Building an Understanding of Community Systems Strengthening

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

8 SEPTEMBER 2020

The Global Fund

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 does the Global Fund support around CSS?
    How does the Global Fund policy support action on this across its portfolio?

4. What are some lessons from CSS investments?

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

6. Key takeaway messages

Who are Communities

Diverse needs and realities

The word communities is widely used in global health context, but it can mean many different things. It can be used to refer to **people who are connected to each other in varied and distinct ways**:

- People who health systems are trying to reach and whose health they aim to improve;

- People who are **particularly affected by a given health problem**;

- People who share **particular characteristics or vulnerabilities** due to gender, identify, geography, behavior, ethnicity, religion, culture or age; and

- **Groups that represent** any of the above communities.
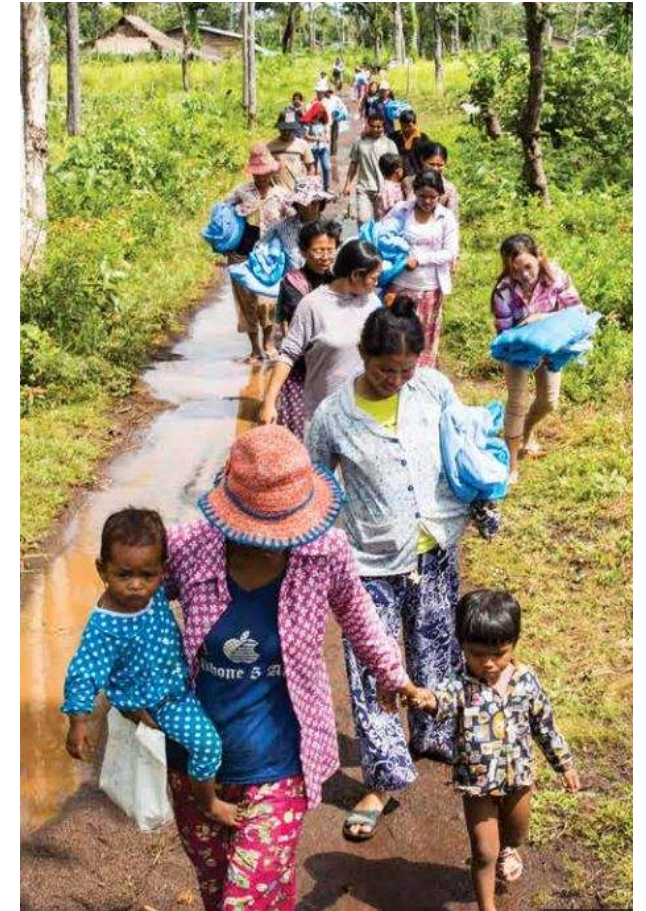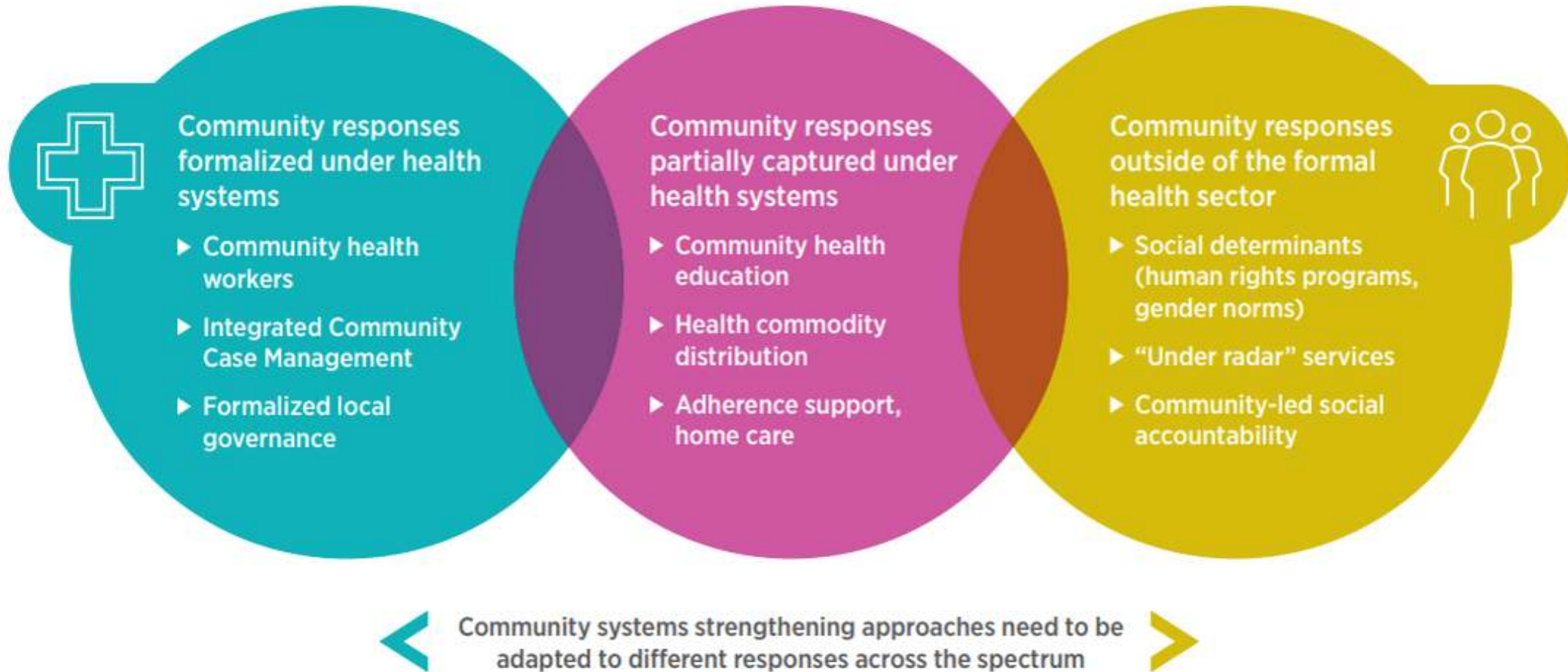
What are Community Systems and Responses?

