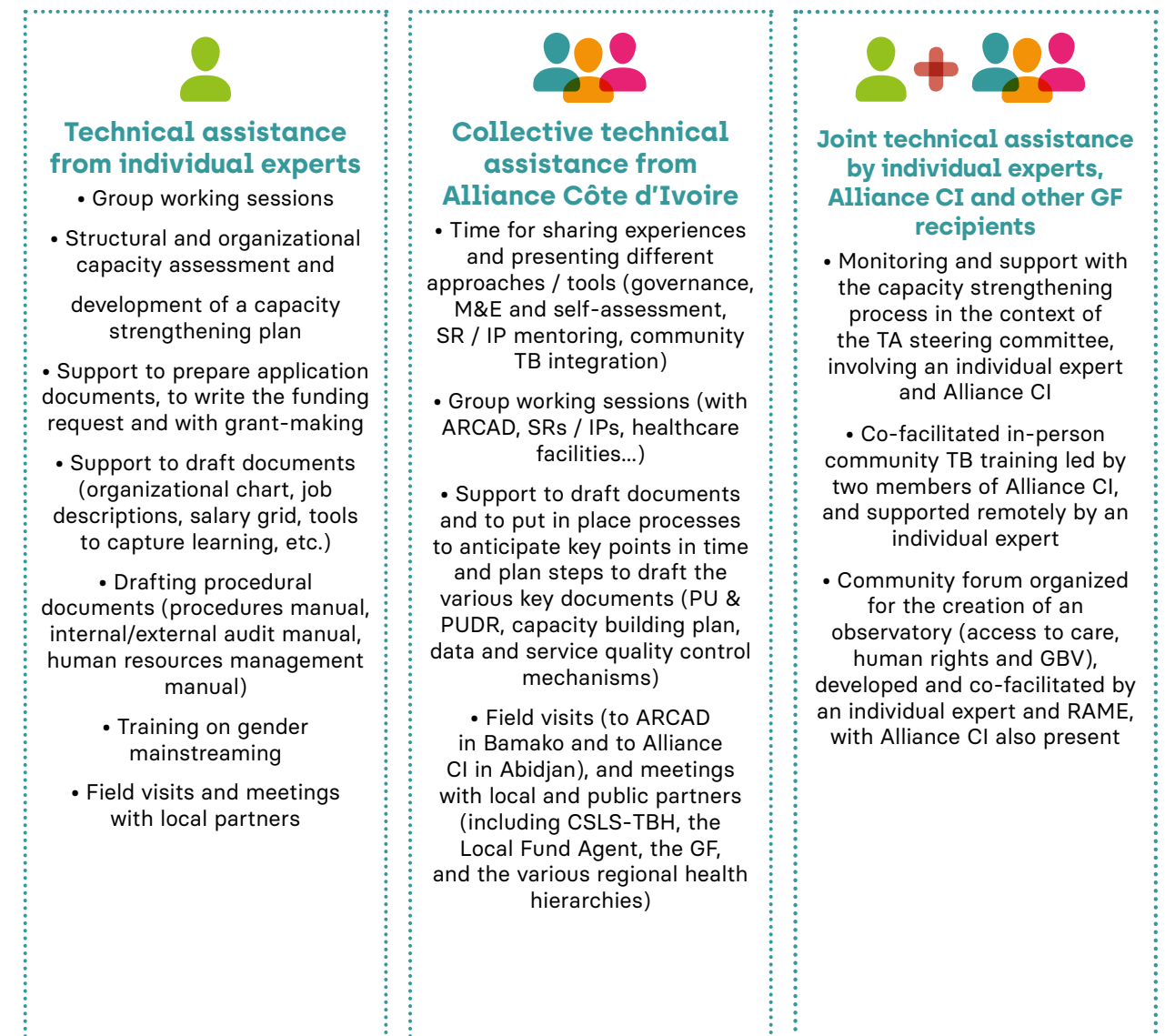


Trip report by C. BOULANGER, TEAM 4 HEALTH expert

The "mentoring" approach used by Alliance Côte d'Ivoire to provide support to ARCAD proved to be effective and more useful for both parties than a simple "professional" consultancy carried out by a consultant specializing in Global Fund grant manage-

ment. Staff from the Alliance shared their management tools but also and above all, provided valuable advice based on 10 years of being a Principal Recipient. From this perspective, they saved ARCAD Santé PLUS valuable time by identifying things to be aware of, anticipating technical difficulties and governance issues and sharing their lessons learned.

This technical assistance exercise was delivered through numerous activities with ARCAD Santé PLUS, carried out individually or jointly by experts and/or the Alliance CI team:



Diversity and complementarity of capacity strengthening activities



Alliance Côte d'Ivoire – a long-standing civil society principal recipient

Alliance Nationale pour la Santé et le Développement en Côte d'Ivoire is a national non-governmental organization created in 2005 with the support of the International HIV/AIDS Alliance (IHAA) to serve as a linking organization between donors, development partners and civil society organizations operating at community level. Alliance CI is committed to supporting community interventions in the response to HIV and AIDS and other pandemics.

The organization takes different approaches: capacity building and intervention systems, technical and financial support for community initiatives, monitoring and evaluation of programs, organizational and partnership development, and advocacy to influence policies in the response to HIV and AIDS and other priority health areas. Alliance CI's key activities involve training (planning, monitoring and evaluation, financial management, organizational and institutional development, various thematic areas), capacity analysis and the establishment of capacity building plans, technical support in the development and implementation of projects, supervision and close monitoring of NGOs at programmatic and financial levels, and programmatic and financial evaluation.



DR M. OFFIA-COULIBALY, Executive Director, Alliance Côte d'Ivoire

It was important to help ARCAD Santé PLUS understand what it means to take on the role of PR and the importance of relations with other stakeholders, in particular the GF portfolio manager and other CSOs, but also its role within the CCM.

It was also necessary to reassure them about ARCAD's ability to take over from previous NGOs and other PRs, by sharing our experience.

Since 2010, Alliance CI has been the GF principal recipient for the HIV/AIDS and tuberculosis community component. It was from this perspective and based on their length of experience in terms of skills transfer that Alliance CI was asked to support ARCAD Santé PLUS with their application process and implementation of NFM-3 in Mali. Alliance CI and ARCAD Santé PLUS had also already built a relationship of trust as both are major organizations in the HIV response in the West Africa region.

For more information about Alliance CI: www.allianceciv.org



The technical support team from the NGO, Alliance Côte d'Ivoire.

Identifying complementarity with other TA: something to be aware of

The various TA assignments and mentoring by experts and Alliance staff were planned by L'Initiative in addition to the other support provided to ARCAD Santé PLUS.

In this regard, the Global Fund itself supported the achievement of certain capacity building activities in consultation with L'Initiative to carry out additional complementary TA (GF organized a community forum, archiving system, etc.).

This TA mechanism also linked to support around internal structuring and development of ARCAD Santé PLUS services over more than 10 years by some of their previous partners, including Coalition Plus and Sidaction (administrative and financial management, certification of accounts, management of human resources, procurement of equipment and supplies, training of medical, paramedical and psychosocial personnel, etc.) It is also important to note that the first learning exercise looking at African organizations wanting to become GF PRs was carried out jointly by these two NGOs, who published the guide opposite in 2017.



A major challenge: transfer of acquired skills to SRs & IPs

This GF requirement for PRs to be capable of strengthening SRs and transferring skills to IPs was integrated into the TA system with ARCAD Santé PLUS. The TA provided responded to this huge challenge and has enabled the PR's capacity to be strengthened and even ensure that the benefit of this support feeds down to SRs and IP, in the different areas of TA.

SRs have received three types of support:

- ▶ Skills transfer through training and mentoring of implementation teams. For example, supporting SRs to manage administrative and financial management fraud risks.

- ▶ Sharing, revising and adapting key management tools such as procedures manuals, HR management grids, and other financial management tools.
- ▶ Individual field supervision and monitoring and evaluation to improve understanding and use of data collection tools.



A. GUEU, Program Director, Alliance Côte d'Ivoire

SR management and support must be integrated. For example, there is no point in having a strong PR, when the SRs are struggling with certain aspects of governance or data quality. Therefore, skills transfer to SRs must be planned, and the PR must support them around programmatic issues, administrative and financial management, human resource management and monitoring and evaluation. The same goes for SRs, who need to transfer skills to IPs, through cascading support.

