Building an Understanding of Community Systems Strengthening

LEVERAGING COMMUNITY SYSTEMS STRENGTHENING TO PROMOTE AND PROTECT HUMAN RIGHTS AND GENDER EQUALITY

8 SEPTEMBER 2020

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Content of Webinar

1. What are community systems and responses?

2. How do community systems and responses fit into the formal health system
   Reflecting on spectrum of community systems and responses

3. What are some lessons from CSS investments?

4. What are the opportunities in this funding cycle for women around CSS during grant-making and in windows to come?

5. Key takeaway messages
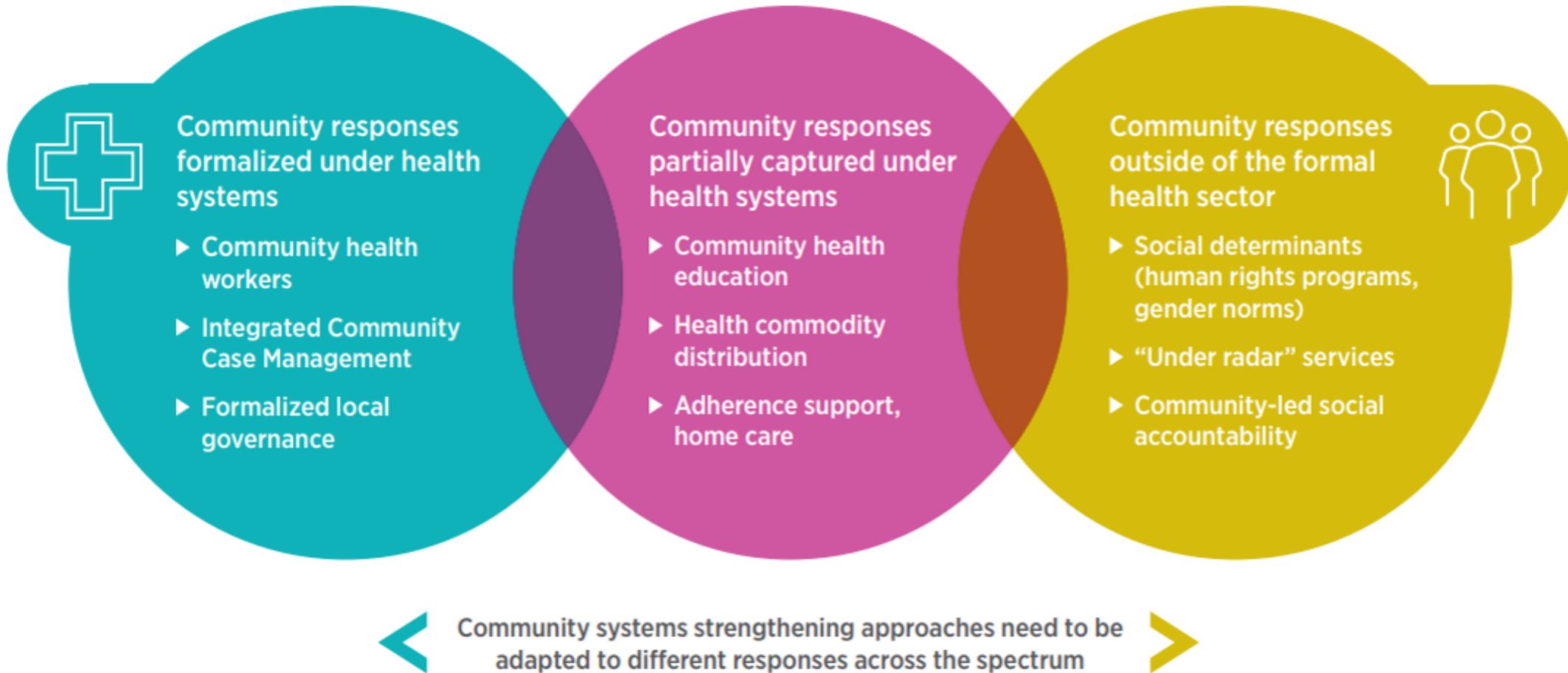
What are Community Systems and Responses?

Community Responses	Community Systems
Community responses are **how communities act** on the challenges and needs that they face	Community systems are community structures, mechanisms, processes and actors **that underpin** community responses
For example: A KP-led organization doing peer outreach is an example of a **community response**	For example: Strengthening the ability of a KP-led organization to develop bi-directional referral system with the health facility to monitor and evaluate their outreach program is an example of strengthening a **community system**.

Why are these important?

