

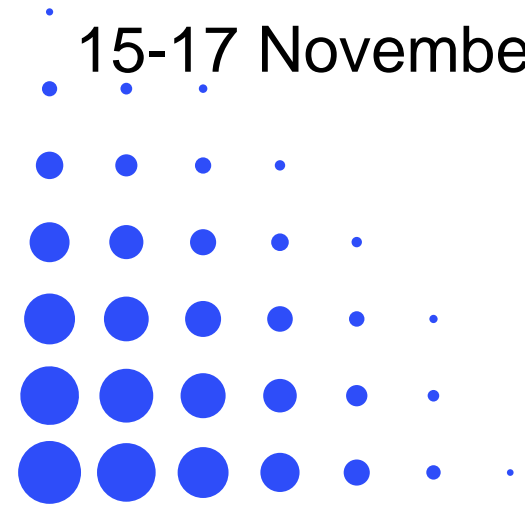
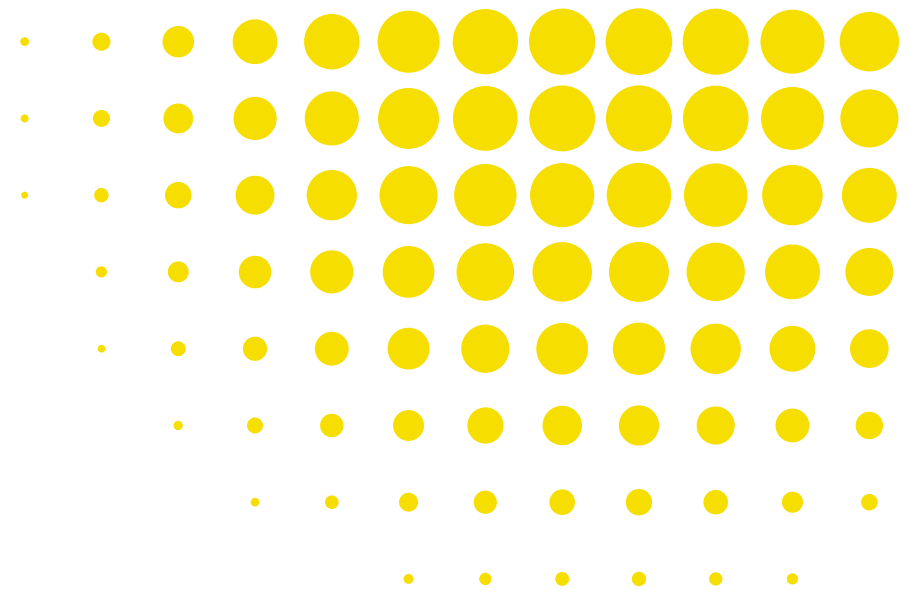


# Thematic Discussion: Communities at the Centre

48<sup>th</sup> Board Meeting

GF/B48/9A

15-17 November 2022, Geneva, Switzerland



# Introduction

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This document was developed in response to the Board's request for a more detailed Secretariat reflection upon the implementation of the 2023 – 2028 Strategy with respect to 'communities'.

The 2023 – 2028 Strategy commits to putting "communities at the center" of the global HIV, TB and malaria responses, explicitly acknowledging that the failure to do so "has resulted in suboptimal programming and health outcomes."

Operationally, the implementation of this commitment requires the advancement of two distinct areas of work:

1. Supporting the deepened leadership and engagement of communities in decision making and processes that directly impact their health; and
2. Strengthening the role of communities in designing, managing, delivering and overseeing impactful HIV, TB and malaria programs and the systems that support them.

It is crucial to note that these two areas of work by no means constitute the totality of what must be done to fully implement the 2023 – 2028 Strategy's vision vis-a-vis communities; rather, these areas are being highlighted in response to specific Board interest and to facilitate a focused discussion at the 48th Board Meeting

# Overview

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## **Section 1: Community Engagement**

## **Section 2: Community Systems and Responses**

**2.1: Overview of Community Systems and Responses**

**2.2: Community Led and Based Responses**

**2.3: Community Health Workers**

**2.4: Questions for the Strategy Committee**

## **Annex 1: Summary of Strategy Committee input**

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# Section 1: Community Engagement

1. Definitions
2. Ambition
3. Strategy delivery: a) Minimum Expectations; b) CCMs; c) Evolving the Strategic Initiative; d) Partnership alignment; e) KPIs and community-led evaluations
4. Case studies
5. Mobilizing the partnership

# Community Engagement

## 1. Definitions in the Global Fund context

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### **Communities**

Within the Global Fund context, communities are people living with and/or most affected by HIV, TB and malaria. This includes key and vulnerable populations.

### **Meaningful community engagement**

Meaningful community engagement is where the role of communities is consistently and continuously acknowledged in decision making and processes, and where communities' unique expertise, perspectives and lived experiences are sought and valued.

### **Key populations in the context of HIV and TB**

Key populations in the context of HIV and TB are people who experience increased exposure or risk to and high epidemiological impact from one of the diseases, combined with decreased access to services. This includes criminalized or otherwise marginalized populations.

### **Malaria at-risk and underserved populations**

People that are at considerably higher risk of contracting malaria and developing severe disease as well as people with low immunity moving to areas with intense malaria transmission.

### **Vulnerable populations**

Groups who do not meet the criteria of the definitions above, but still face heightened risk and reduced access to HIV, TB and/or malaria services.

# Community Engagement

## 2. Ambition

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There is **extensive evidence on the importance of community engagement**; analyses consistently show the link between communities empowered to engage in decisions that impact on their lives, and the ultimate **effectiveness of health interventions**, programs, and systems that are responsive to their needs.

