COMMUNITIES
DELEGATION
of the Board of the
Global Fund to Fight
AIDS, Tuberculosis
and Malaria
STRATEGY 2011 – 2016
This document describes the five-year strategy of the Communities Delegation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Global Fund is one of the largest international funding institutions in the world, providing funding for HIV, AIDS, TB and malaria in countries most affected by the three diseases. From its founding in 2002, through to December 2009, the Global Fund Board approved proposals totalling US$ 19.2 billion, and disbursed US$ 10 billion for HIV, tuberculosis (TB) and malaria control efforts.

At the end of December 2009, programmes financed by the Global Fund were providing antiretroviral therapy (ART) to 2.5 million people living with HIV and AIDS. The Global Fund has provided 790,000 HIV-positive pregnant women with treatment to prevent mother-to-child transmission of HIV, as well as 4.5 million basic care and support services to orphans and other children made vulnerable by AIDS.

Through to the end of 2009, programmes funded by the Global Fund have provided treatment to 6 million people who had active TB. The Global Fund provides 63 per cent of the external financing for TB and multi-drug resistant TB (MDR-TB) control efforts in low- and middle-income countries.

By the end of 2009, Global Fund-supported programmes had distributed 104 million insecticide-treated nets (ITNs) to prevent malaria and malaria proposals have totalled US$ 5.3 billion covering 83 countries. Global Fund financing continues to have a substantial impact on malaria morbidity and mortality worldwide, with an increasing number of countries reporting a reduction in malaria deaths of more than 50 per cent (GFATM, 2010a).

"The Communities Delegation brings an essential dose of reality to the Global Fund and reminds us constantly that the Global Fund is about people’s lives. Affected communities were instrumental in setting up the Global Fund and their contribution to the governance of the fund is crucial to ensuring that it remains true to its founding principles."

Michel Kazatchkine,
Executive Director of the Global Fund to Fight AIDS, TB and Malaria

"Over the years the Communities delegation has worked tirelessly to raise the needs and issues of communities around the world and to ensure their voices are heard in the corridors of power at the Global Fund."

Yvonne Chaka Chaka
UNICEF & Roll Back Malaria Goodwill Ambassador
MDG Envoy for Africa
President Princess of Africa Foundation
A fully funded R 21
List of Acronyms

CCM ................ Country Coordinating Mechanism
CoS ................ Continuity of Services
CSS ................ Community Systems Strengthening
DTF ................ Dual Track Financing
GF .................. Global Fund to Fight AIDS, Tuberculosis and Malaria
HR .................. Human Rights
HSFP ................. Health Systems Funding Platform
KPI .................. Key Performance Indicator
MARP ................ Most At Risk Population
MDGs ................ Millennium Development Goals
MDR-TB .............. Multi Drug Resistant Tuberculosis
NSA .................. National Strategy Application
PLHIV ............... People Living with HIV
PR ................... Principle Recipient
RBM ................ Roll Back Malaria
SOGI ................ Sexual Orientation and Gender Identities
TB ................... Tuberculosis
TRP .................. Technical Review Panel

23rd Global Fund Board Meeting, May 2011, Geneva, Switzerland

Adding Humanity to the World of Money – COMMUNITIES DELEGATION
Acknowledgements

Firstly, we would like to express our deepest appreciation to our past Board and Alternate Board Members who shaped and defined the Delegation to what it is today – Philippa Lawson, Anandi Yuvaraj, Rodrigo Pascal, Francoise Ndayishimiye, Javier Hourcade Bellocq, Lynn Francis, and Carol Nyirenda, as well as our past Delegation Members who have contributed to the development and dynamism of the Communities Delegation – bringing their voice in order to strengthen our global voice.

We also want to acknowledge the journey that we have in developing our new strategy through a cohesive and interactive team effort, accompanied by enthusiasm, dedication and commitment of Delegation Members during the five-day retreat in Muldersdrift, South Africa, April 2011.

Lastly, we want to thank ‘Friends of the Delegation’ who have supported us on our journey through the years in many strategic and practical ways – Stichting Aidsfonds, Ford Foundation, Open Society Foundation, the International HIV/AIDS Alliance, and the Global Network of People Living with HIV (GNP+).

