COMMUNITY SYSTEMS STRENGTHENING
INFORMATION NOTE

Introduction

Communities have always played a vital role in responses to AIDS, tuberculosis and malaria. The Global Fund has been at the forefront of the movement to provide more systematic support to community engagement, which is essential for enabling effective responses to AIDS, tuberculosis and malaria. The **Community Systems Strengthening** (CSS) Framework, first developed in 2010 by the Global Fund, civil society organizations and other development partners, has helped applicants to more clearly frame, define and quantify efforts to strengthen this area of work[1]. It has also helped those advocating for support to community responses to articulate the importance of CSS when negotiating with national disease programs, CCMs and grant implementing organizations.

The Global Fund Strategy 2012-2016 provides a clear mandate for the Global Fund to continue supporting CSS (see Box 1)[2].

Box 1. Support for CSS in the Global Fund Strategy 2012-2016

✓ Emphasizes the need to support national systems, defined as "all country systems, **including both government and non-government systems**"

✓ Strategic Action 1.1 (Ensure appropriate targeting of most at risk populations) includes "make explicit provision in the funding model for greater emphasis on **community systems strengthening**."

✓ Strategic Objective 4 (Promote and Protect Human Rights): The "Gender Equality Strategy" and "Sexual Orientation and Gender Identity Strategy", **along with support for community systems strengthening**, are further contributions made by the Global Fund to advancing human rights in the context of the three diseases.

As the Global Fund has made changes to its funding model, CSS has remained a key focus. This information note explains the Global Fund's rationale for supporting CSS, describes the scope of support for CSS that the Global Fund offers and how CSS appears in the Global

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[1] http://www.theglobalfund.org/documents/core/framework/Core_CSS_Framework_en/
[2] http://www.theglobalfund.org/en/about/strategy/

Fund's Measurement Framework[3], and provides advice on how to integrate CSS into funding applications.

Definitions and rationale for supporting community systems and community systems strengthening

What are community systems?

Improved health is the result of an array of policies, services, and other activities, which are developed and implemented by a wide range of actors. These actors include government or public health systems (made up of public health facilities, regulatory and governance bodies, and state-employed health care professionals), as well as community groups, community-based organizations and networks, non-governmental organizations, faith-based organizations and private sector organizations – both formal and informal. Together, these actors constitute the complex overall system that serves to protect and promote health and human rights.

Within this complex overall system, **community systems** are the structures, mechanisms, processes, and actors through which communities act on the challenges and needs they face. They are made up of different types of entities: community members, formal and informal community organizations and networks, and other civil society organizations. They are usually less formalized and less clearly defined as a "system" than health systems. What the entities that make up community systems have in common is that they have close links with communities and, therefore, better understand the issues facing those that are most affected by different health challenges.

Because of this, community systems have a unique ability and responsibility to identify, understand and respond to the needs of those who are marginalized and vulnerable in societies, and who are, as a consequence, affected by inequitable access to health and other basic services. They can play a number of roles – precisely which roles they play depends on their capacity and on their context:

- Managing and delivering services, including both facility-based clinical services and non-facility-based health services, such as peer education, awareness-raising, community-based treatment, care and support, and other social services;

- Supporting people who are marginalized or discriminated against to access health services that meet their needs;

- Mobilizing action among people who are marginalized for improved social conditions, including access to better quality services;

- Addressing broader determinants of health including gender inequalities and human rights;

- Advocacy for appropriate enabling policy and legislative frameworks, and governance, oversight and accountability;

- Monitoring and advocating for better protection of human rights and better access to health care.

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[3] The "Measurement Framework" is the name of the budgeting and tracking Modular Tool that has been introduced as part of the new funding model. It is made up of pre-defined categories (components, modules, and interventions) that are designed to facilitate tracking of funding and coverage of the main programming areas for each disease. As such, it is primarily a tool for organizing, quantifying and budgeting funding requests, but is not a program design tool.

Community systems are therefore essential to ensuring that health programs are comprehensive and that they are responsive to needs, in particular the needs of marginalized groups. They have also proven to provide a vital platform for scaling up equitable access to healthcare. This is why the Global Fund encourages all funding applicants to ensure community organizations and groups have central roles in the design, implementation and monitoring of Global Fund grants.

