

---

# The Alberta Community HIV Fund

## An Independent Review and Evaluation of the Funding Model

---

Final Report – October 2005

Prepared for

Alberta Community HIV Fund Working Group  
and Public Health Agency of Canada  
Alberta /NWT Region  
Suite 815 Canada Place  
Edmonton, AB T5J 4C3

# Note

The work presented in this document has been performed by professionals who attend to the evaluation principals and standards approved by the American National Standards Institute. As a member of both the Canadian and American Evaluation Societies and the American Educational Research Association, Dr. Downie, and other consultants working on this project, adhere to the guidelines adopted by these organizations to ensure that engagements are conducted in a professional and ethical manner with due regard for those involved in the work as well as those affected by the results.

In particular, the project team was guided by the following eight principles:

1. Cultural Sensitivity – being sensitive to the cultural and social environment of all stakeholders.
2. Consent – will respect the requirements for free and informed consent.
3. Confidentiality – will respect the right of all stakeholders to confidentiality.
4. Transparency – will adopt transparent evaluation processes involving stakeholders in planning and implementation.
5. Objectivity – shall maintain impartiality and objective viewpoints.
6. Clarity – will make a clear, accurate and fair presentation of all findings.
7. Ownership – will ensure that findings from the research are broadly circulated whenever appropriate.
8. Timeliness – will complete project within reasonable timelines as agreed.

# Executive Summary

## INTRODUCTION AND BACKGROUND TO THE STUDY

The ACHF Working Group, comprised of members of the ACHF staff team and representatives from Alberta Health and Wellness, ACCH, and First Nations Inuit Health Branch determined the need to conduct an independent review of Alberta Community HIV Funding model (ACHF) to determine the effectiveness of the administrative, process and funding structures of the ACHF in meeting the intended objectives. In February 2005, Broadview Applied Research Group Inc. was contracted to conduct the independent review. Principal researchers were Raymond Downie, Ph.D., Principal of Broadview Applied Research Group, and San Patten, MSc.

## METHODOLOGY

Data collection included a review of relevant documents, stakeholder interviews, and surveys distributed to operationally funded agencies, recipients of project funding and unsuccessful project funding applicants.

## THE FINDINGS

A detailed presentation of the findings has been provided according to three broad research areas that include:

- I. **Processes within the ACHF** – such as the tripartite agreement, roles and responsibilities of the Community Planning Committees, ACHF Working Group and Consortium, as well as the Steward and Program Consultant.
-

**II. The Funding Structures and its Administration** – for both operational and project funding streams and including proposal solicitation, review and approval processes, support for proposal development, including related tools and committee feedback.

**III. Information derived from Additional Questions of Interest**, concludes this section of the report.

Ultimately, the success of the ACHF model must be judged against the degree to which the intended objectives have been realized. Here is a representative summary of we heard from the participants in this study:

**1. The ability to develop a more simplified and transparent process reflecting the community's needs.**

*“Simplicity is the whole purpose of the ACHF. The fund was set up to streamline the funding process for all parties, especially the community.”*

*“Right from the beginning, we wanted a funding model that would be good for community as well as the two levels of government, focusing on the community not having to go through both federal and provincial processes – applications and reports.”*

Participants in the study referred to specific challenges encountered by those groups attempting to apply for project funding and the complexities associated with that process. Others noted that increased demands for accountability by government has translated into increased need for fund recipients to engage in evaluation and reporting activities.

For those individuals who have been involved with ASOs long enough to recall previous funding arrangements and challenges encountered, did say that it is much more streamlined, with

greater transparency, and more influence by community over funding priorities. The inconsistencies and contradictions with this view of the present funding model appears to be largely as a result of newer staff being unaware of how HIV funding occurred prior to the existence of ACHF.

## **2. Improved co-ordination among HIV programs and services.**

*“This objective is absolutely achieved because everybody is at the table and knows which groups were funded and to do what, what similar work is happening. Because of ACCH meetings and project/operational site lists, partnership meetings at ACCH, there’s lots of sharing about who’s doing what in HIV in Alberta.”*

Most individuals indicated that the model has been a tremendous value in improving coordination among services and programs. Information sharing through the ACCH and the work of the Steward, the WG and the CPCs were noted as having played a major role in improving co-ordination between ASOs and between ASOs and other community agencies. One of the significant impacts of improved co-ordination has been a sharing of the learnings across the organization and the improvement of local programming. One of the few challenges has been the increased competition in the not-for-profit sector to secure operational and administrative dollars and the impact this has had on cooperation and collaboration more threatening to some agencies.

## **3. Increased involvement of community and improved use of community resources.**

*“it was a recognition that community-based programs are important and are an integral part of HIV programming in the province;”*

Achieving increased involvement of community and improved

---

use of community resources has been aided by the ASOs and their relationships with other agencies in community. These relationships have not only increased the level of involvement and participation by community agencies who have already been involved in HIV/AIDS-related work, they have also lead to the broader community representation on local CPCs. One of the ongoing challenges, however, has been the lack of time/resources and competing priorities by other agencies to participate as fully as they may like and by some ASOs to recruit, train and retain members.

#### **4. Limiting service/program duplication.**

Processes and structures that have developed have helped to improve communication between ASOs, funders and community partners and, as a result, have helped to reduce program duplication as others become aware of existing programs and services. Conversely, increased competition for funding generally in the not-for-profit sector as well as limited time and other resources have all has hindered information sharing and, potentially, the ability to reduce duplication.

#### **5. Increased opportunities to access additional funds through health and other sectors.**

*“not very successful, except for in-kind contributions in terms of time and other support – reviewing proposals, finding out about projects and assuming other roles that they might not have done in the past”*

Aside from increased funding by the existing funders of the model, little has changed. There remain few opportunities to access funds from other funding bodies, with the exception of a couple of instances across the province where ASOs have developed particular relationships with other funders in their respective communities. Clarifying if this is referring to long-term sustainable funds or short-term program specific funds and

---

determining who is responsible for ensuring that this objective is achieved are two concerns that were raised by study participants. Is it the responsibility of the particular ASO to identify and acquire additional funds? If so, then this expectation must be clearly articulated to ASOs along with their need to develop and conduct fund development plans that attend to this objective. Is it the responsibility of the PC or the CPCs? If so, there is a need to establish clear expectations and measures of performance for these groups?

## **RECOMMENDATIONS**

One of the main strategies that has been developed and implemented in Alberta to address the complex needs around HIV programming, community support and prevention strategies has been the creation of the ACHF. It has been described as “an inclusive funding model” that “recognizes and reflects community needs” and attends to population health and emerging needs. It has been described as a unique funding model in Canada that others seek to replicate.

The ACHF has provided an alternative to traditional funder-fund recipient relationships. This model has provided a framework for simplifying funding arrangements, and enhancing community involvement, for improving coordination and reducing duplication by service providers (and funders) and, ultimately, for improving the response to support HIV prevention, care and support activities.

What follows is a series of recommendations, informed by the findings of the study, to guide further refinement of the model.

## 1. Review the Project Funding Stream

The project funding stream was designed to engage non-ASO community-based organizations in HIV/AIDS work over the long term to promote innovation and to meet emerging community needs. The data gathered from this evaluation fail to demonstrate the degree to which these objectives have been realized, however, it seems essential that a regularly scheduled examination of the project funding stream and achievement of intended objectives occurs (perhaps 4 to 6 years). The review should also consider the relative impact and sustainability of projects, the eligibility requirements and limitations, and the sharing of project results, as all of these matters have all been raised as issues by key informants interviewed for this evaluation.

Judging the relative contribution of project funding in the overall response to the epidemic, in HIV prevention, care and support should receive additional examination. A number of questions have arisen from this evaluation that could help guide this review. These include:

1. Should project funding be available to ACHF operationally funded agencies?
2. Should project funding be made available to government agencies, such as regional health authorities?
3. Are one-year projects capped at \$20,000 the most effective means of achieving the desired outcomes of the project stream?
4. If this funding stream is to continue, how can project funding be made more accessible to a broader assortment of community organizations and groups?

5. What is the role of ASOs and CPCs in identifying and facilitating projects in their communities and what resources are needed to effectively perform this role?
6. What criteria should be used to allocate project funding?

## **2. Critically Examine the Role of CPCs**

The importance of encouraging community stakeholder involvement, of hearing the “community voice” and building buy-in for local HIV/AIDS work was seen as potential contributions of CPCs. This aspect of the ACHF model has also promoted the development of community partnerships and capacity-building in other organizations to engage in HIV/AIDS-related work.

When CPCs are working effectively they can help to identify community needs, they can provide information to help review proposals more thoroughly and screen proposals before submitting to the PC, they can act as a useful source of information for organizations on the projects and operational funding processes, and serve to facilitate community interaction between projects and the local ASO. In some communities, however, CPCs were generally assessed as falling short of their potential role; in these communities there is limited community involvement in CPCs, limited representation of community members and a lack of understanding of their roles and responsibilities. Further, ASO staff reported feeling responsible for recruiting and retaining CPC members, supporting the activities of the CPC and ensuring that it performs the functions expected of it in the funding model.

Clarifying the responsibility for ensuring that local CPCs are operating effectively, establishing localized training to ensure

---

that CPC members are familiar with their roles and responsibilities and providing additional resources to recruit and retain members appears necessary. Considering alternative structures to “hear the community voice” and build buy-in for local HIV/AIDS work should also be examined. This could include using a model similar to that of the PC could be used by having external “experts” review project proposals or shifting the CPC role from proposal review to more of a visioning and guiding role for HIV programs and services in their respective communities.

### **3. Strengthen the Supportive Role of the Steward and ACAP Program Consultants**

The Steward and ACAP Program Consultant were perceived as having a critical role in supporting the ACHF model, particularly the work to support community. The two positions were viewed as essential to the functioning of the Fund, implementing the Fund’s processes, providing information and the necessary documentation to PC members, and corresponding with and supporting community-based organizations. They are responsible for monitoring the funding, ensuring that recipients are spending funding appropriately, and providing ongoing support and education (e.g., with respect to program evaluation). They are responsible for monitoring the Fund, conducting preliminary reviews of the proposals, preparing the proposals for reviewers, communicating and following-up with the organizations on the results of the funding review.

However, worries were expressed that the “exponential increase in workload” for the WG in administering the ACHF was attributed to more complex reporting requirements, trying to implement the ACHF evaluation framework, more funding dollars needing allocation, expanding number of documents, and increasing expectations from the PC (e.g., skills building

---

workshop for applicants). It was noted that the staff positions responsible for administering the Fund haven't kept up with the administrative demands as the fund has evolved and grown over the years.

While there appears to be a need to examine ways to further support these positions and the important work that they do, several suggestions were offered by key informants. These include:

- a) Clarify the roles of these positions and, in the case of the Steward, articulate a clear distinction between the duties to ACCH and to the ACHF, clarifying who the Steward is accountable to and reports to – ACCH Chair and/or PC Co-Chairs.
- b) Consider changing ACCH staffing structure to create an Executive Director position in order to reduce the workload on the Steward and ACAP Consultants and provide some support with respect to the community advocacy role these positions are sometimes compelled to fill.
- c) Create a separate Secretariat body so that the Steward does not sit within the ACCH. By having the responsibility for administering the Fund moved to a separate Secretariat, ACCH would have more freedom in lobbying for more funding.
- d) Have ACHF increase funding to ACCH for the administrative duties associated with the ACHF.

#### **4. Examine Ways of Sharing Learnings Across the Organization**

The ACHF Steward, ACAP Program Consultants, and the WG

---

as a whole, have been urged by study participants to develop and implement a method for providing ASOs and the ACCH with consolidated information, addressing how programming has impacted the epidemic. One particular gap in knowledge management is that there is currently no process for disseminating the results from ACHF projects, and thus no way for future projects or operational organizations to learn from the past projects.

Further, the sharing of information gathered from operational activities and project results could contribute to reduced duplication. ACHF should investigate ways in which it could (or support ACCH to) more actively serve as a central hub through which all operational and project organizations engaged in HIV issues and service delivery can network, develop common programs or materials, share best practices, develop partnerships or advocate for policy change.

## **5. Examine the Viability of Inter-Sectoral Funding**

Although accessing additional sector funds for the ACHF is one of the five stated objectives for ACHF, there is little evidence of the successful achievement of this objective. Given that HIV is acknowledged as an issue requiring a population health approach, and given that the PC is structured to include representatives from a wide range of sectors, funding from other sectors is a natural expectation. Further exploration is needed to assess if this remains a realistic objective, and if so, what strategies ACHF should employ to access additional sector funds.

## **Closing Comments**

A few aspects of the model were identified as needing further

---

examination such as the project funding stream and the role of CPCs. However, the ACHF model is generally regarded as an innovative funding model that effectively merges government and community interests.

The important role of the Steward and ACAP Program Consultants could be provided additional support. Duplication/replication efforts by other jurisdictions could be supported by the wealth of information that ACHF has gathered over the years. Sharing the learnings by identifying the potential opportunities, successes and threats associated with the implementation of such a model could prove exceedingly valuable to others who are seeking an innovative way to simplify funding arrangements, and enhance community involvement, to improve coordination and reduce duplication by service providers and funders and, ultimately, for improving service response.

## **ACKNOWLEDGEMENTS**

We would like to acknowledge the significant contribution of those individuals who participated in the interviews and surveys and also the valuable guidance and support provided by members of the Working Group in the preparation of this report.

# Table of Contents

1. Introduction to the Study	1
2. Purpose and Methodology	5
3. Presentation of Findings	10
4. Conclusion and Recommendations	51
5. Appendices	79

# 1 Introduction to the Study

## INTRODUCTION

In February 2005, Broadview Applied Research Group Inc. was contracted to conduct an independent review of the Alberta Community HIV Funding Model (ACHF). Principal researchers were Raymond Downie, Ph.D., Principal of Broadview Applied Research Group and San Patten, MSc.

This funding model, developed and implemented in April, 1999, is the result of a unique collaboration between provincial (Alberta Health and Wellness) and federal (Public Health Agency of Canada) health departments and community organizations (AIDS Service Organizations) in Alberta. Heralded as an alternative model for funder-community partnerships and collaboration across the sector, the ACHF has provided an alternative to traditional funder-fund recipient relationships. This model has provided a framework for simplifying funding arrangements, and enhancing community involvement, for improving coordination and reducing duplication by service providers (and funders) and, ultimately, for improving the response to support HIV prevention, care and support activities.

