

How to advocate for community responses and systems strengthening interventions in Global Fund funding requests

The purpose of this information note is to support civil society and community groups to design and include community systems strengthening interventions and community-based monitoring activities in funding requests during the 2017-2019 Global Fund funding cycle. This information will be of interest to community groups, key population networks, country coordination mechanism (CCM) members, ministries of health, disease program managers, and health service providers. The document will highlight the wide range of community-led interventions and systems strengthening opportunities that may be included in funding requests to increase impact against the three diseases.

What is Resilient and Sustainable Systems for Health (RSSH)?

Community Systems Strengthening (CSS)

is an approach that promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures. It enables them to contribute to the effectiveness and long-term sustainability of health and other interventions at the community level, including the development of an enabling and responsive environment. It helps strengthen community health programs that reach the “last mile”, increasing the impact of programs and reducing the burden on health facilities’.


Maximizing Impact by Strengthening Community Systems and Responses

https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf

The concept of health systems strengthening (HSS) has been championed by the World Health Organization (WHO) and includes six pillars of activities mostly evolving around the formal health system.¹ Community systems strengthening (CSS) is a concept initiated by the Global Fund, its technical partners, and NGOs in 2012. Funding earmarked for CSS activities has featured in Global Fund programming since that time.² CSS includes a broad range of interventions focusing on supporting the community component of the response to the three diseases by building stronger systems and enabling conditions for communities to play their role in the response to the three diseases.

¹ World Health Organization (WHO) (2007): Everybody business: strengthening health systems to improve health outcomes: WHO’s framework for action. http://www.who.int/healthsystems/strategy/everybodys_business.pdf

² The Global Fund to Fight AIDS, TB and Malaria (2014): Community Systems Strengthening Framework (Revised edition). https://www.theglobalfund.org/media/1259/core_css_infonote_en.pdf



The 2017-2022 Global Fund strategy introduced the concept of resilient and sustainable systems for health (RSSH), which articulates the elements of a responsive people-centered approach that goes beyond the sometimes narrow approaches of the formal health system. RSSH combines the concepts of HSS and CSS into a more holistic and integrated concept.^{3,4}

“Resilient and Sustainable Systems for Health (RSSH) are the systems that can respond to emerging epidemics as well as provide basic health services to ensure prosperous and stable communities and nations.”⁵ Building such systems is the foundation for countries to achieve the Sustainable Development Goals (SDGs) and end the three epidemics as public health threats by 2030.⁶

Systems for health, unlike health systems, do not stop at clinical facilities; they run deep into communities. They can reach those who do not always go to health clinics, particularly those who are most vulnerable and marginalized, or criminalized in society. To reach ‘the last mile’, systems for health focus on people, not issues and diseases. The people-focused approach also means that non-health sector activities are relevant programming areas. For example, comprehensive programming to eliminate stigma may require programming in the judicial or educational sectors.



3 The Global Fund to Fight AIDS, TB and Malaria (2017): Applicant Handbook – A practical guide to preparing a funding request following receipt of an Allocation letter. <https://www.theglobalfund.org/en/applying/funding/resources/>

4 The Global Fund to Fight AIDS, TB and Malaria (2016); Building Resilient and Sustainable Systems for Health through Global Fund Investments. <https://www.theglobalfund.org/en/applying/funding/resources/>

5 The Global Fund to Fight AIDS, TB and Malaria (power point presentation): Building Resilient and Sustainable Systems for Health (RSSH) (included in EANNASO’s toolkit)
<http://www.eannaso.org/tools-guidelines/partners-tools-and-guides/174-global-fund-training-resilient-and-sustainable-systems-for-health/file>

6 The Global Fund to Fight AIDS, TB and Malaria (2015): The role of the Global Fund: Supporting Countries to Build Resilient and Sustainable Systems for Health. https://www.theglobalfund.org/media/1306/publication_supportingcountriesbuildresilientandsustainable-systems-for-health_report_en.pdf

Types of community and civil society action

The provision of services to address health needs requires multiple actors with a mix of skills and expertise involving both the formal health system and the community sectors. For example, treatment for HIV, TB, or malaria will require participation of a clinician with access to relevant equipment and capacity to diagnose, treat, follow, and support a patient. A comprehensive package of services will also require input provided by community organisations or community-based health workers. For example, HIV prevention programming for key and vulnerable populations has been shown to be more impactful if it is conceptualized and led by the communities who are most affected. UNAIDS and Stop AIDS Alliance report that community engagement leads to greater access to HIV treatment and prevention.⁷ Similar findings have been reported in TB and malaria programming. The roles and responsibilities of both the formal health and community sectors need to be considered when developing funding requests.