While states have the primary responsibility to guarantee health and human rights, when this responsibility is not fulfilled community actors often act outside of formal health systems to protect the health and human rights of people who are neglected, marginalized or criminalized. These include populations such as rural and underserved populations, people who cannot access health care due to poverty, women and young people, undocumented migrants, indigenous populations, sex workers, gay men and other men who have sex with men, transgender people, people who use drugs, people in prison and people with disabilities, as well as people living with HIV and AIDS, tuberculosis and malaria. In these cases community systems need to provide services that other parts of the system are not providing, and to advocate for change that will result in the needs of all people, particularly those excluded, being met.

Community systems are generally less well understood and recognized than other parts of the complex system described above. Indeed, in many contexts there is antagonism toward community actors, either because they are seen as less professional than other actors such as the public health sector and private healthcare providers, because they identify and speak out about the failings of these other actors, or because they represent excluded, stigmatized, marginalized or even criminalized voices. Moreover, community systems have a much broader scope and range than these other health care actors, often going far beyond providing services and functions that are directly health-related. The flexibility and responsiveness of community systems is one of their strengths since they can adapt more swiftly to needs, new developments and gaps. However, all of these aspects, combined with the power imbalance between the formal health system and community systems, mean that efforts to strengthen community action on health have been chronically under-supported.

What is community systems strengthening?

Because of the challenges described above, the Global Fund strongly encourages the inclusion of measures to strengthen Community Systems within grant applications. 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.

CSS is particularly important for ensuring that programs reach excluded and marginalized populations whose health and human rights are compromised. This includes "key populations" in the particular context of HIV and AIDS. Under the Global Fund's definition, CSS is a package designed to support the development of functional community organizations and networks and build the capacity of existing community sector organizations to monitor health and human rights services and programs; to advocate for change and accountability; to strengthen community organizing and mobilization; and to deliver services effectively.

The Global Fund recognizes that strong community systems are critical for ensuring the protection of the health and human rights of populations affected by AIDS, tuberculosis and

malaria, given how often they are neglected in national responses to the diseases. Strong community systems are essential for ensuring that the Global Fund's investments have the greatest possible impact. However, the Global Fund also recognizes that while national health systems are a relatively well defined and understood concept at country level, this is rarely the case for community systems, whose contribution to effective responses to AIDS, tuberculosis and malaria, and to making health systems more effective in general, is often underestimated and undervalued.

The Global Fund invests in CSS in order to build the capacity of community groups, organizations, networks and other actors to establish functional and sustainable institutions, to be involved in delivering services at community level, to coordinate their work at the local and national levels, to monitor the performance of services, to document and publish results and recommendations on health, gender equality and human rights, and to participate effectively in relevant policy and advocacy forums.

CSS in the AIDS, tuberculosis and malaria measurement frameworks

Among the resources being introduced by the Global Fund to facilitate the development of funding requests are a set of four **measurement frameworks**, one for each of the four components for which funding can be requested (HIV/AIDS, tuberculosis, malaria and health systems strengthening, or HSS). One of the main principles applied in the design of these measurement frameworks is to enable clear differentiations between different types of programs and interventions, and to reduce overlaps in order to improve the ability of the Global Fund and its grantees to track investments and measure impact. Each of the Measurement Frameworks for AIDS, tuberculosis and malaria include a CSS module. The CSS module contains four interventions and illustrative activities aimed at the strengthening of community systems. The module was developed on the basis of the CSS service delivery areas included in the CSS framework supported by the Global Fund in the past. However they have been streamlined to reduce overlaps and to ensure they are focused on *strengthening* community systems to fulfill the wide range of roles described above.

Box 2. Community led program implementation and community systems strengthening

The CSS module focuses on *strengthening* communities and community organizations to play a variety of roles in service delivery, social mobilization, accountability and advocacy.

