



COMMUNITY SYSTEMS STRENGTHENING INFORMATION NOTE

Introduction

Community systems are community-led structures and mechanisms used by community members and community based organizations and groups to interact, coordinate and deliver their responses to the challenges and needs affecting their communities.

In the context of health, community systems strengthening (CSS) is therefore an approach that promotes the development and sustainability of communities and community organizations and actors, and enables them to contribute to the long-term sustainability of health and other interventions at community level. The goal is to develop the role of key populations and communities, and community organizations, networks and other actors, in the design, delivery, monitoring and evaluation of services and activities aimed at improving health outcomes.

CSS is a way to improve access to and utilization of formal health services but it is also, crucially, aimed at increased community engagement (meaningful and effective involvement as actors as well as recipients) in health and social care, advocacy, health promotion and health literacy, health monitoring, home-based and community based care and wider responses to ensure an enabling and supportive environment for such interventions. This includes direct responses by community actors and also their engagement in responses of other actors such as public health systems, local and national governments, private companies and health providers, and cross-sectoral actors such as education, social protection and welfare systems.

Why is community systems strengthening important?

Community organizations and networks have a unique ability to interact with affected communities, react to community needs and issues and connect with affected and vulnerable groups. They provide direct services to communities and advocate for improved programming and policy environments. This enables them to build community contributions to health, and to influence the development, reach, implementation and oversight of public systems and policies.

CSS initiatives are encouraged by the Global Fund with the aim of achieving improved outcomes for HIV, tuberculosis, malaria and related health challenges. This improvement in health outcomes can be greatly enhanced through mobilization of key populations and community networks and an emphasis on strengthening community based and community led systems for: prevention, treatment, care and support; advocacy; and development of an enabling and responsive environment.

In order to have real impact on health outcomes, however, community organizations and actors must have effective and sustainable systems in place to support their activities and services. This includes a strong focus on capacity building, including human and financial resources to enable community actors to play a full and effective role alongside health and social welfare systems. CSS is a means to prioritize adequate and sustainable funds for specific operational activities and services and, crucially, core funding to ensure organizational stability as a platform for operations and for networking, partnership and coordination with others. CSS does not refer to daily programmatic activities that communities implement such as condom distribution, bed net distribution or provision of directly observed treatment to TB patients. CSS is in addition to these daily activities and is about strengthening the systems needed for communities to meaningfully contribute to these programmatic activities.

Core components of community systems

All of the following core components are essential for creating functional, effective community systems and enabling them to fulfill their role of contributing to improved health outcomes.

1. **Enabling environments and advocacy** - including community engagement and advocacy for improving the policy, legal and governance environments, and affecting the social determinants of health.
FOR EXAMPLE: Mobilization of key populations and community networks to engage in campaigns and solidarity movements.
2. **Community networks, linkages, partnerships and coordination** - enabling effective activities, service delivery and advocacy, maximizing resources and impacts, and coordinated, collaborative working.
FOR EXAMPLE: Networking and partnership development between community and other actors, for access to services, particularly for the most affected population groups.
3. **Resources and capacity building** - including human resources with appropriate personal, technical & organizational capacities, financing (including operational and core funding) and material resources (infrastructure, information and essential medical & other commodities & technologies).
FOR EXAMPLE: Capacity building for financial management, book-keeping, accounting, reporting, use of bank accounts, acquisition and use of accounting software;
4. **Community activities and service delivery** - accessible to all who need them, evidence-informed and based on community assessment of resources and needs.
FOR EXAMPLE: Mapping community health & social support services and their accessibility to end users.
5. **Organizational and leadership strengthening** - including management, accountability and leadership for organizations and community systems.
FOR EXAMPLE: Increasing transparency and accountability through meetings with stakeholders and community members.
6. **Monitoring & evaluation and planning** - including M&E systems, situation assessment, evidence-building and research, learning, planning and knowledge management.
FOR EXAMPLE: Developing capacity for data analysis, identifying and documenting key information and lessons learned.

[The Community Systems Strengthening Framework 2011](#) provides a detailed description of the CSS rationale and the core components. The definition and scope of CSS will continue to be revisited and modified in the light of experience and lessons learned from implementation. The Framework contains examples of activities under each component, and recommended service delivery areas for building or strengthening community systems. The Framework also provides guidance on the steps required to build or strengthen a system for CSS interventions. It includes a number of recommended CSS indicators with detailed definitions for each of them. These indicators have been developed in consultation with technical partners and civil society representatives. They are designed to enable measurement of progress in community systems strengthening over time.