This study will examine how the model is operating today. What challenges are being encountered and what successes have

---

been realized since the model became operational? Has it realized the objectives that were established when it was first operationalized?

## **BACKGROUND**

One of the main strategies that has been developed and implemented in Alberta to address the complex needs around HIV programming, community support and prevention strategies is the creation of the ACHF. The ACHF was developed and first implemented in 1999/2000 as a joint community, federal, provincial initiative, through consultation with representative from AIDS Service Organizations (ASOs), persons living with HIV or AIDS (PLWHA), regional health authorities (RHAs), and provincial and federal health departments in Alberta. The ACHF is administered by the Alberta Community Council on HIV (ACCH), a partnership of fifteen (15) non-profit, community-based HIV organizations.

### **Evolution of the ACHF Model**

Since 1988, Alberta Health and Wellness (formerly Alberta Health) has provided HIV grant funding to community organizations to support HIV prevention and care and support activities. AIDS Community Action Program (ACAP) grants and contributions were also provided to community organizations by the Public Health Agency of Canada (formerly Health Canada).

---

Often, the same community organizations sought and received funds from both Alberta Health and Wellness and Public Health Agency of Canada (formerly Health Canada). Over time, this resulted in requests from community groups that the two funders coordinate the calls for proposals, financial accountability, and evaluation requirements.

A Working Group was struck in June 1998 to design the new HIV funding model in Alberta. The Group was comprised of representatives from provincial and federal health departments, the Alberta Community Council on HIV and a Regional Health Authority. A new HIV funding model entitled the Alberta Community HIV Fund (ACHF) was developed and implemented effective April 1, 1999.

### ***The Purpose of the ACHF***

The intended objectives of the Alberta Community HIV Fund include:

- to develop a more simplified and transparent process reflecting the community's needs;
  - to improve co-ordination among HIV programs and services;
  - to increase the involvement of community and improved use of community resources;
  - to limit service/program duplication; and
-

- to increase opportunities to access additional funds through health and other sectors.

## GLOSSARY OF TERMS

ACAP	AIDS Community Action Program
ACCH	Alberta Community Council on HIV
ACHF	Alberta Community HIV Fund
AHW	Alberta Health and Wellness
AIDS	Acquired Immune Deficiency Syndrome
ASO	AIDS Service Organization
BBP	Blood-Borne Pathogens
CBO	Community Based Organization
CPC	Community Planning Committees
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Use
NPNU	Non Prescription Needle Use
PC	Provincial Consortium (Alberta Provincial Population Health Consortium)
PHAC	Public Health Agency of Canada, Alberta/NWT Region
PLWHA	Person(s) living with HIV or AIDS
WG	Working Group (ACHF Working Group)

## 2 Purpose and Methodology

### PURPOSE OF THE STUDY

The ACHF Working Group, comprised of the members of the ACHF staff team (ACHF Steward and PHAC Program Consultants), and representatives from Alberta Health and Wellness, ACCH, and First Nations Inuit Health Branch determined the need to conduct an independent review of the on-going progress in meeting the objectives of funding model. The review was initiated to determine the effectiveness of the administrative, process and funding structures of the ACHF in meeting the intended objectives.

Ultimately, the aim of this review has been to provide information and develop recommendations that can be used to enhance and improve the achievement of following five key objectives:

1. The ability to provide a simplified and transparent process reflecting community needs.
  2. Improved coordination among HIV programs and services.
  3. Increased involvement of community and improved use of community resources.
-

4. Limiting service and program duplication.
5. Increased opportunities to access additional sector funds (health and other sectors).

The methodology was designed to provide a comprehensive examination of the extent to which the ACHF model has been fulfilling its originally conceived goals and objectives, and the processes, partnerships and role dynamics that have affected the model's functioning.

## OVERALL APPROACH

It was intended that the overall approach for the study would involve:

- Extensive document review of materials provided by funding bodies; and
- Stakeholder interviews, including members of the Community Planning Committees, ACHF Provincial Population Health Consortium, ACHF Working Group, ACHF Steward and ACAP Program Consultants, ASOs and representatives from funded as well as unsuccessful project stream applicants.

Specific evaluation questions and data collection tools were developed to examine 1) **Processes** within the ACHF – such as the tripartite agreement, roles and responsibilities of the Community Planning Committees, ACHF Working Group and Consortium, as well as the Steward and Program Consultants;

---

and, 2) **The Funding Structures and their Administration** – for both operational and project funding streams and including proposal solicitation, review and approval processes, support for proposal development, including related tools and committee feedback. Additional questions of interest identified by the Working Group were also posed and reported as a separate section in this report.

The design of the evaluation questions was guided by materials provided by the Working Group to the evaluation team, and in particular, the Request for Proposals which outlined the intent and focus of the study. The final questions were prepared in consultation with members of the Working Group.

While specific interview questions are contained within the Appendices, general questions that guided the research included the following:

- What is the history surrounding the development of ACHF's existing systems, structures, roles, processes and objectives?
  - How has the context changed and what impact has it had on current systems, structures, roles and processes?
  - What needs are currently being met by existing systems, processes and structures? Is there evidence that indicates needs are not being met? If so, what is the nature of the unmet needs, and what are the challenges and strategies for meeting them? What adaptations would be beneficial?
  - What are the strengths and weaknesses of the existing
-

funding arrangements?

- What is impacting on the success and future direction of investment and services in this sector?
- How has the ACHF operational and project funding contributed to the development of effective community-based HIV/AIDS programs and projects? Is the ACHF model achieving evidence-based, seamless and non-duplicative HIV programming across Alberta?

## **DATA COLLECTION METHODOLOGIES**

Data collection strategies for this study utilized interviews with key individuals involved in various aspects of the funding model. A survey was also employed to gather relevant information from operational and project funding applicants.

### **Key Informant Interviews**

Interviews were employed to examine the individual experiences of key persons involved with the funding model. A series of in-depth interviews, emphasizing narrative and personal experience was conducted with key informants engaged in the operations of various components of the model.

A total of 41 individuals were contacted, with 25 persons participating in the interviews. Interview participants included members of the Community Planning Committees, ACHF Provincial Population Health Consortium, ACHF Working

---

Group, ACHF Steward and ACAP Program Consultants. Several of the participants were members of more than one of these organizations.

## **Survey**

A survey instrument was developed to gather information from funding applicants in order to identify issues associated with application and approval processes as well as, for those successful applicants, particular program/project successes and challenges.

The survey instrument was distributed to all recipients of operational funds as well as representatives of those groups who applied for project funding – both recipients and unsuccessful applicants.

A total of 15 operational surveys (Appendix 3) and 27 project surveys (Appendix 4) were distributed. A total of 13 surveys from operationally funded organizations, and three surveys from project funded organizations, were returned.

The next section of this report presents the findings.

## 3 Presentation of the Findings

The findings of this study are presented according to three broad research areas that include:

- I. **Processes within the ACHF** – such as the tripartite agreement, roles and responsibilities of the Community Planning Committees, ACHF Working Group and Consortium, as well as the Steward and Program Consultant.
- II. **The Funding Structures and its Administration** – for both operational and project funding streams and including proposal solicitation, review and approval processes, support for proposal development, including related tools and committee feedback.
- III. Information derived from **Additional Questions of Interest**, concludes this section of the report.

The following responses were gathered through interviews with key individuals involved in various aspects of the funding model, including members of the Community Planning Committees, ACHF Provincial Population Health Consortium, ACHF Working Group, ACHF Steward and ACAP Program Consultants, and surveying recipients of operational funds as

---

well as recipients of project funding<sup>1</sup>.

## I. PROCESSES WITHIN THE ACHF

The current model and its processes are described as “an inclusive funding model” with multiple stakeholder input (11). Several participants observed that the model ensures funding decisions “recognizes and reflects community needs” and attends to population health and emerging needs (3). Others noted that it is a unique funding model in Canada that many seek to replicate in other provinces and for other health or disease issues (3).

*“It is recognized nationally as one of the most inclusive funding models.”*

### 1. Is the ACHF Working Group (WG) effective in its role?

Do you think it is working well?

The general consensus was that the WG was an important element of the funding model. The WG was originally intended to be an interim structure to ensure that all the funding processes were determined for the launch of ACHF. It has, however, taken an ongoing role in performing background analyses of issues and developing potential solutions to present to the PC. It has provided a structure and venue for sharing information and resources. It has provided a way for fund recipients and funders

*“The Working Group is the key to the ongoing success of the model.”*

---

<sup>1</sup> A total of 15 operational and 27 project surveys were distributed with all 13 surveys completed and returned by operationally funded organizations. Only 3 surveys were returned from successful applicants of project funding and no surveys sent to unsuccessful applicants for project funding were returned.

---

to work together to guide improvement efforts to ensure that the needs of both funder and fund recipient are met.

The WG was described by PC interviewees as the backbone to the work conducted by the PC, serving both an advisory and working role for the PC and the everyday work involved with implementation of the funding model. Critical roles of the WG were seen to involve gathering, summarizing and distributing information among PC membership to inform decision making. The WG was also identified as the venue for planning and discussing current issues, building awareness on the impact of decisions for partners and fund recipients, and discussion of how to mitigate those impacts.

*“The WG is where contentious issues are discussed and decisions are made. If the PC has recommendations or decisions, the WG figures out how to operationalize those and discusses the realities of the consequences.”*

### What challenges have you encountered?

A key concern raised by interviewees and in particular community organizations/funding recipients, related to a perceived inequity of influence and power between partners of the WG – between funders and funding recipients, and between the funders themselves.

*“Because we [community groups] don’t bring money to the table, we [feel] don’t have an equal stand”*

Conversely, one interviewee felt that the imbalance actually favoured community representatives due to extensive efforts by government representatives to respect the perspectives of ACCH and other community members of the PC and WG.

Another of the challenges was the perceived imbalance with the three government organizations represented at the Working Group – Alberta Health and Wellness and two federal agencies – Public Health Agency of Canada and First Nations and Inuit Health Branch and the corresponding requirements for funding recipients. It was noted that while the ACAP portion of the ACHF funding is less than that of AHW, it is accompanied by more rules and with greater evaluation and reporting requirements.

One other difficulty for the WG has been maintaining the delicate balance between providing sufficient information for informed decision making by the PC and providing either too much or too little information, weakening the role of the PC. It was suggested by one interviewee that the WG could make the PC irrelevant and a “token” committee by taking on not just the day-to-day work of implementing the ACHF model, but also much of the decision making process.

Extensive changes in staffing of key positions over the past two years has had a significant impact on the functioning of the WG (2). Effective interpersonal relationships have been crucial to the success of the model, and lack of familiarity with individuals and their working styles was seen to be a significant challenge

An additional impact associated with the loss of longtime staff is the corresponding loss of “organizational memory” and the lack of awareness of the significant changes that have occurred from previous funding arrangements.

---

*“ACHF is quite complex and takes some time to get really familiar with. It’s very different from other funds....We have to orient new people to the process, revisit issues to get everyone on the same understanding.”*

*“When you have changes in personnel, it really tests a model and a committee.”*

---

Another major challenge for the WG is the extensive workload (especially the ACHF Steward and the ACAP Program Consultant). This recent “exponential increase in workload” for the WG in administering the ACHF is attributed to more complex reporting requirements, trying to implement the ACHF evaluation framework, more funding dollars needing allocation, expanding number of documents, and increasing expectations from the PC (e.g., skills building workshop for applicants) (5). Some of the interviewees noted that the staff positions responsible for administering the Fund haven’t kept up with the administrative demands as the fund has evolved and grown over the years.

---

*“I know that they work really hard, the volume of information they process and the decisions that they make are a lot of work.”*

### What recommendations would you make to improve this component of the model?

The key recommendation provided by interviewees was to review and clarify the Terms of Reference for the WG to more specifically define the work and decision-making responsibilities. This was seen to be especially timely due to the recent staff turnovers within the WG and the concern raised by several interviewees that responsibilities and work performed were rapidly outstripping existing WG resources.

## 2. Is the ACHF PC effective in its role?

Do you think it is working well?

One of the benefits of the PC is the broad ministerial and inter-

---

*“For government, it*

sectoral representation (3). As one interviewee noted, having representatives from many ministries makes the process of advocating Government for additional funds easier than in most situations.

The PC was also perceived to have a positive balance between community, government and non-government organizations (2). It was felt that all PC members had a fair amount of input and control over how decisions are made, and that everyone's voice is heard and respected (2).

Several interviewees characterized the PC as a collaborative group with members who are engaged and quite dedicated to the ACHF processes, providing thoughtful reviews and making good decisions (5). Interviewees felt that the PC group members are engaged.

It was noted that the work of the ACHF Steward and the ACAP Program Consultant has been of tremendous assistance to support the work of the PC (4).

### What challenges have you encountered?

One of the challenges identified with the PC is that while there is broad sector-wide representation and contribution in the form of participation of agency personnel, only two of the members provide funding (2).

Another challenge identified by one of the funding recipients is

---

*represents an integrated community model...the large number of participants and the involvement of many ministries makes it easy for Ministers to say YES when we advocate for increased funds."*

*"I use the PC as an example as an effective way to deal with a review process. It gets the input from the stakeholders and PC members in a way that is meaningful and still efficient."*

*"Everything works well but when the proposal gets to the PC, decisions are made and we don't know how or why they*

---

the perceived lack of transparency in the decision making process at this stage in the approval process (1).

*are made”*

It was noted by some PC members that greater vigilance is needed with respect to involving PC members in decision-making both around priority setting for how the Fund should be spent, as well as how the Fund should be distributed (3). One interviewee noted that the large number of project and operational applications makes it challenging for PC members to give due diligence in the reviews, and sustain a high level of commitment. Meaningful engagement needs to be facilitated by allowing adequate time in meetings for in-depth discussion and opportunities for PC members to have input (2).