However, the CSS module included in each disease measurement framework does not itself include direct community-led program implementation or service delivery, since these are part of core programming and are already included in other modules and interventions within each component. For instance, specific services, such as HIV counseling and testing, mosquito net distribution, or treatment adherence support, are all included as core programming elements for HIV and malaria respectively, and they can be provided or delivered by any sector, including by community sector organizations. Applicants should decide on the role that communities and community organizations will play in implementing these services, based on their own context, and should include the necessary strengthening interventions from the CSS framework to ensure these organizations can fulfill their roles effectively.

The scope and content of the four interventions included in the CSS module for AIDS, tuberculosis and malaria are listed below. A number of illustrative activities for each intervention are included in the annex to this information note.

Intervention 1: community- based monitoring for accountability

Scope and description of package: Community-based organizations and other community groups are strengthened to monitor, document and analyze the performance of health services as a basis for accountability, advocacy and policy activities. Community-based organizations establish and implement mechanisms for ongoing monitoring of health policies and performance and quality of all services, activities, interventions and other factors that are relevant to the disease, including prevention, care and support services, financing of programs, and of issues and challenges in the environment, (such as discrimination and gender-based inequalities), that constitute barriers to an effective response to the disease and to an enabling environment.

There are different ways of conducting effective community monitoring: recently, a lot of emphasis has been placed on using information technology to collate and transfer data so that it can be used for dialogue and advocacy not only at local level but also at national level. Effective community monitoring initiatives are often based on existing community accountability mechanisms, or local decision-making structures. However it is important to keep in mind that existing structures may reinforce the exclusion of already excluded or marginalized groups. Programs aiming to support excluded or marginalized populations, including "key populations" in the context of HIV and AIDS, should consider this reality when deciding which type of monitoring mechanism to develop.

While this intervention focuses on broad monitoring of availability, accessibility and quality of services, monitoring that is specifically focused on criminalization and human rights-related barriers should be planned under the "Removing legal barriers to services" module as it is a critical part of the package of services needed to address human rights.

Applications for this intervention, as is the case for all of the other CSS interventions, should include the costs of recruiting and strengthening the human resources required to conduct them.

Intervention 2: advocacy for social accountability

Scope and description of package (includes human resources required): Service providers, national programs, policy makers, and local and national leaders are held accountable by community sector organizations for the effective delivery of services, activities and other interventions, as well as for the protection and promotion of human rights and gender equality. Communities and affected populations conduct consensus, dialogue and advocacy at local and national levels aimed at holding to account responses to the disease, including health services, disease specific programs as well as broader issues such as discrimination, gender inequality and sustainable financing, and aimed at social transformation.

Strong feedback loops and advocacy from the community level are a vital way of encouraging service providers, authorities and decision makers to identify and address problems. Community sector organizations use a range of tactics to channel feedback and to demand accountability from those in a position of influence. In many cases providers and authorities welcome receiving feedback and advice from communities and work closely with them; however it is also common for community experiences to be sidelined or ignored, and for community organizations to have to more proactively and visibly advocate in order to

have impact. A range of methods can be considered: new technologies for knowledge-sharing and advocacy (e.g., social network tools, online alerts); as well as dialogue at the community level between affected communities, local authorities and service providers. An important backdrop to effective advocacy is to ensure that community members are informed and empowered to communicate and advocate for change and to improve environments at local level; and where necessary to support efforts to bring this advocacy to national and even regional levels.

While this intervention focuses on broad advocacy related to improving the availability, accessibility and quality of services, advocacy that is specifically focused on criminalization and human rights-related barriers should be planned under the "Removing legal barriers to services" module as it is a critical part of the package of services needed to address human rights.

Intervention 3: social mobilization, building community linkages, collaboration and coordination

Scope and description of package (includes human resources required): Communities and affected populations engage in activities to improve their health and their own environment. Community action, establishment of community organizations and creation of networking and effective linkages with other actors and broader movements such as human rights and women's movements. Strong informal and formal relationships between communities, community actors and other stakeholders enable them to work in complementary and mutually reinforcing ways, maximizing the use of resources and avoiding unnecessary duplication and competition.