Service provision is carried out by public, private, or not-for-profit health care providers, or by community organizations depending on the type and scope of service needed and the population to be reached.


Community actions for accountability include a wide range of initiatives whose goal is to achieve the best possible health outcomes through high-quality services that are responsive to the expressed needs of beneficiaries. This includes communities monitoring the quality and appropriateness of services and collecting information needed to advocate for improvements and hold service providers accountable. Monitoring program quality and impact is integral to maximizing health impacts and responding to emerging health priorities. Community actions for accountability can include supporting and strengthening community advisory committees as well as developing advocacy campaigns to hold service providers accountable. **Enhancing local engagement and ownership is at the core of community action for accountability.**

Community Observatories

The International Treatment Preparedness Campaign (ITPC) supported Community Observatories is one example of the concept of community action for accountability. Observatories in East Africa, West Africa, Central Africa and Latin America establish community-led monitoring systems to track access to services. The Observatories report regularly at national and regional levels using data for evidence-informed advocacy to bring about improvements in access to treatment and services.

<http://itpcglobal.org/community-monitoring/>

⁷ UNAIDS and Stop AIDS Alliance (2015): Communities Deliver: The crucial role of communities in reaching global targets to end the AIDS epidemic. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf



'Service provision' and **'advocating for accountability'** are not mutually exclusive, and many community sector actors are involved in both. However, these are inherently different functions, with some tension existing between them. There are often conflicting and competing priorities for civil society and community groups to play an increased role in providing services, while at the same time demanding improvements in service provision. While service providers may be motivated to provide the best possible services, the best judge of whether the services are meeting the requirements of community members will be the beneficiaries themselves. Community actions for accountability focus on empowering communities to develop the skills and tools required to monitor the quality of services provided and to enter into a dialogue with service providers whether public, private, or not-for-profit in order to negotiate for improvements, if needed.





Including community responses and systems strengthening activities in funding requests

Based on broad based consultations and the national strategic plans countries develop a series of program initiatives to address the health needs of their citizens. After developing their priorities, countries usually refer to the Global Fund Modular Framework Handbook, which proposes modules and interventions that help them complete the performance framework and application forms required for a funding request.⁸ As summarized below, community responses and systems strengthening activities should be included in funding requests in each component: HIV, TB and Malaria and RSSH. The community has an essential role to play in a comprehensive response to the three diseases and health systems strengthening efforts.

The RSSH component also includes specific interventions that strengthen community systems which are crucial to making community responses more effective and sustainable. CSS interventions can be included in any of the disease components or also in the RSSH component.

Disease-specific community response interventions

The suggested interventions contained in modular frameworks are based on the WHO guidance on what is needed for comprehensive implementation of programming for key populations. These guidance documents referred to as SWIT, MSMIT, IDUIT and TRANSIT all recommend activities to strengthening key populations networks as an essential element to being able to deliver services in the community.⁹ The HIV component in the modular framework mirrors this by including “community empowerment” interventions in the modules for comprehensive programming for MSM, sex workers, people who use drugs and transgender people and people in prisons. For example, the HIV component of the Modular Framework Handbook includes an intervention on ‘community empowerment for sex workers’. The ‘comprehensive prevention programs for sex workers and their clients’ module includes activities such as training on sexuality, support to sex worker organization and community mobilization. These activities are part of the comprehensive package of work needed to address HIV prevention for sex workers and their clients.

⁸ The Global Fund to Fight AIDS, TB and Malaria (2016): Modular Framework Handbook (and link).