*“It’s important that all PC members see themselves as a valuable component in the process, not just a rubber stamp.”*

While it was noted that the PC was comprised of diverse representation of inter-sectoral stakeholders, several interviewees cautioned that all representatives must have more than token contribution (3). In order to have meaningful input, they have to be well versed in HIV issues and understand how HIV issues relate the mandates of their own organizations, and it was noted that this was not the case for some PC members. Another PC member noted that there is lack of voice and low participation by some of the PC members which, in part is due to the wide range of expertise in the area of HIV/AIDS.

*“The challenge is that HIV/AIDS is not the everyday priority of some of the people at the PC.”*

## What recommendations would you make to improve this component of the model?

One suggestion was the need for greater transparency with respect to decision-making. It was suggested by one interviewee that related documents that have tracked PC funding decisions over the past several years – the what, why and how of these decisions, be shared with other stakeholders outside of the PC.

The original intent of the model as described by several key persons included having other government departments recognize the relevance and importance of their engagement in responding to this epidemic (2). There remains the need to have other stakeholders demonstrate this relevance through financial contribution (2).

One interviewee felt that the PC needs to play a more active role in monitoring the organizations funded by ACHF, perhaps by hiring another staff person who would serve a monitoring and evaluation role.

One other suggestion was that ACHF host a periodic forum for PLWHAs to report on the activities conducted by the ASOs.

Interviewees noted that more effort should be taken to ensure that new PC members are familiar with their role and function, perhaps through a formal orientation process prior to their first meeting (2).

*“By having other sectors involved on the PC we’ve been able in some cases to influence them or make them aware of policies. But we haven’t accessed funds from other sectors... it’s not just a health issue.”*

---

### 3. Is the current representation of the ACHF PC appropriate? Are there any other sectors that should be involved?

Generally, interviewees felt that the PC includes representatives from an adequately diverse range of sectors and populations, and that most of those representatives exerted a strong voice around the PC table (3). A challenge for the PC in selecting its membership is to keep all the relevant government departments and non-government sectors meaningfully engaged while at the same time keeping the size of the PC group manageable so that decisions can be made and work can get completed effectively. The population-specific seats need to have individuals who are engaged and informed. It was also noted that the population-specific seats need to be flexible and change to be more reflective of the epidemic and include more seats to include vulnerable populations (e.g., IDUs, young gay men, etc.).

There was positive feedback about the extent of community involvement and representation on the PC. It was reported that decisions are made between the provincial and federal

*“I don’t know how each of them go back to their ministries and how much advocacy and lobbying they do within their own ministries. Maybe some of them are just sent there because they pulled the short straw. But where are the specific perspectives from their ministries? Everybody should be more involved and move the agenda along from the perspective of their sector.”*

---

<sup>2</sup> It was noted during the review of the report that these are issues addressed by ASOs through determining priorities within their communities, where the PC is a funding consortium that is not able to possess all possible stakeholder groups.

<sup>3</sup> It was noted in the review of this report that that such a committee, Kimamamow Atoskanow Foundation, does exist.

---

governments and community. The PC was described as unique in that community has such an active role in all aspects of the funding decisions. The representation of community through ACCH, WG members and PC members was seen to be a key way to ensure that community needs are being met by the Fund (4).

Some interviewees noted that the PC should include more HIV-positive representatives, both in terms of numbers and diversity (e.g., women living with HIV, Aboriginal person living with HIV) (3). Other community perspectives that were seen to be needed on the PC were transgendered people (who are seen to be a population that's highly marginalized both within the GBLT community and the general population), and other ethnocultural (e.g., Asian, African) and/or immigrant representatives (3). One sector that was felt to be missing from the PC is Citizenship and Immigration Canada<sup>2</sup>.

There was especially strong support for a permanent, full-time Aboriginal representative based in the community (as opposed to being based in government), and in particular someone who is able to attend most or all meetings.

It was noted that it is difficult for the one Aboriginal representative on the PC to speak for all Aboriginal perspectives in Alberta since there is no Aboriginal HIV/AIDS committee in the province<sup>3</sup>, and thus no way to develop a coordinated response or take direction from Aboriginal communities as a directive. It was suggested by one individual that the issues and needs of the Métis, three Treaty groups, off-reserve and Aboriginal women are

---

*“The PC model is a great model – I’ve sat on other provincial groups and have really advocated this kind of model. It’s worthy of being replicated in other areas.”*

so diverse that it would be most useful to have representatives from each of these groups.

One interviewee did provide a note of caution about potential conflict of interest in having funding recipients sit on the PC, and that it is the responsibility of PC members to monitor their own conflict of interest and take measures to eliminate such conflict.

#### **4. Is the CPC effective in its role?**

Do you think it is working well?

Interview participants repeatedly identified the importance of encouraging community stakeholder involvement, of hearing the “community voice” and building buy-in for local HIV/AIDS work (3). Individuals also indicated the importance of the ACHF model promoting the development of community partnerships and capacity-building in other organizations to engage in HIV/AIDS-related work (3).

The CPCs were seen to serve positive roles in:

- identifying community needs (4);
- providing structured information to help review proposals more thoroughly, screen proposals before the PC (2);
- acting as a useful source of information for organizations on

*“The CPC component is very important as it gets the community involved. People sitting on our CPC represent different partners and groups. It also gives community a voice in our programming.”*

---

the projects and operational funding processes (2);

- facilitating community interaction between projects and the local ASO (3).

Two interviewees noted that it is important for there to be flexibility in how the CPCs are structured. Some communities have formalized HIV-related CPCs, while other CPCs are comprised of a group of community members getting together to work on a range of health and social issues, with HIV comprising just one of the issues.

---

*“People in the communities are the first ones to see the proposals. They know what the community needs and they know if the project proposal will meet these needs.”*

### What challenges have you encountered?

One of the challenges echoed by numerous interviewees has been the struggle with attendance at CPC meetings – both in terms of the number of members, their level of expertise and experience, and the degree to which they reflect the community (5). Several specific challenges noted by key informants include the following:

- people don’t care what projects are being proposed in the area of HIV; they don’t see the impact to their work (1);
- the lack of community agency resources (time and staff) to be utilized for CPC meetings (3);
- a belief that this work does not relate to the mandate or priority of agencies in community – “it is not my job, it is

*“People don’t care what projects are going on in HIV; they don’t see much impact on their work.”*

---

*“When it is time to review the proposals, there are only the same three or four people. There needs to be a check and balance.”*

your job” (1);

- a lack of time by ASOs, especially the less resourced agencies, to find the time to recruit, train and support CPC members and the expectations placed on the ASOs to do this work (4).
- difficulty in ensuring broad representation at CPC, with individuals representing a wide range of agencies/organizations and interests (2);
- the mobility and transiency of employees in the sector, and, in particular, in smaller communities, requires constant efforts to replace CPC member as existing members are lost (1).

A number of individuals, typically in smaller communities, noted that there are only a few individuals who consistently attend the CPC meetings (3). It was noted that this places a great burden on a few people during project review time.

Another challenge identified is the lack of “good” surveillance data and other information being available to participants to help guide the selection of projects that are responsive to current and emerging trends and issues (1). This reason, combined with challenges for CPC members to determine local emerging trends raised concern about funding decisions (1).

The use of pre-existing groups and coalitions, such as Community Care Teams, to form the CPCs enabled a speedier development of these bodies, however, it has also made HIV/AIDS only one of a number of reasons for people coming together (2).

One interviewee noted that it may be unrealistic to expect

---

*“The only people who are consistently attending are from the ASO and RHA.”*

*“They just don’t really understand the role that they’re supposed to be playing... I think their role is the people who have their finger on the pulse of the community, looking at what the needs are...”*

*“The local CPC does not come together until project solicitation happens. All that the local CPC does is review project; it does not identify emerging trends and does not engage their own sector.”*

---

volunteers on the CPCs to thoroughly review operational proposals. They are required to make major decisions and are uncertain how their recommendation or lack thereof would affect their relationship with the ASO or the project organization, putting them in an awkward situation.

Another interviewee noted that political dynamics within a community can hamper the objectivity with which the CPCs review proposals, and at least partially determine whether project proposals are forwarded to the PC for review.

It was suggested that CPCs are in the unique position to understand community needs and dynamics, but they don't always know the best route for supporting HIV work.

Some of the specific challenges identified with respect to the CPC component of the ACHF model are:

- not enough resources dedicated to defining and strengthening the CPC function and structure (3);
- miscommunication between CPCs and PC about review parameters and expectations (2);
- lack of local leadership and commitment by people in some communities; confusion as to who the CPC contact person is (2);
- substandard projects from smaller communities accepted (2);
- unfamiliar with the issues/populations proposed and what is happening in other parts of the province (1);

---

*“Are the CPCs seen as a hoop that the applicants have to jump through, or as a resource that they were originally meant to be?”*

*“Do the CPCs even want to be involved in identifying and supporting projects? Even if the CPCs have a desire to provide support to projects, they don't know how and can't without financial support. They can't maintain HIV initiatives if they aren't a priority in the community. The CPCs are a big issue to explore.”*

---

- more time needed to advertise more broadly or to do targeted recruitment of applicants; few proposals submitted (3);
- lack of local input on HIV issues and priorities, needs, recommendations; struggling to support their communities to address HIV and related issues (3);
- difficult to get other reviewers/specialists in specific populations (1).

One interviewee questioned if the CPCs really are representing or truly understand the needs of their respective communities.

### What recommendations would you make to improve this component of the model?

It was suggested that, especially in smaller communities, to use a model similar to that of the PC by having external “experts” review project proposals (1).

Another suggestion was to provide training for potential CPC members in various communities across the Province (this may include web based distance learning technologies – “tele-health”) to support those interested individuals who are unable to take the time necessary to attend out-of-town training (2).

Another interviewee suggested that CPCs comprise the main project proposal review process, rating the merit of proposals coming from their community. The PC could then serve a role

*“Skills building events happen in Edmonton and Red Deer. We have a difficult time convincing people to take the time to commit – the people on the CPC will not take the time.”*

in conducting more of a process review of the project proposals (compare ratings from the CPCs, compare against population demographic statistics and the funding formula) rather than a content review. The PC could then spend more time looking at the operational proposals.

It was also noted that an important step would be to “educate” CPC members about their roles and responsibilities (3). It was viewed as critical that the CPCs really see themselves as important in setting priorities in their communities and not making funding decisions. But some CPCs find it challenging to not support proposals coming from partner organizations, especially in smaller communities (3). Several interviewees noted that it would be beneficial for the CPCs to receive locally-located training and support from the ACHF Steward and ACAP Consultant, who would work with CPCs to clarify their role (3).

### **5. How critical is the role of the ACHF Steward and ACAP Program Consultants to the success of the ACHF model and why?**

**Do you think it is working well?**

All of the interviewees appreciated the commitment and dedication of the ACHF Steward, as well as the ACAP Program Consultant. The two positions were seen as essential to the functioning of the Fund (2), and were seen to work well together in providing support to one another, implementing the Fund’s processes, providing information and the necessary documentation to PC members (3), corresponding with and supporting community-based organizations.

*“You need to be able to be innovative, take risks, make decisions, ask questions and be willing to challenge the status quo.”*

---

Their roles were seen as critical because they have the closest connection to community members (5). They are responsible for monitoring the funding, ensuring that recipients are spending funding appropriately, and providing ongoing support and education (e.g., with respect to program evaluation). They are responsible for monitoring the Fund, conducting preliminary reviews of the proposals, preparing the proposals for reviewers, communicating and following-up with the organizations on the results of the funding review.

The ACHF Steward and ACAP Program Consultants were perceived to be welcoming and supportive to new organizations seeking project funding, while at the same time being able to hold groups accountable. It was noted that both the ACHF Steward and ACAP Program Consultant had to have strong management skills, particularly because they “have so many bosses – their own organizations, the Working Group, the PC, and to some extent, the CPCs.”

The interviewees were able to identify ways in which the ACAP Program Consultants and the ACHF Steward differed in their roles and capacities. The Steward requires a strong understanding of community practices and issues, and because the position is housed under ACCH, the individual had more flexibility and was better able to provide better support to community groups. The Steward role was characterized as serving a liaison role between ACCH, AHW and PHAC, between funders and the community (5).

---

The ACAP Program Consultants, conversely, has greater access to resources and supports under the PHAC and is better able to provide other forms of support to community organizations. The ACAP Program Consultant was seen to be uniquely positioned to bring perspectives from other health areas, to link ACHF initiatives and ASOs with national initiatives, bring lessons learned from projects and processes in other provinces, and incorporate population health promotion theory and concepts (4).

One interviewee felt that the ACAP Program Consultant and the ACHF Steward should be playing a more active role in the review of operational and project applications. One suggestion was that they take a formal step in the review process by providing an overview of the applicant and give their input on each of the proposals.

### What challenges have you encountered?

All of the interviewees commented that the ACHF Steward and ACAP Program Consultant have a very large workload. It was noted that meeting the information needs of PC members with adequate background information so that they can be meaningfully engaged in decision-making is time-consuming and challenging. Another contributing factor is that the ACHF processes include a large number of committee meetings that sometimes seem needlessly process-heavy, sometimes with over-consultation.

---

*“The Steward has better connections to the community, but less access to evaluation and capacity building resources than ACAP Consultants have. The Steward is not officially a funder, so has less clout.”*

*“The collaborative model creates a lot of extra communication and information provision work; it takes a lot of time to meet PC members’ needs.”*

---

It was also noted that the workload of the ACHF Steward and the ACAP Program Consultants was not always predictable as it is dependent on the needs of the applicants and the particular period in the funding and reporting cycle. New project applicants, especially, need a great deal of assistance and support (2).

Many of the comments focused on the role and responsibilities of the ACHF Steward. The Steward was perceived by all interviewees as a critical role within the ACHF model, particularly the work conducted to support community (2). This community connection was seen to be a unique contribution of the ACHF Steward role. However, there were some worries that other duties of ACCH get imposed on the Steward on top of her ACHF administrative duties, adding to the already heavy workload. Some of the interviewees felt that the Steward should not be completing work duties for ACCH, but focus specifically on work associated with managing the Fund (3).

