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

Matt Greenall
UNAIDS for CSS

“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*
Support for CSS in the Global Fund

“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.
Types of community/civil society action

- Service provision
- Promoting accountability
Types of community/civil society action

Service provision

Promoting accountability

Community mobilisation
Communities and service provision

Service provision

Facility-based services
Auxiliary health services
Health promotion and empowerment
Addressing social and environmental determinants
Principles for supporting service provision

- Responding to gaps in provision of services
- Identifying where community/CSOs are best placed to fill gaps
- The role of community/CSO provision in reaching excluded groups and increasing impact
- National policies and frameworks which might facilitate or block effective community/civil society action
- Effectiveness of links and referrals to other providers
Communities and accountability

Promoting accountability

Governance and management of health services

Monitoring of health services

Advocacy to demand services and accountability

Involvement in research
Principles for supporting accountability

- Community engagement is most effective on directly relevant issues
- Access to relevant information
- Understanding of mechanisms by which change happens in the context (local and national levels)
- Improving service delivery through accountability efforts is effective so long as resources are also invested in developing the primary care system
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

“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.”

CSS Information Note, February 2014
Example: HIV-Treatment Care and Support

- Disease/HSS:
  - HIV
  - Malaria
  - TB
  - HSS

- Modules:
  - Treatment care and support
  - PMTCT
  - Program management
  - M&E

- 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
  - ...
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
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- Treatment adherence

Activities (not standardized)

- CD4 testing
- Training of health workers
- Baseline clinical assessment
- Procurement of ARVs
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
## CSS Module: 4 Interventions in the disease components

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<th>Intervention 1:</th>
<th>Community based monitoring for accountability</th>
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<td>Intervention 3:</td>
<td>Social mobilization, building community linkages, collaboration and coordination</td>
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<td>Institutional capacity building, planning and leadership development in the community sector</td>
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Further information
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.
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.
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.
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.
Snapshot: Modules under Tuberculosis

TB Care and Prevention

MDR-TB          TB/HIV

Health Information System and M&E

Community Systems Strengthening

Removing Legal Barriers to Access

Program Management
### Snapshot: Modules under HIV

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<th>Prevention programs for Adolescents and youth-in and out of school</th>
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<td>MSM, TG, Sex Workers, PWID</td>
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