



Maximizing impact by strengthening community systems and responses

November 2016
Geneva, Switzerland

Communities have always played a vital role in responses to AIDS, tuberculosis and malaria and in improving people's health more generally. The Global Fund has been at the forefront of the movement to provide more systematic support to community engagement. This Technical Brief explains the Global Fund's rationale for investing in strengthening community systems and responses, describes the scope of support that the Global Fund offers, and provides guidance on how to integrate community systems and responses into funding requests.

Table of Contents

I.	Introduction.....	3
II.	Definitions and rationale for investments in community systems and responses	3
III.	Including investments to strengthen community systems and responses in Global Fund grants.....	5
IV.	Guidance on strengthening Community Systems in funding applications to the Global Fund	11
V.	Further reading / Useful resources	13

I. Introduction

Communities have always played a vital role in responses to AIDS, tuberculosis and malaria, and the Global Fund has been at the forefront of the movement to provide more systematic support to community engagement. This has enabled not only effective responses to these three diseases but has worked to strengthen health systems overall.

Community engagement and action on health is an important, yet often under-supported, complement to improving conventional facility-based health services. Understanding the synergies between the formal health system and the community system is essential in guiding investments for better outcomes for the three diseases and beyond. Universal health coverage (UHC) and health security will not be attainable without the involvement of communities. They are essential to designing effective interventions, to implementing and evaluating the robustness and quality of health services, to creating demand for services and to reaching those who do not always go to health clinics – in particular the vulnerable and marginalized. They are also essential in health promotion, prevention, fostering healthy behaviors and can reduce the demands on the health system. Systems for health that involve the community will always be the first to identify, report and respond to emerging health threats.

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 the involvement of communities and community organizations in Global Fund programs.¹ It has also helped those supporting community responses to articulate the importance of appropriate investments when planning with national disease programs, CCMs and grant implementing organizations.

Building upon this framework, the new Global Fund Strategy 2017-2022 strengthens the Global Fund's commitment by including *strengthening community systems and responses* as one of the key pillars of the strategic objective to build resilient and sustainable systems for health.² Resilient and sustainable systems for health, differently from health systems, do not stop at a clinical facility but run deep into communities and can reach those who do not always go to health clinics, particularly the most vulnerable and marginalized.³ Systems for health focus on people, not issues and diseases.

This Technical Brief explains the Global Fund's rationale for investing in strengthening community systems and responses, describes the scope of support that the Global Fund offers, and provides guidance on how to integrate community systems and responses into funding requests.

II. Definitions and rationale for investments in community systems and responses

01 What are Community Systems and Responses?

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 health facilities, regulatory and governance bodies, and state-employed health care professionals), as well as community members and 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.

¹http://www.theglobalfund.org/documents/civil_society/CivilSociety_CommunitySystemsStrengthening_Framework_en/

² <http://www.theglobalfund.org/en/strategy/>

³ http://www.theglobalfund.org/documents/publications/other/Publication_RSSH_FocusOn_en/

The Global Fund uses the term “**community responses**” to describe the means by which communities act on the challenges and needs they face. The communities most affected by specific diseases and challenges 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. These can 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 affected by HIV and AIDS, tuberculosis and malaria. In many of these cases, communities need to provide services that are not otherwise being provided or which are not accessible to key and most affected populations, as well as advocate for change that will result in the needs of all people, particularly those excluded, being met. In addition, while states have the primary responsibility to guarantee health and human rights, when this responsibility is not fulfilled community actors may need to act outside of formal health systems to protect the health and human rights of people who are neglected, marginalized or criminalized.

Communities respond in a number of ways, depending on their capacity and on their context. They include:

- 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 violations and barriers;
- Advocacy for appropriate, enabling policy and legislative frameworks and governance, oversight and accountability;
- Monitoring services and programs and advocating for better protection of human rights and better access to health care.

“**Community systems**” is a broad term that describes community structures, mechanisms, processes, and actors involved in the types of responses described above. They include different types of entities: community members, formal and informal community organizations and networks, and other civil society organizations. There are formal and more informal types of community systems. More formal systems include community health worker or community health volunteer programs. Examples of more informal ones are unregistered community groups representing specific or vulnerable populations or community groups whose primary mandate is not health-related. All of these have close links with communities and, therefore, understand the issues facing those that are most affected by different health challenges.