The biggest management risks are often at partner level. In this regard, ARCAD Santé PLUS's ability to transfer these skills was seen to be very positive.



Learning workshop in Bamako, June 2022.

The PR will need to be flexible and adaptable as there is a large range of SR and IP profiles (in terms of size, governance type, expertise, capacity, etc.) SRs can be relatively small community organizations, such as the national key populations network (RENA-POC), member organizations of international networks such as ENDA Mali (a decentralized office of the NGO ENDA Tiers Monde) or international NGOs, such as Santé Sud.

SRs and IPs will also have different expertise around the various diseases and their knowledge of the community approach. For example, some SRs or IPs may have strong community expertise on HIV, such as the network of people living with HIV (RMAP+), or be organizations with TB experience, such as Santé Sud.



HEAR FROM ARCAD SANTÉ PLUS SRs & IPs

DR C. MAÏGA, Project Manager, Santé Sud

Thanks to support to develop a monitoring plan and to integrate psycho-social counsellors (PSC) through various visits and discussions, the capacity of our IPs has been strengthened to use the collection tools, and has reduced errors and discrepancies to produce quality data. We have gained credibility by providing reliable data.

Y. CISSE, Administration and Finance Manager, RENAPOC

A long-standing collaboration already existed as a recipient of previous GF grants, but today it is a true partnership. We are no longer just beneficiaries of the grant, but stakeholders in its implementation.

F. SIDIBE, Executive Director, SOUTOURA

ARCAD Santé PLUS takes into account our concerns to allow us to work in the best conditions.

A. TOUNKARA, Administration and Finance Manager, Enda Mali

It has enabled us to better identify fraud risks, and therefore develop a plan for monitoring and resolving fraud risks.

DR A. SOUMOUNTERA, Director, WALÉ

The real change is the communications approach developed by ARCAD Santé PLUS, with monthly and quarterly meetings, which we had wanted in the past.

Key challenges encountered

- ▶ **COVID /remote working:** due to the COVID-19 epidemic, the methods and timeline of TA assignments were disrupted. Some assignments were delayed and postponed and others could only be carried out remotely. Remote work does not facilitate the same discussions, sharing of information and building a relationship of trust, which is crucial for TA assignments related to human resource management, for example.
- ▶ **Security situation:** due to the severely deteriorating security situation in Mali, some assignments in Mali had to be cancelled or postponed, which delayed support. In addition, travel to certain areas was impossible, which had an impact on the support to IPs by Alliance CI.
- ▶ **Timeline for some assignments:** certain assignments were carried out in close succession at the start of the grant, which made ownership more complicated. Several TA assignments were carried out with very short timelines, to allow for both implementation of key procedures before the start, and to provide mentoring in the field with a view to developing ownership of the skills necessary to implement new activities.
- ▶ **Wide range of focus areas for the PR, who is also in charge of grant implementation:** the PR needing to absorb TA around organizational capacity and its role managing and being responsible for effective grant implementation, as well as implementing part of the grant.
- ▶ **Availability of staff:** the fact that some team members are involved in different areas of TA can mean they have limited availability, which has an impact on the absorption capacity of all the areas of TA carried out, particularly during joint assignments.
- ▶ **Identifying experts:** identifying competent experts available over the given period can be a significant challenge, and can delay the start-up of TA if an expert is not found quickly.
- ▶ **Interconnectedness of certain areas of TA:** this requires a comprehensive approach and takes a long time, because some TA assignments are very linked, and progress on one TA will have an impact on another, such as working on task delegation, which is closely link to revising the internal procedures manual.



TRIP REPORT BY C. BOULANGER, TEAM 4 HEALTH

The assignment began in February 2020, which meant 10 months to finish preparing ARCAD Santé PLUS for their new role.

In "normal" times, this might have been enough, but the many challenges facing the world in general, and Mali in particular, impacted the timeline and meant that part of the technical assistance had to be concentrated during the last two months of 2020. In the midst of grant making, this support proved to be both useful and intensive for ARCAD Santé PLUS to take on board.

In addition, the organization was involved in developing the funding request and in grant making, which are two very time-consuming processes. This large range of activities proved extremely difficult for ARCAD, who demonstrated an extraordinary capacity to take it all on board.

M. FAVRE, Project Manager, L'Initiative

It was a larger assignment than we originally thought. Supporting an organization to become a PR, and not knowing the needs at the start and how to address them, can mean the size of the assignment can quickly escalate.

We worked from a table of deliverables identified by C. BOULANGER, following the capacity strengthening plan, and we decided with ARCAD Santé PLUS: What is a priority? What isn't a priority? Which donors shall we assign that TA to? Etc.

B. C. GUETEY, Administration and Finance Director, Alliance Côte d'Ivoire

In terms of finances, the link with governance could have created some difficulties. Because anything that happens with administration and finance needs to be captured at governance level: any change, particularly in relation to control measures or procedures, must be validated by the governance bodies. This requires effective coordination between finance and governance TA assignments, particularly in terms of addressing any internal bottlenecks.

In terms of resolving concerns and reluctance related to certain proposed changes, having discussions during assignments can be a trigger point. In this sense, the ARCAD Santé PLUS visit to Côte d'Ivoire was a trigger point – for example in terms of increased awareness of control measures.



Learning workshop with SRs and IPs, Bamako, June 2022.

For TA to be effective, various success factors need to come together

External factors

- ▶ Support from the country team and the GF Portfolio Manager, as well as the Local Fund Agent (LFA), such as financial support to cover other technical assistance, demonstrates a strong willingness to respond to requests from the PR.
- ▶ Involvement of members of the public PR in certain activities, for example including members of the public PR in trainings or mentoring of the CS PR on cross-cutting issues, such as the new community TB strategy.

Internal factors

- ▶ Functional decision-making bodies (board and management team) that can carry out and validate significant structural changes to the organization. If an organization already has a board and decision-making bodies in place (even if they operate with limited resources), they can get involved in changes related to financial and HR management, which are linked to governance.
- ▶ Having a good ability to listen and be open to change, because the organization must be able to make decisions based on different opinions and advice, including opinions and advice that have the potential to disrupt the organization from within.
- ▶ Having a competent, experienced and coordinated team, with a strong shared desire to succeed with the challenge and to complete the process despite the difficulties and the additional workload. A team that can demonstrate they have the levels and profiles needed for effective grant management, particularly in terms of finances, and that is able to coordinate internally and with implementing partners.
- ▶ Having mechanisms and tools that already exist and have been tested for all project areas, from HR management to financial monitoring, providing foundations that the system can build on.
- ▶ Having internal management and control mechanisms – at a minimum an administration and finance management manual and an internal and external audit system.

Factors related to TA provision

- ▶ Flexibility of the TA provider to adapt to changing needs and adapt support as closely as possible to the needs of the organization (both financially and in terms of timeline and format).
- ▶ Involving a peer organization in the TA process that has experienced this process of transition to PR, to establish a relationship of trust and equilibrium that facilitates skills transfer, and also allows for learning visits for them to reflect on their own journey.
- ▶ TA methods tailored to the needs because it is co-created with the PR and they actively participate in the overall assessment and prioritization of support, the selection of profiles of individual experts, and approval of support methods and duration.
- ▶ Resource persons are well matched and able to support the organization confidently and effectively, both in terms of the technical aspects of GF requirements and how L'Initiative operates to meet expectations in terms of accountability, and having a good understanding of how civil society organizations operate.
- ▶ Inclusion of a resource person who can support improved coordination of the application process and TA assignments, anticipate specific pitfalls and risks, provide strategic or technical advice at each stage, and support and reassure the team.
- ▶ Commitment from the organization across the two phases, to enable consolidation of support provided in phase 1 to prepare the application to become PR.



A. GUEU, Program Director, Alliance Côte d'Ivoire

The sectoral unit on AIDS, TB and hepatitis (CSLS-TBH) also helped, because they understood very early on what the stakes were for community TB and the importance of a community approach to reduce loss to follow-up in the TB response.