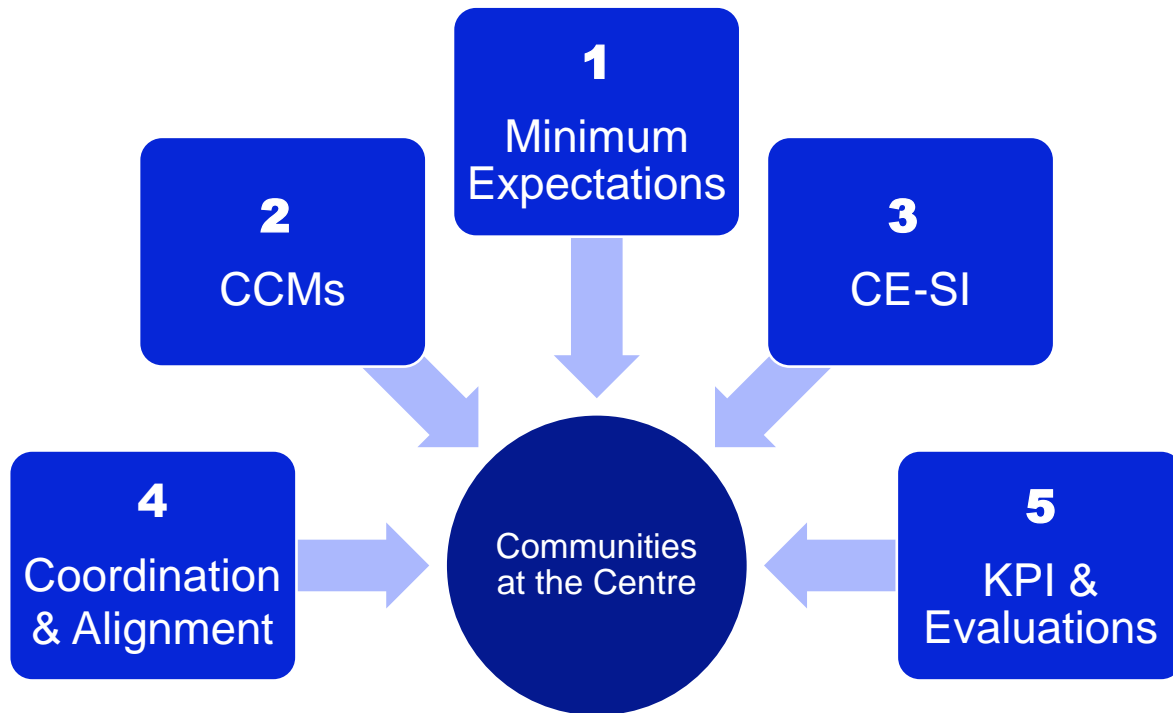
In recognition of this, the 2023 – 2028 Strategy includes the Mutually Reinforcing Contributory Objective: **maximizing the engagement and leadership of most affected communities to leave no one behind.**

By the Strategy's mid-point (3 years), our ambition is to see progress in **three areas**:

- ① Demonstrable enhancements in community engagement and leadership **across grant life cycle.**
- ② Improved Global Fund **policies, process and approaches** informed by evidence generated by communities.
- ③ Clear **roles, responsibilities, and accountability** in the Secretariat and across the whole Global Fund Partnership.

# Community Engagement

## 3. Strategy Delivery



Delivering the ambition in the Strategy and truly putting 'communities at the center' of the response to HTM requires us to affect a step change in how the partnership approaches community engagement. Practically, this will include both evolving existing approaches and introducing new ones:

1. Introducing **Community Engagement Minimum Expectations** and adapting business processes
2. Addressing representation gaps and improving inclusion in and transparency of CCMs, through **regular composition review and election support**
3. Evolving the **Community Engagement Strategic Initiative** to expand differentiated country-level support to criminalized, marginalized, excluded, and most vulnerable populations
4. Strengthening **coordination and alignment** with partners, including community stakeholders
5. Introducing a Community Engagement **KPI and regular community-led evaluations**