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

Spectrum of Community Responses - Evidence

Community Responses formalized under health systems	Community responses partially captured under health systems	Community responses outside of the formal health sector

Example: advocates & Human

Often deliver services as CHW, some KPs and general populations

general population

Often deliver services as CHW, some KPs and general populations

Often... other underserved, marginalized and criminalized populations

Recap: Community Responses and Community Systems

Community Responses describe the interventions by which communities respond to the challenges and needs they face, including the delivery of a wide range of prevention, treatment, care and support services that are often:

- complementary to the formal health system;

- or not otherwise being provided,

- or which are not accessible to key, vulnerable and marginalized populations.

Community systems is a broad term that describes community structures, mechanisms, processes and actors that support a spectrum of community responses that meet the health needs of people.

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What does the Global Fund support around Community Systems Strengthening?

Formerly: Community Responses and Systems (CRS)
Now: Community Systems Strengthening

Modular Source	Intervention Categories	
Community systems strengthening (captured within RSSH module)	1.1	Community-based monitoring
	1.2	Community led advocacy
	1.3	Social mobilization, building community linkages, collaboration and coordination
	1.4	Institutional Capacity Building Planning and leadership development

Modular Framework Handbook

OCTOBER 2019

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Technical Brief: Community Systems Strengthening

OCTOBER 2019   GENEVA, SWITZERLAND

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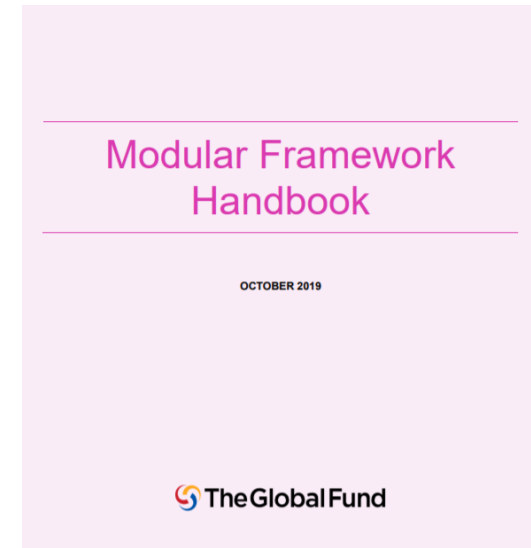
Intervention 1.1: Community-based Monitoring

Scope and Description of Intervention Package:

Community-based mechanisms by which service users and/or local communities **gather, analyze and use information on an ongoing basis** to **improve access to, quality and impact of services**, and to **hold service providers and decision makers to account**.