B. C. GUETÉY, Administration and Finance Director, Alliance Côte d'Ivoire

It is important not to "get rid" of all existing tools because the organizations often feel that although the tools aren't perfect, they have enabled them to become the organization they are today. ARCAD Santé PLUS had these documents and tools internally, even if they needed improving.

Beyond grant management – promoting human rights

Becoming a PR of a community grant requires meeting several management requirements, as well as addressing key issues in improving access to health and the quality of health services. Therefore, addressing human rights issues is critical. In this sense, the complementary support provided to ARCAD Santé PLUS to organize a community forum illustrates both these issues – the complementarity and diverse range of support that can be led by different partners around different types of support (L'Initiative, Global Fund) and also the added value of a civil society PR.

Due to ARCAD Santé PLUS's strong knowledge and advocacy experience, a significant component around human rights violations was integrated into the grant. ARCAD Santé PLUS's advocacy work has evolved into a strategic focus of the grant to ensure that the barriers faced by populations are broken down, and that the provision of care is tailored, accessible and of good quality. This area required preparatory work. It was also necessary to have an expert who was familiar with observatories, particularly those supported by L'Initiative, who was able to mobilize relevant resources and actors. Someone was needed who could set up the forum in a very short space of time and who had the skills to then translate the key elements of this into the framework of a GF grant. This community forum was then supported by the GF and an individual expert from L'Initiative's TA system worked with ARCAD Santé PLUS.



A workshop was organized 18-20 January 2021 in Bamako, with Malian civil society, to discuss the experience of observatories in French-speaking Africa. This community forum was a preparatory step for the implementation of a community-based monitoring system. The primary objective was to reach a consensus on a model for the community monitoring system adapted to the Malian context and responding to current health issues.

The forum brought together 8 existing observatories¹ from 6 Francophone African countries (Niger, Burkina Faso, Senegal, Cameroon, DRC and Côte d'Ivoire), to present their community-based monitoring models, challenges, added values and results. After the forum, a roadmap was developed and working group was formed, and additional interviews took place with Malian actors, which led to a manual being developed to set out the governance, operations, thematic areas, organization chart and roll out phase for the observatory, as well as connections with other mechanisms, such as the human rights observatory.



M. SAMASSEKOU, Director of Advocacy, Communications and Resource Mobilization (until December 2021), ARCAD Santé PLUS

The community observatory included in the 2021-2023 HIV/TB grant provides an opportunity to bring together the various existing observatories in West and Central Africa to pool and share good practices and lessons learned around implementing observatories. This process helped to identify a model – a hybrid model in Mali taking account of the fact that most observatories take a single focus approach: either focusing on "access to and quality of care", or "human rights". In Mali, the ambition was to have an observatory looking at both access to care [for the three diseases – HIV, TB and malaria] and also on quality of care [how friendly services are, care, monitoring, availability of supplies, etc.].

1. OCASS (the citizen observatory on health service access), led by RAME in Burkina Faso and RENIP+ in Niger; OCT (community treatment observatory), established by International Treatment Preparedness Coalition (ITPC) WCA; which is led by ITPC WCA for at regional level and RNP+ in Senegal; TAW (Treatment Access Watch) led by Positive Generation in Cameroon; the treatment access observatory implemented by UCOP+ in DRC; the observatory on rights violations of key populations and people living with HIV, led by Enda Santé in Côte d'Ivoire; the observatory of the platform of civil society networks and umbrella organizations responding to AIDS, tuberculosis and malaria in Côte d'Ivoire.

PART 03
**TRANSFORMATIONS
 AND LESSONS LEARNED**

INFORMATION NOTE 06
 Impact of technical assistance: Principal Recipient effectively fulfilling its role

INFORMATION NOTE 07
 8 good reasons to trust civil society PRs

INFORMATION NOTE 08
 What we can learn from ARCAD Santé PLUS's experience

 **INFORMATION NOTE 06**
**Impact of technical assistance:
 Principal Recipient effectively
 fulfilling its role**

Pitfalls to avoid and solutions to put in place

Thanks to a unique, relevant and effective technical assistance approach, and thanks to the complementarity of support methods through individual experts and Alliance Côte d'Ivoire, many obstacles have been overcome by ARCAD Santé PLUS.

Below are some examples of the types of difficulties that were encountered or anticipated by the organization, the main pitfalls they had to avoid and the solutions they put in place to overcome them:

Governance:

 **Pitfalls to avoid / Challenges to anticipate**

 **Solutions put in place**

Incompatibility of the organization's identity and its role as Principal Recipient (PR)	<ul style="list-style-type: none"> ➤ Failure to incorporate new objectives and services into governing documents 	<ul style="list-style-type: none"> ➤ Changing the organization's name ➤ Revise the statutes to expand to other health issues
Lack of transparency in general governance	<ul style="list-style-type: none"> ➤ Lack of commitment of board members ➤ Poor understanding of the role of administrators 	<ul style="list-style-type: none"> ➤ Review composition of the board ➤ Training for board members ➤ Financial incentives for board members (e.g. attendance fees)
Delays in grant implementation	<ul style="list-style-type: none"> ➤ Management are overloaded ➤ Bottlenecks between board & management, and/or between the management and teams ➤ Delays in certain strategic and operational decision-making 	<ul style="list-style-type: none"> ➤ Put in place a directorate-general and technical directorates ➤ Put in place task delegation mechanisms to streamline decision-making mechanisms ➤ Adopt more effective collaborative working methods



M. VICART, Project Manager for Mali and Niger, L'Initiative

The training made it possible to consolidate understanding of the issues at board level. A monitoring committee for our technical assistance was put in place very quickly, and board members were involved. ARCAD Santé PLUS's director and board have identified regular points to assess the organization in terms of the direction it is taking and where it is at.

Finally, delegation of tasks and roles between the board and management, and internal decision-making channels, is also a visible impact.

DR A. YATTASSAYE, Technical Director, ARCAD Santé PLUS

We realized long before we put ourselves forward to be PR, that if we wanted to embark on the process of becoming PR for the first time, we had to start work on reviewing the membership of ARCAD Santé PLUS's board.

A. GUEU, Program Director, Alliance Côte d'Ivoire

Governance issues will make a difference. If governance bodies do not function properly, staff working on the ground will not be able to achieve their objectives.

Administration and financial management

⚠ Pitfalls to avoid / Challenges to anticipate		💡 Solutions put in place
Delays in grant implementation	<ul style="list-style-type: none"> ➤ Lack of budget on certain lines ➤ Underestimation of equipment needs ➤ SRs & IPs experience challenges delivering certain activities 	<ul style="list-style-type: none"> ➤ Pre-financing from unrestricted organizational funds if available ➤ Budget reallocation during periodic reprogramming ➤ Develop a catch-up plan with technical support from the PR
The PR's credibility to manage a grant is called into question	<ul style="list-style-type: none"> ➤ Disbursement delays ➤ Delay in starting activities ➤ Budget absorption rate too low ➤ Challenges completing PU / PUDR templates 	<ul style="list-style-type: none"> ➤ Review the procedures manual ➤ Install and configure accounting software ➤ Recruit grant managers to facilitate monitoring of SRs and IPs ➤ Support, experience sharing and mentoring from another community PR
Ineligible proof of expenditure and financial reports not approved	<ul style="list-style-type: none"> ➤ Manuals are too complex and sometimes difficult to use and apply ➤ SRs and IPs lack of awareness of finance justification procedures ➤ Delays in justifying expenditure and financial statements are submitted late 	<ul style="list-style-type: none"> ➤ Develop an expenditure justification guide to streamline procedures and tools ➤ PR, SR and IP training on new management tools ➤ Put in place monthly monitoring and mentoring meetings with SRs

Human resource management

⚠ Pitfalls to avoid / Challenges to anticipate		💡 Solutions put in place
Loss of the organization's identity and community character	<ul style="list-style-type: none"> ➤ Recruiting a large number of people in a short space of time, who have less of a community background ➤ Creating new roles with new skills ➤ PLHIV having low level of education for certain positions (e.g. psychosocial counsellors) 	<ul style="list-style-type: none"> ➤ Review the organization chart and job descriptions ➤ Internal recruitment for key positions in technical and program departments ➤ External recruitment for skills that do not exist in-house ➤ Adapting job descriptions to promote the recruitment of PLHIV, with the relevant skills
Risk of "brain drain" and diluting of experience gained and expertise built over 25 years	<ul style="list-style-type: none"> ➤ Increased workload for staff ➤ Poor workload distribution ➤ High levels of staff turnover ➤ Recruiting, inducting and training new staff 	<ul style="list-style-type: none"> ➤ Recruiting an HR manager ➤ Introducing HR management software ➤ Reviewing organizational pay scales ➤ Introducing an appraisal system for staff ➤ Introduce a staff training plan ➤ Putting in place an internal training and mentoring program