# Community Engagement

## 3a. Minimum Expectations

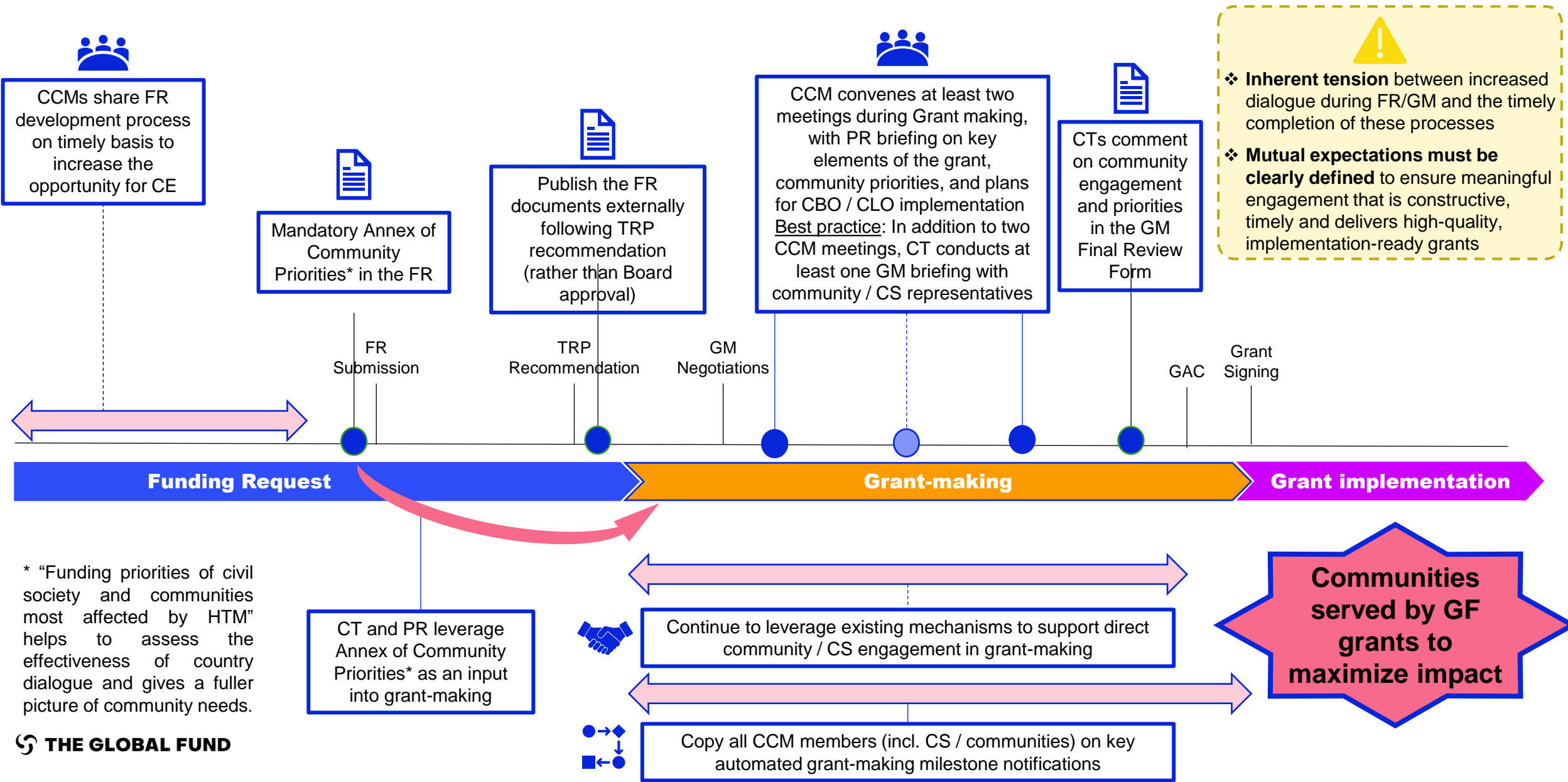
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The new **Minimum Expectations for community engagement (CE)** at three stages across the grant life cycle respond to multiple assessments which have shown that **CE across the full grant life cycle remains variable** with weaknesses more pronounced during grant making & implementation oversight. The three expectations are:

- 1. Funding Request and Allocation Letter:** A transparent and inclusive consultation process with populations most impacted by HTM (across gender and age) during FR development resulting in an Annex of Funding Priorities of Civil Society and Communities Most Affected by HTM as an output
- 2. Grant Making:** Community and civil society representatives on the CCM have timely access to information on status of grant negotiations and changes to the grant to support their involvement in oversight
- 3. Grant Implementation:** Community and civil society representatives on the CCM have timely access to information on program implementation



# CE Minimum Expectations will increase transparency, accountability and opportunities for community engagement



# Community Engagement

## 3b. CCMs

### What?

Addressing representation gaps and improving inclusion and transparency in CCMs through:

- Regular composition reviews & increased community / KVP reps
- Assessing CCM community engagement annually
- Improved GF data on CCM communities / KVP
- Pre & post CCM meeting support & mentoring to CS reps beyond CCM Evolution, incl. on NSPs
- Tracking 15% CCM budgets on CS & promoting more CS Chairs/Vice Chairs
- Increased accessibility & connectivity for communities
- Increased engagement in grant-making & transparency (e.g. CCM websites & Portal/web)

### How?

Composition reviewed in annual CCM Performance process

Annual Grant Entity Data CCM info updates

Post-Evolution TA support

Tracked before CCM Budget approval

Included in CCM Budgets  
Development of Partner Portal & web services

# Community Engagement

## 3c. Evolving the Strategic Initiative

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The success, effectiveness and importance of the Community Engagement Strategic Initiative (CE-SI) has been noted by communities, partners and donors alike, and confirmed via independent evaluations.

The CE-SI has evolved since inception and in response to cyclical independent mid-term and end-term evaluations.

In the last cycle, the scope was broadened to enable TA across the grant cycle, capacity building of TB and malaria communities was included and specialized support for AGYW was provided. In the current cycle there is an increased focus on the use of TA outputs to inform decision-making and achieving country level outcomes.

CE-SI evolution will be informed by two independent evaluations and ongoing consultations planned through 2022 and into 2023. Evolutions anticipated:

1. Further strengthen and scale up differentiated approaches for TB and malaria communities;
2. Explicit strategies to facilitate inclusion/recognition of community diversity within key and vulnerable populations (KVP)\* to progress equitable inclusion of women, girls, gender diverse people, people living with disabilities, rural and urban populations, IDPs, refugees, migrants and communities working on mental health; and
3. Stronger focus on country level community engagement plans and in contexts with greatest potential to catalyze increased coverage and quality of KVP services, community and civil society advocacy platforms.