We would especially like to thank Nadine France who was the lead consultant who supported and guided the Delegation through the Strategic Planning Process with commitment and passion. We would also like to extend our gratitude to Jacqueline Wittebrood and Rick Stephen for their contributions, advice and support in developing this Strategy.
“Adding humanity to the world of money” – this is the crux of our work as Communities Representatives on the Board of the Global Fund. We are committed to ensuring that the core reason for why the Fund was created – SUPPORTING PEOPLE MOST IN NEED – remains a main focus in our interactions with, and interventions on the Global Fund Board.

The Communities Delegation brings together a varying array of voices, experiences and realities of people who are living with HIV, Tuberculosis (TB) and affected by malaria. We are community activists, frontline workers, managers and directors, all coming together with a common purpose – to ensure that our voices and realities are reflected in the deliberations of the Global Fund to Fight AIDS, TB and Malaria at all different levels. The Delegation has come a long way since obtaining voting rights in 2004, which again reaffirmed and recognized the important role that people living with and affected by the diseases have in ensuring an effective response.

It was our voices and actions as People Living with HIV (PLHIV) that helped to galvanise a lethargic world into action during the early years of the HIV epidemic.

It was our voices and actions that saw the establishment of the Global Fund.

It is our voices and actions that have to result in all people having access to services and commodities that they require to stay alive – regardless of their geographical location, gender, social status, gender identity or sexual orientation.

The funding provided by the Global Fund has had a huge impact on improving the quality of our lives as people living with and affected by the three diseases. This must continue. We need to ensure that the Global Fund is fully funded and sufficiently resourced so it can remain true to its founding principles and continue to be a truly global resource for people living with and affected by AIDS, TB and malaria in Low and Middle Income Countries.

The next five years for the Global Fund are exciting! While there are many challenges associated with an organization in growth, we believe that there are also many opportunities. We have therefore developed our own five-year strategy as a mechanism that will allow the Delegation to respond effectively to both the challenges and opportunities that we will undoubtedly face. It is through addressing our 5 strategic objectives (human rights; access to prevention, treatment, care and support; effectiveness and efficiency; replenishment and resource mobilization; and delegation processes) that we will contribute to a more effective and sustainable Global Fund.

While the power of our voices cannot be underestimated, we need to ensure that the perspectives that we bring to the Global Fund are well informed, accurate and accountable. We are privileged to be in this position and we depend on your support, count on your collaboration and look forward to working with you to make this happen.

In Health and Solidarity,

Rolake Odetoyinbo, Board Member
Shaun Mellors, Alternate Board Member
Rachel Ong, Communications Focal Point
Executive Summary

The Communities Living with HIV, Tuberculosis and affected by Malaria Delegation (Communities Delegation) of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), is a group of forty individuals living with HIV, TB and affected by malaria from every region in the world. Our role is to bring the voices of our communities to the deliberations of the Global Fund Board to encourage positive change based on the principles of equity and human rights.

Since 2004, the Communities Delegation has held a voting seat on the Board of the Global Fund, enabling us to fully participate in the decision-making processes of the Global Fund through its various governance mechanisms.

The aim of the Global Fund is to save lives – this means our lives and the lives of all of our communities living with and affected by the three diseases.

Our responsibility is to make sure the voices of our communities are heard within the Global Fund so that we can effect change. For that, we have developed a focused five-year strategy.

Guided by a clear vision and mission and anchored by guiding principles, our goal is to ensure that our participation results in universal access to quality prevention, treatment, care and support for our communities based on principles of equity and human rights.

For the next five years we will focus on five strategic areas:

1. Human rights
2. Access to prevention, treatment, care and support
3. Effectiveness and efficiency
4. Replenishment and resource mobilisation
5. Delegation processes

Each area has a clearly defined strategic objective and a number of specific objectives by which we will operate.

With this strategy in place, we will strive to be as accountable, effective and efficient as possible.
WHO WE ARE AND WHAT WE STAND FOR

The Communities Delegation has integrity and values and does not compromise; we put people first and foremost. We are bold and focused in our ambitions with a unity of purpose, never intimidated, not giving up or not giving into undue pressure, as the delegation is open, transparent and accountable. We stand out because we are living with the disease and bring a human face to the reality of HIV, TB and malaria.

Board Delegations listen when we speak. We are at the forefront of advocacy, resource mobilisation and committed to human rights in Global Fund programmes.