<https://www.theglobalfund.org/en/applying/funding/resources/>

⁹ WHO, UNFPA, UNAIDS, NSWP, World Bank, UNDP (2013): Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions (SWIT) http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/

UNFPA, MSMGF, UNDP, UNAIDS, WHO, USAID, PEPFAR, BMGF (2015): Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men (MSMIT) <http://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>

UNDP, IRGT, UNFPA, UNAIDS, WHO, USAID, PEPFAR, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health (2016): Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions <http://www.who.int/hiv/pub/toolkits/transgender-implementation-tool/en/>

UNODC, INPUD, UNAIDS, UNDP, UNFPA, WHO, USAID, PEPFAR (2017): Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs (INIUT) <http://www.inpud.net/en/duit-implementing-comprehensive-hiv-and-hcv-programmes-people-who-inject-drugs>

Similar scope for community strengthening activities to support program delivery is included in the TB and malaria components. A few of the many examples of disease-specific community strengthening activities suggested in The Global Fund Modular Framework Handbook are shown below:

Module	Intervention	Sample Activity	Plan and budget may include:
Comprehensive programs for sex workers and their clients	Community empowerment for sex workers	Enhance community empowerment	<ul style="list-style-type: none"> • Community mobilization • Training on sexuality • Strengthening and supporting sex worker organizing
TB care and prevention	Removing human rights and gender-related barriers to TB care and prevention	<p>Activities related to reduction of stigma towards TB patients</p> <p>Activities related to seeking justice for victims of discrimination or human rights violations</p>	<ul style="list-style-type: none"> • Training and capacity building of community TB activists on legal empowerment • Support to TB service providers and ex-TB patients to address stigma and legal barriers
Malaria Vector Control	Information Education Communication and Behavioral change communication (IEC/BCC)	Community level awareness and sensitization	<ul style="list-style-type: none"> • Sensitization of community leaders, volunteers, and health workers • Production of communication materials

Cross-cutting interventions

As outlined in the Modular Framework Handbook the RSSH component covers interventions related to more than one disease or to cross-cutting issues. For example establishing community-led mechanisms for ongoing monitoring of health policies, performance, quality of services, and barriers to accessing services is included under the community responses and systems module in the RSSH component. Since the introduction of RSSH the Global Fund tends not to use the terms HSS or CSS any more. The community responses and systems module incorporates all the elements in the CSS framework and addresses the same concerns.¹⁰

The community responses and systems module is made up of four categories of interventions:

Intervention 1:

Community-based monitoring

Includes establishment of community-led mechanisms for ongoing monitoring of health policies, performance, quality of services, barriers to accessing services, inequalities. It could activities to promote dialogue between service providers and the community

Intervention 2:

Community-led advocacy

Includes local, regional, or national level advocacy activities by community and civil society organizations. Activities may relate to health services, disease-specific programs, or broader issues such as human rights violations, discrimination, gender inequality, and sustainable health financing, legal, and policy reform.

Intervention 3:

Social mobilization, building community linkages, collaboration and coordination.

Includes activities to mobilize communities on health and related social issues. It could include participatory assessments, identification of issues, mapping of community efforts, and planning.

Intervention 4:

Institutional capacity building, planning, and leadership development

Includes activities that support establishment of community organizations and networks (informal and formal). It could include capacity building and support for infrastructure for community groups.

Other sample activities related to these interventions are shown in Annex A along with examples of programming that has been funded by the Global Fund. A list of additional suggested interventions is included in the Global Fund guidance note Maximizing Impact by Strengthening Community Systems and Responses.¹¹

¹⁰ Community Systems Strengthening (info note 2014) Pp 5-7 https://www.theglobalfund.org/media/1259/core_css_infonote_en.pdf

¹¹ Maximizing impact by strengthening community systems and responses Pp 7-10.

https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf



Matching funds requests: an opportunity to include CSS

A number of countries have been chosen by the Global Fund to access matching funds to inspire innovation and ambitious programming approaches to maximize impact in the following areas:¹²

- HIV key populations
- HIV programs to remove human rights-related barriers to health services
- HIV adolescent girls and young women
- TB finding missing TB cases
- Resilient and sustainable systems for health

Countries were advised if they are eligible to request additional funding under the matching funds option when they received the allocation letter in December 2016.

Countries who are eligible to receive extra matching funds can especially consider including community system strengthening activities in the match request since the purpose of matching funds is to catalyze action in areas that are underserved.

In its recently submitted funding request, Zimbabwe included a matching funds request to establish a technical support unit (TSU) modeled on a successful initiative in Kenya. “The TSU will provide short-term technical assistance and long-term capacity building for key populations and women’s organizations and support the Ministry of Health and the National AIDS Council to improve its ability to program for key populations.”¹³

This initiative was included in the RSSH component under the ‘community response and systems’ module. It was classified as an ‘institutional capacity building, planning, and leadership development’ intervention.