Monitoring and evaluation

⚠ Pitfalls to avoid / Challenges to anticipate		💡 Solutions put in place
Community response not included in national results	<ul style="list-style-type: none"> ➤ Monitoring and evaluation tools are not streamlined by stakeholder group at the start of the grant ➤ Community data not included in the national monitoring plan and the national database 	<ul style="list-style-type: none"> ➤ Streamline the community approach to monitoring and evaluation ➤ Develop a monitoring and evaluation plan and integrated TB/HIV tools ➤ PR training on the use of data analysis and visualization software "Tableau Software" ➤ Technical meetings with the public PR and relevant directorates of the Ministry
Lack of visibility of the outcomes and impact of the community component of the grant	<ul style="list-style-type: none"> ➤ Significant number of indicators ➤ Lack of monitoring and supervision of SRs and IPs ➤ Different levels of monitoring and evaluation skills within teams ➤ Data quality uneven across SRs and IPs ➤ Data submitted late 	<ul style="list-style-type: none"> ➤ Put a database in place ➤ Develop quality audit tools/system for all levels (PR, SR, IP and field actors) ➤ Train SRs and IPs to use integrated TB/HIV monitoring tools ➤ Organize monthly and quarterly meetings between PR, SRs and IPs

INSIGHTS

M. VICART, Project Manager for Mali and Niger, L'Initiative
 The quality of results shared by ARCAD Santé PLUS has been very high. The organization has therefore already improved its ability to gather data and check their reliability, and then to analyze and interpret them.

DR N. DIALLO, Program Manager, ARCAD Santé PLUS
 It has not been easy but with commitment from all actors, as well as the monitoring and mentoring put in place, integrating TB has been possible. It is necessary to have discussion frameworks that are tailored to the needs of SRs and IPs to be able to correct errors and improve progressively.



Learning and sharing workshop in Bamako, June 2022.

Integrating community tuberculosis

⚠ Pitfalls to avoid / Challenges to anticipate		💡 Solutions put in place
Delays operationalizing community TB	<ul style="list-style-type: none"> ➤ Community PR lacks technical capacity at the start of the grant ➤ Initial confusion about the concept of community TB and intervention approaches 	<ul style="list-style-type: none"> ➤ Be careful to select SRs with experience on community TB ➤ Check that the approaches taken by SRs align with the national strategy ➤ Experience sharing with community TB stakeholders in other countries
Siloed HIV and TB approach rather than truly integrated approach	<ul style="list-style-type: none"> ➤ Lack of experience of some SRs and IPs around community TB ➤ Implementers focus on HIV in day-to-day activities ➤ Start-up of activities more difficult than expected 	<ul style="list-style-type: none"> ➤ Develop and implement tools adapted to field actors ➤ Train PR, SRs and IPs on community TB ➤ Regular supervision and mentoring across sites to align practices

Security risk management

⚠ Pitfalls to avoid / Challenges to anticipate

Teams put at risk and geographical coverage of services not possible

- Non-safe areas for teams to access (terrorism and inter-community tensions)
- Lack of training on safety and risk management
- Impossible for ARCAD to deliver activities in Central and Northern Mali

💡 Solutions put in place

- Flexibility for ARCAD Santé PLUS to change intervention locations for SRs and IPs
- Changing sites during implementation of activities
- Develop a risk management plan
- 8 international NGOs identified who are able to intervene in humanitarian crisis situations & contracting aligned to adapted conditions

Relationship with public PR

⚠ Pitfalls to avoid / Challenges to anticipate

Ongoing blockages that have a negative impact on access to health care for populations

- Tensions and disagreements between the community PR and public sector PR
- Lack of dialogue between the two national PRs
- Operational difficulties slow to be resolved

💡 Solutions put in place

- CCM mediation
- Put in place discussion platforms between the community PR and public sector PR
- Establish collaborative framework between the PRs

Impact on organizational capacity and internal structure

Governance

- Improving the structure of board meetings through joint planning with the director and a shared vision between the board and management – the TA led to more effective leadership through greater participation of the director during board meetings.
- Updating the statutes and internal regulations (reviewing the vision and mission of ARCAD Santé PLUS), which began with the board during the application phase and continued during the implementation phase, enabled an alignment between organizational priorities, strategic direction and the role of PR for the submission and implementation of the integrated HIV/TB grant.
- Strengthening the board's understanding of risk management issues made it possible to initiate work focused on delegating roles and tasks between the board and management, to ensure transparent management of the grant.



C. BOULANGER, TEAM 4 HEALTH expert
 ARCAD Santé PLUS has broadened their scope to other thematic areas. They have improved their TB management somewhat and are expanding to sexual and reproductive health, although they are more focused on prevention of mother-to-child transmission.
 They are in the process of moving towards public health.

SRs and IPs: There is an awareness by the board of the importance of identifying fraud risks, which made it possible to identify key changes to be made internally for certain SRs, and led to a fraud risk monitoring and resolution plan being developed.

Administration and financial management

- Revising the procedures manual helped to clarify roles within the management team and developed new skills (e.g. around logistics). Mentoring for SRs also facilitated their understanding of GF requirements and helped to improve their practices.
- Having an internal auditor, in addition to an external auditor who was already in place before GF grant management, made it possible to ensure a higher level of vigilance.
- Strengthening the administration and financial management team within ARCAD Santé PLUS, and also within SRs, in particular by creating a new grant manager position / role description, made it possible to enhance qualitative accounting and financial monitoring of onward granting to SRs, to strengthen mentoring for SRs and IPs in the field, and therefore to improve overall management of the grant.
- In addition, developing a guide on justifying community-level expenditure, adapted to the reality on the ground, has made it possible to obtain high-quality supporting documents – **no ineligible expenditure in the first year of implementation!** – and therefore to limit delays in disbursement and implementation.
- These various improvements meant that the PU/PUDR were submitted in a more timely way and therefore increased levels of financial accountability to the GF. TA also had an impact in terms of strengthening management capacity related to all ARCAD Santé PLUS funding.

SRs and IPs: by strengthening finance teams, including training on accounting management, and recruiting new positions (finance managers and accountants), a new dynamic was established and the way that administration and financial services within SRs are managed was improved.
 In addition, SRs experienced fewer challenges justifying their activities thanks to tailored monitoring tools and mentoring from ARCAD Santé PLUS.



Learning and sharing workshop with SRs and IPs, Bamako, June 2022.

Human resource management

- Firstly, TA has meant that GF administrative and technical requirements have been met, by developing the necessary tools (HR management manual, organization chart, job descriptions, salary grid, recruitment mechanisms, etc.)
- Revising the organizational chart and job descriptions contributed to resolving issues of overlapping roles, and resulted in improved distribution of workloads and highlighting skill gaps to be filled to be effective in grant management. In addition, the fact that all planned posts were filled demonstrates that recruitment management has been effective.



A. SANGARE, Country Coordinating Mechanism member - CCM Mali

In terms of being ready for the GF grant, all the posts that ARCAD Santé PLUS deemed necessary and relevant for implementation were created and successfully recruited, including partnership manager positions.

- Revising salary scales, based on a benchmarking exercise looking at other NGOs operating in Mali, has made ARCAD Santé PLUS more competitive on the health sector and NGO job market.
- The staff appraisal system includes a 3-month review of new staff, and an annual appraisal for all staff using a standardized template. This process is still ongoing, but it will allow for employees to take stock with their line managers, for objective decisions to be made in terms of HR management (on the basis of skills and performance), and where necessary to make changes to the objectives for each role in line with the organizational values and the commitments of each employee.
- All of the TA provided, therefore contributed to improved anticipation of turnover, particularly as the appraisal system includes developing staff and identifying skills strengthening needs.

