Communities, civil society and health; CSS in the new funding model

SAT Information Workshop on the Global Fund New Funding Model and Community Systems Strengthening and Human Rights
(Feb 28-March 1, Lilongwe)
With thanks to: Matt Greenall
“AIDS forever changed the focus, role and participation of affected communities as essential partners in global health responses...

It means rethinking our approaches to delivery... Community based and task-shifting approaches... We must no longer think of a community health worker as a nice person who helps out. We need to try to make them an integral part of the structures of health”

Michel Sidibe, December 2012
“Clearly, government-based planning, health information systems and public health clinics are critical components for delivering health services to people. But the health system does not stop there. The health system extends deep into communities... Because vulnerable populations are often the hardest to reach we need to leverage and strengthen the systems that are best positioned to effectively deliver services to them. In many cases that means partnering closely with and strengthening civil society...”

Report of the Executive Director, 29th Board Meeting, 18-19 June 2013
Support for CSS in the Global Fund Strategy

✓ 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.
Challenges for community led responses

- Community groups are often informal and unregistered
- Lack of understanding of community role by formal sectors
- Quality standards and norms
- Representation and involvement of the most marginalized and excluded groups
- Agreeing on most appropriate implementation roles for different sectors
- Quantification, allocation, measurement

...Hence Community Systems Strengthening...
Community systems strengthening

• “Community systems strengthening (CSS) 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 Information Note, February 2014
Example: HIV-Treatment Care and Support

Disease/HSS

HIV
- Treatment care and support

Malaria

TB
- Program management

HSS
- M&E

Modules

Interventions

Pre-ART Care
- CD4 testing

First-line ART – adults
- Training of health workers

Treatment monitoring
- Baseline clinical assessment

Counselling and Psych-social Support

Treatment adherence
- Procurement of ARVs

Activities (not standardized)
Example: HIV-Treatment Care and Support

- **Disease/HSS**
  - HIV
  - Malaria
  - TB
  - HSS

- **Modules**
  - Treatment care and support
  - PMTCT
  - Program management
  - M&E
  - Community Systems Strengthening
  - Removing Legal Barriers

- **Interventions**
  - Pre-ART Care
  - First-line ART – adults
  - Treatment monitoring
  - Counselling and Psych-social Support
  - Treatment adherence

- **Activities (not standardized)**
  - CD4 testing
  - Training of health workers
  - Baseline clinical assessment
  - Procurement of ARVs
  - ....
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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.
Sample Activities

• 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

• 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
CSS Intervention 2 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 transformation.
Sample Activities

• Planning of consensus, dialogue and advocacy work with decision makers and service providers at local and national level
• Consultations with community members and 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 and training
CSS Intervention 3 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 to enable them to work in complementary and mutually reinforcing ways, maximizing the use of resources and avoiding unnecessary duplication and competition.
Sample Activities

- 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 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).
- 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.
CSS Intervention 4. 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.
Sample activities

• Assessment of needs in human resources, systems, equipment, organizational and institutional development, leadership, etc.
• Capacity building in leadership, project management, volunteer management and supervision, motivation
• 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
• 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
Sample activities continued

- 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
- 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.
CSS under HSS

- CSS does not appear as a separate module under HSS
- However, many HSS modules and interventions can be used to strengthen community systems, for instance:
  - “Activities that are aimed at improving equitable distribution and retention of skilled health workforce especially in hard-to-reach areas and to serve marginalized populations”
  - “Capacity building and training of... non-government and other relevant personnel to improve policy-making, policy-execution and monitoring functions
  - “Activities which contribute to improving provision of financial resources to public, private and non-government/community institutions for effective delivery of services
Human rights in the Global Fund strategy

Gender Equality Strategy, 2008

Sexual Orientation and Gender Identities (SOGI) Strategy, 2009

Global Fund Strategy 2012-16

Strategic Objective 4: Protect and promote human rights

4.1 Integrate human rights throughout the grant cycle
4.2 Increase investment in programs that address human rights-related barriers to access
4.3 Ensure the Global Fund does not fund programs that violate human rights
HR Intervention 1: Legal environment assessment and law reform

• Based on the priorities identified in the Legal Environment Assessment (LEA) design a costed, time-bound plan to reform policies and laws to enable greater access to health services. For HIV, the plan could address the through advocacy, national and community dialogue, and specific interventions to promote legal reform and access to justice programs.
HR Intervention 2: Legal literacy and legal services

- Educate communities about their legal and human rights, and support their access to justice through either community paralegals or legal services.
- Conduct “Know your rights” campaigns to improve legal and human rights literacy of people living with and affected by the three diseases.
- Provide legal services for women and girls, including transgender women, who survive gender-based violence.
- Support legal services for key populations and people with TB and HIV, as well as for people vulnerable to malaria, for instance to support them in filing suit when access to health care is denied.
HR Intervention 3: Training for officials, police and health workers –

• Sensitize police, judges and parliamentarians on HIV and human rights about the harmful effects of enforcing laws
• Provide training on HIV, TB and malaria for national human rights institutions, and establish independent ombudsperson’s offices and complaint mechanisms.
• Training and capacity development with health care service providers principles of human rights-based interventions to service provision.
• Integrate HIV, TB, malaria and human rights as continuing legal education modules or continuing professional development programs for health providers.
HR Intervention 4: Community-based monitoring

- Monitor and report on incidences of rights violations, including discrimination, gender-based violence, issues with policing of key populations, violations of informed consent, and violations of medical confidentiality, denial of healthcare services, among others.
HR Intervention 5: Policy advocacy and social accountability

- Support community-led advocacy for law and policy reform, including engagement in systems in health facilities that address complaints, and impact litigation.
- **Implement community-based research and advocacy**, such as *The People Living with HIV Stigma Index* ([www.stigmaindex.org](http://www.stigmaindex.org)),
- **Document cases of HIV or TB-related discrimination** by health providers, and support regular meetings to share the results of this research.
- **Monitor cases where police use condoms** as evidence of prostitution, and support publication of reports, articles and recommendations for legal and policy reform that would change evidentiary standards and/or police and court practices.
- **Support policy advocacy by migrants** to change regulations and provide migrants and their children with essential health services.
New human rights information note

Examples

• In South Africa, prisoner support groups monitor and advocate on treatment access
• Myanmar networks of PLHIV and key populations monitor local cases of medical discrimination against PLHIV and TB patients, and work with a national law reform working group to change the laws
• In Kenya, KELIN provides legal aid to women living with HIV who lose their inheritance rights
• In Indonesia, LBH Masyarakat trains people who inject drugs as community paralegals for peers
• In Peru, an Ombudsman monitors the government response to TB Care and exposes problems
Links to additional info

CSS:
http://www.theglobalfund.org/documents/core/infonotes/Core_CSS_InfoNote_en/

Human Rights:
http://www.theglobalfund.org/en/about/humanrights/

Gender:
http://www.google.com/webhp?nord=1#nord=1&q=gender+issues+gthe+globla+fund+ro+fight+

General Material:
http://www.icaso.org/files/community-systems-strengthening-questions-and-answers
Questions/Comments