# Community Engagement

## 3d. Strengthened partner coordination, planning and alignment

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Further evolve the role and function of the CE-SI Coordination Mechanism for 7<sup>th</sup> replenishment grants across 5 objectives

1. Strengthen cross partner coordination and alignment in actions to strengthen community engagement – through joint planning
2. Provide for a well-coordinated, effective, and transparent, TA architecture for communities and civil society
3. Foster a synergistic interaction between the provision of TA and country level community engagement plans
4. Expand TA provision and scale up for TB, malaria, and emerging priority areas including pandemic preparedness
5. Facilitate joint accountabilities between partners and clarify roles and responsibilities at the Global and Country levels

Facilitate and support community representation across Global Fund situation rooms to leverage and realize community expertise, address bottlenecks and respond to emerging issues

Evolve existing partner coordination mechanisms incl CRG Advisory Group and Youth Council and expand engagement with other communities in the broader health space.

# Community Engagement

## 3e. KPI and community-led evaluations

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Two interconnected approaches to measure and better understand the extent to which communities are able to engage and influence the full grant life cycle and national processes prioritized by the GF:

### **1. KPI: C1 Satisfaction of communities with engagement across GLC**

The KPI will employ annual surveys to assess the degree to which communities have been engaged at each stage of the grant cycle (Funding Request, Grant Making, Grant Implementation). Recognizing the limitations of quantitative indicators in measuring complex areas such as outcomes of community engagement, the KPI is to be complimented by periodic thematic evaluation.

### **2. Community-led Thematic Assessments**

Each cycle, community-led assessments will evaluate the extent to which community engagement in Global Fund processes is being demonstrated. Aim is to complement insights with the related KPI, which measures satisfaction of communities with engagement across the grant cycle and will help identify best practice and worst practice - in order to amplify or address.

# Community Engagement

## 4. Case Studies

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In country R, young people had expressed frustration on how their constituency was engaged in national processes and the CCM. This was compounded by disagreements and tensions within the constituency.

Requesting TA from the CE-SI, the CE-SI worked closely with the CCM Hub and CT to collectively co-fund a process to convene 70 young people in their diversity from established youth networks and organizations from over 30 states. The meeting supported by the CCM, NAC, Ministry of Health and UNAIDS successfully elected youth CCM reps and agreed youth priorities for 7<sup>th</sup> replenishment grants and the NSP and is developing an accountability mechanism to ensure ongoing bi-directional feedback between the CCM reps and broader youth constituency.

In country Z people living with HIV (PLHIV) were not involved in the process of developing the TB and HIV Funding Request (2021-2023). They struggled to find out what had been included in the grant and then to understand why PLHIV were not engaged to implement any peer responses.

The following year the PLHIV constituency successfully advocated for peer-led activities which were included in the C19RM grant. The PLHIV constituency again struggled to engage the CCM and PR and the peer activities were awarded to two international NGOs.

Despite continuous efforts to engage constructively PLHIV feel demoralized and ask why they are invited to feed into the priorities and activities in-country when there appears to be no interest in working with them once a Funding Request has been submitted.

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# Section 2: Community Systems and Responses

**2.1: Overview** - definitions; scope

**2.2: Community Led and Based Responses** - ambition; strategy delivery; risk; case studies; where to from here

**2.3: Community Health Workers** - ambition; strategy delivery; phased approach; theory of change; maturity model

**2.4: Questions for the Strategy Committee**

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# 2.1 Community Systems & Responses

## Definitions in the Global Fund context

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### **Community-led organizations (CLO)**

Self-determining and autonomous organizations whose governance, leadership, staff, spokespeople, membership, and volunteers represent the experiences, perspectives, and voices of their constituencies, who have transparent accountability mechanisms to their constituencies, and who are not influenced by government, commercial, or donor agendas.

### **Community-based organizations (CBO)**

Organizations that have arisen within a community in response to needs or challenges and are locally organized by community members.

### **Key and vulnerable population-led organizations (TB)**

Organizations where most of the governance, leadership, staff, spokespeople, membership, and volunteers, reflect the experiences, perspectives and voices of their constituencies and are led by people disproportionately - currently or previously living with - affected by TB.