- **Communities can identify and quickly respond** to people's needs and concerns

- **Communities reach and mobilize people** – including those who are most marginalized, vulnerable and affected by diseases

- Communities effectively manage, **deliver and scale up** treatment, care and support services

- **Communities monitor access** to appropriate services and ensure **program quality and hold leaders accountable to their obligations**

- **Communities advocate** for an **enabling environment** and programming to reduce human rights and gender –related barriers to accessing services

The Spectrum of Community Systems and Responses

Considering how this fits into the formalized health system

Community responses formalized under health systems

▶ Community health workers

▶ Integrated Community Case Management

▶ Formalized local governance

Community responses partially captured under health systems

▶ Community health education

▶ Health commodity distribution

▶ Adherence support, home care

Community responses outside of the formal health sector

▶ Social determinants (human rights programs, gender norms)

▶ "Under radar" services

▶ Community-led social accountability

< Community systems strengthening approaches need to be adapted to different responses across the spectrum >

Examples within the Spectrum of Interventions

Community Responses formalized under health systems	Community responses partially captured under health systems	Community responses outside of the formal health sector
Example: CHW	Example: peer educators	Example: advocates & Human Rights defenders
Interventions designed and monitored by the health system	Interventions follow standardized approaches and reporting	Diverse, often bespoke interventions (increasingly covered by guidelines)
Cadres that are directly or indirectly contracted by, and report to the health system.	NGOs & CSOs where their staff, and leadership work closely local communities	Self-directed CBOs where staff, leadership and governance share characteristics with beneficiaries
Often delivering services to women, infants, children and general population	Often deliver services AGYW, some KPs and general populations	Often deliver services to KPs, and other underserved, marginalized and criminalized populations

What are the common challenges we still see?

National	In Global Fund Grants
• National strategies and plans implicitly acknowledge communities but rarely explicitly articulate costed and budgeted roles	• CSS module mostly dissociated from disease goals
• Disconnect between health systems and community systems – ghettoization of community responses	• CSS thought of as separate to main grant objectives and interventions
• Disconnect between community and national data systems	• CSS (like RSSH) is not well understood and contribution not easy to measure
• Lack of prioritization for community-led organizations and mechanisms to fund them	• Lack of rigor in assessments, approaches and tools
	• Confusing community engagement as CSS
	• Confusing CHW as CSS

Key Takeaway Messages

It is **vital for women in all their diversity to ensure engagement, participation and that their needs are included and adequately resourced in national strategic plans**.

Question/monitor program design and implementation to ensure that they are responding to the needs and challenges of women in all their diversity by asking oversight and governance structures whether programs are designed with participation and engagement of women in all their diversity? Are women and girls participating in oversight platforms and mechanisms?

Continue to take up resources like technical assistance to strengthen engagement and participation in national and Global Fund-related processes, including the CCM, for women-led and community-based organisations.

Utilize existing evidence, including systems and responses that you have implemented at community level and know are working. **Documenting these successes are key and using the resources available to you can further strengthen participation and inclusion**.

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Indicators: Community Systems Strengthening

Module	Type of Indicator	Indicator Code	Indicator Description
Integrated service delivery and quality improvement	Coverage	SD-4	Percentage of facilities with functioning health committee (or similar) that includes community members and meets at least quarterly
Community Systems Strengthening	Coverage	CSS-1	Percentage of community-based monitoring reports presented to relevant oversight mechanisms
Community Systems Strengthening	Coverage	CSS-2	Number of community-based organizations that received a pre-defined package of training

Work Plan Tracking Measures: Community Systems strengthening

Module	Work Plan Tracking Measures
Health sector governance and planning	Number of CSO who have received domestic public resources to support community programs for key populations as part of the national response
Community Systems Strengthening	National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened
Community Systems Strengthening	Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed
Community Systems Strengthening	Engagement and representation of communities in national fora, processes and decision-making bodies
Community Systems Strengthening	National strategies (e.g. NSPs, community health strategies, prevention roadmaps, AGYW) articulating roles of communities available (including differentiated service delivery, health governance, monitoring and advocacy)
Community Systems Strengthening	Capacity of community-based organizations enhanced/improved
Community Systems Strengthening	Business case for sustainability of community led and based services for key and vulnerable populations developed

What support is available to realize these opportunities for women and girls in all their diversity?

Supporting meaningful engagement and leadership

- HER Voice Fund launched – advocacy, training and mentoring, AGYW engagement, monitoring and accountability.

- *Voix Essentielle* will be launched in 3 countries (Cote d'Ivoire, Burkina Faso and Senegal) – engagement.

- CRG SI support – Country dialogue, funding request development, grant-making, grant implementation.

- CCM Evolution - equip CCMs to carry out core operations of inclusive oversight and meaningful engagement in alignment with national structures for sustained health governance.

AGYW in 13 countries for HIV incidence - Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

- Technical Assistance integrated into grants, including for meaningful engagement processes

- AGYW SI will have specific TA and learning components - More info available in the next months.

- Breaking Down the Barriers will include focus in gender related barriers – continuation of human rights SI

Thank You!

Backup

Planning Community Systems Strengthening Interventions

When identifying and planning community systems strengthening interventions, consideration should also be given to:

Communities who are most affected by and vulnerable to each disease. For example, in some contexts, key and vulnerable populations for malaria are different to those for HIV.

Status of existing community systems for each disease. For example, in some contexts, community systems may be less well established for TB responses compared to HIV, such as weaker capacity in areas like advocacy and community monitoring.

Legal and policy environment for each disease. For example, in some contexts, advocacy to change human rights laws may be a higher priority for work on HIV (a disease often associated with stigma and discrimination) compared to malaria.

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Knowing how many to reach, Knowing what to reach with, having structures and capacity to reach KPs, addressing barriers to accessing services, quantifying $ for annual budgeting.

Think grant needs but also longer term, RSSH investments by nature take time

CSS for a particular context needs to be adapted for community responses and the development continuum