Mobilized, cohesive communities play a vital role in challenging negative norms – including those that influence peoples' vulnerability to AIDS, tuberculosis and malaria – and in promoting and defending the right to health. Communities often come together to address health and social problems, but they seldom receive the support to organize and plan so they can be effective. This is particularly true for key affected populations, whose exclusion is already one of the main factors of their vulnerability. CSS support is therefore crucial to encouraging social mobilization. Under this intervention, applicants can also request support to ensure that there are strong links between different types of service and support – such as between community-based social services, and clinical services, as well as services linked to human rights and livelihoods. Community sector organizations can help clinical services become more amenable and acceptable to excluded groups, by partnering with them to improve "key population friendly" services.

Finally, collaboration and coordination activities supported under this intervention are an important means of ensuring that all those who need have access to services, and that overlaps, duplications and even contradictions between services are minimized.

Intervention 4: institutional capacity building, planning and leadership development in the community sector

Scope and description of package (includes human resources required): 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 support in planning, institutional and organizational development, systems development, human resources, leadership, and community sector organizing. Provision of stable, predictable financial resources for communities and appropriate management of financial resources by community groups, organizations and networks. Provision of

technical, material and financial support to the community sector as required to enable them to fulfil roles in service provision, social mobilization, monitoring and advocacy.

Most of the formal structures involved in health care provision – clinics, hospitals, social services, and ministries of health – are long-established and have core infrastructure, systems equipment, and human resources. Where there are weaknesses, most countries have a roadmap for addressing these and investing in the health system. This is rarely the case for community systems, which are made up of many small, autonomous organizations with very varied capacities, roles and priorities.

Core support to improve the capacity of these organizations, so that they can effectively play important roles in mobilizing communities, promoting accountability, advocating for change, and indeed in delivering many types of health and social services at community level, is therefore an essential CSS intervention. This includes support for individual organizations in: organizational strengthening, management and leadership, financial management, human resources, technical skills, as well as support for developing mentoring systems. Capacity building systems for community sector organizations can use a mix of short-term and longer-term interventions adapted to the needs of each organization. The intervention can also include professional development for community workers/volunteers not covered elsewhere, e.g. for professional ethics, human rights, gender sensitivity and equality, and stigma reduction.

As well as including support for capacity building of individual organizations, this intervention can also be used to provide support at the "systems" level. This can include support for organizing the community sector as a whole, needs assessments for the sector, and strategic planning for community systems.

CSS in the health systems strengthening (HSS) measurement framework

Funding for CSS is also available under the cross-cutting health systems strengthening measurement framework. However, unlike under the disease measurement frameworks, CSS is not included as a standalone module under HSS. Rather, reflecting that community systems and health systems are closely linked, applicants who wish to support CSS in a cross-cutting (not disease specific) way are encouraged to apply the HSS interventions to community systems strengthening. In order to facilitate this, there are a number of specific references to community sector programming in the HSS framework. Many of the modules and interventions under HSS can therefore be used to support strengthening of community systems.

The most important consideration to take into account in relation to HSS is that it is concerned with cross-cutting programs: programs that are relevant to more than one of the three diseases, and indeed that are relevant to health more generally. The main difference between applying for CSS under a disease-specific grant or under cross-cutting HSS is therefore whether the CSS interventions for which funding is sought are disease-specific or are cross-cutting.

Applicants interested in receiving funding for CSS under a cross-cutting HSS grant should consult the Global Fund Eligibility List to see whether they are eligible to submit a stand-alone cross-cutting HSS funding request [4], and the HSS information note for more information[5].

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[4] http://www.theglobalfund.org/en/fundingmodel/single/
[5] http://www.theglobalfund.org/en/fundingmodel/support/infonotes/

Incorporating community systems strengthening in funding applications to the Global Fund

The Global Fund requires applicants to develop concept notes according to a number of criteria described in the new funding model brochure[6]. This section provides further advice on how to plan for incorporating CSS.

1. Ensure community sector organizations are fully involved in the design, implementation and monitoring of AIDS, tuberculosis and malaria programs

As the first part of this information note outlines, under its strategy and the new funding model the Global Fund reaffirms the role of civil society and community organizations in implementing interventions under any of the modules for each disease. Any of the modules and interventions included under the AIDS, tuberculosis, malaria and HSS measurement frameworks can be implemented by organizations from any sector – depending on what is likely to be the most effective approach in each context. Community sector organizations and groups are often very effective service providers, particularly in delivering services to excluded, marginalized or affected populations. These organizations have also played a critical role in scaling up services for AIDS, tuberculosis and malaria in many countries.