A common concern was that the Steward was often placed in the position of having to advocate on behalf of the community organizations, whereas that was not seen by some to be the role of the Steward (4). The challenge in the Steward role is to support community organizations without acting as an advocate for community. Interviewees acknowledged that it's a very delicate and challenging balance "to wear those various hats." One interviewee commented that the problem is not a lack of clarity in the ACHF role; it's clear that there's lack of agreement

---

*"As the years have passed, there's always new challenges, but the manpower stayed the same...new things would come up, like a new priority in the province, or groups that need more support in developing their proposals, or more emphasis on evaluation."*

*"The position [Steward] is key to the whole fund."*

*"The Steward role is a monster; it's ridiculously huge and overworked. At present it's really an unrealistic workload. I can't believe that it's continued for as long as it has."*

*"The Steward has to find the balance in any given situation... The role*

---

between government and community in the role of the Steward. The Steward simply has to learn to work well within the dual roles of supporting community while managing the Fund and not acting as an advocate on behalf of community to the other partners of ACHF.

Also, the Steward was seen to have too many forces directing her workload and the timing for completion of that work, including ACCH, the Working Group, the PC and by CPCs (3). A general comment was that all of these bodies need to be more cognizant of the many factors that affect workload of the ACHF Steward, especially important in light of the lack of administrative support for the position (4).

---

*really boils down to being “piggy in the middle” sharing information between community and government, trying just to be the communicator and not the advocate.”*

*“The ACHF Steward has the PC as a political master, but the ACCH signs her cheques.”*

### What recommendations would you make to improve this component of the model?

One recommendation made by several participants was to maintain two PHAC Consultant positions, rather than having one person attempt to manage the various aspects of the fund (2)

Another recommendation to address the workload problems faced by the Steward and the ACAP Program Consultants was for the WG to clarify role definitions (2), and delineate clear distinction between the Steward’s duties to ACCH and to the ACHF, and finally to clarify who the Steward is accountable to and reports to – ACCH Chair and/or PC Co-Chairs.

It was noted that ACHF itself should contribute more funding to ACCH for the administrative duties associated with housing the

*“The main responsibility for administration of the fund lies with ACCH because that’s where the money lies. The process for decision making happens at different levels but ACCH is responsible for managing the fund... all the administration.”*

---

ACHF (3). Some of the operationally funded organizations have noted that ACCH is getting too much funding to administer the funding, without realizing the “bigger picture that ACCH is working for them and for HIV/AIDS issues across Alberta.”

Some interviewees recommended that ACCH consider changing its staffing structure, to create an Executive Director position in order to reduce the workload on the Steward and provide some support with respect to the community advocacy role she is sometimes compelled to fill (2). One interviewee suggested that ACHF create a separate Secretariat body so that the Steward does not sit within the ACCH. By having the responsibility for administering the Fund moved to a separate Secretariat, ACCH would have more freedom in lobbying for more funding.

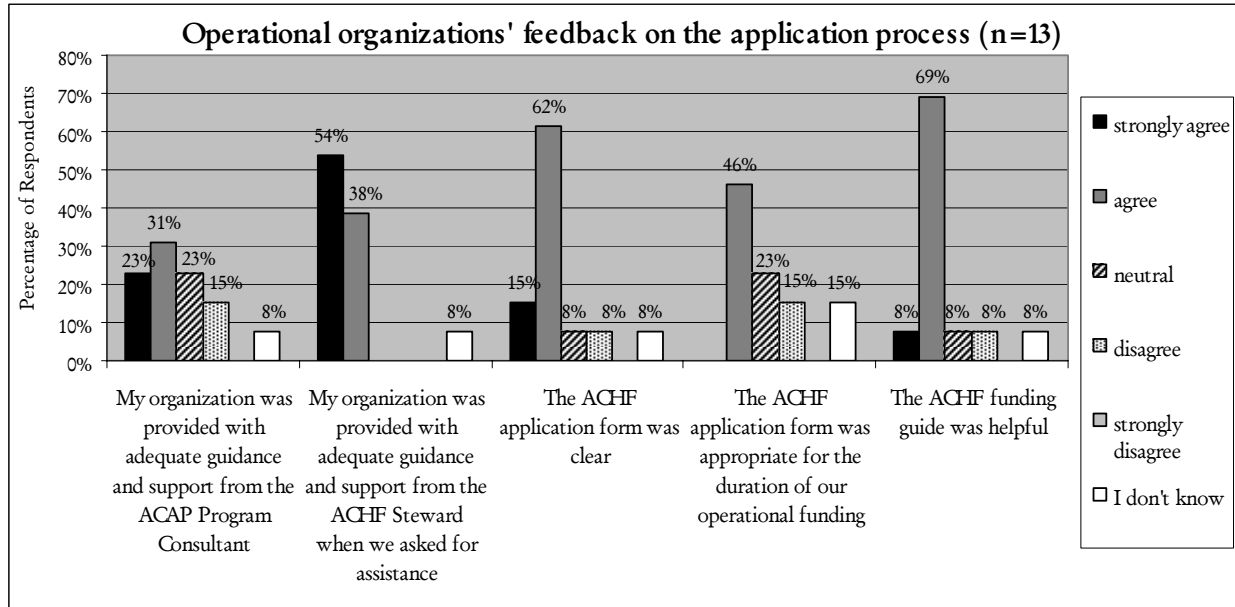
---

*“Housing the Steward puts ACCH in an awkward position with respect to lobbying the government for more funding. There’s a bit of an advocacy vacuum at ACCH, and the Steward gets caught in the middle of all that.”*

## II. ACHF FUNDING STRUCTURE AND ITS ADMINISTRATION

### 1. Operational Funding Solicitation, Review and Approval Process

The following Figures 1 to 4 are summaries of the quantitative data from the 13 surveys (n = 13) completed by the operational organizations. Figure 1: ACHF application process



### The roles of the ACAP Program Consultants and the ACHF Steward

As indicated in Figure 1, about 54% strongly agreed or agreed that their organization was provided with adequate guidance and support from the ACAP Program Consultants (when they asked for it). However, three operational organizations rated neutral on this statement, and two disagreed. All but one of the survey respondents strongly agreed (54%) or agreed (39%) that the ACHF Steward provided adequate guidance and support when it was requested.

Interviewees generally were satisfied with the ACHF review process, but one noted that it is important for the PC to ensure that it, or any other component of the ACHF model, doesn't perceive their role in decision-making as simply providing a

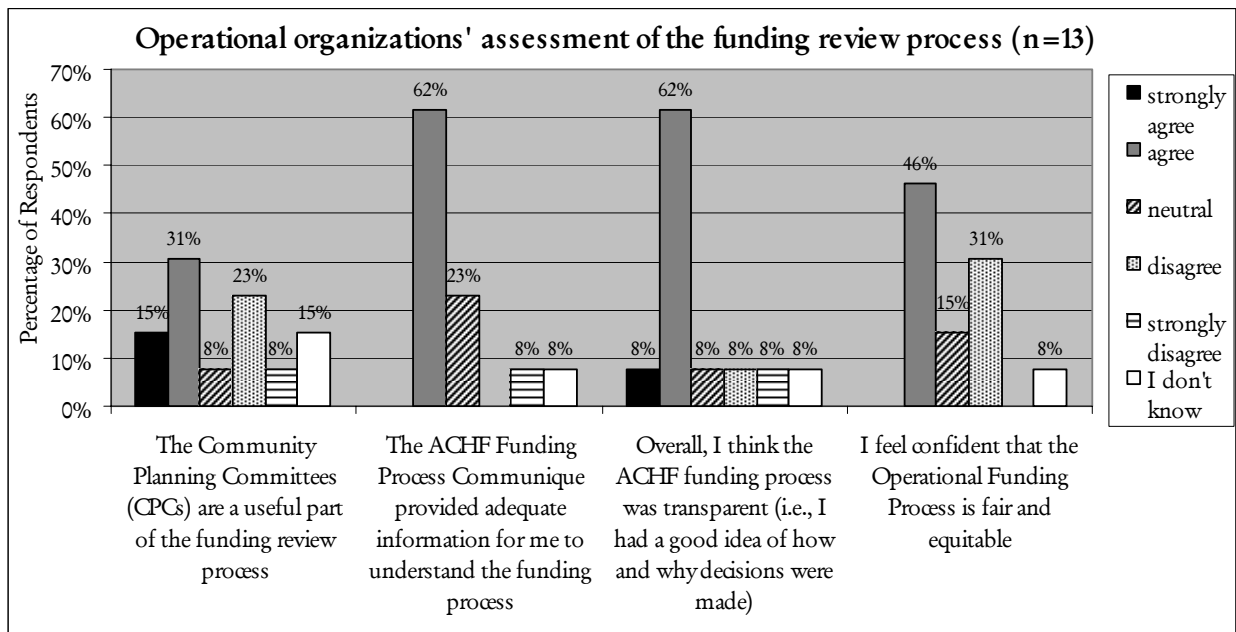
*“The challenge is to make sure that all the work done by the WG and the ACHF Steward and ACAP Consultants doesn't look like all the decisions have been made.”*

“rubber stamp” but that they are actually meant to make informed and meaningful decisions.

### Usefulness of ACHF Application and Guide

The ACHF application form was rated by about 77% of the respondents as being clear, but only 46% agreed that the application form was appropriate for the duration of the operational funding (see Figure 1). Three respondents (23%) rated neutral on this statement and two (15%) disagreed with the statement. The majority of the respondents (77%) felt that the ACHF funding guide was helpful.

**Figure 2: ACHF funding review process**



## The CPC review process

As indicated in Figure 2 above, 46% of survey respondents felt that the CPCs are a useful component of the ACHF review process, but 23% disagreed and 8% strongly disagreed.

Some interviewees noted that there is lack of reliability of the recommendations coming from CPCs in the review process. Ideally, the CPCs provide critical analysis of projects coming forward for funding. Because all projects are first reviewed by the CPCs, the PC really values the comments from the CPCs. The assumption is made that if a proposal is passed forward to the PC that the CPC sees it as a valuable project in their area. However, there is a mismatch between what the PC members are hoping to receive from the CPCs in terms of meaningful review, and what they're actually getting.

*“The PC is counting on the CPC’s closeness to the community, and we’re assuming that projects coming forward are filling a gap in the community and we feel inclined to approve the projects brought forward to the PC by the CPCs.”*

## Transparency and Fairness of the ACHF Funding Process

The survey respondents were also asked if they thought the ACHF funding process was transparent, i.e., that they had a good idea of how and why funding decisions were made. One survey respondent (8%) strongly agreed, and 62% agreed.

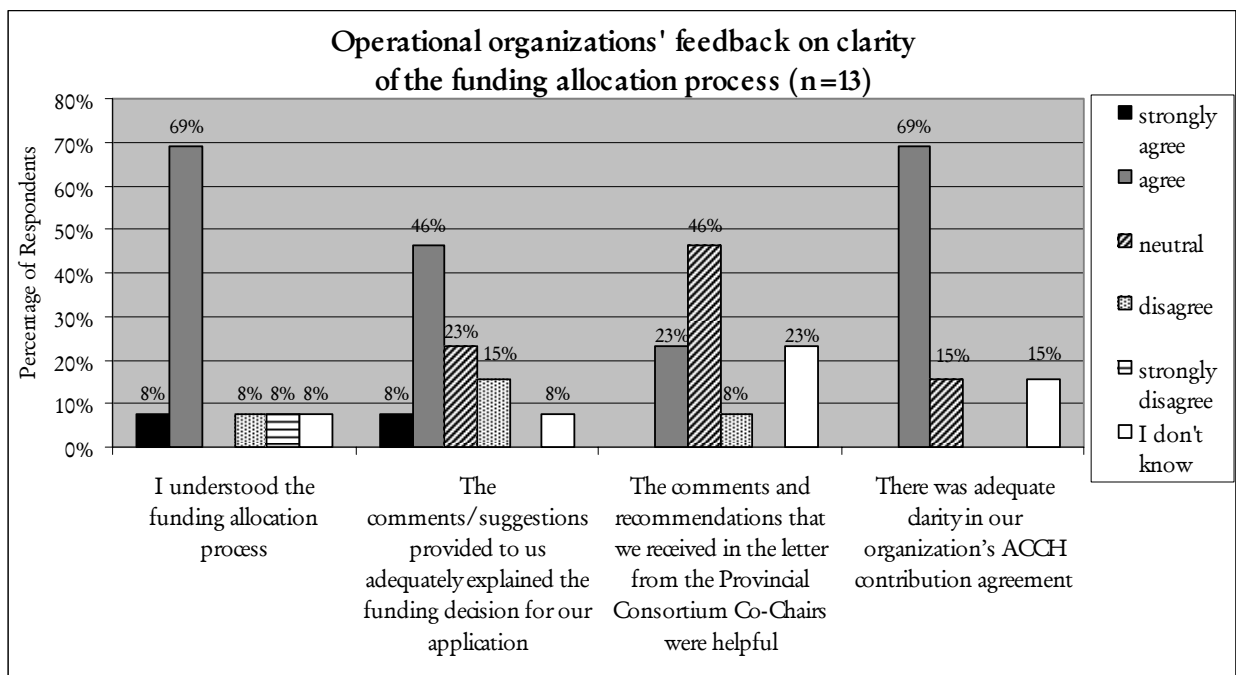
One interviewee noted that the funding criteria set a strong direction as to how the funding will be allocated. Another interviewee felt that not all operational organizations understood the funding formula (i.e., that they could expect

*“For operational funding, it’s pretty much a rubber stamp based on the requested amount from the quota formula. There are only some minor suggestions for what needs to be changed, some adjustments to the budget.”*

---

between 90-100% of their funding allocation), leading to some confusion, frustration and anger.

**Figure 3: Clarity of the ACHF funding allocation process**



## Understanding of the Funding Allocation Process

About 70% strongly agreed or agreed that they understood the funding allocation process (see Figure 3). 54% of survey respondents felt that the comments/suggestions provided to them adequately explained the funding decision for their application; another 23% were neutral on this statement and 15% disagreed. Of the 13 survey respondents, only (23%) agreed that the comments and recommendations in the notification letter from the Provincial Consortium Co-Chairs were helpful; 46% rated neutral on this statement, 8% disagreed and 23% did not know (likely due to staff turnover).

## ACHF Funding Process Communication Summary

As indicated in Figure 3 above, 62% agreed and 23% rated as neutral with respect to the ACHF Funding Process Communiqué providing adequate information for them to understand the funding process. One respondent (8%) strongly disagreed with this statement.