### **Key and vulnerable population-led organizations (HIV)**

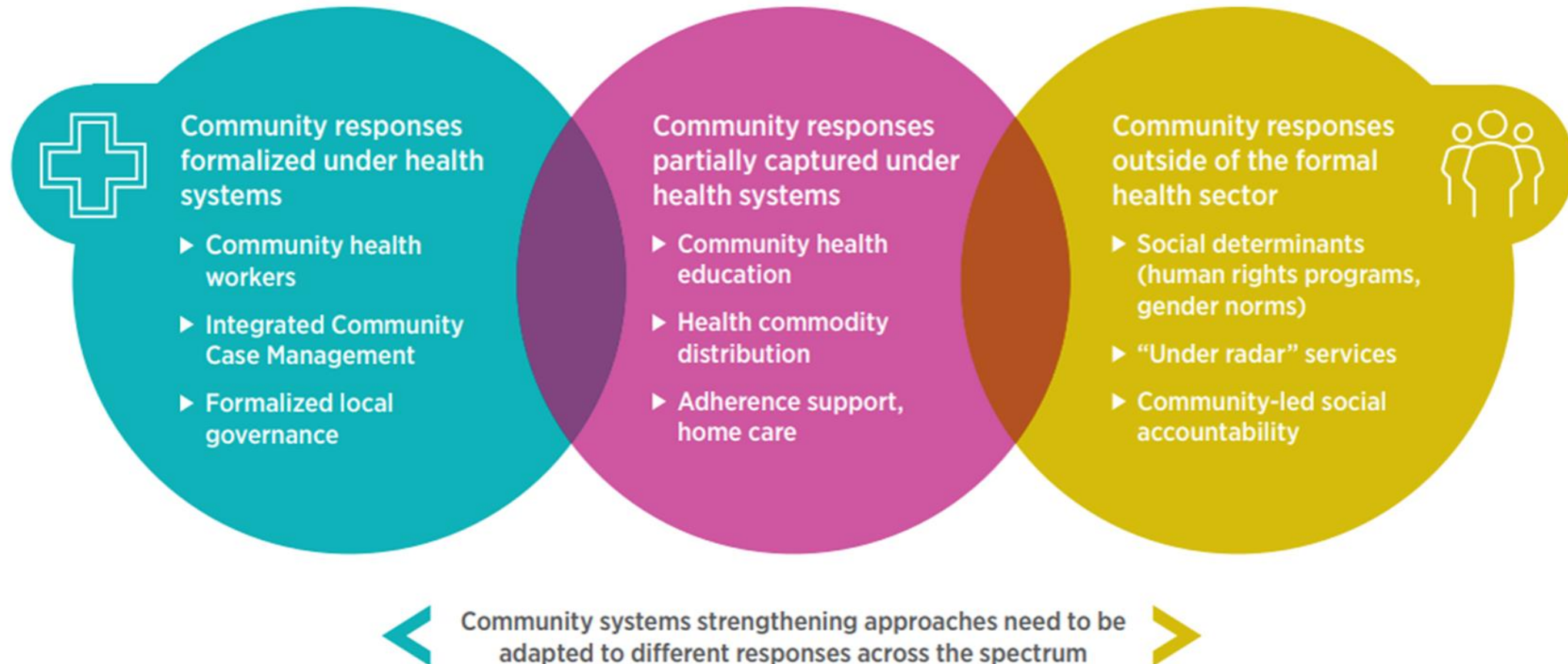
Organization where most of the governance, leadership, staff, spokespeople, membership, and volunteers, reflect the experiences, perspectives and voices of their constituencies and are led by people living with HIV, female, male and transgender sex workers, gay men and other men who have sex with men, people who use drugs, and transgender people.

### **Community Health Workers**

Community health workers (CHWs) are health and care workers who live in (and ideally are from) the community and population they serve. CHWs provide a broad range of services and typically have less formal training than professional nurses and doctors. The Global Fund recognizes CHWs of all types as workers, including peers and outreach workers.



# 2.1 Scope: community responses can exist within, partially within, or outside of formal health systems



# 2.2 Community Led and Based Responses

## Ambition

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To realize the partnership's disease goals, the 2023 – 2028 Strategy commits to scaling up community-led and based responses and systems as a component of the Mutually Reinforcing Contributory Objective, **Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability**. To operationalize this, a Secretariat-wide, tailored and differentiated approach is needed.

By the Strategy's mid-point (3 years), our ambition is to see progress in four areas:

- 1 The advancement of approaches that strengthen the contribution of community health cadres, including key and vulnerable population peers, peer paralegals and treatment supporters, and community health workers towards aligned systems for health.
- 2 Strengthened platforms for service delivery through community-led and based organizations that allow flexible, people-centered service access options for clients.
- 3 Increased access to funding for community-led organizations, particularly those led by key and vulnerable populations across the three diseases.
- 4 The effective and routine use of community-led monitoring (CLM) data and feedback in program implementation oversight.

# 2.2 Community Led and Based Responses

## Strategy Delivery

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Successfully operationalizing the Strategy's vision for strengthening community systems and responses requires taking stock of lessons learned and challenges faced to date, including:

**Barriers to financing**

Aspects of the GF business model (e.g. grant implementation arrangements and the absence of flexible contracting modalities) hinder ability to fund CBOs/CLOs because they do not accommodate the complexity and diversity of community structures and the contexts in which they operate (TRP, 2021).

**Measurement limitations**

Current indicators and measurement approaches do not adequately capture aspects of community systems strengthening or qualitative impacts of RSSH investments, including long-term effectiveness, sustainability, and resilience of systems (TERG, 2022 & GF PCE, 2019).

**Inadequate TA**

Technical support and assistance has not prioritized community organizations with differentiated options to improve programmatic, technical, and institutional capacity and leadership development (TERG, 2022).

**Cross-Secretariat engagement**

Achieving our ambition will require joint-accountability across the secretariat through collaboration and knowledgeable technical and grant management teams (TERG, 2022).

# 2.2 Community Led and Based Systems & Responses

## Strategy Delivery

**NEW: RSSH program essentials** to outline role & comparative advantage of **CLO/CBO led interventions** in optimal program design

**NEW Application Materials and Tools CSS Decision Making Tool and CLM design and costing guide** offers applicants guidance to critically reflect on community systems and design interventions responding to gaps. Annex outlining community priorities, including CLO/CBO service delivery to be included in funding request

**NEW Effectively communicate role/value & explicitly encourage CCMs** to include CLO/CBOs in implementation plans

**NEW Grant specific programmatic & financial assurance model** for CBO/CLO areas

Explicit process to seek **risk trade-off decision** on implementation arrangements at **GAC & PPC** oversight

Integrate **capacity assessment** of CLO/CBOs

Revise **implementer selection guidelines** to require inclusion of CLO/CBOs in RFPs

**NEW CSS Sub-risk indicator for better management** to comprehensively assesses all aspects of CS&R with a focus on CLO

**NEW Evolve system & process capacity to monitor & track investment & program coverage by implementer type** including below the PR & SR levels