We engage with our communities, and influence decisions with the ultimate aim to provide the best care and treatment for the three diseases. We say and we do, and it is always about real people and their challenges.

The platform that the delegation has created allows us to use our expertise and bring our experience to the table.
Key Achievements to date

Since taking a voting seat on the Global Fund Board, we, the Communities Delegation have been instrumental in affecting change in a number of important areas, clearly demonstrating the positive influence we can have. With the support of other Civil Society Delegations to the Global Fund and many other friends, notable achievements include:

- Involvement in the **Technical Working Group** instrumental in setting up of the Global Fund in 2001 (pre-delegation);

- **Full participation and voting rights** on every decision made by the Global Fund Board – the voices of people living with the three diseases have been an integral part of the decision-making process since 2004;

- **Ensuring accountability of Global Fund grants**

- Advocating for the repeal of, and change in legislation mandating disclosure of HIV status for entry into the People’s Republic of China, prior to the 16th Global Fund Board Meeting, Kunming, China. Other countries such as United States of America and Namibia have since followed suit. As a result of the leadership role of the Communities Delegation in the **International Task Team on Travel Restrictions**, a Board decision passed in 2007 now states no Global Fund Board Meeting, Committee Meeting, or the Partnership Forum can be held in a country with entry, stay or residence restrictions against people living with HIV and AIDS (see snapshot on next page);

- Advocacy, development and the introduction of **Dual-Track Financing (DTF) and Community Systems Strengthening (CSS)** have been instrumental in ensuring support is leveraged for civil society to strengthen their systems, participate in the **Country-Coordinating Mechanisms (CCMs)** and be more effective;

- Inclusion of **sexual minorities** as a key decision point, that led to the development of the ‘**Sexual Orientation and Gender Identity Strategy**’ in 2010 (see snapshot on page 15);

- Creation of a **partners seat for TB and malaria** on the Global Fund Board in 2008 – a mechanism that now ensures the voices of TB and malaria partners are heard at the level of the Board;

- As a result of intensive efforts from the Communities Delegation together with Roll Back Malaria (RBM) partners to improve the quality of proposals on malaria control, the success rate of malaria-funded proposals

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2 An example was in 2005, when the Delegation strongly advocated for the discontinuation of the Global Fund grant to Love Life – Africa’s national HIV prevention programme for youth, found to have weaknesses in implementation.

3 Please see references: GFATM, 2010b; GFATM, 2010c, 2004

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has improved from 28% in Round 5, to an average of 75% in Rounds 6 to 10;

- Inclusion of HIV and TB components in Global Fund country proposals as a minimum requirement for Technical Review Panel (TRP) members to review, thereby ensuring proposals address the dual epidemics of HIV and TB;

- **Positioning and inclusion of human rights** as a key Strategic Area of the Global Fund Strategy (2011 – 2016);

- Participation in all **Global Fund replenishment and resource mobilisation** advocacy efforts and meetings, including gathering of 26,421 signatures of support for the Third Voluntary replenishment; and

- **Participation as Ambassadors in the ‘Here I Am’ Campaign** by Delegation Members in 2010, not only bringing the human face of HIV, TB and malaria but showing donors and potential donors the importance of those most affected having a voice in the decisions of the Global Fund.

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4 Under this mechanism, the Global Fund periodically issues a call for proposals, and each call constitutes a round of funding. Since the first round in 2002, there has generally been one new round of funding a year.
Ex Vice-Chair of the Global Fund Board, Ms. Elizabeth Mataka, introduced the issue of gender that urgently needed to be addressed by and reflected in Global Fund policies. By gender, she meant women and children, but as gender was the appropriate term then (and still is), and there being much support for this (particularly among donors), that is what her initiative was called.

The civil society Delegations immediately saw a gap in this initiative, as sexual minorities should also be part of the gender agenda. This was not completely embraced by all Board Delegations at the time, as there were, and still are, many countries with laws criminalizing these groups.

The Communities Delegation together with others, lobbied extensively to have the words 'and sexual minorities' included in the final decision point. As a gender strategy was wanted by many (especially donors) and to move this initiative forward, the decision was approved to include the reference to sexual minorities - a major victory for civil society. The result was the development of two strategies - a Gender Equality Strategy, approved at the 18th Board Meeting in New Delhi, 2008, and a Strategy in relation to Sexual Orientation and Gender Identity (SOGI) approved at the 19th Board Meeting in May 2009 (GFATM, 2010e).