¹² See Global Fund web page for more details: <https://www.theglobalfund.org/en/funding-model/funding-process-steps/catalytic-investments/>

¹³ AIDSPAN Issue 308, April 5, 2017. http://www.aidspace.org/gfo_article/zimbabwe-submits-630-million-tbhiv-funding-request



Making the case for programming to support community-led monitoring for advocacy and accountably fundable in Global Fund grants

The interventions described in the Modular Framework Handbook provide ample scope for the development of programming to strengthen community responses and support community-based monitoring activities for accountability. The challenge, however, might be to convince the CCM and government officials that this work is indeed relevant to the Global Fund and that it will be supported.

Some of the following arguments might be useful in convincing CCMs that strengthening community systems and supporting community monitoring for accountability are good investments. (See examples of successful interventions in Annex A).

1► Improves programming quality

Supporting community-led monitoring will increase the engagement and ownership of stakeholders in their services which will have an impact on the quality and sustainability of the overall intervention. In the long run if problems are identified and fixed in a timely manner the money will go further.

2► Improves responsiveness

The recent Ebola crisis in West Africa points to the role that communities play in identifying and responding to health crises. Strengthening communities to monitor, analyze, and respond to health issues is central to strengthening health systems and supporting sustainable health.

3► Supports community to deliver

The role of community in sustainable health delivery is well understood and articulate by the Global Fund and other funding agencies. Maximizing limited funding available will require an investment in building the capacity of the community sector, a cost which will pay dividends in terms of improved health outcomes and reduced cost over the long run.

Additional resources and background information is shown in Annex B. Support from technical partners and the Community Rights and Gender department of the Global Fund is described at the following link:

<https://www.theglobalfund.org/en/funding-model/technical-cooperation/>

Annex A RSSH component

Module: Community responses and systems

Intervention 1:

Community-based monitoring

Includes establishment of community-led mechanisms for ongoing monitoring of health policies, performance, quality of services, barriers to accessing services, inequalities. It could include:

- Scorecards
- Setting up complaint mechanisms and reports from service users
- Community/service user meetings; assessment and reporting activities
- Community reporting of feedback to relevant service providers/decision makers
- Monitoring of individual cases for purposes of sharing with ombudsmen, for litigation, for research reports, and submission to UN human rights mechanisms, etc.

EXAMPLE: RedTraSex, multi-country Latin America and Caribbean

The objective of the RedTraSex regional grant is to improve the participation of sex workers in national and regional spaces to influence programming, policies, laws and norms, and their application. RedTraSex member organizations in each country produced national studies which were then compiled into a regional study on stigma and discrimination in health services. The results were presented in roundtables to various decision makers in each country. Sex worker organizations developed a curricula on sensitization of health service providers.

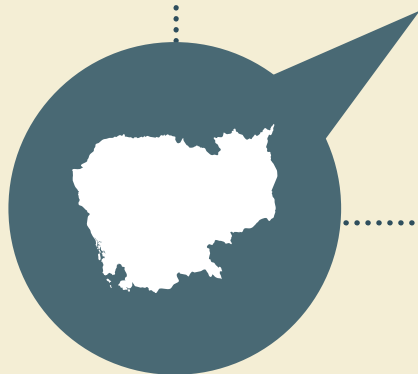


Intervention 2:

Community-led advocacy

Includes local, regional, or national level advocacy activities by community and civil society organizations. Activities can relate to health services, disease-specific programs, or broader issues such as human rights violations, discrimination, gender inequality, and sustainable health financing, legal, and policy reform. Advocacy and mobilization activities related to a particular disease-specific intervention should be included in that disease intervention. It could include:

- Research, publication, and communication materials
- Meetings, participation of community organizations in relevant representative and accountability mechanisms



EXAMPLE: KHANA, Cambodia

As an SR for Cambodia's HIV/AIDS grant, KHANA brought together people who may have previously been isolated, first by assembling a small group of key members of a criminalized population in safe spaces and then building a larger collective. Sometimes these communities met online. People who use drugs (PUD) volunteers from the community were then trained to use brainstorming and discussion tools to involve them in articulating their needs and describing their environments. They were then better able to influence the policies affecting them.