(Note: community-based monitoring is <u>not</u> the same as routine program monitoring).

It could include:
- ✓ Community-based monitoring of **barriers to accessing services** (e.g. human rights violations, including stigma and discrimination and confidentiality; age and gender-based inequities; geographical and other barriers) for purposes of emergency response, redress, research and/or advocacy to improve programs and policies.
- ✓ **Tools and equipment** for community-based monitoring (including appropriate technologies).
- ✓ **Technical support and training** on community-based monitoring: collection, collation, cleaning and analysis of data; and using community data to inform programmatic decision making and advocacy for social accountability and policy development.
- ✓ Community **engagement and representation in relevant governance and oversight mechanisms**.

Catalytic Effects of CLM in Global Fund Grants

In the 2014-2016 cycle, the Global Fund supported a multi-country grant in West Africa where 11 national networks of people living with HIV collected data from 125 health facilities over two years. This regional community treatment observatory (RCTO) reported significant improvements in HIV services at their monitored sites.

✓ KEY IMPROVEMENTS AT OUR MONITORED FACILITIES

Figure 1. Frequency of Recorded ART Stock-outs at RCTO-WA Monitored Facilities
- Period 1 (January-June 2018): 23.6%
- Period 2 (July-December 2018): 16.4%
- Period 3 (January-June 2019): 15.2%

Figure 2. Average Length (days) of ART Stock-outs at RCTO-WA Monitored Facilities in Côte d'Ivoire
- Period 1 (January-June 2018): 53
- Period 2 (July-December 2018): 33
- Period 3 (January-June 2019): 23

Figure 3. Frequency of Recorded Viral Load Lab Supply Stock-outs at RCTO-WA Monitored Facilities
- Period 1 (January-June 2018): 17.2%
- Period 2 (July-December 2018): 7.3%
- Period 3 (January-June 2019): 6.5%

Figure 4. Number of People on ART at RCTO-WA Monitored Facilities
- Period 1 (January-June 2018): 81 817
- Period 2 (July-December 2018): 90 008
- Period 3 (January-June 2019): 105 435

Figure 5. Viral Load Tests Performed at RCTO-WA Monitored Health Facilities
- Period 1 (January-June 2018): 16,532
- Period 2 (July-December 2018): 31,472
- Period 3 (January-June 2019): 33,376

Figure 6. Rate of Viral Load Suppression at RCTO-WA Monitored Health Facilities
- Period 1 (January-June 2018): 48.4%
- Period 2 (July-December 2018): 67.9%
- Period 3 (January-June 2019): 77.4%

Figure 9. HIV-positive Yield from HIV Tests Performed at RCTO-WA Monitored Facilities
- Period 1 (January-June 2018): 3.0%
- Period 2 (July-December 2018): 5.4%
- Period 3 (January-June 2019): 5.5%

Figure 10. People Who Got Their Viral Load Result Within 2 Weeks at RCTO-WA Monitored Facilities
- Period 1 (January-June 2018): 26%
- Period 2 (July-December 2018): 27%
- Period 3 (January-June 2019): 30%
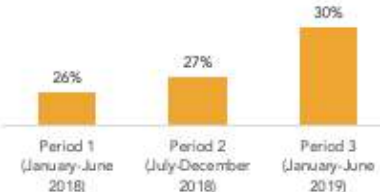
Figure 11. Average Quality of Care Rating (out of 5) at RCTO-WA Monitored Health Facilities
- Period 1 (January-June 2018): 3.8
- Period 2 (July-December 2018): 4.0
- Period 3 (January-June 2019): 4.2
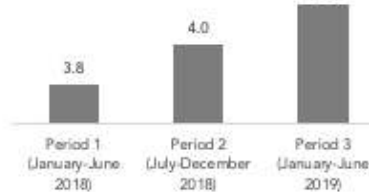
Since 2018, the Global Fund has supported Ukraine to implement the REAct system ("Rights-Evidence-Action"), which allows communities to record and respond to human rights violations among HIV and TB key populations. Following successful pilots in Dnipro, Kyiv, Kryvyi Rih and Odesa regions, national scale-up is planned in 2020.