Some interviewees suggested improvements to the Funding Process Communication Summary, such as highlight successful inter-sectoral initiatives happening within ACHF-funded projects or programs, in order to demonstrate productive partnerships to stakeholders. Also, it was noted that the ACHF communiqué should provide a break-down of which organizations were funded as compared to the funding criteria, and a brief summary of the

---

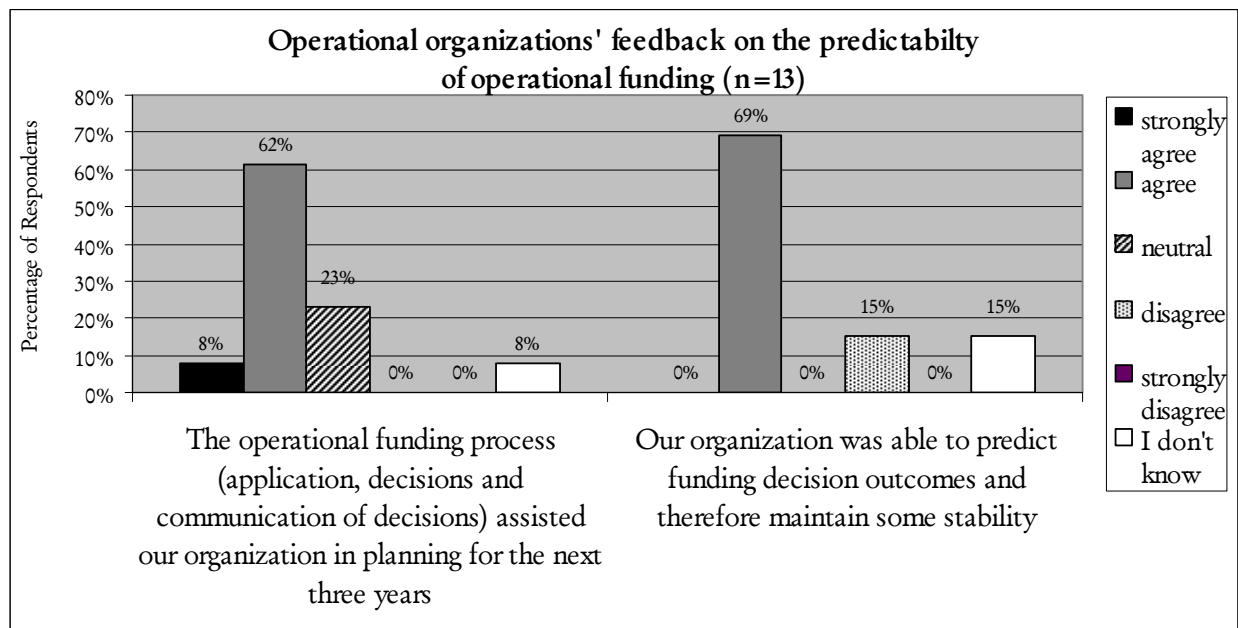
rationale for each of the funding decisions.

### Clarity of ACCH contributions agreements with each sponsor

The majority of survey respondents (69%) agreed that there was adequate clarity in their organization’s ACCH contribution agreement, 15% rated neutral and 15% did not know (see Figure 3). There was some dissatisfaction expressed by fund recipients with respect to the delays in organizations receiving their first funding allotments from ACHF, some as long as two months after their contribution agreements were to begin. One of the project sites noted that the project funding was not actually for a full year, as the funds were not received on time.

*“There was an unacceptable turnaround time in terms of funding decisions and amount of time it took to actually get our first funding cheque...we did not receive our cheque until 2 months later”*

**Figure 4: Predictability of operational funding**



## Predictability of Funding Decisions

As indicated in Figure 4 above, a majority of survey respondents (8% strongly agreed and 62% agreed) that the operational funding process (application, decisions and communication of decisions) assisted their organization in planning for the next three years; 23% rated neutral on this statement.

Also, 69% of survey respondents agreed that their organization was able to predict funding decision outcomes and therefore maintain some stability, although 15% disagreed with the statement, and another 15% reported that they did not know.

## 2. Project Funding Solicitation, Review and Approval Process

The low response rate (3 out of 27) makes it inappropriate to make broad generalizations from the project survey data<sup>4</sup>. However, the low response rate could be the result of turnover of project staff and, possibly, little vested interest in working to improve the ACHF model as project funding is one-time funding. In order to gather relevant feedback from project funding recipients, an alternative data collection strategy must be employed in the future.

Table 1 summarizes the number of responses to each of the statements in the Project Survey. As mentioned previously, only

---

<sup>4</sup> All three surveys were submitted by funded projects, with no surveys received from unsuccessful applicants.

three (3 of 27) project sites completed the survey so it is impossible to draw any conclusions. The raw data is provided, however, to give a general impression of the respondents' views on some key components of the project funding review. The numbers in the table indicate the number of respondents who rated the statement according to the "agree-disagree" scale.

**Table 1: Responses from project surveys**

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
1. If assistance was requested during the application process - my organization was provided with adequate guidance and support from the ACAP Program Consultants.	2		1			
2. If assistance was requested during the application process - my organization was provided with adequate guidance and support from the ACHF Steward when we asked for assistance.	2	1				
3. The ACHF application form was clear.		2	1			
4. The ACHF application form was appropriate for the duration of our project funding.		1	1	1		
5. The ACHF funding guide was helpful.	1	2				

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
6. During the application process, my organization was provided with adequate guidance and support from the Community Planning Committee (CPC).		2	1			
7. The comments/suggestions provided to us adequately explained the funding decision for our application.	1	2				
8. The comments and recommendations that we received in the letter from the ACHF Steward were helpful.		3				
9. Overall, I think the ACHF funding process was transparent (i.e., I had a good idea of how and why decisions were made).	1	1		1		
10. Our organization will likely submit another project application to ACHF.	2	1				
11. <i>For fund recipients:</i> The application and reporting process is fair for the amount of funding that we received.		2		1		
12. <i>For fund recipients:</i> The application process and reporting process is fair for the length of time length of time projects are funded for.		1		1		

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
13. <i>For fund recipients:</i> The one-year project funding will allow our organization to get more involved in HIV/AIDS work in the future.	2	1				

What follows is a summary of the responses that were provided by projects.

The three project sites that responded to the survey felt that the ACHF projects did not necessarily help to achieve the strategic direction of the Fund, that the funding should be provided to organizations in one lump sum, and that the success of the projects is largely dependent upon the ACHF staff who were described as being easy to approach, helpful and creative in exploring ideas and solutions.

One of the respondents noted that the ACHF application process needs clearer documentation. Several project applicants didn't complete the first step in the application process, which is to phone the ACHF Steward or ACAP Program Consultants to test out their project idea. It was suggested that applicants be required to indicate the name of the ACHF Steward or ACAP Program Consultants who they talked to about their idea. Some proposals came forward that didn't fit within the criteria (e.g., on-reserve

*“The prevention of HIV/AIDS is of extreme and urgent importance, especially for Aboriginal people. The current process does not allow for planned and natural development of our ground-breaking work. Strategic, outcomes-based, long-term funding needs to be provided.”*

programming not eligible for ACHF project funding). CPCs need to be more thoroughly trained on the eligibility criteria, and on how to differentiate between a project and ongoing programming work.

ACHF project funding recipients were asked to indicate what would be an appropriate amount of time for effective project implementation. One respondent felt that projects should be longer (5-10 years); another said one year would be adequate as long as funding is in the hands of the organization in time; and the third respondent felt that the duration should be flexible and responsive to the particular project.

*“An excellent project shouldn’t have to try and reinvent itself each year in order to qualify for essential funding. HIV/AIDS prevention doesn’t lend itself to one year project funding.”*

## CHALLENGES AND SUGGESTED IMPROVEMENTS

In addition to the survey respondents, a number of participants in the key informant interviews discussed a range of ideas relating to the project funding stream. The following is a summary of these ideas.

Several challenges were identified with respect to the current project funding stream. One of these challenges was that the limited level of funding available for projects and burdensome proposal requirements curtailed the interest of many community groups (1).

*“Those who do chase the dollars want the money and will try to make it fit with HIV/AIDS.”*

One other challenge was that in response to the overall funding crisis in the not-for-profit sector, agencies were

---

submitting project proposals that were, at best, tangentially linked to HIV/AIDS work (3). Ensuring a better understanding of and clearer linkage to determinants of health in proposals could prove helpful.

Linking ASOs more closely to the project stream was generally viewed as the most effective way of ensuring that projects were innovative, and they were able to meet emerging needs and/or shifting trends of HIV/AIDS in Alberta. One individual suggested the need for stronger partnerships between those projects and ASOs. However, many more interviewees suggested that ASOs were in the best position to develop and operate projects themselves (4).

Operational groups were asked to identify their role in facilitating their partners or other community organizations to attain ACHF project funding. Some respondents noted that they do not have the human resources to assist other organizations to apply for project funding, and that project funding consumes money that is much needed by the operational organizations.

A range of ways in which ASOs can support partners (and often do so through their participation in CPCs) in applying for project funding were identified, and include:

- notifying them of the application deadlines;
- providing proposal writing support when applicable;
- partnering with organizations to identify and address

---

*“The project stream must encourage deep partnerships and collaborations.*

*Considering the impending release of the Blood Borne Pathogens Strategy and the new Federal initiative it would be helpful to have resources that would support operationally funded organizations align their work with these plans.”*

*“Often it is the ASO that is able to identify a need in a certain target population that could be better met by an organization who works with that population.*

---

emerging needs;

- assist organizations in understanding the ACHF application process;
- education about the details of the solicitation (e.g., eligibility);
- assisting in the development of project plans;
- assessing project plans;
- writing letter of support ;
- cosponsoring projects;
- promoting the ACHF project stream;
- playing a lead role in identifying areas of need;
- encouraging the development of community support ;
- capacity building for proposal writing;
- provide advice on workplan development;
- assisting with needs assessment; and
- providing general support and mentorship.

Several interviewees and survey respondents noted that project-funded organizations need more capacity building opportunities, such as through invitations to ACCH skills building workshops and meetings, especially those agencies not familiar with proposal writing. Some agencies, for example, don't understand who their potential community partners are and how to get support from them.

---

*The ASO should be a supportive partner in that project because it is the 'expert' in HIV and hopefully the other org. is the 'expert' in the target population."*

*"This past year, I was able to provide information and encouragement to an organization that I know would have done a fabulous job but in the end they did not apply. Like most non profits, they probably did not feel that they had the time to invest"*

*"It has been a nightmare trying to get organizations to the skill level to actually fill out the application form well. I do not feel that it is the job of the ASO to do this kind of*

---

One of the interviewees cautioned against placing too much emphasis on innovation in ACHF projects. It was suggested that while the projects do provide an opportunity for many organizations seasoned in HIV/AIDS programming to try new innovative approaches, there are also organizations within specific communities which would benefit from delivering “tried and true” programming approaches.

Greater benefits were believed possible if ASOs were given project-designated funding for the purpose of initiating and leading partnerships with other organizations who don’t specialize in HIV/AIDS in order to meet the needs of vulnerable communities (2).

A survey respondent felt that project funding could be used by ASOs to increase organizational capacity, for example by helping them to develop additional responses to meet emerging HIV prevention needs of local populations. Another suggestion was that project funding be made available to CPCs in support of building their capacity and enhancing their community role in directing local HIV programming.

It was proposed by one participant that projects require more thorough monitoring to ensure that the funding is being spent as planned. This individual also suggested that projects should only be re-funded for additional phases if the projects have demonstrated positive outcomes.

*development.”*

*“We have to remember that not all organizations are in the same place as the mainstream HIV/AIDS organizations. Program innovation and meeting emerging needs happens to varying extents. So, maybe producing another video is needed for that community even though over the years, the other organizations have produced many videos.”*

*“I don’t think we’re currently getting the results that we would hope for from projects...The amount of effort in for the results out does not add up.”*

Another survey respondent felt that project funding should be reserved for those organizations that have no other source of funding for HIV/AIDS-related initiatives.

### **III. ADDITIONAL QUESTIONS OF INTEREST**

Several additional questions were prepared to examine other aspects of the ACHF model. These questions include the following:

- 1. How successful has the ACHF model been in achieving evidence-based, strategic HIV programming across Alberta?**
- 2. Is RHA involvement and engagement important to HIV work?**
- 3. Is there a sense of shared ownership (tripartite agreement) of ACHF challenges, successes and lessons learned by ACCH, AHW and PHAC?**

- 1. How successful has the ACHF model been in achieving evidence-based, strategic HIV programming across Alberta?**

Many of the interviewees noted that there is significant room for improvement with respect to strategic funding allocation and evidence-based funding decisions. The ACAP Program Consultants and ACHF Steward were seen to have a potentially

---

larger role in accounting for and learning from the results of past projects. One criticism is the lack of information on projects approved in past years. In general, an evaluation feedback loop is lacking for previously funded projects. The PC and other layers of the ACHF model has not formalized structures or processes for learning from what was achieved or not achieved by projects previously supported through the Fund.

Another finding is that while the ACHF must respond strategically to HIV trends and issues, it must not do so at the expense of existing realities. “When the HIV rates are high in the IDU population, we zoom in and forget about existing [at-risk] populations, like the gay population.”

While the use of research-based evidence – from literature about promising practices to epidemiological data – should be applied as much as possible, one interviewee noted that sometimes organizations have to go through a community involvement and engagement process to gather evidence about what works or not. “The evidence-based practice approach is not a panacea. Sometimes organizations need to go through their own mistakes in order to have a solid understanding of how to influence behaviour change.”

The ACCH Community-Based Research Coordinator was identified by one interviewee as an important resource for helping to generate the evidence to inform programming priorities from a community perspective.

---

## 2. Is RHA involvement and engagement important to HIV work?

The role of the RHA was contested by numerous individuals involved in this study<sup>5</sup>. Several individuals felt that RHAs should be active partners working with ASOs (2). They pointed to the reality that RHAs already serve many common target populations for issues of STDs and care for HIV/hepatitis C. It made sense, they suggested, for ASOs to develop a working relationship with the RHA. Such relationships could help to reduce duplication of services, encourage the sharing of resources and facilities, and facilitate the acquisition by ASOs of updated epidemiological or treatment information.