Following the approval and the roll out of the SOGI strategy in Round 9, the GF Board approved the most-at-risk-populations (MARPs) stream of funding (as a short term measure until deciding on the new eligibility criteria). This targeted pool of funding was crucial to increase the uptake of SOGI interventions, which is also known in some countries as 'funding the right thing.'

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5 Please see references: GFATM, 2007a
6 Please see references: GFATM, 2008
The 16th Global Fund Board meeting was to be held in Kunming, China in November 2007, and the Communities Delegation flagged that people travelling to China still had to disclose their HIV-status, which could lead to denial of entry into China. The Government of the People’s Republic of China said they would remove the questions from the entry forms, but by the time the Delegations had to book their travel and apply for their visas nothing had changed. The Communities Delegation then decided they would not travel to China and thus not attend the Board meeting, which was a very difficult decision as there were several important issues on the agenda, including the approval of Round 7. In support of the Communities Delegation, the other two Civil Society Delegations also declared they would not attend the Board meeting. The then Board Chair, Rajat Gupta, started negotiations between the Delegations, led by the Communities Delegation, and the host country China.

As a result of the negotiations, which took place at the highest political level, China made commitments to remove the declaration of HIV status from visa applications and to remove denial of entry of HIV positive individuals into China.

The Board also adopted two decisions: the first one being that from then on, no Global Fund Board or Committee meetings would be held in a country with entry, stay and residence restrictions for people living with HIV; and the second one being the establishment of an International Task Team on Travel Restrictions led by UNAIDS and Co-Chaired by Shaun Mellors (representative of the Communities Delegation) with the aim of eliminating policies and practices that restrict the travel of PLHIV. Today people can travel to China without having to disclose their HIV status.

COMMUNITY SYSTEMS STRENGTHENING AND DUAL-TRACK FINANCING - Snapshot

When the Global Fund was working on the development of its Four-Year Strategy (2007-10), the three Civil Society Delegations came together to see how they could leverage the role of civil society within the implementation of Global Fund programmes. They developed the concepts of CSS and DTF, which resulted in the following decisions taken by the Board:
The routine inclusion, in proposals for Global Fund financing, of both government and non-government Principle Recipients (PRs) for Global Fund grants ("dual-track financing"). If a proposal does not include both government and non-government PRs, it must contain an explanation of the reason for this;
The routine inclusion, in proposals for Global Fund financing, of requests for funding of relevant measures to strengthen the community systems necessary for the effective implementation of Global Fund grants;
The effective representation and meaningful participation of vulnerable groups (as defined in the context of each particular country) on Country-Coordinating Mechanisms (CCMs); and Simplified CCM access to funding to support effective administrative functioning of civil society organisations, for the life of a grant that the CCM is overseeing when needed, as well as increased transparency by CCMs about how they plan to ensure access by civil society to such funding.

These measures were taken to help civil society gain better access to Global Fund funding, and to strengthen their own systems to be able to be more effective in the fight against HIV, TB and malaria. This also created the opportunity for communities, and in particular most-at-risk groups, to have more access to decision-making bodies such as the CCM.
Vision, mission, goal and principles

Vision
Our vision for the Global Fund to Fight AIDS, Tuberculosis and Malaria is one in which all communities living with or affected by HIV, TB and malaria have equitable access to quality services and support needed to prevent, treat and/or live with these infections within an environment that respects human rights.

Mission
Our mission is to ensure the voices and issues of people living with and affected by HIV, TB and malaria influence the deliberations and decisions on investments and programmes of the Global Fund to achieve greater and sustained impact for communities.

Goal
Our goal is to ensure that our participation on the Global Fund results in universal access to quality prevention, treatment, care and support for communities living with and affected by the three diseases based on the principles of equity and human rights.

Guiding principles
The vision, mission and work of the Communities Delegation is underpinned by three principles:

- The right of people living with, and affected by, HIV, TB and malaria to be meaningfully involved at all levels of policy and programme development, implementation, monitoring and evaluation in responses to the three diseases.

- That all people infected and affected by the three diseases regardless of gender, sexual orientation, race, colour, age, language, religion, political or other opinion, national or social origin, economic condition, occupation, status at birth, physical, mental and sensory disability or any other health challenges, drug use, life choices, civil, political, social or other status have the right to a voice in responses to the three diseases, and access to quality prevention, treatment, care and support.