Intervention 3:

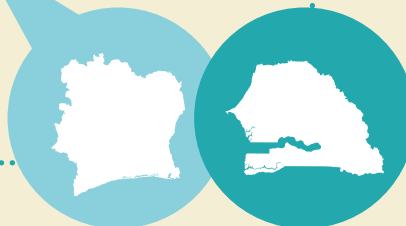
Social mobilization, building community linkages, collaboration and coordination.

Includes activities to mobilize communities on health and related social issues. It could include:

- Community-led/participatory assessments of community needs
- Creation of networks and effective linkages with other health actors and broader movements such as human rights and women's movements
- Community/social mobilization activities (including participatory assessments, community meetings and identification of issues, mapping of community efforts, planning)
- Support the establishment and the sustainability of community organizations
- Develop and maintain coordination and joint planning mechanisms to link community actors with each other, and with other relevant actors, at local, national, regional, and international levels
- Develop and maintain referral mechanisms between different service providers, in particular between community and other sector providers, and across borders where relevant

EXAMPLES: Alliance Côte d'Ivoire and ANCS, Senegal

Through their Global Fund grants, Alliance Côte d'Ivoire and ANCS recruited community workers called 'Community Advisors' (Côte d'Ivoire) and Psychosocial Mediators (Senegal), who work with public health structures to facilitate access to care and treatment services for people living with HIV and TB. In Senegal, most of the Psychosocial Mediators are from key populations and Community Advisors in Côte d'Ivoire are PLHIV, from both key populations and the general population. In both cases, they form a link between health services and communities in terms of access to services, and provide feedback mechanisms for improving services. The Psychosocial Mediators and Community Advisors have enabled the public sector to recognize the added value of civil society as critical to health systems.



Intervention 4:

Intervention 4: Institutional capacity building, planning, and leadership development

Includes activities that support establishment of community organizations (informal and formal). It could include:

- Mapping of community-led organizations and services as a basis for improved planning and involvement in delivery
- Capacity building of community sector groups, organizations, and networks in a range of areas necessary for them to fulfil their roles in service provision, social mobilization, monitoring, and advocacy. Includes training, tools, and other forms of support for planning, and institutional and organizational development
- Systems development, monitoring and evaluation, financial management, human resources, leadership, and community sector organizing
- Support for infrastructure of community sector organizations, as required, to enable them to fulfil roles in service provision and social mobilization
- Community monitoring and advocacy



EXAMPLE: India HIV/AIDS Alliance

Under India's HIV/AIDS grant, Alliance India helped to strengthen community systems that benefit MSM, transgender, and hijra (MTH) communities. In the Pehchan program, community systems strengthening was envisaged in two ambitious ways: formation and strengthening of 200 MTH CBOs across 17 states of India; and provision of a comprehensive group of SRH and HIV services to 453,750 MSM, transgender, and hijras through these CBOs. While Pehchan complemented the National AIDS Control Program, it also established a precedent for future health and development programs for MTH or even larger LGBT populations.

Annex B Resources:

The Global Fund

Funding Model Information

- 2017-2019 Funding Cycle Overview
- The Applicant Handbook
- Modular Framework Handbook

Frequently Asked Questions

- Funding Cycle 2017-2019 F.A.Q
- 2017-2019 Allocations Frequently Asked Questions
- Community, Rights and Gender and the 2017-2019 Funding Cycle
- Register of Unfunded Quality Demand

Core Information Notes

- HIV
- Tuberculosis
- Malaria
- Building Resilient and Sustainable Systems for Health through Global Fund Investments

Other relevant Global Fund documents

- Community Systems Strengthening (info note 2014)
- Maximizing Impact by Strengthening Community Systems and Responses
- Making Community Systems the Bedrock of Global Health Investments
- The Global Fund: 2015, The Role of the Global Fund – Supporting Countries to Build Resilient and Sustainable Systems for Health

Other Resources

- EANNASO and AAI (2016): Video Toolkit on How to Influence Decision-Making Processes about Health
- ICASO and ARASA (2016): Investing in Community Responses: a case for funding non-service delivery community actions to end AIDS
- ICASO and IHAA (2013): Community Systems Strengthening Questions and Answers
- UNAIDS and Stop AIDS Alliance (2015): Communities Deliver
- UNAIDS (2016): Stronger together: From health and community systems to systems for health