Therefore, when applicants are in the early stages of planning their country dialogues, it is recommended that they give full consideration to the role community organizations will play in the implementation of programs, and that they clearly define which types of organization will be involved in each area of programming. Community sector service delivery should be included alongside service delivery by other sectors in concept notes. For instance, if local sex worker groups are to play a role in outreach for HIV prevention among sex workers and clients, these activities should appear under the "Prevention – sex workers" module within the HIV measurement framework, since it is a program delivery intervention and not a CSS intervention.

2. Assess community systems strengthening needs

CSS funding requests, like every other module, should be based on existing assessments of community systems strengthening needs. There may be a need for additional assessment work to ensure CSS plans have a strong basis. If community sector organizations have been included as actors in the delivery of core programming as described in the previous recommendation, applicants should already have an idea of the types and numbers of organizations involved.

At the same time, as indicated by the CSS module, community sector organizations have a role not only in program delivery, but also in monitoring and in policy advocacy. CSS needs for all community sector organizations, whatever their role, need to be assessed so as to ensure that CSS plans are designed to meet these needs.

Identifying needs should be done in consultation and agreement by a broad spectrum of community organizations; not just at the national level, or by consultants or CCM working groups. Needs assessments can be conducted using face to face methods but can also be done through online-surveys, phone calls, national or sub-national meetings. External advice and support to this process can help the sector to clarify needs in a non-threatening way. As well as helping to quantify CSS needs, this process can help CCMs and eventual PRs to

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[6] Available here: http://www.theglobalfund.org/en/about/grantmanagement/fundingmodel/

better understand the community system, the profiles of community sector organizations, and what they can expect from these organizations. The process can also help identify where community structures do not currently exist or are dormant, and can therefore point to priorities for social or community mobilization work to be included in CSS plans.

Ideally all of this assessment work should be conducted before a country concept note to the Global Fund is developed. However, in many countries it is likely that information on the current state of CSS is lacking. Countries in this situation are also encouraged to use the CSS module to request support for more in depth mapping and assessment work of their community systems.

Key overarching questions for assessing CSS needs include:

- How are current community systems functioning?

- What are the gaps in current systems and linkages?

- How can they be strengthened?

- How will these strengthening activities contribute to a functional and coherent system?

- What are the barriers to effective programming and what role can community sector organizations play in removing these?

- What support do community sector organizations require to monitor programs and to conduct policy advocacy for accountability?

A number of needs assessment tools are listed in the sources at the end of this Note.

3. Plan for CSS and integration into funding applications

Civil Society and community members should play a central role in the country dialogue and have membership on the technical working groups involved in developing concept notes. As specified in other guidelines, including the CCM eligibility criteria[7], representatives of communities and community sector organizations should be selected through a fair and transparent process and have the training and access to information required to meaningfully engage in the process and represent their constituencies.

CSS plans should be based on the role that community sector organizations will play in delivering services and programs (point 1 above) and on the needs assessments for community systems strengthening (point 2). CSS plans should also give consideration to how they will be implemented: for instance, they should be based on a realistic assessment of the capacity of Principal or Sub-recipients and the availability of CSS expertise.

4. Ensure CSS plans are complementary to plans for Human Rights interventions

There are close links between the CSS and the human rights modules. Many of the organizations involved in delivering the package of Interventions defined under the human rights module are likely to be community sector organizations, whose capacity needs to be strengthened to fulfil their mandates. As noted above, there are also some "cross-over" interventions that appear in the human rights package and in the CSS module: Interventions 1 and 2. At the concept note development stage, applicants should be careful to ensure that activities included under the human rights module and those selected under the CSS module complement each other.

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[7] http://www.theglobalfund.org/en/ccm/

5. Guidance on when to apply for CSS under the disease-specific module and when to apply under HSS

As already noted, HSS investments are those that impact on more than one of the three diseases and that are relevant to health more generally. Decisions on whether to apply for a given CSS action under the disease modules or under HSS should take this into consideration. For instance:

- A request for funding for a community monitoring project focused primarily on monitoring equitable access to tuberculosis services should be included under the community monitoring intervention, under the CSS Module, in a tuberculosis application.