**NEW CSS KPI** to measure community contributions to results



**STRENGTHENED Funding request requirements:** applicants required to demonstrate in greater detail the role of CLO/CBO in implementation arrangements, screening for community health strategies

**REVISED CSS interventions in modular framework and updated CSS Technical Brief** explaining the strategy ambition

**STRENGTHENED: Leveraging tools/processes** to promote existing flexibilities in grant architecture to facilitate selection of CLO/CBO implementers

**STRENGTHENED:** Identify priority portfolios for increased investment in CLO/CBO systems & responses in **portfolio optimization/program revision**

# 2.2 Community Led and Based Responses

## Strategy Delivery: Risk in Focus

The RSSH sub-risk has been revised to include community systems with a specific focus on community-led responses as a major step toward more systematically assessing key root causes of risk and putting into place mitigation measures to better support the partnership’s ambitions with respect to community responses.

Risk mitigation actions include:

- Providing TA through catalytic funding (CS&R, Community Engagement, Data)
- Leveraging CSS decision-making tool for better design and prioritization of CSS interventions based on assessment/mapping of needs
- Leveraging Program Essentials and “diplomatic voice” to challenge restrictive legal and policy frameworks

The Secretariat acknowledges that there are challenges with comprehensive risk assessment. To address this, the following actions are being implemented:

- Determine a sub-set of priority portfolios for which CS&R risk assessment will be applied which should align with priorities for HIV, TB, Malaria incidence reduction.
- Build Secretariat capacity on CS&R risk management (including risk assessment, mitigation plans and oversight), and develop necessary tools and trainings.

Programmatic					
HIV – Program Quality	TB – Program Quality	Malaria – Program Quality	RSSH & Pandemic Preparedness	M&E	Human Rights and Gender Equity
Program Design and Relevance	Program Design and Relevance	Program Design and Relevance	Laboratory Systems	Design and governance of M&E systems	Human Rights
Program quality and efficiency	Program quality and efficiency	Program quality and efficiency	Human Resources for Health	Data availability & data quality	Gender Equity
			Community Systems	Use of data	

# 2.2 Community Led and Based Responses

## Case Studies

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### **Capacity strengthening for CBO/CLO sustainability in South Africa**

CBOs and CLOs in South Africa are recognized for their role in the HIV response but faced by a shortage of infrastructure, skills, experience, and systems related to governance, leadership, and financial management in addition to poor access to information and reliance on unreliable and/or a limited sources of funds.

NACOSA (PR) conducted functional assessment of 134 CLO/CBOs representing eight KP communities and provided sub-grants and differentiated capacity strengthening support related to governance, financial and project management, monitoring and evaluation, resource mobilization etc.

As a result of this support, incl. a small grant component, Rotanganedza Community Care increased its capacity and operational infrastructure, and the Department of Social Development increased their funding base eligibility from \$1,000 to \$283,000. This allowed the organization to become more sustainable and provide additional social support service through income generating activities.

### **Catalytic Effect of CLM to Achieve Results: The case of CISMAT- Sierra Leone**

Civil Society Movement Against TB – Sierra Leone (CISMAT-SL) conducted CLM activities including the recruitment and training of 16 district coordinators to supervise data collection at the district level by 160 community TB “animators” using a data collection tool developed for this purpose.

The data was analyzed and consolidated into outcome reports shared on quarterly basis with the District Health management team (DHMTs). The chief pharmacist, TB supervisors at district and regional levels, and the NTP leadership were also engaged to discuss the data and recommendations. The Ministry of Finance and Economic Development was engaged for free duty waivers for essential TB commodities at port of clearance.

This resulted in more expedient drug supplies (and thus fewer stock-outs) and the establishment of more TB sites, which reduced travel time and made it easier for clients to access facilities. To achieve these results, it required long-term investments, over multiple grant cycles and continuous engagement with diverse stakeholders.

# 2.2 Community Led and Based Responses

## Where to from here?

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### Current steps include:

- Measuring GF investments in community systems for service delivery, advocacy and research; evolving business processes and grant implementation arrangements to ensure funding to CLO/CLR; strengthening the continuum of care, including redress to social, cultural and political barriers that undermine access to services; and improving Secretariat-wide capabilities on CS&R.
- Adjust internal ways of working to achieve the ambition:
  - Facilitate cross-partner CSS/CLO/CBO responses via a coordination platform (potentially evolve existing platforms eg Situation Rooms) to drive joint accountability & alignment
  - Develop and implement a plan to evolve system and process capacity for monitoring and tracking investments and program coverage by implementer type, including below the PR and SR levels
  - Leverage IRM2.0 RSSH sub-risk to comprehensively assess all aspects of CS&R with a focus on CLOs - guidance under development
  - Introduce and ensure concerted efforts to achieve the targets of the new CSS KPI. Focus on priority countries to provide support for key stakeholders across the grant life cycle for community systems strengthening and scale up effective community-led and -based responses; use a range of levers *i.e.* allocation letters, matching funds, SIs differentiated across the portfolio

# 2.3 Community Health Workers Ambition

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Community Health Workers (CHW) of all types, including peer and outreach workers, are essential to the success of Global Fund-supported investments in **HIV, TB and malaria** alike, and are fundamental to achieving the 2023 – 2028 Strategy’s Mutually Reinforcing Contributory Objectives on **Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability** and **Maximizing Health Equity, Gender Equality, and Human Rights**, and the evolving objective **Contribute to Pandemic Preparedness and Response**.