REAct is also implemented in Kyrgyzstan, Tajikistan, Georgia and Moldova through the Global Fund's #SoS_project multi-country grant. In Kyrgyzstan, REAct is used in partnership with Street Lawyers Project to identify and respond to an estimated 1000 cases annually.

In Zimbabwe, Global Fund technical assistance supported the development and piloting of an AGYW Accountability Framework (community scorecard) in two districts in 2019. The pilot helped increase access to gender-based violence services at one-stop centers (pictured below). In the country's March 2020 TB/HIV funding request, the country proposes to scale up the model to four more districts, training and mentoring 118 AGYW "Accountability Champions"

Intervention 1.2: Community-led Advocacy

Scope and Description of Intervention Package:

Local, provincial, national and/or regional-level advocacy activities **led by community organizations, networks and civil society** actors, particularly those representing marginalized, under-served and key and vulnerable populations. Advocacy activities can relate to health services; disease-specific programs; or broader issues such as human rights violations, including stigma and discrimination and confidentiality; age and gender inequities; sustainable financing and legal and policy reform.

It could include:
- ✓ **Qualitative, quantitative and operational community-led research** that takes into account human rights, gender and age considerations; and the production, publication and dissemination of reports and communication materials.
- ✓ Community-led mapping of legal, policy and other **barriers that hinder/limit community responses**
- ✓ Data collection and analysis to inform development and/or improvement of key and vulnerable population programs.
- ✓ **Research and advocacy to sustain/scale-up access to services by key and vulnerable populations**, including public financing for the provision of services by community led and based organizations Capacity building to develop and undertake campaigns, advocacy and lobbying, for improved availability, accessibility, acceptability and quality of services and social accountability.
- ✓ Capacity building to develop and implement advocacy campaigns for domestic resource mobilization for the three diseases and Universal Health Coverage.
- ✓ Advocacy activities, including conducting situational analysis, **engagement and representation in policy processes**, decision-making and accountability mechanisms and processes, and in the development of local, regional **and national strategies and plans** (including national health; disease-specific; community health and Universal Health Coverage).

Developing civil society priorities charters, Sub-Saharan Africa

In various countries across southern and eastern Africa – including Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe – key population communities were experiencing low advocacy capacity, limited coordination and poor coherence in advocacy messages to influence national processes.

The development of the Charters included workshops to review country plans and latest data, share lessons, debate principles and identify common concerns.

The products were used for a range of purposes, including as tools to influence the priorities agreed by CCMs and to advocate for the more meaningful involvement of communities in national disease responses.

Zambia Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria New Funding Model

December 2013

FORDFOUNDATION

Intervention 1.3: Community mobilization, linkages, collaboration & coordination

Scope and Description of Intervention Package:

Activities to mobilize communities, particularly communities of marginalized, under-served and key and vulnerable populations, in responses to the three diseases, barriers to accessing health and other social services, social determinants of health and progress towards Universal Health Coverage and the realization of the SDGs.

It could include:
- ✓ Community-led participatory needs assessments.
- ✓ Building capacity on use of appropriate new information communication tools and technologies.
- ✓ **Community-led development/revision of strategies, plans**, tools, resources and messages for social mobilization.
- ✓ **Mapping of community-led and community-based organizations and networks and their service packages** as basis for improved planning, resourcing, integration and coordination of service delivery and advocacy.
- ✓ **Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors and broader movements such as human rights and women's movements.**

Community mobilization: Building community partnerships across diseases, Tanzania

Advocacy by the African Coalition Against TB has led to the formulation and validation of a **Community Action Plan to address policy, program and data gaps identified through human rights and gender assessments**.

It has also included the **development of an advocacy strategy to tackle stigma and discrimination**, and challenges related to diagnostics and treatment, together with the establishment of a Community and TB Care Technical Working Group that is endorsed by the National TB and Leprosy Program to define models of interventions that bring TB services closer to the communities

Intervention 1.4: Capacity building, planning & leadership development

Scope and Description of Intervention Package:

Activities that support the **establishment, strengthening and sustainability of community-led or community-based organizations** and networks (informal and formal), with particular attention to those serving marginalized, under-served and key and vulnerable populations.