- A request for funding for a community monitoring project looking at access to a range of health services – relevant to two or more of the three diseases or perhaps even looking at issues such as health worker absenteeism, and costs of general healthcare, should be included under the community monitoring intervention in a HSS application.

- A request for organizational strengthening, human resource systems development or community organizing support for AIDS service organizations, or a community groups such as sex worker collectives working on HIV prevention, should be included under the relevant CSS Interventions in an HIV/AIDS application. On the other hand a request for organizational strengthening, human resources or community working on the right to health in general, should generally be included under the relevant modules and Interventions of an HSS application.

CSS applications under HSS can also address more complex cross-cutting CSS needs, such as building capacity for task shifting from clinics to community health actors, monitoring of national health accounts, and advocacy on regulatory and intellectual property aspects of treatment access, if these are not specific to one of the three diseases[8].

6. Building on national strategies

The Global Fund has long promoted the principle that funding should be provided based on sound national strategies. However, civil society and communities are often not meaningfully involved in national strategic planning processes. As a result, CSS tends to be neglected in national strategic plans, which therefore provide little or no mandate for community sector involvement or strengthening.

Because of the emphasis the Global Fund places on national strategies, an important way to plan for greater Global Fund support to CSS is to ensure that before Global Fund planning or applications even start, CSS is adequately described and supported in national strategies. CSS advocates should therefore insist that mid-term reviews and planning processes for national health strategic plans, national health policies, and disease strategic plans are assessing and addressing community sector and CSS needs, in order to form a stronger basis for applications to the Global Fund.

Practically speaking, this means community systems organizations should:

- Work as a sector to plan how to participate actively in national strategy processes, including national strategy reviews

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[8] Any activities that are specific to one of the three diseases should be included in the disease concept note.

- Advocate for the inclusion of community systems components in national strategies and national strategy reviews, and for the inclusion of community systems experts in planning and review teams
- If inclusion of the community sector in the above processes is still limited, the sector should consider conducting its own reviews/planning processes
- Seek technical and financial support from partners to the community sector to ensure it can participate actively in these processes

7. Terminology

The following terms may be useful for applicants who may be considering the inclusion of interventions related to CSS in their concept note:

- Community is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic, and one person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values.

- Key populations are, broadly speaking, groups that have a higher epidemiological impact of a disease, combined with a lower access to services, and they also sub-populations that are criminalized or marginalized. A group is considered to be a key population if all three of the following factors apply:

  1. Epidemiologically, the population faces increased risk, vulnerability and/or burden of at least one of the three diseases – due to a combination of biological, socio-economic and structural factors;

  2. Access to relevant services is significantly lower than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility;

  3. The population faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and criminalization – which increases vulnerability and risk as well as reducing access to essential services.

It is important to recognize that key populations contribute valuable insights, guidance, and oversight to implementing organizations and the Global Fund – as Board members, staff, grant recipients, technical assistance providers and beneficiaries – due to their direct experience and personal investment in the response to the three diseases.

- Community-based organizations (CBOs) are those organizations that have arisen within a community in response to particular needs or challenges and are locally organized by community members. Non-governmental organizations (NGOs) are generally legal entities, for example registered with local or national authorities; they may be operative only at community level or may also operate or be part of a larger NGO at national, regional and international levels.

- Community organizations and actors are all those who act at community level to deliver community-based services and activities and promote improved practice and policies. This includes many civil society organizations, groups and individuals that work with communities, particularly CBOs, NGOs and faith-based organizations (FBOs) and networks or associations of people affected by particular challenges, such as HIV,

tuberculosis and malaria. It also includes those public or private sector actors that work in partnerships with civil society to support community-based service delivery, for example local government authorities, community entrepreneurs and co-operatives.

- Civil society organizations (CSOs) include not only community organizations and actors but also other non-governmental, non-commercial organizations, such as those working on public policies, processes and resource mobilization at national, regional or global levels.