Community systems are generally less well understood and recognized than other parts of resilient and sustainable systems for health. Indeed, in many contexts, there is antagonism toward community actors. They are often perceived to be less professional than the public health sector and private healthcare providers, with those who represent excluded, stigmatized, marginalized or even criminalized people often facing such sentiments. Community systems are perhaps also less well understood because they have a much broader scope and range than 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.

Community systems and responses are essential to ensuring that health programs are comprehensive and that they are responsive, in particular by ensuring outreach of basic services at the community level (for instance, the case of community health workers delivering malaria services to children under 5 or carrying out case detection and community DOTS for TB) and in responding to the needs of marginalized groups (in particular for advocacy related to each of the diseases and for reaching excluded key populations in the context of HIV). They also provide a vital platform for scaling up equitable access to healthcare. For this reason, 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, and to make sure that in-country implementation mechanisms are designed to enable involvement of community led groups.

02 What is Community Systems Strengthening?

The Global Fund also strongly encourages the inclusion of measures to strengthen community systems and responses within funding requests. 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.

In addition, community systems strengthening is also important for ensuring that programs reach excluded and marginalized populations whose health and human rights are compromised, including key populations, which the Global Fund defines as those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized⁴. CSS is 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 and directly to communities.

III. Including investments to strengthen community systems and responses in Global Fund grants

Interventions aimed at strengthening community systems and responses can and should be included in both disease-specific and RSSH funding requests. Communities can be involved in implementing disease-specific and RSSH programs in a wide variety of ways, and nearly every core intervention can be made more effective by ensuring community involvement. Community patient experts can help provide advice and support within health facilities; community health workers and peer workers can reach out into communities with information, basic services, tests and delivery of treatment in some cases; and community groups can provide forms of support that are not provided by health services. The information notes on AIDS, tuberculosis, malaria, and RSSH, as well as the technical briefs supporting them, each include a section on the role of community interventions in achieving impact.

To improve health outcomes, it is important that applicants carefully consider how to strengthen involvement of communities (including community organizations) in each of the different programs that are included in the request. For some interventions, it is important to include multiple strategies so that different populations are reached. This can be done by making some services available through the formal health sector, as well as through community-led outreach – case detection and testing are good examples of interventions that can be maximized through multiple delivery approaches. For other

⁴ Global Fund key populations definition:
http://www.theglobalfund.org/documents/core/infonotes/Core_KeyPopulationsDefinition_Infonote_en/

interventions such as community mobilization or peer education, the focus may be exclusively on community-led delivery.

When developing program strategies and budgets, applicants should outline the approach that will achieve the greatest impact. This means ensuring that the most affected and excluded people are reached in the most efficient ways. For every intervention included in a funding request, applicants should identify the roles that will be played by communities in delivering the intervention, and cost these activities adequately. The narrative description of the funding request should explain these different elements of community responses, including describing what types of community entity will be involved (e.g. community health workers, community based organizations, informal community groups, networks of key or affected populations, etc.).

In addition to planning for how communities will be involved in delivering each intervention, it is also important to make sure different interventions are linked together and to ensure that community responses can operate effectively. This can include developing guidelines, referral tools and systems, training in different types of intervention or service delivery, and monitoring and evaluation tools. All of this should also be costed and included in funding requests and should be included under the relevant module or intervention and described in the relevant section of the funding request form. Examples are provided in the box below.

Module	Intervention	Activity	Plan and budget may include:
Comprehensive programs for sex workers and their clients	HIV testing services for sex workers	Community-based testing	<ul style="list-style-type: none"> • Testing commodities • Equipment (e.g. mobile testing) • Training for peer testers • Guidelines • Referral and M&E tools
TB care and prevention	Key affected populations – others	Community based TB care and prevention	<ul style="list-style-type: none"> • Relevant commodities and equipment • Training for community agents/adherence supporters • Referral and M&E tools
Malaria Vector Control	IEC/BCC	Community level awareness and sensitization	<ul style="list-style-type: none"> • Training of community workers/volunteers • Production of communication materials

Community organizations and volunteers can of course also work across the three diseases and on health more generally. The Global Fund’s modular framework also contains a specific module for Community Systems Strengthening, under the Resilient and Sustainable Systems for Health (RSSH) matrix. Activities such as training, capacity building, coordination, systems and tools development to help strengthen community systems and responses can also be included under this module, although for the most part this module is designed to capture more general capacity building for community and civil society organizations and networks, rather than support for specific program areas as described above. Investments in capacity building for community and civil society groups working across AIDS, tuberculosis and malaria should also be included here. These are explained below (Interventions 3 and 4).