Integration of community tuberculosis

- ▶ Technical assistance has facilitated the integration of TB and HIV activities, through a clearly defined process and a dedicated monitoring and evaluation manual, but above all by clarifying and streamlining the understanding of community TB intervention.
- ▶ The way that this approach has evolved among ARCAD Santé PLUS teams and training given to SRs and IPs have led to changes in practices – in particular systematic identification within households to identify suspected TB cases – leading to improved efficiency and greater capacity to develop interventions with key populations (e.g. in prisons).
- ▶ TA has also increased visibility of the need to revise tools at the national level. In particular, the TA highlighted gaps in data collection tools for community TB (some data collected by health centers cannot be reported). It also made it possible to identify training requirements of people responsible for data collection at testing and treatment centers.

As the Stop TB Partnership highlights in its guidance note on the community component in its evaluation of TB programs, *“communities play an important role in addressing TB for the mere fact that are the ones who experience the lived reality of being affected by TB. This role is increasingly important due to the shift in understanding the need for integrated programming and delivery – not just of the biomedical side of health services but also of the social, education, legal services and economic support impact on access to TB services. Community-based organizations and networks therefore have a vital role to play in the development of such integrated and community-driven approaches to delivering health.”*

As such, the initial impact of TA is crucial to improve the structure of the Malian community response and would benefit from being evaluated at the end of the NFM-3 HIV-TB grant.

SRs and IPs: training on community management and various activities to strengthen SRs and IPs have led to improved integration of TB/HIV activities, and above all strong ownership of the community TB approach by all SRs/IPs and changes in the behavior among relevant teams. For IPs, the various TA assignments and support from experts and the PR have improved the quality of activities [identifying suspected TB cases and referrals to testing and treatment centers].



Learning workshop in Bamako, June 2022.

Monitoring and evaluation (MEAL system)

- ▶ Developing a monitoring and evaluation plan and adapted tools that integrate TB and HIV, has made it possible to standardize ARCAD Santé PLUS's overall approach and improve data quality.
- ▶ This makes it possible to adapt approaches based on the outcomes achieved, and to improve interventions on an ongoing basis by strengthening them or redirecting them if necessary. In the process of reprogramming, certain activities, such as mobilizing target groups were given a boost by increasing the frequency of activities and amending the corresponding budget lines (e.g. increasing fuel cost allocations).
- ▶ As a result of TA assignments, ARCAD Santé PLUS's ability to comment on, analyze and interpret data, and produce and submit progress reports to the GF, has improved.
- ▶ More broadly, this more efficient monitoring and evaluation system therefore contributes to managing the grant but also to strengthening the credibility of the PR and highlighting the contribution of community activities to achieving national results.



Learning workshop in Bamako, June 2022.

SRs and IPs: the quarterly supervision visits, as well as the provision of tailored data collection tools, led to the development of a monitoring plan, and to improved data quality, which translates into timely and comprehensive reports sent by SRs and IPs. This improved data quality enables SRs to effectively track contractually agreed indicators and respond when indicators are not reached. At IP level, this reduces errors and discrepancies, and generates reliable and quality data, which increases their credibility. This strengthened capacity at IP level has meant that psychosocial counsellors (PSCs) have mastered the tools, and greater integration of PSCs through the various visits and discussions, which has strengthened collaborative links between the organizations, and facilitated access to care for populations.



N. YARA, M&E Manager, LFA - Mali

They have made real progress around monitoring and evaluation. The Alliance CI visits made it possible to develop a set of tools for grant implementation. These TA assignments have helped things to move forward more efficiently.

A. GUEU, Program Director, Alliance Côte d'Ivoire

They are able to gather and analyze data by region, age group, gender, etc. They were doing this before, but now they can also carry out analysis by approach type.

ARCAD Santé PLUS is now able to assess the effectiveness of their different approaches independently. In other words, they are able to tell whether a particular approach is right or needs to be scaled up to achieve the targets, and to identify areas that need to be amended, paused or stopped.



In September 2021, the GF introduced new tools to strengthen the monitoring and evaluation of grant outcomes: *“Effective implementation and oversight of grants are key to deliver on targets set for the three diseases and to continue to fight COVID-19. For this purpose, the Global Fund is introducing two new tools to strengthen how it oversees investments: Pulse Checks and Supply Chain and Health Services Spot Checks. [They] are intended to gather data that will allow the Global Fund to anticipate issues, unblock bottlenecks and course-correct to solve problems collectively with our implementing countries and partners.”*

For more information:
<https://tinyurl.com/32e7f65f>



DR N. DIALLO, Program Manager, ARCAD Santé PLUS

At community facilities, patient registers are more comprehensive: cases identified, patient outcomes, etc., and go above and beyond the grant indicators.

DR N. SALERI, Specialist TB doctor, TEAM 4 HEALTH expert

All ARCAD Santé PLUS staff, who previously knew very little about TB, are now competent and able to speak with the sectoral unit. They are respected as a team, know how to address problems with the Sectoral AIDS Control Unit (CSLS) and know the technical areas. Having this more accurate technical knowledge gives them greater legitimacy.



People living with HIV are nearly 20 times more likely to acquire TB than those without HIV. All WHO recommendations and guidelines on TB prevention, screening, diagnosis and treatment are available online:

<https://tinyurl.com/e7tsa2h5>

Further progress possible to be more efficient

The technical assistance work delivered by L'Initiative with ARCAD Santé PLUS has enabled them to overcome many pitfalls by identifying solutions adapted to their ambitious objectives and their intervention context, and has had a clear impact on their organizational development and structure, and has also contributed to improving the quality of their own services and those provided by SRs and IPs involved in NFM-3 HIV/TB in Mali.

However, all TA has its limitations and a number of challenges still need to be addressed by ARCAD Santé PLUS in the coming months:

- ▶ Putting delegation mechanisms into practice to streamline decision-making and increase its effectiveness.
- ▶ Use information from staff appraisals to improve the overall performance of the organization.
- ▶ Optimize transparency in financial management, as a credibility measure with the GF and all grant stakeholders.
- ▶ Strengthen data quality and develop internal evaluation and learning capacity to better address public health issues and respond to strategic and programmatic gaps.
- ▶ Operationalize use of the gender mainstreaming policy by strengthening the skills of the teams.
- ▶ Support the internal organizational development of SRs & IPs to make them more efficient and increase their autonomy.
- ▶ Improve integration of interventions and outcomes into the national response by strengthening links with the public sector PR and the Ministry of Health.



Learning and sharing workshop in Bamako, June 2022.



A. MAÏGA, Team Leader, LFA Mali

In terms of financial management, there is still a lot of pressure on the Administration and Finance Manager and some roles need to be very clearly separated to ensure greater visibility and transparency, but this is a structure that is being developed and progress is being made.

A. DIARRA, Chair of the Country Coordinating Mechanism - CCM Mali

Managing money is very complex and ARCAD will need to develop its capacity in financial management in the same way as strengthening technical areas. There must be independence and autonomy in financial management.

A. MAÏGA, Team Leader, LFA Mali

PRs focus on data that will enable them to measure the progress of their activities against GF objectives and funding to be able to demonstrate their performance. However, there are other indicators that could be analyzed to ensure greater control and provide more qualitative knowledge of particular obstacles related to access to care.

INFORMATION NOTE 07

8 good reasons to trust civil society PRs

Implementing a Global Fund grant in most countries involves at least two Principal Recipients, one from the public sector and one from civil society, who is in charge of the community health component health (HIV, tuberculosis, malaria and COVID-19). However, in most French-speaking African countries, the community component has been entrusted to a UN agency or an international NGO, as had been the case in Mali over the previous ten years. Appointing a local civil society organization (CSO) as Principal Recipient (PR), ARCAD Santé PLUS in this instance, is therefore still an exception in the management of Global Fund programs.

However, this learning exercise demonstrates that having long-standing, robust integration locally, a solid understanding of the intervention context and expertise developed over many years by CSOs at strategic and operational levels, represent features that enable optimal management of a Global Fund grant or any other international funding.

The added value they bring, when combined with capacity strengthening like that received by ARCAD Santé PLUS, are all arguments for greater involvement of CSOs in Global Fund governance, and can provide strong evidence in favor of other CSOs who want to become Principal Recipients.