Further reading / Useful resources

- Analysis of CSS applications in Round 10 / Global Fund www.theglobalfund.org/documents/civil_society/CivilSociety_Round10CommunitySystemsStrengthening_Analysis_en

- Civil Society Success on the Ground CSS and DTF: Nine Illustrative Case Studies / International HIV/AIDS Alliance http://www.aidsalliance.org/includes/Publication/Civil_society_success_eng.pdf

- Community involvement in rolling back malaria; Roll Back Malaria / WHO 2002 http://www.rollbackmalaria.org/cmc_upload/0/000/016/247/community_involvement.pdf

- Community involvement in tuberculosis care and prevention: Guiding principles and recommendations based on a WHO review; WHO 2008 http://www.stoptb.org/wg/tb_hiv/assets/documents/9789241596404_eng.pdf

- Community Systems Strengthening and Key Populations: A Policy Discussion paper; Global Forum on MSM and HIV 2013 http://www.msmgf.org/index.cfm/id/11/aid/8376

- Community Systems Strengthening Framework, August 2011 http://www.theglobalfund.org/documents/civil_society/CivilSociety_CommunitySystemsStrengthening_Framework_en/

- Coordinating with Communities: Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses. ICASO 2007. http://www.icaso.org/files/coordinating-with-communities

- Global Fund Monitoring and Evaluation Guidelines and Tools**:** http://www.theglobalfund.org/en/me/documents/

- Malaria control, community systems strengthening and community-owned response**:** Malaria Control (MC) and Community Systems Strengthening (CSS) Consultation, Geneva, 23-25 March 2009; http://www.rollbackmalaria.org/docs/events/2009/Malaria-control_CSS_community-owned-responseGF9guidelines.pdf

- Roll Back Malaria Toolbox http://www.rollbackmalaria.org/toolbox/index.html

- Southern Africa Regional CSS Framework http://www.satregional.org/sites/default/files/publications/Southern%20Africa%20CSS%20Framework%20FINAL%20-%2022%20September%20201.pdf

- Stop-TB - Technical Assistance Mechanism (TEAM) http://www.stoptb.org/countries/tbteam/default.asp

- Supporting community based responses to AIDS: A guidance tool for including Community Systems Strengthening in Global Fund proposals; UNAIDS, January 2009; http://data.unaids.org/pub/Manual/2009/20090218_jc1667_css_guidance_tool_en.pdf

The Global Fund

ANNEX: Illustrative activities for CSS Interventions

NB as these activities are illustrative, applicants may also define additional activities if they fit within the scope of each intervention.

Interventions	Scope and description of intervention package (Includes human resources required under each intervention)	Illustrative activities
Community-based monitoring for accountability	Community-based organizations establish and implement mechanisms for ongoing monitoring of health policies and performance and quality of all services, activities, interventions and other factors that are relevant to the disease, including prevention, care and support services, financing of programs, and of issues and challenges in the environment, (such as discrimination and gender-based inequalities), that constitute barriers to an effective response to the disease and to an enabling environment.	Development and planning of community based monitoring and documentation mechanisms
		Design, establishment and maintenance of research plans, community-based monitoring and documentation tools and systems
		Monitor or develop indicators to measure legal rights
		Equipment for monitoring (e.g. relevant information technology)
		Implementation of monitoring for accountability activities (including baseline monitoring, data collection by communities, discussions with service providers, and use and appraisal of official/government data)
		Collation, centralization and analysis of monitoring data and development of recommendations and demands for improvement
		Publication and dissemination of community monitoring data and recommendations
		Technical support and training
		Training for community researchers/monitors
		Other
Advocacy for social accountability	Communities and affected populations conduct consensus, dialogue and advocacy at local and national levels aimed at holding to account responses to the disease, including health services, disease specific programs as well as broader issues such as discrimination, gender inequality and sustainable financing, and aimed at social	Planning of consensus, dialogue and advocacy work with decision makers and service providers at local and national level
		Consultations with community members
		Consultations with relevant government representatives
		Development and dissemination of advocacy products/materials
		Conduct of advocacy activities (e.g. meetings, campaigns, public advocacy events)
		Support to participation of community actors (including key populations) in local and national decision making/consultative bodies