- Respect for value of all human life, the dignity and equality of all people, and the elimination of all human suffering.
Proposal 1
The global fund further refines funding mechanisms to promote flexible, predictable and funding using iterative processes.
Key populations: MAPEH
Maximize impact through support for multi-sectoral national strategic planning.
Regional and funding marks clear oversight.
Strategic Actions:
- Strengthen coordination and support for implementation.
- Ensure strong CSO component in all mechanisms.
- Strengthen the role of civil society in funding mechanisms.
- Ensure strong feedback into policy.

We propose that the fund move more to a risk-level proposal process that takes into consideration context and needs.
- Iterative development process.
- Non-rules based funding.
- Based on national strategic priorities.

To be continued!
Clearly based on our vision, mission and guiding principles, we have identified five Strategic Areas that will guide our work for the next five years:

**Strategic Area 1: Human Rights**

**Strategic Objective 1:** Ensure human rights principles and approaches are reflected within Global Fund decisions, policies and funded programmes.

**Context:** The Communities Delegation is committed to ensuring that Global Fund funded programmes and investments operate in, and contribute to, environments that respect and value human rights. Human rights abuses and violations continue to exacerbate the impact of the three diseases. The marginalisation and criminalisation of communities such as drug users, sex workers, transgender people, and men who have sex with men remains a major structural driver of HIV/AIDS and TB epidemics; often leaving these communities with limited or no access to appropriate and necessary HIV/AIDS and TB services. Supportive legal environments, rights-based and evidence-informed approaches are critical to achieving sustainable public health outcomes and ensuring equitable access to prevention, treatment, care and support to all who need them.

**Specific objectives:**

1. Human Rights is included as a specific objective within the Global Fund Strategy 2011 – 2016;
2. The Global Fund implements its strategy within a Human Rights based approach, with the inclusion of meaningful engagement of communities most affected by HIV, TB and malaria;
3. Community Systems Strengthening (CSS) is used as a means to support, protect and enable Human Rights; and
4. Increased implementation and more effective monitoring of existing Global Fund policies that aim to protect and promote Human Rights.
Strategic Area 2: Access to Prevention, Treatment, Care and Support

Strategic Objective 2: Advocate for increased access to comprehensive prevention, treatment, care, support and related services for all who may need it through Global Fund funded programmes.

Context: Advocating for the achievement of Millennium Development Goals (MDGs) 4, 5, and 6 is a Communities Delegation priority. The Delegation will work with the Board, Committees and Secretariat to ensure that the focus of MDGs 4, 5, and 6 remain central to the work of the Global Fund, and that all communities living and affected by the three diseases who require access to prevention, treatment, care and support services have access to them. In recent years, considerable energy and money have been spent trying to achieve Universal Access to prevention, treatment, care and support for HIV, and equal efforts have been spent on reaching MDG 6 for malaria and tuberculosis. Although most targets for Universal Access by 2010 have not been met, the goal remains an important one for low and middle-income countries around the world. The Communities Delegation will advocate for better and more efficient systems and processes that will be able to bring drug and commodities prices down to provide treatment for more people.

Specific objectives:

1. Advocate for an evidence-based analysis of countries to provide adequate and effective HIV treatment, care and support, including ensuring increased access to treatment, care and support for hepatitis co-infections;
2. Advocate for epidemiological data to inform rights-based comprehensive prevention programming;
3. Advocate for malaria to form part of the Continuity of Service (CoS) policy for prevention and treatment, in order to sustain the gains made in the last 5 years; and
4. Advocate for increased access to MDR TB prevention, treatment, care and support and the roll out of new MDR TB diagnostics.

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10 MDG 4: Reduce child mortality; MDG 5: Improve maternal health; and MDG 6: Combat HIV/AIDS, malaria and other diseases.

Strategic Area 3: Effectiveness and efficiency

Strategic Objective 3: Promote and support a more transparent, accountable, effective and efficient Global Fund that demonstrates positive impact for communities

Context: Since its establishment in 2002, the Global Fund has evolved and matured alongside the changing landscape of global health and development. Processes and reforms have been implemented to cope with the changing environment, but many of these have not proven adequate and adaptable to epidemiological profiles with regards to populations, persons at highest risk, and the number of persons affected by the three diseases. Inefficiencies have arisen as the Global Fund became increasingly complex and thus there are a number of issues at the Secretariat and Board level that need to improve to ensure more effective processes at the Secretariat and for countries.