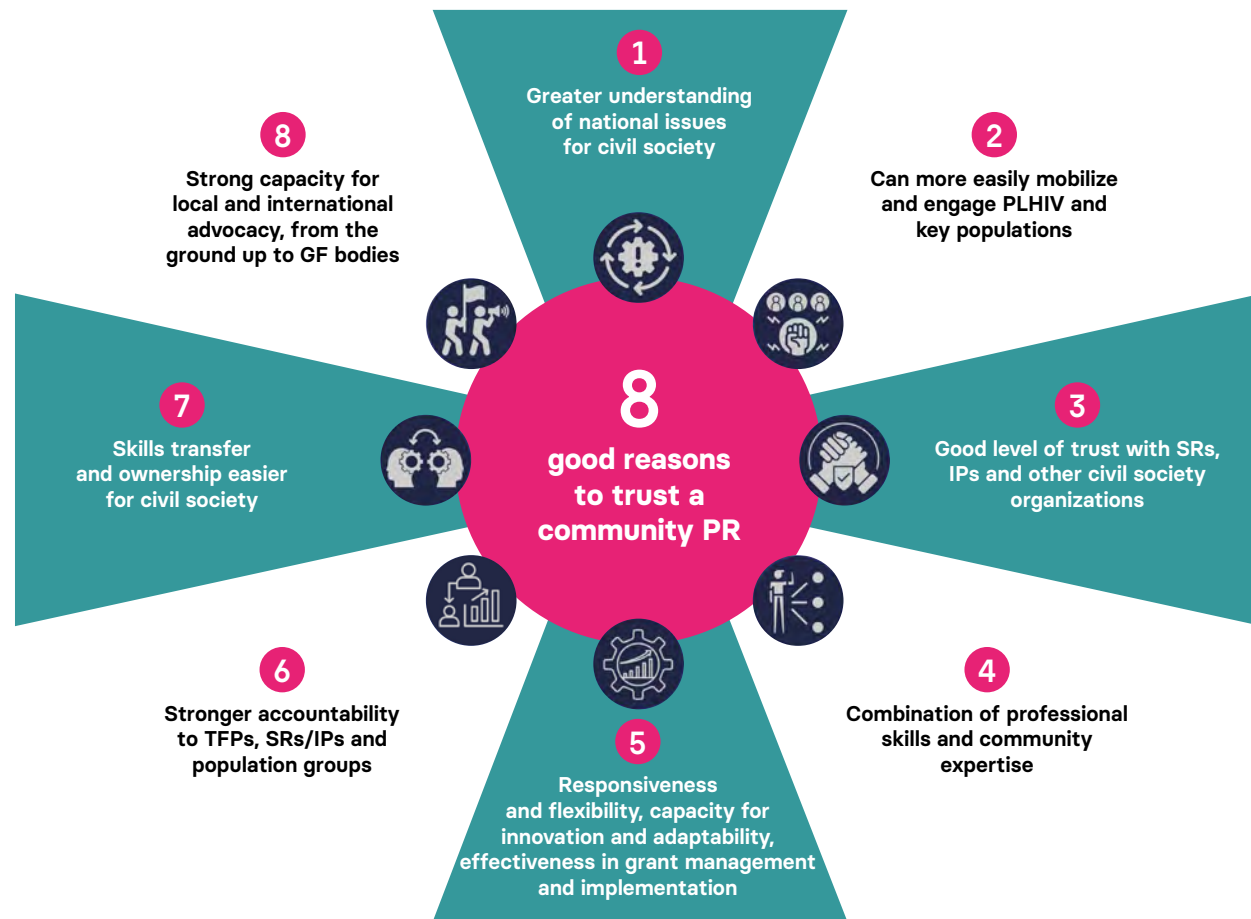


A. TREEBHOOBUN, Director, PILS - Mauritius

Being a PR is an opportunity to strengthen and consolidate things, not only the organization itself but civil society as a whole, including outside of HIV, because PRs gain a large number of new skills and strengthen their capacity to manage national scale projects.

M. VICART, Project Manager for Mali and Niger, L'Initiative

An NGO providing HIV care to key populations is much more relevant in terms of implementing the grant, and has greater legitimacy to play the role and to identify gaps in the public system and assess the overall situation.



1 Better understanding of national issues affecting civil society

If the Principal Recipient for the community health component of the grant also provides prevention and care services at the community level and are therefore a leading stakeholder operationally, this is highly relevant in terms of the way the grant is implemented. They will have acquired an understanding of national issues for civil society through long-standing experience and practice in the field, and therefore have robust knowledge of the intervention context. Where civil society PRs also implement part of the grant through providing services to populations, it enables them to stay connected to the barriers that exist and experience and analyze gaps in public health services.

As ARCAD Santé PLUS works with implementing partners that represent affected groups (e.g. RENAPOC and RMAP+), this enables them to stay focused on the needs and challenges facing grant beneficiaries and through ongoing dialogue, to have a better understanding of global health issues. In this way, their focus is more on public health issues, and not simply on achieving a good score in terms of Global Fund grant management.



DR B. DEMBÉLÉ, Director General, ARCAD Santé PLUS

The transition to working on other diseases (TB, malaria, sexual health, etc.) started long before the transition to PR, and many brainstorming meetings on these issues had already taken place internally, so it was natural to position ourselves as PR for both HIV and tuberculosis.

2 Can more easily mobilize and engage PLHIV and key populations



S. FLORISSE, GF Portfolio Manager - Mali

ARCAD was already working with these particularly vulnerable key populations, and therefore has existing knowledge of the situation and had the advantage of being able to access these groups.

This mobilization work is all the more effective as the close links forged with key population leaders facilitated selecting CSOs who represent them as IPs under the grant to share prevention messages in their respective communities. Civil society PRs that have developed a history of collaboration and trust with civil society therefore have greater legitimacy than public sector PRs or international NGOs in terms of mobilizing these groups. This legitimacy is valued by the Global Fund, the authorities, key populations and the general population.

Mobilizing target groups within a program, particularly people living with HIV or tuberculosis, key populations and those close to them, relies largely on the quality of relationships established with these populations and on a thorough knowledge of their needs in terms of access to prevention and care. For a CSO like ARCAD Santé PLUS, who have provided a wide range of services to these populations for 25 years, these links are strengthened through their community approach, which puts beneficiaries at the center of all mobilization and advocacy interventions, and directly involves them in services and considers them to be participants in charge of their own health. This approach therefore makes it possible to effectively take account of the needs of these groups in the grant, and facilitates mobilizing them when implementing interventions, thanks to well-established knowledge.



3 Good level of trust with SRs and IPs



The strong and reciprocal bond of trust between PR, SRs and community IPs is the result of collaboration over several decades. This is based on the feeling of belonging to the same community and sharing a common goal – improving people's access to health. This has been developed through a shared vision and understanding of public health issues.

This relationship of trust has been strengthened by selecting a number of organizations that represent civil society as SRs and IPs to contribute to grant implementation. This leadership and legitimacy that is recognized by civil society, enables a community PR to be better able to coordinate, monitor and evaluate activities under a Global Fund grant.

O. DIARRA, RMAP+ Member, Implementing partner

There are no taboos because we are all from the community, and we can discuss any topic with ARCAD Santé PLUS.

A. MAÏGA, Team Leader, LFA Mali

ARCAD Santé PLUS are well established and embedded in the country, have the support of key populations and are highly credible. The fact that they have become PR has also united other organizations that have overcome competition and see ARCAD Santé PLUS as a civil society organization above all.

4 Combining professional skills and community expertise

Thanks to ARCAD Santé PLUS's long-standing experience as an actor in prevention and comprehensive care of HIV, as a community Principal Recipient they have experienced and competent teams in multiple fields. Through implementing community activities, they are therefore able to combine community expertise and lay knowledge based on life experience (e.g. psychosocial counsellor or peer educator roles) with other specialized professional skills in very specific areas necessary for grant management (grant managers, accountants, logisticians, etc.) In addition, all ARCAD Santé PLUS's SRs and IPs under the NFM-3 grant also have skills in both these areas.



C. TUDAL, Learning Officer, Health Department - Major Pandemics Division, L'Initiative

By implementing other activities with key populations despite the COVID-19 context, ARCAD has shown their ability to react to external demands to meet uncovered needs [in relation to COVID-19, for example].