Interventions	Scope and description of intervention package (Includes human resources required under each intervention)	Illustrative activities
	transformation.	Technical support and training
		Other
Social mobilization, building community linkages, collaboration and coordination	Community action, establishment of community organizations and creation of networking and effective linkages with other actors and broader movements such as human rights and women's movements. Strong informal and formal relationships between communities, community actors and other stakeholders enable them to work in complementary and mutually reinforcing ways, maximizing the use of resources and avoiding unnecessary duplication and competition.	Community/social mobilization activities (including participatory assessments, community meetings and identification of issues, mapping of community efforts, planning)
		Support to establishment 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
		Develop and support networking of community groups [on HIV, TB, malaria, health and women's], particularly of key populations, to ensure representation and advocacy at national level is effective, and for experience sharing, mentoring etc.
		Core support for participation in coordination mechanisms by community representatives (including transport/travel costs)
		Establishment of community health worker programming, strengthening, integration within the health systems and linkages with the community systems.
		Community level groups (e.g. health committees) whose mandate includes coordination and networking, identifying and responding to issues and barriers and mobilizing actions, support, linking with the health system, etc.
		Awareness-raising amongst community members about their entitlements, as specified in service-provider commitments
		Technical support and training
		Other

The Global Fund

Interventions	Scope and description of intervention package (Includes human resources required under each intervention)	Illustrative activities
Institutional capacity building, planning and leadership development in the community sector	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 support in planning, institutional and organizational development, systems development, human resources, leadership, and community sector organizing. Provision of stable, predictable financial resources for communities and appropriate management of financial resources by community groups, organizations and networks. Provision of technical, material and financial support to the community sector as required to enable them to fulfil roles in service provision, social mobilization, monitoring and advocacy.	Assessment of needs in human resources, systems, equipment, organizational and institutional development, leadership, etc.
		Provision of resources for institutional support including legal support, support for registration etc.
		Evidence informed planning, management, and policy formulation for community systems. Development of systems for planning community action.
		Development and implementation of systems and policies for recruitment, supervision, motivation and support of community level workers and volunteers
		Capacity building in leadership, project management, volunteer management and supervision, motivation
		Professional development for community workers/volunteers not covered elsewhere, e.g. for professional ethics, human rights, stigma reduction.
		Training in special technical areas such as child protection, social protection, gender mainstreaming, working with criminalized or marginalized communities, providing integrated TB/HIV services, drug resistance, community audits such as verbal autopsy of reasons for deaths
		Strengthening communications skills and infrastructure
		Mentoring programs for community sector actors (including leaders and volunteers)
		Development of systems for rational, transparent and effective distribution of funds to community sector organizations within the framework of the national response and, if necessary for neglected themes, outside of this framework
		Capacity building for community groups, organizations, networks in strategic investment of resources, financial planning, financial management and resource mobilization, planning for sustainability

Interventions	Scope and description of intervention package (Includes human resources required under each intervention)	Illustrative activities
		Development and management, and where possible standardization of schemes for remunerating community outreach workers and volunteers or providing other incentives and income-generation support
		Procurement of infrastructure and equipment as well as other materials and resources required by community groups, organizations and networks and appropriate to their needs and roles within the response
		Support to ongoing organizational running costs in line with roles in the national response
		Development and dissemination of good practice standards for community sector service delivery and implementation including protocols, supervision and management.
		Development of accountability and governance plans for leaders of groups, organizations and networks
		Development of systems for M&E and other data collection of community led action, sharing of information, and integrating this information with national monitoring systems
		Adaptation of health sector assessment tools to ensure they capture community systems and CSS
		Establishment of / support to community support centers providing a range of services such as information, testing and counselling, referrals, peer support, outreach to key affected people and communities and legal support.
		Identification and support to development of community sector services that are critical and yet under-supported, such as human rights and legal services, and linkages with services related to gender and social welfare
		Planning for community sector led service delivery including monitoring, supervision, quality assurance, and linkages and referrals with other services
		Staff/volunteer retreats

Interventions	Scope and description of intervention package (Includes human resources required under each intervention)	Illustrative activities
		Technical support
		Other