The CSS module also includes two other critical interventions: 1. Community-based monitoring for accountability and 2. Advocacy for social accountability. These are particularly important elements of strong community responses and systems, as they help ensure ownership by communities themselves, and accountability to them. Community led monitoring and advocacy enables community members to

collect and interpret information about access to services and the performance of programs, and to use this information to engage with service providers and programs to improve their responsiveness and quality. Support to these interventions also enables community movements across the diseases to develop effective campaigns for resource mobilization to sustain the responses to the three diseases and bolster investments in RSSH.

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, quality improvement, 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 and other human rights related issues), 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, 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 – for instance by using smartphone or SMS based reporting. 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.

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.

Illustrative Activities: Community-based monitoring for accountability

Development and planning of community based monitoring and documentation mechanisms such as service observatories
Design, establishment and maintenance of research plans, community-based monitoring and documentation tools and systems
Monitor or develop indicators to measure legal rights, gender inequalities, unequal access to services for key populations
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 (e.g. supervision, coaching) and training
Training for community researchers/monitors

Intervention 2: Advocacy for social accountability

Scope and description of package: *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.

Illustrative Activities: Advocacy for Social Accountability

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
Technical support (e.g. supervision, coaching) and training

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.*

Illustrative Activities: Social mobilization, building community linkages, collaboration and coordination

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 (e.g. supervision, coaching) and training

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.

Illustrative Activities: Institutional capacity building, planning and leadership development in the community sector

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 of community organisations in special technical areas such as child protection, social protection, gender mainstreaming, working with criminalized or marginalized communities, providing integrated TB/HIV services, integrated community case management, 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
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 equality 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
Technical support



IV. Guidance on strengthening community responses and systems in funding requests to the Global Fund

This section provides further guidance on how to include investments in strengthening community responses and systems in Global Fund funding requests.

1. Ensure community sector organizations and representatives of key and most affected populations are fully involved in the development of funding requests for AIDS, tuberculosis, malaria and RSSH

The Global Fund's CCM guidelines, eligibility criteria and funding request guidelines outline the Global Fund's requirement for meaningful participation of communities in the funding request process. This involvement is particularly important for ensuring that funding requests include appropriate plans for strengthening community responses and systems. It is therefore important that funding requests demonstrate how community sector representatives were involved not only in decisions related to the choice or prioritization of programs to be included in the funding request, but also in discussions and decisions on how those prioritized programs will be delivered so as to have the greatest possible impact.

2. Plan for the roles that community sector organizations will play in delivering the programs and increasing impact

As the first part of this technical brief outlines, the Global Fund's new strategy reaffirms the role of community and civil society organizations in implementing interventions within both disease-specific and RSSH programs. The interventions included under the HIV, tuberculosis, malaria and RSSH modular frameworks can be implemented by organizations from any sector, depending on what is likely to be the most effective approach in each context.

When applicants are in the early stages of planning their country dialogues, they should give full consideration to the role community organizations will play in the implementation of programs, and clearly define which types of organization will be involved in each module. Community sector service delivery should be included alongside service delivery by other sectors in funding applications – having multiple delivery channels is an important strategy for increasing impact and reach of marginalized populations.

3. Ensure community responses support efforts to remove human rights and gender related barriers

Community and civil society organizations are often particularly well-placed to identify negative social norms, and gender inequality and human rights related barriers that impact on efforts to improve health. They are also often well equipped to implement activities and programs to address these issues.

Given the Global Fund's particular focus on removing human rights and gender related barriers it is important that funding requests describe how community organizations will be involved in these efforts in order to make them effective.