This demonstrates their ability to adapt to obstacles and be agile, sometimes with limited means.

5 Responsiveness and flexibility, innovation capacity and adaptability, efficiency in grant management and implementation

Greater responsiveness on the ground during external shocks, epidemics or other changes in the context, or simply to identify solutions to operational challenges, requires a good knowledge of the needs. This is possible due to PR teams who work closely with communities, have community expertise, and are committed. In addition, bringing people closer together through dialogues, during the grant request writing process and during grant implementation, allows for greater reactivity and capacity for innovation to respond to the challenges on the ground.

Thanks to this ongoing dialogue with affected population groups and their representatives (SRs and IPs in particular), ARCAD Santé PLUS's response has proven to be more flexible and has led to innovation and greater adaptability. As a PR, the organization has indeed demonstrated its capacity for innovation by including new vulnerable populations (transgender people, adolescents and vulnerable girls/women for example) in the NFM3 grant, as well as their ability to adapt to the COVID-19 epidemic.



SRs AND IPs, learning and sharing workshop in Bamako

We have appreciated the speed with which technical requests have been approved by the PR's management, for example, approval of 5-10% overspend by budget line.

M. VICART, Project Manager for Mali and Niger, L'Initiative

Working closely with the people involved allows both greater responsiveness and greater efficiency. This also links to the motivation and commitment of teams.



6 Stronger accountability to technical partners, SR/IPs and populations

This high level of capacity to respond and adapt contributes to improving the accountability of the Principal Recipient, primarily to SRs, IPs and populations. It has been through quarterly meetings in particular, to carry out programmatic and financial assessments of activities by organization that accountability has been carried out. These meetings allow for transparency to go both ways and mutually review together the traceability of expenses.

In relation to population groups, although accountability is not perfect, this takes the form of community days to report on annual activities, and during which ARCAD Santé PLUS invites other CSOs as well and the media / press can find out about and question their interventions.

Finally, civil society PRs that have already received international funding, have robust experience in terms of reporting and feeding back to their technical and financial partners.

7 Transfer of skills and ownership easier for civil society

Principal Recipients who already have an established role collaborating with SRs and IPs can also facilitate skills transfer, which can be achieved using different methods adapted to each SR or IP: in-person training, mentoring in the field and remotely, sharing practices, co-developing tools, etc., as well as strengthened continuous dialogue, through the many coordination and monitoring meetings.

If civil society PRs have already begun the process of skills strengthening, as is the case with ARCAD through its training center, then they will easily be able to create the conditions for sustainable acquisition of thematic or technical skills by SRs and IPs.

Local and international advocacy capacity, from the field up to Global Fund level

The PR's advocacy expertise and their status as a national NGO enables them to carry out national and international advocacy at the highest level. Through their links with different population groups and their leaders, they are able to get the voices of the most vulnerable populations excluded from prevention and care heard by the Global Fund.

Their position of counter-power and their strong foundations in civil society enable ARCAD Santé PLUS to carry out advocacy work that public sector Principal Recipients would have greater difficulty carrying out, particularly on sensitive topics, such as human rights and health issues for key populations.



ARCAD SANTÉ PLUS WEBSITE

Capacity strengthening refers to knowledge transfer and training of individuals and is a complex, non-linear process of change.

C. TUDAL, Learning Officer, Health Department - Major Pandemics Unit, L'Initiative

ARCAD are fully immersed in the process of capacity strengthening. Their greatest assets are their past work over a long period of time, their knowledge of skills building and having positioned themselves very early on. They created the conditions to learn together with SRs, with training on community TB for example, and have been able to transfer the tools and skills of their teams to manage the grants.

S. FLORISSE, GF Portfolio Manager - Mali

We are seeing great progress in terms of human rights, because previously there was no funding, despite the context being very discriminatory.

For example, it is one of the few GF grants that has a component focused on transgender people.

A. MAÏGA, Team Leader, LFA Mali

Government is immediately debilitated by religious leaders for example, while civil society has the support of other organizations that can create a balance with other pressure groups.

ARCAD Santé PLUS is a pioneer in the response to HIV and is fairly autonomous because it is not linked to government funding, and can lead ideological struggles because they have the support of civil society.

INFORMATION NOTE 08

What we can learn from ARCAD Santé PLUS's experience

Many lessons can be learned from ARCAD Santé PLUS's transition process from Global Fund SR to PR. It has been a long and complex process that has led to structural changes at all levels of the organization. Each of the technical assistance assignments has drawn out lessons specific to each area of expertise, which can be seen in the previous information notes.

The following lessons are therefore more cross-cutting and do not form an exhaustive list: what can be learned from ARCAD Santé PLUS's experience and what stands out in terms of TA approach will in fact vary significantly depending on if you are a community CSO involved in GF grant implementation (and perhaps wanting to become a PR), a member of an organization providing technical assistance itself, or a representative of a national or international institution.

Lessons learned from the ARCAD Santé PLUS's experience as a community Principal Recipient (PR)

1 Preparations to take on the role of Principal Recipient must be planned and supported by all the different components and members of the organization. Advance preparations enable organizations wanting to become PR to identify all the steps for the application and to get together all the prerequisite requirements. The process of becoming a PR is complex and requires a very strong will and determination among members of the organization. The board needs to support preparations and support any changes.

2 Involving stakeholders and getting clarity on roles in advance enables better implementation in this sense, involving the public sector PR and SRs during the grant preparation phase facilitates collaboration during the implementation phase. Clarifying the roles of all stakeholders allows for greater fluidity in terms of coordinating and rolling out activities.

3 Regular dialogue between the PR, the GF Portfolio Manager and the Local Fund Agent based on a relationship of trust, promotes effective and rapid adjustment of the management procedures and ensures there is a shared understanding of the objectives, requirements and constraints.

4 Transitioning from SR to PR leads to significant internal restructuring and the creation of new highly-skilled positions. In order to ensure the continued involvement of PLHIV and key populations in various roles in the organization, the PR will have to put in place a strong incentive policy, tailored training and adapt working tools.

5 Principal Recipients must be flexible and be able to adapt their tools to the needs of SRs and IPs without being rigid around imposing their templates. This will reduce imbalances in their relations with SRs and IPs, and will contribute to maintaining trust with CSOs.

6 Principal Recipients must also play an important role in capacity strengthening of SRs and IPs to ensure optimal efficiency and effectiveness in terms of administrative, financial and operational management of the grant.

7 Establishing strong communication channels, creating clear operating guidelines and ensuring ongoing dialogue with SRs and IPs is crucial to facilitate country dialogue and reduce tension during implementation.

8 To ensure they continue to represent the voice of civil society, particularly on sensitive issues, community PRs must know how to adapt their advocacy methods, base them on constructive dialogue with the authorities, and work with other CSOs to deliver advocacy interventions.

Lessons learned from the technical assistance approach

1 Where a combined TA approach is used (individual experts and collective expertise engaging another civil society Principal Recipient) it is crucial to have the same accountability requirements. This involves establishing a monitoring system in advance and, with clear anticipated results, SMART indicators and tailored deliverables. A steering committee could be set up to facilitate monitoring.

2 The peer Principal Recipient organization providing collective technical assistance must agree on a shared vision for this support in advance, and anticipate the level of commitment required from staff and set out internally what collective approach will be used. This preparatory work also ensures that providing support does not come at the expense of the organization, as they are also subject to the same GF management and accountability requirements and, possibly, the same timelines.

3 The starting point for technical assistance system is a prior assessment and prioritizing areas of TA. The recipient of TA must actively participate in setting and prioritizing the TA objectives and selecting the experts, through transparent dialogue.

4 TA systems to support SRs to become Principal Recipient must meet the various different challenges the organization is facing and must therefore take a multifaceted approach, covering the different priority organizational strengthening areas to meet GF requirements. There is therefore a large range of technical assistance areas, and this may also cover humanitarian access to populations, depending on the context. **For any SR wanting to become PR, TA around gender is essential**, including in relation to budgeting effectively for gender.

5 TA suppliers working on projects of this kind will need to be particularly flexible to meet the emerging needs. Being agile in this way will make it possible to adapt or complement the initial capacity building plan, in order to respond as closely as possible to arising issues, as relevant. In this context, identifying other technical and financial partners that can support the overall TA approach is necessary.