How community systems strengthening can be integrated into Global Fund proposals

The Global Fund encourages applicants to include CSS interventions routinely in proposals, wherever relevant for improving health outcomes. The proposal form and guidelines have been revised to reflect the increased importance of CSS within proposals to the Global Fund.

In preparation for completing the proposal form, applicants will need to work closely with community organizations and actors to identify which community system strengthening interventions need to be funded, based on analysis of existing resources and the gaps and weaknesses that need to be addressed. It is also important to show clearly how systems will be strengthened by interventions and thus ensure that CSS funding will be appropriately targeted.

Applicants are encouraged to consider CSS as an integral part of assessments of disease programs and health systems, ensuring that they identify those areas where full involvement of the community is needed to improve a) the scope and quality of service delivery, particularly for those hardest to reach, b) the scope and quality of interventions to create and sustain an enabling environment, and c) evidence-based policies, planning and implementation.

Requests for funding of CSS-related interventions can be included either in a disease proposal or under the common GAVI Global Fund HSS proposal form. The set of CSS interventions that are included in an HIV, TB or malaria proposal should focus on the disease, and may also in addition include broader community systems strengthening interventions.

It is important to focus on aspects related to strengthening community systems in the context of service delivery, advocacy and enabling environment for the three diseases. Because CSS particularly focuses on affected communities, CSS interventions should be harmonized across the three disease components whenever possible and overlap should be avoided at all cost. This means that HIV, TB and malaria programs need to coordinate their efforts, avoid duplication and ensure that CSS interventions for the different diseases are complementary to each other at community level. Secondly, since the Global Fund works with a system of performance based funding it is important that a limited number of CSS indicators are carefully chosen as a basis for regular reporting to inform disbursement decisions.

The CSS Framework needs to be read alongside the Gender Strategy and the Sexual Orientation and Gender Identities Strategy as CSS is a strong tool through which key affected populations can be strengthened to maximize their contribution to HIV, TB and malaria.

Terminology

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

- Community is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic, and one person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values.
- Key populations, people or communities indicate those who are most vulnerable to and affected by conditions such as malaria, tuberculosis and HIV and are the most often marginalized and have the greatest difficulty in achieving their rights to health. This includes children, youth and adults affected by specific diseases such as HIV, tuberculosis or malaria; women and girls; men who have sex with men; injecting and other drug users; sex workers; people living in poverty; street children and out-of-school youth; prisoners; migrants and migrant laborers; people in conflict and post-conflict situations; refugees and displaced persons.
- Community based organizations (CBOs) are those organizations that have arisen within a community in response to particular needs or challenges and are locally organized by community members. Non-governmental organizations (NGOs) are generally legal entities, for example registered with local or national authorities; they may be operative only at community level or may also operate or be part of a larger NGO at national, regional and international levels.
- Community organizations and actors are all those who act at community level to deliver community based services and activities and promote improved practice and policies. This includes many civil society organizations, groups and individuals that work with communities, particularly community based organizations (CBOs), non-governmental organizations (NGOs) and faith-based organizations (FBOs) and networks or associations of people affected by particular challenges such as HIV, tuberculosis and malaria. It also includes those public or private sector actors that work in partnerships with civil society to support community based service delivery, for example local government authorities, community entrepreneurs and co-operatives.
- Civil society organizations (CSOs) include not only community organizations and actors but also other non-governmental, non-commercial organizations, such as those working on public policies, processes and resource mobilization at national, regional or global levels.

Further Reading / Useful Resources

- Civil Society Action Team (CSAT) <http://www.icaso.org/csat.html>
- Roll Back Malaria Toolbox <http://www.rollbackmalaria.org/toolbox/index.html>
- Stop-TB - Technical Assistance Mechanism (TEAM) <http://www.stoptb.org/countries/tbteam/default.asp>
- 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
- Global Fund Monitoring and Evaluation Guidelines and Tools: <http://www.theglobalfund.org/en/me/documents/>
- Malaria control, community systems strengthening and community-owned response: Malaria Control (MC) and Community Systems Strengthening (CSS) Consultation, Geneva, 23-25 March 2009; http://www.rollbackmalaria.org/docs/events/2009/Malaria-control_CSS_community-owned-responseGF9guidelines.pdf
- 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 community directed interventions for major health problems in Africa: A multicountry study; WHO 2008 <http://apps.who.int/tdr/svc/publications/tdr-research-publications/community-directed-interventions-health-problems>