It could include:
- ✓ **Capacity building and mentorship** of community organizations and networks in a range of areas necessary for them to fulfil their roles in social mobilization; community-based monitoring and advocacy.
- ✓ Technical and programmatic development to ensure high quality delivery of integrated community-based services.
- ✓ **Development and/or revision of tools** and other forms of support for community-led and community-based organizations and networks for:
- ✓ **Assessing capacity and developing appropriate capacity building plans**.
- ✓ **Institutional and organizational capacity** including governance, financial management, sustainability planning, internal policies, leadership development, program management, monitoring, evaluation and learning and reporting.
- ✓ **Partnerships, community organizing and advocacy**.
- ✓ **Technical capacity** to respond to human rights, gender and legal and policy barriers to services.
- ✓ **Infrastructure and core costs** of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, community monitoring and advocacy.

Capacity Building: Building organizational and technical capacity for integrated programs, Ghana

Resourced by the Global Fund, Ghana has developed comprehensive and integrated human rights and key and vulnerable populations for HIV, TB and malaria programs. The work includes the delivery of peer education among key and vulnerable populations, and access to justice strategies, backed-up through a package of community systems strengthening interventions. These include **organizational, institutional and technical capacity building of community groups and key and vulnerable population networks.** It also includes the development and implementation of systems for community-based monitoring of stigma, breaches of medical confidentiality and other human rights violations. The data results for this monitoring activities are to be used for advocacy purposes to inform policy and program development.

CSS thinking was framed prior to COVID-19. How is it changing?

- Urgent investment in Health and Community systems is one of 3 priority areas of focus for C19RM funding.

- Given the structure of C19RM applications and the limited detail requested at the point of submission, estimating/assessing investment levels across disaggregated categories (e.g. CSS) is not possible.

Overall trend: A large proportion of investment centers on utilization/adaptation of CHW systems to support RCCE (risk, communication and community engagement) as a component of COVID responses like trainings, implementation costs.

What is the role of community-led systems and responses in the times of COVID-19?

What investments in these community-led systems and responses are required beyond the 'emergency' response?

The TRP Observations from W1 highlight several weaknesses

Applicants should consider <u>greater engagement, strengthening and contracting of CBOs</u> to collect data on and monitor key population programs and ensure CBO and private sector data is integrated into program-useful information systems.

Applicants should <u>develop one plan for RSSH that includes a clear picture of the health and community system landscape</u>, an analysis of the prioritized needs/gaps, the sequencing for investments, and what elements would be included in the RSSH requests submitted with each funding request.

CRG TRP <u>findings</u> analysis on CSS highlighted:

Out of 32 FRs, TRP pointed out 12 issues on CSS, of which 4 on community-led monitoring (CLM). For instance:

- Lack of detail on reaching "last mile" and vulnerable populations in the Community Systems Module (Congo, Malaria).
- Insufficient focus on building the resilience and sustainability of community-based services through strengthening partnerships with civil society organizations (multi-country East Asia and Pacific RAI).
- Need to strengthen and integrate the community systems component of the HIV key population intervention package (Nigeria, HIV/TB).
- Limited plans for long-term health system strengthening and sustainability (Zimbabwe, HIV/TB).

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

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

Networks of adolescent girls and young women - in all their diversity, including transwomen, WLHIV, female and transgender sex workers, women who use drugs - should organize, identify and articulate their needs and **ensure that national plans and strategies are gender responsive**.

Ensure participation and meaningful engagement in Global Fund processes

Building on national disease plans

Accessing Technical Assistance for community systems strengthening

Adapting community systems strengthening to the three diseases

Comprehensive CSS in Global Fund-supported programs

Assess the needs for community systems strengthening

Contextualizing community systems and strengthening interventions

Meaningfully engage communities

Work in partnership for community systems strengthening

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

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**.

Additional Resources

Technical Brief: Community Systems Strengthening

Global Fund to Fight AIDS, Tuberculosis and Malaria (2019)

Communities Deliver: The Critical Role of Communities in Reaching Global Targets to End the Aids Epidemic

UNAIDS and Stop AIDS Alliance, 2015; *Investing in Community Responses: A Case for Funding Non-Service Delivery Community Actions to End AIDS,* ICASO and ARASA (2016).

Discussion Paper: Community Responses for Health: Issues and Ideas for Collaborative Action

Aidsfonds, the Free Space Process, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Council of AIDS Service Organizations, Frontline AIDS, UNAIDS; MPact, Stop TB Partnership and WHO (2018).

Thank You!

Backup

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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

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.

! 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