CHWs and the underlying systems that support them are vital for increasing access to quality, integrated, people-centered services, including for HTM & broader PHC; building surge capacity to surge and readiness to scale; boosting multi-pathogenic pandemic preparedness capabilities among the most vulnerable communities and populations; and providing employment and decent work, particularly for women and thus an important means to address gender equality in the health & care workforce.

By the Strategy's mid-point (3 years), our ambition is to see progress in four areas:

- ① A shift away from piece-meal approaches to comprehensives and well-designed investments across systems components
- ② Evolution from short-term toward more medium/long-term planning with support spanning funding cycles and accelerated development of sustainable financing pathways
- ③ Larger scale investments



# 2.3 Community Health Workers

## Strategy Delivery

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### **Incentivize more & higher quality investments**

Leverage Strategic Initiatives to provide quality, timely, centrally managed TA to support better design, improved quality and increased speed of implementation, and better efficiency (e.g., AFF-CF)

Utilize matching funds to unlock larger and higher quality investments, while influencing the design of grants and, ultimately, country programs and health systems

Coordinate with other CI funding

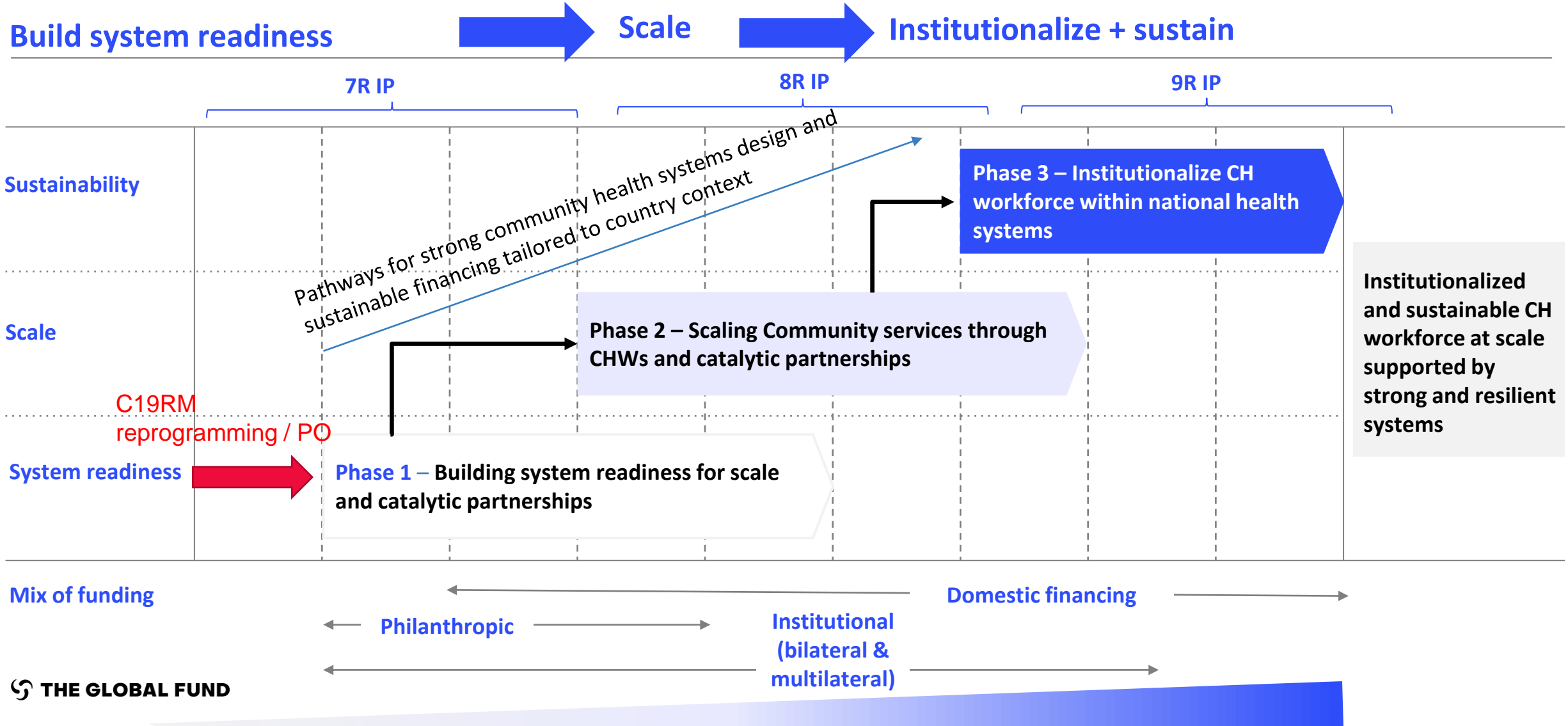
Issue enhanced guidance and application of Critical Approaches and Program Essentials