6 TA that focuses on aligning the organization with GF requirements must be carried out well in advance of grant start-up to allow for discussions with the GF, and for mechanisms, procedures, tools, etc. to be approved.

7 TA that has a primary objective of developing or revising management documents such as financial or HR management manuals or procedures, **should plan for a phase to develop ownership and support implementation** them by the relevant PR teams, and also passing on the tools to the SRs/IPs.

8 In TA systems of this kind, establishing communications and feedback methods between the TA provider and the Global Fund is crucial. This makes it possible to look at the TA carried out, to monitor the PR's progress and also to share information on complementary TA that might be carried out by the Global Fund.



Learning and sharing workshop in Bamako, June 2022.

ANNEXES

ANNEX 01

Learning from ARCAD Santé PLUS's experience – why and how?

ANNEX 02

Acknowledgements
Bibliography
Acronyms & abbreviations

ANNEX 01

Learning from ARCAD Santé PLUS's experience – why and how?

Three major objectives: assess, demonstrate value and share

In order to support ARCAD Santé PLUS to position itself as a Global Fund Principal Recipient, L'Initiative, a mechanism implemented by Expertise France, embarked upon an ambitious 12-month technical assistance (TA) assignment, leveraging community expertise as a key component of the HIV response. At the end of this phase, once ARCAD Santé PLUS's application had been approved by the Global Fund, a second phase of technical assistance began to support the organization in its first year of grant management. This TA made it possible to tailor more effectively the areas needing strengthening in the context of grant implementation.

This learning exercise had three primary objectives:

1. To assess the experience of support provided, in particular the peer support, identify lessons to improve / pool and enhance support between peer organizations.
2. To highlight the experiences of community actors in managing Global Fund grants.
3. To share lessons learned from ARCAD Santé PLUS's process of becoming a PR.

It was therefore primarily a question of **drawing on lessons learned from this experience and identifying good practices developed by ARCAD Santé PLUS**, in order to contribute to the **recognition of community expertise in French-speaking countries, and the effectiveness of peer support**. It also entailed **sharing this experience with other CSOs** and outlining to potential PR candidates Global Fund expectations and steps to follow to be eligible and ready to meet the challenge.

A steering committee involved at every stage

The consulting team worked closely with the steering committee put together by L'Initiative, composed of L'Initiative members and ARCAD Santé PLUS management. The steering committee was involved in approving the terms of reference and selection of consultants

and was consulted at each stage of the learning process (methodological framework, reporting back data collected in the field, proofreading, corrections and approving outputs).

A qualitative, participatory and inclusive approach

Follow a desk review phase to get a better understanding of the partnership mechanisms at play within the context of GF grants, GF requirements for PRs, the local context in terms of the response to AIDS and tuberculosis, as well as capacity strengthening challenges of GF actors, **the consultants adopted a participatory and inclusive approach involving the relevant stakeholders, as far as was possible.**

From this perspective, **information collection was based on qualitative data collection methods:**

- One remote group exercise was organized with ARCAD Santé PLUS, then a participatory workshop with group work took place in Bamako.
- A workshop took place in Bamako with Sub-Recipients and Implementing Partners.
- Two series of individual interviews and interviews with pairs of individuals via video call and in Bamako, with ARCAD Santé PLUS, L'Initiative and all the other contributors.
- Field observations also took place during the consultants' trip to Bamako.

Data collection in two phases, in Bamako and remotely

Data collection took place in two phases and in separate but complementary ways, in order to take into account consultant travel constraints due to the political and security situation in Mali, as well as constraints in terms of the availability of representatives:

- **1st collection phase** (February 21 - March 18, 2022): interviews with individual / pairs of individuals and remote group exercises.
- **2nd collection phase** (12 to 25 June 2022): a participatory workshop and face-to-face individual and group interviews in Bamako.

ARCAD Santé PLUS	A half-day remote group exercise	Remote interviews of individuals or pairs
	A participatory workshop in Bamako over three half-days	Interviews of individuals or pairs in Bamako
SRs & IPs	One-day participatory workshop in Bamako with AKS, Walé, ENDA Mali, SOUTOURA, Santé Sud, RENAPOC and RMAP+	
Other stakeholders in the GF grant	Remote individual interview with the PFM for Mali	
	Individual or group interviews with the CCM, the LFA and UMRSS in Bamako	
L'Initiative	A half-day group exercise in Paris	Interviews of individuals or pairs in Paris
Alliance CI	A half-day remote group exercise	Remote interviews of individuals or pairs
Individual experts	Remote individual interviews	
ARCAD's previous partners	Remote interviews with individuals or pairs from Coalition PLUS and Sidaction Remote individual interview with PILS - Mauritius	
Other civil society PR/SR	Interview with SOLTHIS in Bamako	
SCAC	Individual interview with the Deputy Adviser of SCAC	

Limitations of the learning exercise

- For reasons beyond their control, the consultants were unable to meet with the Sectoral Unit on AIDS (CSLS) and the General Directorate of Health (DGS). Therefore, although the analysis emphasizes the necessary articulation and complementarity between the community Principal Recipient and public sector Principal Recipient, it cannot accurately describe the mechanisms, modalities and outcomes.
- Due to scheduling reasons, the M&E team could not be interviewed, so the analysis is limited to outcomes and initial impact of TA on the organization, internal organizational structuring and capacity of ARCAD Santé PLUS and SR/IPs to meet the requirements of the Global Fund; it does not address the outcomes on the services provided to populations and the response to public health issues.
- Due to data collection being carried out remotely only with Alliance Côte d'Ivoire, the analysis does not cover any indirect outcomes of skills transfer between community PRs.

A range of approved documents and good practices to be disseminated

The technical information forms were presented during presentations with L'Initiative, ARCAD Santé PLUS and other stakeholders in France and Mali. This provided time for discussion and collective reflection around:

- The dissemination methods and formats of the resulting learning materials.
- Ownership of the results of this learning exercise by peer civil society organizations and Global Fund program implementation partners.
- The follow on from this assignment in terms of learning for ARCAD Santé PLUS and L'Initiative.



Learning workshop in Bamako, June 2022.

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Acronyms & abbreviations

AKS: Association Kéné Dougou Solidarité

Alliance CI: Alliance Côte d'Ivoire

ARCAD Santé PLUS: Association for Community Resilience towards Access to Development and Health PLUS

ARVs: Antiretrovirals

BD: Board of Directors

CCM: Country Coordinating Mechanism

CESAC: listening, care, training and counselling center

CHW: Community Health Worker

CSCOM/CESRéf: community health centers / referral health centers

CSLS-TBH: Sectoral unit on AIDS, TB and hepatitis

FPM: GF Fund Portfolio Manager

GA: General Assembly

GBV: Gender-based violence

GF: Global Fund to Fight AIDS, Tuberculosis and Malaria

HCLS: National AIDS Council

HIV: Human Immunodeficiency Virus

HR: Human Resources

IP: Implementing partner

KP: Key Populations

LFA: Local Fund Agent

M&E / MEL / MEAL: Monitoring & Evaluation / Monitoring, Monitoring, Evaluation and Learning / Monitoring, Evaluation, Accountability and Learning

MSM: Men who have Sex with Men

NFM: New Funding Model

NGO: Non-Governmental Organization

CSO: Civil Society Organization

PILS: Prévention Information et Lutte contre le Sida

PR: Principal Recipient of the Global Fund

PREP: Pre-exposure prophylaxis PLHIV: Person living with HIV TFP: Technical and Financial Partner

PSC: Psychosocial counsellor

PSM: Procurement and Supply Management (PSM)

PU/ PUDR: Progress Update / Progress Update and Disbursement Request

RENAPOC: Malian national key population network

RMAP+: Malian network of people living with HIV

SR: Sub-recipient of the Global Fund

SRH / SRHR: Sexual and Reproductive Health/Sexual and Reproductive Health and Rights

SW: Sex worker

TA: Technical Assistance

TB: Tuberculosis

UD / IDU: Drug User/Injecting Drug User

UHC: Universal Health Coverage

UMRSS / DGS: Health System Strengthening Implementation Unit/General Directorate of Health

UNDP: United Nations Development Programme for development

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