RHAs were seen by interviewees as serving important roles in contact tracing, HIV specialty clinics, enacting the public health act, and providing a health perspective on HIV/AIDS prevention, harm reduction, care and support committee work.

Several interviewees felt that ACHF should encourage partnerships between ASOs and the RHAs for projects in particular (3). It was proposed that one of the criteria for approval of projects could be partnership with an RHA. A number of other interviewees went even further by suggesting that RHAs should be eligible for ACHF project funding (3).

Other interviewees suggested that it is the responsibility of RHAs to increase their involvement because this role already exists in

*“We [RHAs] are reaching those hard-to-reach communities already because of our mandated health services in inner cities. I would like to see multi-faceted and comprehensive services, including province-wide media campaigns, good solid messaging targeted at specific demographics e.g., commercials, ads, posters.”*

*“All health regions have responsibility for HIV and need to be a part of the process – through the CPCs or at a partnership level.”*

---

<sup>5</sup> It should be noted that RHAs were not surveyed and thus input was limited to CPC member interviews.

their health care mandate. One interviewee suggested that the RHA should be more involved in HIV project work; RHAs “are off-the-hook for doing prevention because of the ACHF.”

Interviewees noted that RHAs should lead more aggressive education campaigns, and engage in more prevention work in the schools and in the community as a whole (2). One individual felt that RHAs need to be more involved in harm reduction programs such as needle exchange, and if the RHAs aren’t prepared to directly provide services, they should at least contribute to ACHF for ASOs to deliver their own programs. It was also suggested that health regions should match the funding from ACHF for needle exchange programs in their jurisdiction (as with Safeworks’ support from the Calgary Health Region).

Another interviewee went so far as to express that ACHF’s emphasis on community-based HIV/AIDS programming should be re-examined because the work should be the responsibility of health regions.

A group of individuals viewed increased direct involvement of RHAs with concern. While they felt the RHAs should be more involved in HIV projects through relationships with ASOs, they felt that RHAs should not receive ACHF funds. One fear about giving ACHF funding to RHAs to conduct HIV prevention work is that it would be difficult to protect the funding for HIV prevention from being diverted into acute care. Other interviewees felt that there was insufficient funding in the ACHF to share with RHAs and that the few available resources

---

*“Health regions don’t do community development as well as the CBOs. The health region has too many regulations, too much bureaucracy for many community development activities. When it comes to peer support, providing services directly to PLWHAs, emerging issues, ASOs are better at providing those kinds of services.”*

*“I can see why the ACHF is reluctant to provide funding to RHAs. Prevention funding inside the global budgets of health authorities is very difficult to control, prevention money always seems to get spent on acute care.”*

---

shouldn't be taken away from frontline service providers.

It was also suggested that RHAs could not provide prevention services as effectively as ASOs. One harm reduction programmer noted that having funding only from the RHAs would restrict their access to community development, national opportunities, and connections to the broader HIV movement.

### **3. Is there a sense of shared ownership of ACHF challenges, successes and lessons learned by ACCH, AHW and PHAC?**

The tripartite agreement between ACCH, AHW and PHAC was perceived as essential to the ACHF model, but the functioning of the partnership was seen to be highly contingent upon the relationships between the individuals representing each of the three partnering organizations. Effectiveness of the partnership depends on the attitudes of the players at any one time and willingness to work together in an open and trusting manner.

Interviewees described decision-making as equitable between the three partners in terms of shared ownership, equitable sharing of power, and mutually dependent relationships amongst all partners (3).

Some of the interviewees noted that the tripartite agreement between ACCH, AHW and PHAC is not a true partnership due to the inherent power imbalance with two of the partners being funders, and one of the partners being a fund recipient. Although ACCH is a member of the Working Group, some interviewees

*“The key to the history of developing ACHF was the relationships, not necessarily the organizations, but the people that represented those organizations. It’s important that those three parties continue to see the value in those relationships. Those relationships just come with time, can’t be forced.”*

---

perceived that they don't have equal decision making power and thought that ACCH's perspective is not given equal weight as the other partners (5).

It was also noted that having the PC co-chaired by the funders was also seen to be reflective of this power imbalance with, at least the appearance of, meeting agendas and flow of information being controlled, by the two funders. One person felt that AHW insists on having a co-chair position because they contribute the largest portion of funding, but this individual suggested that the co-chair should be a rotating role.

Others, however, described the ACHF model as unique in the amount of active input that community has in all aspects of the funding (2). Through ACCH and CPCs, ASOs are able to contribute a community voice in the tripartite model. One significant contributing factor to the equitable sharing of decision making is the transparency within ACCH and its members openly reaching consensus on how ACHF funding should be divided and bringing the recommendation to the PC table.

*“People need to take time to recognize and understand it is a three-way partnership that trust has been built – our priority has always been the best interest of the community and the way the fund is delivered. There needs to be a recognition of what went before, recognition of successes. It's a simple concept but hard to achieve.”*

# 4 Conclusion and Recommendations

## CONCLUSION

Ultimately, the success of the ACHF model must be judged against the degree to which the intended objectives have been realized. Here is a representative summary of what we heard from the participants in this study:

- 1. The ability to develop a more simplified and transparent process reflecting the community's needs.**

How well has it worked?

When asked if they were confident that ACHF funding process was fair and equitable, no participants strongly agreed, 46% agreed, 15% rated neutral, and 31% disagreed (see Figure 2, p. 28).

Interviewees assessed the level of simplicity of the ACHF process differently based on what they were comparing it to – HIV funding processes before the existence of ACHF, or in relation to other funding sources. Most of the staff in ASOs are not aware of how HIV funding in Alberta functioned before the ACHF existed, but those that do recall say that it is much more

---

streamlined, with greater transparency, and community having more influence over funding priorities.

Some interviewees felt that there is still opportunity to make the ACHF processes simpler than they are presently. Others felt that the ACHF is immensely simpler than previous processes in which ASOs had to apply to separate funding bodies (provincial and national).

Some of the interviewees noted that the WG is questioning if the funding processes could be done more efficiently or if the timing could be adjusted to make the processes more streamlined for all parties.

Interviewees identified increased transparency as one of the important aspects of the model. Transparency, however, was described in a variety of ways. One individual noted that there is a clearer understanding of the application criteria. Another individual noted that transparency related to funding, who was being funded, and why they were being funded.

---

*“Simplicity is the whole purpose of the ACHF. The fund was set up to streamline the funding process for all parties, especially the community.”*

*“Right from the beginning, we wanted a funding model that would be good for community as well as the two levels of government, focusing on the community not having to go through both federal and provincial processes – applications and reports.”*

## An Illustration of What We Heard:

### About a more simplified process:

- *“I think it is happening – the funding and reporting mechanism is easier than if we had to apply to each of HC [PHAC] and*

*AHW;”and*

- *“it is much simpler to have one point of access for funding, one point for reporting instead of two, three-year funding cycles.”*

**About transparency:**

- *“I think it is transparent – we understand what the criteria for applying, the process for approval;”*
- *“it is very transparent in the information that is released – the information about the projects funded, the amount funded and the focus of the project is released;”*
- *“I think it is transparent. At the meetings there are very open discussions about who got what; what the money is being used for; what people are doing;”*
- *“the recommendations that we [ASOs] have made to ACHF appear to have been honoured;”*
- *“it has been successful in that the vetting process with CPC helps to bring community voice into program development;”*
- *“it is transparent in that community is involved all of the processes;”*
- *“transparency means transparency about the issues - Because of the opportunity for issues to be brought to the working group. It also means transparency about who gets funded;”*

- *“you get to see what is happening across the province;”and*
- *“having the CPC review the proposal ensures that an agency is not doing this in isolation”.*

#### **About a process that reflects community needs:**

- *“the model provides a broader coverage of HIV needs than if each of us [ASOs] applied individually – sharing of information and able to discuss emerging trends.”*

#### **What challenges have been experienced?**

Challenges recounted by participants in the study referred to specific troubles encountered by those groups attempting to apply for project funding and the complexities associated with that process (4). Others noted that increased demands for accountability by government has translated into increased need for fund recipients to engage in evaluation and reporting activities (2).

#### **An Illustration of What We Heard:**

- *“it [ACHF model] has not been very successful at creating a more simplified process. It does not work very well – it is very complex process;”*
  - *“the increased need for accountability has challenged the ability of agencies to manage this. It is not that there are more reports, it is*
-

*that the demand for information is greater;”*

- *“with respect to project funding and chasing project dollar – little work can be done for the small dollar amount and the groups that are actually doing the work can’t access the dollars;”*
- *“the project application is very long and confusing for community groups. We (ASOs) have to spend a lot of time, especially in the fall of every year helping groups to develop these projects;”*
- *“the people who have been applying do think that the project dollars are insufficient for such a complicated process;”*
- *“the model works really well until the Provincial Consortium;”*
- *“there is a lack of understanding of what the PC is doing;”*
- *“understanding the expectations of the funders is challenging;”*
- *“knowing community needs does not necessarily mean that it will influence programming;”and*
- *“I don’t think it is as simplified as was the original intent – we need to ensure that it is not onerous for community or government”.*

## Summary

For those individuals who have been involved with ASOs long enough to recall previous funding arrangements and challenges

---

encountered, did say that it is much more streamlined, with greater transparency, and more influence by community over funding priorities. The inconsistencies and contradictions with this view of the present funding model appears to be largely as a result of newer staff being unaware of how HIV funding occurred prior to the existence of ACHF

## **2. Improved co-ordination among HIV programs and services.**

How well has it worked?

There was general agreement among most of those individuals interviewed that the achievement of this objective has been very successful. Interviewees noted that information sharing through the ACCH and the work of the Steward, the WG and the CPCs has played a major role in improving co-ordination among ASOs, in terms of programming among ASOs and other community agencies and aligning with the National Strategy. Several interviewees also noted that improved co-ordination has helped to improve local programming because ASOs can learn from what others have done – sharing the learnings across the organization.

**An Illustration of What We Heard:**

- *“I am not certain if there is improved coordination, but I know a lot about the other programs because we are sharing information at ACCH;”*

*“This objective is absolutely achieved because everybody is at the table and knows*

- 
- *“ASOs are able to identify and avoid duplication through discussions among ASOs and by sharing funding and project information at ACHF;”*
  - *“ACCH facilitates discussions about how the money is distributed;”*
  - *“the ACHF Steward helps to provide support, and share learnings and resources between ASOs; and provides mentorship for ASOs;”*
  - *“the objective to improve coordination is working very well – we feel that we have really strong links and feel that we will get help when stuck and share information;”*
  - *“we have a very good understanding of what is going on with other ASOs; what research they are doing; what programs they are providing – we are able to apply other ASOs research and programming to our area;”*
  - *“true, because ACHF funds ACCH which is a peer support and social support network. This, of course, is also happening because of the important role of the Steward;”*
  - *“because ACCH sits at the Working Group table, we are able to hear about challenges that are emerging and step in before it explodes;”*
  - *“by seeing what is happening across the province, you can connect with other regions to get help to develop programs that they are*
- which groups were funded and to do what, what similar work is happening. Because of ACCH meetings and project/operational site lists, partnership meetings at ACCH, there’s lots of sharing about who’s doing what in HIV in Alberta.”*
-

*already doing;”*

- *“when we keep relationships and stakeholders connected, it is good. For those people who come together as a CPC (and the larger group) we are connected all year and this is valuable;”*
- *“there is a lot of coordination because of ACCH – we are using information from other ASOs to see what they have done. I don’t have to re-invent the wheel;”*
- *“as a result, there is greater alignment with the National Strategy;”*
- *“it allows for different regions to be response to local needs – rather than take on a “one size fits all” type of response;”and*
- *“the CPC plays an important role as do the Steward and Consultants to ensure that there is interplay between project and other community resources.”*

### What challenges have been experienced?

One of the few challenges identified in achieving this objective relates to the increased competition in the not-for-profit sector to secure operational and administrative dollars. In recent years this has made cooperation and collaboration more threatening to some agencies.

### An Illustration of What We Heard:

- *“it is more competitive than cooperative as everyone is vying for the same dollars;”*
- *“chasing the dollars makes this difficult to achieve;”*
- *“the intent is well meaning but is not being achieved;”*
- *“coordination seems to be seen by others as sharing resources; when it means working better together to provide a continuum of services/complimentary services” and*
- *“we don’t coordinate services here.”*

### Summary

Most individuals indicated that the model has been a tremendous value in improving coordination among services and programs. Information sharing through the ACCH and the work of the Steward, the WG and the CPCs were noted as having played a major role in improving co-ordination between ASOs and between ASOs and other community agencies. One of the significant impacts of improved co-ordination has been a sharing of the learnings across the organization and the improvement of local programming. One of the few challenges has been the increased competition in the not-for-profit sector to secure operational and administrative dollars and the impact this has had on cooperation and collaboration more threatening to some agencies.

---

### **3. Increased involvement of community and improved use of community resources.**

How well has it worked?

Several elements of the funding model were described as being critical to realizing increased community involvement and improved use of community resources. The ASOs, through their relationships with other agencies in community have promoted and supported broad community involvement in projects. These relationships with other community organizations have also helped to attract broad representation on local CPCs.

#### **An Illustration of What We Heard:**

- *“yes – it has increased involvement of community;”*
- *“in some cases it has improved use of community resources – it has been through the hard work of a few people;”*
- *“projects have encouraged other groups to work with us;”*
- *“ASOs do this anyway – we do have good partnerships and it is not because of project dollars;”*
- *“different community groups voices are being heard; they are aware of what the ASO is doing and can avoid duplication;”*
- *“fairly successful here;”*

- *“it was a recognition that community-based programs are important and are an integral part of HIV programming in the province;”*
- *“when you meet with other groups, you share ideas and share resources – this is also because we are in a smaller community with limited resources so we must share – you cannot do it alone;”*
- *“the members of our CPC got together initially for other reasons. Now we have a small group that is dedicated;”*
- *“the increased involvement is not ongoing, but as required;”*
- *“working on that one;”*
- *“we are trying to build bridges –but we are not the flavour of the month here;”*
- *“we are always held at arms length by other agencies;”and*
- *“it is working really well.”*

### What challenges have been experienced?

Limited community participation in some CPCs due to a lack of time/resources of other agencies, and/or other priorities, and/or a lack of interest or perceived connection to their area of work is one overarching reasons cited. A second challenge to the successful achievement of the objectives has been the lack of time and/or other resources for ASOs to recruit, train and retain members in some areas of the Province.