The concepts of Community Systems Strengthening (CSS) and Dual Track Financing (DTF) assist civil society to strengthen their own structures in country, especially for marginalised communities, allowing them to be implementers of programmes. As we move towards the new architecture of the Global Fund, increased pressure is being placed on civil society organisations and their structures to adapt.

The ultimate goal of efficiency and effectiveness is to provide services to those who need them, and to create faster, better and quality impacts on the three diseases.

Specific objectives:

1. Promote an integrated approach to CSS across the three diseases in order to improve the effectiveness and efficiency of Global Fund processes and resources;
2. Advocate for an increased share of resources going to the communities by National Strategic Applications (NSAs) and the Health Systems Joint Funding Platform (HSJFP), through CSS and DTF; and
3. Advocate for initiatives that increase the number of people accessing quality prevention and treatment in the most cost-effective manner.
Strategic Area 4: Replenishment and resource mobilization

Strategic Objective 4: Advocate for a financially sustainable Global Fund so as to maintain its demand-driven model.

Context: The Communities Delegation recognises that for an effective and sustainable response to HIV, TB and malaria, countries require both domestic and international investments and commitments to reach MDGs 4, 5, and 6. As an instrumental funding mechanism for HIV, TB and Malaria commodities, responses and services, the Global Fund has played a unique role in meeting country needs through a demand driven model that funds all Technical Review Panel (TRP) recommended proposals. To ensure predictable and sustainable resources, the Global Fund needs to be fully replenished. The Communities Delegation plays a vital role in advocating for a financially sustainable Global Fund.

Specific principles we follow:

- ‘Keep It Global’ – bearing in mind that the populations we serve transcends all geographical boundaries and exist in both concentrated and generalised epidemics.
- The engagement of all implementing governments to lobby for the Global Fund, as well as to contribute (co-finance) to their domestic health budgets.
- Joint civil society efforts and collaborations, and mobilisation of civil society and communities support at all levels.
- The need for continuing work on replenishment for the Global Fund, and not just during the pledging cycle.

Specific objectives:

1. Promote the impacts and investments of the Global Fund and its programmes at country and regional levels; and
2. Advocate for countries to increase and continue meeting their pledges and contributions to the Global Fund,
Strategic Area 5: Delegation Processes

Strategic Objective 5: Strengthen capacity, institutional memory, internal processes and delegation systems to be an effective, efficient and accountable Delegation.

Context: In order to make a significant contribution to the Global Fund, the Communities Delegation recognises the need to strengthen its own capacity and systems. The Delegation aims to develop its strength and professionalism with effective communication mechanisms that allow consultation among its wider constituencies. Many skills are needed to function effectively and strengthen the capacity of its members for its continued success. Along with efficient systems comes the need for resources to sustain itself so the Delegation can continue to participate fully within the Board of the Global Fund.

Specific objectives
1. Strengthen the capacity of the Delegation members;
2. Strengthen internal processes and systems;
3. Mobilise resources to support the Delegation;
4. Develop and strengthen strategic partnerships; and
Approaches

Strengthening community systems will be at the core of all of our efforts. To achieve our goal, we will work through strategic partnerships, by reaching out to partners working on HIV, TB and malaria who can support us. We will collaborate with other Civil Society Delegations to the Global Fund and those of other related institutions. We will forge linkages with key stakeholders such as civil society and disease representatives on the CCMs. Lastly, we will continue to increase our ability to reach out to the communities whose voices we seek to bring to the deliberations and decisions of the Global Fund.

Learning and evaluation

We will continue to change our approach to achieving our goal according to the dynamic and changing responses and environment to HIV, TB and malaria over the next five years.

To accompany this strategy, we have developed an 18-month work plan that clearly articulates specific objectives, activities and indicators to measure our performance and effectiveness.

Besides developing indicators to measure our outputs, we have also developed Key Performance Indicators (KPIs) to ensure we, as individuals, are fully contributing and accountable on the Communities Delegation.

As well as on-going monitoring, an external mid-term evaluation will be conducted in 2013. We will consider ourselves successful if we achieve 75% or more of the objectives stated in our strategy.