4. Assess and address community systems strengthening needs including accountability and advocacy activities

Requests for funding for community systems strengthening should be based on existing assessments of community systems strengthening needs. There may be a need for additional assessment work to be carried out as the funding request is being developed, to ensure CSS plans have a strong basis. Where community sector organizations are involved in the delivery of core programming, 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. CSS plans should support both disease specific and cross-cutting community responses.

Identifying needs should be done as part of the country dialogue 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 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 funding request to the Global Fund is developed. Key overarching questions for assessing CSS needs include:

- How are current community systems and responses 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 brief.

5. When to apply for CSS as part of a disease-specific grant and when to apply under RSSH

As already noted, RSSH 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 a funding application for a disease or under RSSH 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 RSSH-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 RSSH funding request.
- 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 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 RSSH funding request.

CSS applications under an RSSH funding request 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 diseases⁵. Given the importance of integrating service delivery and strengthening systems for health overall, inclusion of CSS in RSSH applications is particularly encouraged.

6. Building on national disease plans and health sector 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, community systems and responses tend to be neglected in national strategic plans whether they are disease focused or addressing the health sector overall, and 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 community systems and responses is to ensure that before Global Fund planning or applications even start, they are adequately described and supported in national strategies. Mid-term reviews and planning processes for National Health Strategic Plans, National Health Policies, and disease-specific Strategic Plans are assessing and strengthening community systems and responses, in order to form a stronger basis for applications to the Global Fund.

7. Obtain technical assistance to support effective integration of community responses and systems in the funding request

There are a number of sources of technical assistance that can support community engagement in funding requests processes and that can provide specific expertise in the design and integration of community responses and systems. Global technical support initiatives can be found on the Global Fund website: <http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/>

⁵ Any activities that are specific to one of the three diseases should be included in the disease concept note.

In addition, the Global Fund's Community, Rights and Gender Regional Communication and Coordination Platforms can offer advice on sources of technical assistance available at regional and national levels. They can be contacted via their websites:

- Francophone Africa Platform Host: Réseau Accès aux Médicaments Essentiels (RAME) www.prf-fondsmondial.org/fr
- Latin America and the Caribbean Platform Host: Centro Regional de Asistencia Técnica para Latinoamérica y el Caribe/ CRAT (Via Libre) <http://plataformalac.org>
- Asia and the Pacific Platform Host: APCASO <http://apcaso.org/>
- Middle east and North Africa Platform Host: International Treatment Preparedness Coalition (ITPC-MENA) www.facebook.com/PlateformeRegionalMENA
- Anglophone Africa Platform Host: Eastern Africa National Networks of AIDS Service Organisations (EANNASO) www.eannaso.org/anglorccp
- Eastern Europe and Central Asia Platform Host www.eecapplatform.org

V. 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.msmsgf.org/index.cfm/id/11/aid/8376>
- Community Systems Strengthening Framework, May 2010 http://www.theglobalfund.org/documents/civil_society/CivilSociety_CommunitySystemsStrengthening_Framework_en/
- Global Fund Monitoring and Evaluation Guidelines and Tools: <http://www.theglobalfund.org/en/me/documents/>
- Southern Africa Regional CSS Framework <http://www.satregional.org/sites/default/files/publications/Southern%20Africa%20CSS%20Framework%20FINAL%20-%202022%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
- WHO, The ENGAGE-TB Approach: Integrating Community-based TB Activities into the Work of NGOs and Other CSOs: http://www.who.int/tb/people_and_communities/en/

- Roll Back Malaria, Multisectoral Action Framework:
<http://www.rollbackmalaria.org/files/files/about/MultisectoralApproach/Multisectoral-Action-Framework-for-Malaria.pdf>
- ICW and Women4GF, Strengthening Community Responses:
<http://women4gf.org/2015/08/icww4gf-brief-strengthening-community-responses-and-women-and-girls/>
- UNAIDS, Communities Deliver:
http://www.unaids.org/en/resources/documents/2015/JC2725_communities_deliver
- UNAIDS, investing in community advocacy and services to end the AIDS epidemic
http://www.unaids.org/en/resources/presscentre/featurestories/2016/april/20160404_community_advocacy
- UNAIDS, Community based antiretroviral therapy delivery
http://www.unaids.org/sites/default/files/media_asset/20150420_MSF_UNAIDS_JC2707.