---

### An Illustration of What We Heard:

- *“challenging to have people buy in when they feel that their resources are so limited;”*
- *“very often people who are interested in HIV-related work/services are so closely involved with the local agency that they do not have an objective point of view;”*
- *“in order to ensure adequate HIV programming it has to be a community based response – but how do you increase community involvement;”*
- *“CPCs have very little input into the ACHF model;”*
- *“it is great to have a CPC, but they often may not represent the community; they don’t identify community issues and don’t take a meaningful role in project development;”*
- *“how do you get community members to get involved when this work is perceived as your job;”*
- *“we do a lot of work with AADAC; it is worthwhile to both of us as there is a clear link between alcohol and drugs and risky sexual activity. Other groups such as hospital don’t see the same link to the work that we do;”*
- *“keeping partnerships strong and viable is ongoing work;”*
- *“people taking a meaningful role falls to a “core” group in our*

*community;” and*

- *“there is much more work to do.”*

## Summary

Achieving increased involvement of community and improved use of community resources has been aided by the ASOs and their relationships with other agencies in community. These relationships have not only increased the level of involvement and participation by community agencies who have already been involved in HIV/AIDS-related work, they have also lead to the broader community representation on local CPCs. One of the ongoing challenges, however, has been the lack of time/resources and competing priorities by other agencies to participate as fully as they may like and by some ASOs to recruit, train and retain members.

### **4. Limiting service/program duplication.**

How well has it worked?

As has been previously stated, a number of processes and structures have helped to improve communication among ASOs and between ASOs and the funders and, in some instances, other community organizations. This has all helped to reduce program duplication – that is, where program duplication is due to a lack of information about what others are doing by agencies delivering programs and those deciding on funding.

### An Illustration of What We Heard:

- *“the two government branches of health are talking to one another;”*
  - *“it does help reduce the number of similar projects;”*
  - *“different community groups voices are being heard; they are aware of what the ASO is doing and this can help to avoid duplication in community;”*
  - *“knowing what is going on provincially enables us to refer people to other ASOs if they are proposing a similar program. This duplication often occurs because people are just unaware of what is happening in their own community;”*
  - *“in the operational stream it is happening, but not with projects;”*
  - *“the Steward and Consultants are the hub of information dissemination to community groups and agencies. As a result duplication is minimal;”*
  - *“often the recommendation on a proposal is to identify community groups that the organization should work with to avoid duplication;”*
  - *“it is working well at both a community and provincial level because the proposals go into one funding body;”*
  - *“the ASO and I have gone to those agencies that appear to present very similar proposals and told them to alter what they are*
-

*proposing as it is already been provided by others in the community;”*

- *“there is a little duplication here due to the diligence of other funders;” and*
- *“it is working very well.”*

### What challenges have been experienced?

One of the ways of limiting service and program duplication is to ensure that others are aware of current programs and services. However, increased competition has helped to create an environment where information sharing can be seen as unsafe. In such circumstances, program duplication can be the result.

It has also been suggested that even if there is a desire to share information and collaborate, limited time and other resources makes such efforts difficult to achieve.

### An Illustration of What We Heard:

- *“the competition and ownership has in fact created more stovepipes that can result in increased duplication because information is not shared between them;”*
- *“there could be similar programming, but it would be through other funding;”*

- *“what happens if two agencies apply for the same project – who decides which one to choose - Can the CPC make such a decision, especially in a small community;”*
- *“time is a challenge – the ACAP Program Consultants and Steward have to make these linkages, but these two people are spread across the whole Province;”*
- *“program duplication is okay – it s not realistic to expect that just because one ASO does needle exchange, for example, that another ASO does not need to do so;”*
- *“there appear to be gaps in outlying areas that are beyond the local area served by each ASO – how do we address that;”*
- *“there is confusion about what services should be provided by those agencies attempting to be identified as provincial organizations;”  
and*
- *“people repeatedly re-create the wheel – we are not very good at sharing what we are learning in regions and communities across the province.”*

## Summary

Processes and structures that have developed have helped to improve communication between ASOs, funders and community partners and, as a result, have helped to reduce program duplication as others become aware of existing

---

programs and services. Conversely, increased competition for funding generally in the not-for-profit sector as well as limited time and other resources have all hindered information sharing and, potentially, the ability to reduce duplication.

### **5. Increased opportunities to access additional funds through health and other sectors.**

How well has it worked?

This objective has been identified repeatedly as the least successfully realized. Aside from increased funding by the existing funders of the model, the only additional funds identified included RHA contributions through the needle exchange programs and in one particular instance funding from AADAC.

An Illustration of What We Heard:

- *“there has been some achievement here, but it has not been consistent and not a great success;”*
- *“Safer Communities” has done partnering and have done some good work – but it has been very limited;”*
- *“I don’t see other groups doing HIV work unless they get money from this pot of dollars – they are not contributing from their resources;”*
- *“there has been very little additional sector funding – but I am not*

*certain how much work the ASO has done in this area;”*

- *“there are still only two funders;”*
- *“AADAC, First Nations and Inuit Health and Alberta Learning are still not at the table with money;”*
- *“in the beginning, we felt that by having other funders involved at the PC and CPC, they would be contributing money and bringing their business plans to the table to demonstrate linkages to this work. Why has this not happened;”*
- *“we have been successful in getting the RHA to support new needle exchange programs, purchasing needles and supplies. This is a financial contribution to harm reduction programs and it has also helped to connect programming to public health;”*
- *“there has been significant funding increases in most years; money has never been taken away from the model.”*
- *“our local ASO receives funding from AADAC;”*
- *“not very successful, except for in-kind contributions in terms of time and other support – reviewing proposals, finding out about projects and assuming other roles that they might not have done in the past;”*
- *“no. It is falling so flat here;”*
- *“no we are not achieving that objective. I’m not sure that I support that objective, theoretically in a Population Health model,*

*that makes sense, but the more that you bring in other sectors, the more you water down the focus on HIV;” and*

- *realistically the barrier is other sectors not wanting to give money to HIV when that isn't their focus.”*

### What challenges have been experienced?

Most of the interviewees felt that with the exception of RHA and a few community-specific opportunities to access funds from other organizations (e.g. AADAC) there has been little progress in accessing additional funds.

Two specific issues arise when examining the achievement of this objective. One issue relates to determining if this objective is referring to long-term sustainable funds identified by provincial or federal government departments or short-term program specific funds from public or private sources. A related issue is essentially about responsibility. Who is responsible for ensuring that this objective is achieved? Is it the responsibility of the particular ASO to identify and acquire additional funds? If so, then this expectation must be clearly articulated to ASOs along with their need to develop and conduct fund development plans that attend to this objective. Is it the responsibility of the PC or the CPCs? If so, there is a need to establish clear expectations and measures of performance for these groups?

### An Illustration of What We Heard:

- *“it is very hard work and few agencies have the time or resources to contribute when their own area is being stressed and under-resourced;”*
- *“it creates a problem in reporting – do we report about what the agency has been doing or what ACHF has been funding. How do we credit other funders to the same work;”*
- *“whose role is it to convince existing PC members and other community organizations to contribute funds;”*
- *“with one person working at the ASO, there is only so much work that can be done – so more resources requires more energy from that one person;”*
- *“one of the challenges is that we don’t have a very high number of people living with HIV in our community; it is not right in your face (not a visible issue) here so there is a tendency to not believe that there is a need.;” and*
- *“sustainability is the big issue – there are not additional dollars that are available from other sectors over the long term.”*

## Summary

While increased funding has been provided by the existing funders there have been few instances where funds have been accessed from other funding bodies. In a couple of instances ASOs have developed particular relationships with other funders in their respective communities and have been able to access funds. Clarifying if this is referring to long-term sustainable funds or short-term program specific funds and determining who is responsible for ensuring that this objective is achieved are two concerns that were raised by study participants.

## RECOMMENDATIONS

One of the main strategies that has been developed and implemented in Alberta to address the complex needs around HIV programming, community support and prevention strategies has been the creation of the ACHF. It has been described as “an inclusive funding model” that “recognizes and reflects community needs” and attends to population health and emerging needs. It has been described as a unique funding model in Canada that others seek to replicate.

The ACHF has provided an alternative to traditional funder-fund recipient relationships. This model has provided a framework for simplifying funding arrangements, and enhancing community involvement, for improving coordination and reducing duplication by service providers (and funders) and, ultimately, for improving the response to support HIV prevention, care and support activities.

---

What follows is a series of recommendations, informed by the findings of the study, to guide further refinement of the model.

## **1. Review the Project Funding Stream**

The project funding stream was designed to engage non-ASO community-based organizations in HIV/AIDS work over the long term to promote innovation and to meet emerging community needs. The data gathered from this evaluation fail to demonstrate the degree to which these objectives have been realized, however, it seems essential that a regularly scheduled examination of the project funding stream and achievement of intended objectives occurs (perhaps 4 to 6 years). The review should also consider the relative impact and sustainability of projects, the eligibility requirements and limitations, and the sharing of project results, as all of these matters have all been raised as issues by key informants interviewed for this evaluation.

Judging the relative contribution of project funding in the overall response to the epidemic, in HIV prevention, care and support should receive additional examination. A number of questions have arisen from this evaluation that could help guide this review. These include:

1. Should project funding be available to ACHF operationally funded agencies?
2. Should project funding be made available to government agencies, such as regional health authorities?

3. Are one-year projects capped at \$20,000 the most effective means of achieving the desired outcomes of the project stream?
4. If this funding stream is to continue, how can project funding be made more accessible to a broader assortment of community organizations and groups?
5. What is the role of ASOs and CPCs in identifying and facilitating projects in their communities and what resources are needed to effectively perform this role?
6. What criteria should be used to allocate project funding?

## **2. Critically Examine the Role of CPCs**

The importance of encouraging community stakeholder involvement, of hearing the “community voice” and building buy-in for local HIV/AIDS work was seen as potential contributions of CPCs. This aspect of the ACHF model has also promoted the development of community partnerships and capacity-building in other organizations to engage in HIV/AIDS-related work.

When CPCs are working effectively they can help to identify community needs, they can provide information to help review proposals more thoroughly and screen proposals before submitting to the PC, they can act as a useful source of information for organizations on the projects and operational funding processes, and serve to facilitate community interaction

---

between projects and the local ASO. In some communities, however, CPCs were generally assessed as falling short of their potential role; in these communities there is limited community involvement in CPCs, limited representation of community members and a lack of understanding of their roles and responsibilities. Further, ASO staff reported feeling responsible for recruiting and retaining CPC members, supporting the activities of the CPC and ensuring that it performs the functions expected of it in the funding model.

Clarifying the responsibility for ensuring that local CPCs are operating effectively, establishing localized training to ensure that CPC members are familiar with their roles and responsibilities and providing additional resources to recruit and retain members appears necessary. Considering alternative structures to “hear the community voice” and build buy-in for local HIV/AIDS work should also be examined. This could include using a model similar to that of the PC could be used by having external “experts” review project proposals or shifting the CPC role from proposal review to more of a visioning and guiding role for HIV programs and services in their respective communities.

### **3. Strengthen the Supportive Role of the Steward and ACAP Program Consultants**

The Steward and ACAP Program Consultant were perceived as having a critical role in supporting the ACHF model, particularly the work to support community. The two positions were viewed as essential to the functioning of the Fund,

---

implementing the Fund's processes, providing information and the necessary documentation to PC members, and corresponding with and supporting community-based organizations. They are responsible for monitoring the funding, ensuring that recipients are spending funding appropriately, and providing ongoing support and education (e.g., with respect to program evaluation). They are responsible for monitoring the Fund, conducting preliminary reviews of the proposals, preparing the proposals for reviewers, communicating and following-up with the organizations on the results of the funding review.

However, worries were expressed that the "exponential increase in workload" for the WG in administering the ACHF was attributed to more complex reporting requirements, trying to implement the ACHF evaluation framework, more funding dollars needing allocation, expanding number of documents, and increasing expectations from the PC (e.g., skills building workshop for applicants). It was noted that the staff positions responsible for administering the Fund haven't kept up with the administrative demands as the fund has evolved and grown over the years.

While there appears to be a need to examine ways to further support these positions and the important work that they do, several suggestions were offered by key informants. These include:

- a. Clarify the roles of these positions and, in the case of the Steward, articulate a clear distinction between the duties to ACCH and to the ACHF,
-

clarifying who the Steward is accountable to and reports to – ACCH Chair and/or PC Co-Chairs.

- b. Consider changing ACCH staffing structure to create an Executive Director position in order to reduce the workload on the Steward and ACAP Consultants and provide some support with respect to the community advocacy role these positions are sometimes compelled to fill.
- c. Create a separate Secretariat body so that the Steward does not sit within the ACCH. By having the responsibility for administering the Fund moved to a separate Secretariat, ACCH would have more freedom in lobbying for more funding.
- d. Have ACHF increase funding to ACCH for the administrative duties associated with the ACHF.

#### **4. Examine Ways of Sharing Learnings Across the Organization**

The ACHF Steward, ACAP Program Consultants, and the WG as a whole, have been urged by study participants to develop and implement a method for providing ASOs and the ACCH with consolidated information, addressing how programming has impacted the epidemic. One particular gap in knowledge management is that there is currently no process for disseminating the results from ACHF projects, and thus no way for future projects or operational organizations to learn from the

---

past projects.

Further, the sharing of information gathered from operational activities and project results could contribute to reduced duplication. ACHF should investigate ways in which it could (or support ACCH to) more actively serve as a central hub through which all operational and project organizations engaged in HIV issues and service delivery can network, develop common programs or materials, share best practices, develop partnerships or advocate for policy change.