### **Leveraging partnerships**

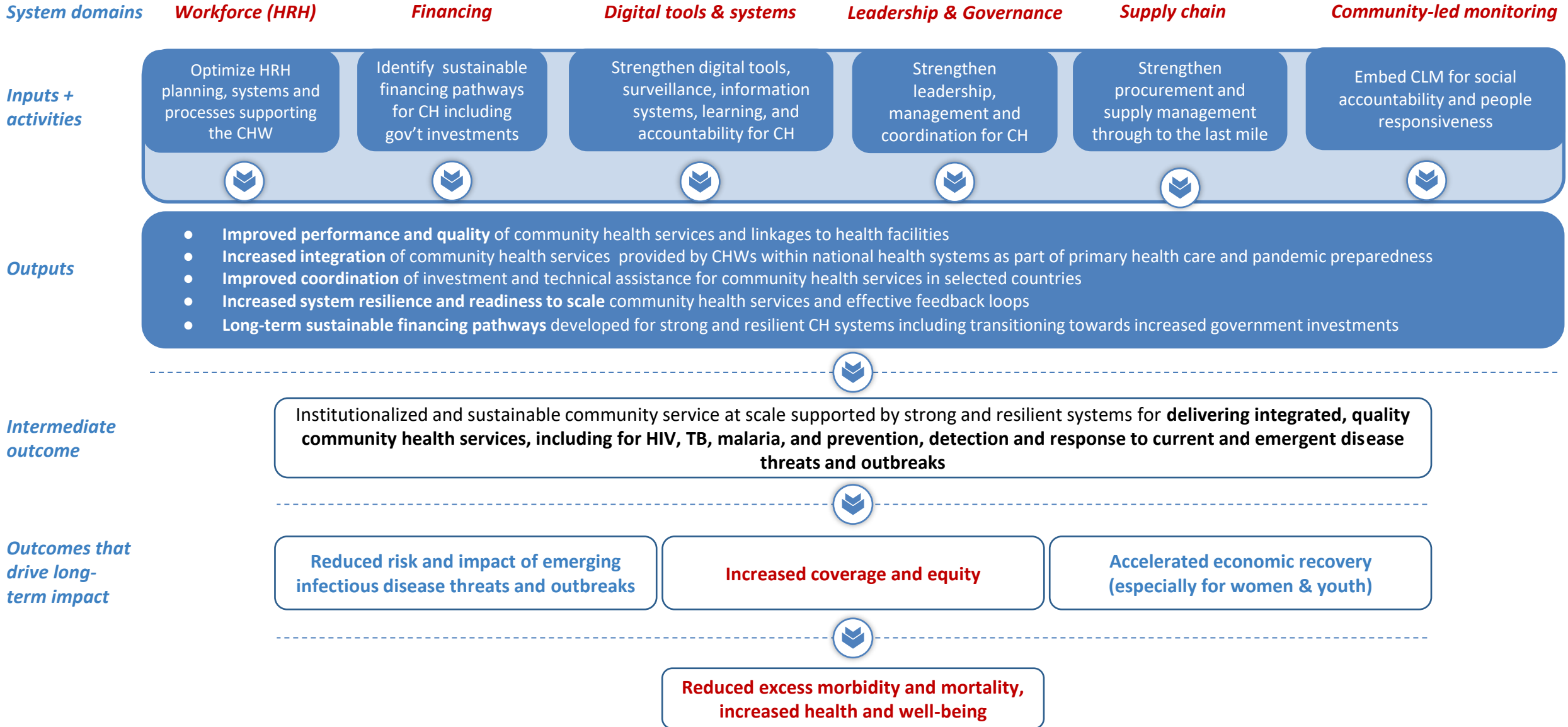
Engage private sector philanthropy, bilateral programs & multilateral development banks to leveraging set-asides and explore innovative financing arrangements

# 2.3 Community Health Workers

A Phased Approach: from building system readiness to institutionalization



# 2.3 Theory of Change



# 2.3 Maturity model

## Interventions aim to accelerate progress along system domain maturity stages

	FOUNDATIONS FOR SCALING INTERVENTIONS		GOOD TO GREAT INTERVENTIONS	
	FROM ...	... TO	FROM ...	... TO
System domain	Non or partially functional domain	Functional domain	Highly functional & moving towards sustainability	
Financing	Fragmented, insufficient and inconsistent funding, with little domestic investment	Funding sources aligned to government plan and priorities, resources sufficient for costed plan, plan is on government budget, no user fees	Transition and sustainability plan with commitments against it, community health financing integrated into sector finance strategy and budgets demonstrating gov't commitment	
Workforce (HRH)	Sporadically trained, irregularly supervised, and poorly distributed volunteer workforce lacking role clarity	Workforce with clear roles & responsibilities, fair pay, robust training, dedicated supportive supervision, supports for referral, & equitable distribution to close coverage and quality gaps	Workforce with clear career pathway and robust HRH system supports integrated into sector workforce planning	
Leadership & governance	Unclear roles, accountabilities and coordination across actors without cohesive national policy	Oversight and coordination systems functioning to achieve national CH policy with targets	MoH leading well-functioning teams who implement coordinated, approaches refined by ongoing learning	
Digital tools & systems	Data collection is not standardized or consistent and unidirectional	Standardized digital tools & data feedback loops integrated into national systems, inc. community event-based surveillance	Quality data and analysis used for decisions across levels (CHWs - national)	
Supply chain	Irregular ordering processes and frequent lasting supply stock outs	Regular procurement with essential supply management processes in place	Procurement forecasting and advanced supply management practices used	

# Discussion questions

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1. How can we **better articulate roles and responsibilities** across the Partnership, and hold ourselves and partners to account for delivering on community engagement and community systems and responses?
2. What **practical steps** can we take to mobilize the whole Partnership to deliver our collective strategy commitments on community engagement and community systems and responses?
3. Do we need to **rethink and redefine what success looks like** to us as a Partnership across these areas, including how we hold ourselves to account and demonstrate accountability to communities?
4. How do we more **effectively engage our partners, including implementor governments**, to strengthen **community engagement as a key principle and practice in national program and policy setting** and decision-making processes?
5. How can the Partnership work more effectively to **pursue and progress a comprehensive approach** to community responses and systems – one that recognizes as **equally critical community led and based organizations and community health workers situated within ‘formal’ systems**?