## **5. Examine the Viability of Inter-Sectoral Funding**

Although accessing additional sector funds for the ACHF is one of the five stated objectives for ACHF, there is little evidence of the successful achievement of this objective. Given that HIV is acknowledged as an issue requiring a population health approach, and given that the PC is structured to include representatives from a wide range of sectors, funding from other sectors is a natural expectation. Further exploration is needed to assess if this remains a realistic objective, and if so, what strategies ACHF should employ to access additional sector funds.

## **Closing Comments**

A few aspects of the model were identified as needing further examination such as the project funding stream and the role of CPCs. However, the ACHF model is generally regarded as an

---

innovative funding model that effectively merges government and community interests.

The important role of the Steward and ACAP Program Consultants could be provided additional support. Duplication/replication efforts by other jurisdictions could be supported by the wealth of information that ACHF has gathered over the years. Sharing the learnings by identifying the potential opportunities, successes and threats associated with the implementation of such a model could prove exceedingly valuable to others who are seeking an innovative way to simplify funding arrangements, and enhance community involvement, to improve coordination and reduce duplication by service providers and funders and, ultimately, for improving service response.

# 5 Appendices

## APPENDIX 1: LETTER OF INTRODUCTION

**To:** Alberta Community HIV Fund Key Informants  
**Date:** March 1, 2005  
**Re:** Alberta Community HIV Fund Evaluation

---

The Alberta Community HIV Fund (ACHF) Working Group, comprised of the ACHF staff team (PHAC Program Consultants and the ACHF Fund Steward) and representatives from Alberta Health and Wellness, ACCH, and First Nations Inuit Health Branch has recently contracted Broadview Applied Research Group Inc. to review the on-going progress toward meeting the above ACHF objectives. Included in the evaluation, will be a review of the administrative, process and funding structures of ACHF.

Because of your involvement with aspects of ACHF (administrative, process and/or funding), your insights are crucial to the evaluation. The attached data collection instrument (survey or interview guide) is meant to give you an opportunity to provide your assessment of key aspects of the ACHF model as well as suggested improvements. We hope that you will find the time to complete the survey (approximately 20 minutes) or participate in the interview (approximately 30 minutes).

The ethical standards outlined in this letter apply to all those who choose to participate. Those include:

- All participation is voluntary. Completing the survey and returning it or participating in the interviews (to be scheduled) constitutes consent to participate.



- No personal identifying information is requested for the survey or the interview.
- Only the three members of the evaluation team (Ray Downie, San Patten and Romeo Crow Chief) and the technical support personnel from Broadview Applied Research Group Inc. will have access to the data collected.
- All data (interview notes, surveys, etc.) will be destroyed as soon as the final report has been accepted by the ACHF Working Group.

We look forward to working with you in conducting this evaluation. If you have any questions about the evaluation, please feel free to contact us at (403) 202-3509 or [rdownie@telusplanet.net](mailto:rdownie@telusplanet.net).

Kindest Regards,

Raymond Downie, Ph.D.  
Principal, Broadview Applied Research Group Inc.

## APPENDIX 2: INTERVIEW GUIDE

### Evaluation of Alberta Community HIV Fund - Interview Guide

Questions designed to guide the interview process include the following:

1. What has been the nature of your involvement with the Alberta Community HIV Fund (ACHF) Model? Are you currently involved and, if so, for how long?
2. With respect to the \_\_\_\_\_ component of the ACHF Model, do you think it is working well, what challenges have you encountered, and what recommendations would you make to improve this component of the model?
3. What are the benefits of ACHF to AIDS Service Organizations (ASOs), Community-Based Organizations (CBOs) and to funders?
4. With respect to each of the five objectives of the ACHF Model - how well is it working, what challenges are experienced, and what recommendations do you have for improvement?

5 Objectives of the ACHF Model
1. The ability to provide a simplified and transparent process reflecting community needs. (probes to clarify what is conceptualized as "community needs")
2. Improved coordination among HIV programs and services
3. Increased involvement of community and improved use of community

---

---

resources
4. Limiting service and program duplication
5. Increased opportunities to access additional sector funds (health and other sectors)

5. How can the ACHF model be improved as a tripartite process/agreement?
6. Is the current representation of the ACHF PC appropriate? Are there any additional sectors that should be involved?

*The Consortium, comprised of 18 members, includes representation from community and regional HIV/AIDS organizations, Health Canada, Alberta Health and Wellness, the Northern and Southern Alberta HIV Clinics, Alberta Human Resources and Employment, Alberta Learning, Alberta Solicitor General, the Alberta Alcohol and Drug Abuse Commission, the Alberta Mental Health Board, Public Health Agency of Canada; representatives from Aboriginal and immigrant communities, and Persons Living with HIV.*

7. Together, the ACHF Steward and the Alberta Community Action Program (ACAP) Consultants are responsible for managing the ACHF process (see description below).

*ACHF Steward and ACAP Program Consultants:* responsible for managing the ACHF process; facilitating community development work; and analyzing and interpreting provincial, economic, health environment and social trends to contribute to HIV planning, implementation and evaluation of health promotion and social development policies and programs. Together the ACHF Steward and the ACAP Program Consultant work directly with community organizations to assist in the development of funding

---

proposals, evaluation plans, workplans and budgets.

How critical are their roles to the success of the ACHF model and why? Do you see them working differently?

8. Do you feel a sense of shared ownership of ACHF challenges, successes and lessons learned by Alberta Community Council on HIV (ACCH), Alberta Health and Wellness (AHW) and the Public Health Agency of Canada (PHAC)? Do you believe that there is equal and/or equitable sharing of influence and decision making authority between the three partners?
9. How do you think project funding should be used in the province?  
(for example to encourage program innovation, to meet emerging needs or shifting trends of HIV/AIDS in Alberta, and/or engaging other sectors)?
10. Is RHA involvement and engagement important to HIV project work; if involved, in what ways is the RHA involved; and if not involved, why not?

### **APPENDIX 3: SURVEY INSTRUMENTS (OPERATIONAL)**

#### **Evaluation of Alberta Community HIV Fund Survey for Operational Fund Recipients**

Dear Alberta Community HIV Fund Operational Organization:

The Alberta Community HIV Fund (ACHF) is currently conducting a comprehensive evaluation and review of the funding model which provides community-based HIV/AIDS organizations in Alberta with operational funding. This survey is being conducted to gather your feedback on the ACHF 2004/2007 Operational Funding Solicitation, Review and Approval Process in order to develop recommendations to enhance future processes.

We would appreciate about 20 minutes of your time and have you complete this questionnaire about the ACHF funding structure. You can be assured that your responses will be kept anonymous.

We recommend that this survey be completed by the person in your organization who was most directly involved in the ACHF Operational Funding process, such as the person who wrote the proposal and corresponded with the ACHF Steward or ACAP Program Consultants.

Please return your completed questionnaire to San Patten at [san.patten@shaw.ca](mailto:san.patten@shaw.ca) by Monday March 14 at 5:00pm.

Thank you very much.

Ray Downie and San Patten

---

## Survey for Operational Fund Recipients

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
1. If assistance was requested during the application process - my organization was provided with adequate guidance and support from the ACAP Program Consultants.	1	2	3	4	5	0
2. If assistance was requested during the application process - my organization was provided with adequate guidance and support from the ACHF Steward when we asked for assistance.	1	2	3	4	5	0
3. The ACHF application form was clear.	1	2	3	4	5	0
4. The ACHF application form was appropriate for the duration of our operational funding.	1	2	3	4	5	0
5. The ACHF funding guide was helpful.	1	2	3	4	5	0
6. I understood the funding allocation process.	1	2	3	4	5	0
7. The Community Planning Committees (CPCs) are a useful part of the funding review process.	1	2	3	4	5	0
8. The comments/suggestions provided to us adequately explained the funding decision for our application.	1	2	3	4	5	0

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
9. The comments and recommendations that we received in the letter from the Provincial Consortium Co-Chairs were helpful.	1	2	3	4	5	0
10. The ACHF Funding Process Communique provided adequate information for me to understand the funding process.	1	2	3	4	5	0
11. Overall, I think the ACHF funding process was transparent (i.e., I had a good idea of how and why decisions were made).	1	2	3	4	5	0
12. The operational funding process (application, decisions and communication of decisions) assisted our organization in planning for the next three years.	1	2	3	4	5	0
13. I feel confident that the Operational Funding <u>Process</u> is fair and equitable.	1	2	3	4	5	0
14. Our organization was able to predict funding decision outcomes and therefore maintain some stability.	1	2	3	4	5	0
15. There was adequate clarity in our organization's ACCH contribution agreement.	1	2	3	4	5	0

16. Any other comments relating to statements #1 to #15.

---

17. How do you think project funding should be used in the province (e.g. to encourage program innovation in HIV/AIDS, to meet emerging needs or shifting trends of HIV/AIDS in Alberta, to engage other sectors)?

---

18. As an organization that receives operational funding from ACHF, do you see yourself as having a role in facilitating your partners/other community organizations to get ACHF project funding and if so, can you describe that role?

---

19. Please give your overall assessment of the ACHF Operational Funding Process (not an assessment of the amount of funding).

---

20. What are some specific ways that the ACHF Operational Funding Process could be enhanced/improved?

---

---

---

21. Any other comments relating to statements #17 to #20.

---

---

## APPENDIX 4: SURVEY INSTRUMENT (PROJECT)

### Evaluation of Alberta Community HIV Fund Survey for Project Fund Recipients and Applicants

Dear Alberta Community HIV Fund Project Fund Recipient/Applicant:

The Alberta Community HIV Fund (ACHF) is currently conducting a comprehensive evaluation and review of the funding model which provides grants for community-based HIV/AIDS projects in Alberta. This survey is being conducted to gather your feedback on the ACHF Project Funding Solicitation, Review and Approval Process in order to develop recommendations to enhance future processes.

We would appreciate about 20 minutes of your time and have you complete this questionnaire about the ACHF funding structure. You can be assured that your responses will be kept anonymous.

We recommend that this survey be completed by the person in your organization who was most directly involved in the ACHF Project Funding process, such as the person who wrote the proposal and corresponded with the ACHF Steward or ACAP Program Consultants.

Please return your completed questionnaire to San Patten at [san.patten@shaw.ca](mailto:san.patten@shaw.ca) by Monday March 14 at 5:00pm.

Thank you very much.

Ray                      Downie                      and                      San                      Patten

---

## Survey for ACHF Project Funding Recipients & Applicants

Please indicate your most recent status with the ACHF:

- Recipient of project funding

Please indicate year of project (e.g., 2003-04): \_\_\_\_\_

- Unsuccessful applicant of project funding

Please indicate year of application (e.g., 2003-04): \_\_\_\_\_

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
1. If assistance was requested during the application process - my organization was provided with adequate guidance and support from the ACAP Program Consultants.	1	2	3	4	5	0
2. If assistance was requested during the application process - my organization was provided with adequate guidance and support from the ACHF Steward when we asked for assistance.	1	2	3	4	5	0
3. The ACHF application form was clear.	1	2	3	4	5	0
4. The ACHF application form was appropriate for the duration of our project funding.	1	2	3	4	5	0

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
5. The ACHF funding guide was helpful.	1	2	3	4	5	0
6. During the application process, my organization was provided with adequate guidance and support from the Community Planning Committee (CPC).	1	2	3	4	5	0
7. The comments/suggestions provided to us adequately explained the funding decision for our application.	1	2	3	4	5	0
8. The comments and recommendations that we received in the letter from the ACHF Steward were helpful.	1	2	3	4	5	0
9. Overall, I think the ACHF funding process was transparent (i.e., I had a good idea of how and why decisions were made).	1	2	3	4	5	0
10. Our organization will likely submit another project application to ACHF.	1	2	3	4	5	0
11. <i>For fund recipients:</i> The application and reporting process is fair for the amount of funding that we received.	1	2	3	4	5	0
12. <i>For fund recipients:</i> The application process and reporting process is fair for the length of time length of time projects are funded for.						

Please indicate your level of agreement with the following statements.	Please check one					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
13. <i>For fund recipients:</i> The one-year project funding will allow our organization to get more involved in HIV/AIDS work in the future.	1	2	3	4	5	0

14. Any other comments relating to statements #1 to 15.

---



---

15. Ideally, how much time should be allowed to effectively implement project activities?

---

16. How do you think project funding should be used in the province (e.g. to encourage program innovation in HIV/AIDS, to meet emerging needs or shifting trends of HIV/AIDS in Alberta, to engage other sectors)?

---



---

17. Please give your overall assessment of the ACHF Project Funding Process.

---

---

18. Any other comments relating to statements #15 to 19.

---

---

## APPENDIX 5: INTERVIEW LIST

The following lists the key informants associated with various aspects of the funding model who were contacted for the review.

CPC = Community Planning Committee

WG = ACHF Working Group

PC = ACHF Provincial Consortium

Rev = External Reviewers

Interviewee	Affiliation
1	CPC Aspen Regional HIV Consortium RHA 7
2	CPC Bow Valley HIV Advisory Team (HAT) RHA 3
3	CPC Calgary Coalition on HIV and AIDS (CCHA) RHA 3
4	CPC & WG Central Alberta Blood Borne Pathogens Planning RHA 4
5	CPC
6	Edmonton Regional HIV Consortium RHA 5 & 6
7	CPC Ft. McMurray Community Advisors Team (CAT) RHA 9

---

Interviewee	Affiliation
8	CPC H5 Virtual Advisory Committee RHA 2
9	CPC
10	Jasper Community Team RHA 7
11	CPC
12	Lethbridge HIV/HCV Community Consortium RHA 1
13	CPC Peace Country Community HIV Care Team RHA 8
14	Rev 16 operational proposals 04-07
15	Rev 16 operational proposals 04-07
16	Rev 16 operational proposals 04-07
17	PC Member
18	PC Member
19	PC Member
20	PC Member
21	PC Member
22	PC Member

---

Interviewee	Affiliation
23	PC Member
24	PC Member
25	PC and WG
26	PC Member
27	PC Member
28	PC Member
29	PC Member
30	PC Member
31	PC Member
32	PC Member
33	PC Member
34	WG Member
35	WG, former ACHF Steward
36	WG, former ACAP Program Consultant
37	WG Member
38	WG, ACHF Steward
39	WG, ACAP Consultant
40	WG, ACAP Consultant
41	WG Member

---

