



Rethinking Community-Led Response in Light of the New Global Fund Strategy

Policy Brief by the National
Association of Non-Governmental
Organisations

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NANGO Secretariat
National Association of Non-Governmental Organisation
(NANGO)

2 McGowan Rd, Milton Park, Harare Zimbabwe
P.O Box CY 250, Causeway, Harare, Zimbabwe
Tel: +263242708761 / 242703599 / 242749973

Email: info.nangozim@gmail.com

Designed: Chris Katsaura



Community-Led Response (CLR) is a technique initiated and implemented by local Community-Based Organisations (CBOs) and other civil society groups, networks of Key Populations (KP), People Living With HIV (PLHIV), and other affected groups, or other community entities that gather quantitative and qualitative data about HIV/AIDS, Tuberculosis, Malaria, and the Covid-19. Community-led responses are therefore actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups, and networks that represent them. The technique's focus remains on getting input from recipients of HIV services, Tuberculosis and Malaria in a routine and systematic manner that will translate into action and change.

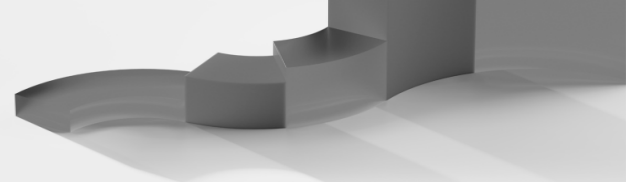
Globally, there is a clarion call for countries to adopt CLR in a bid to come up with people-centred approaches to HIV response and other disease components including Tuberculosis, Malaria, and Covid-19. For instance, there have been some running campaigns on Communities making a difference in the response and this has gained traction over time in building community systems for quality healthcare service provision. Therefore, if a country comes up with robust mechanisms for CLR,

it would translate into community empowerment and communities can play a critical role in terms of health service delivery through monitoring, documenting experiences, contributing through advocacy work, and provision of perceptions on how certain challenges around health care services can be addressed. More importantly, this will help in bridging the gap between communities and facilities.

In Zimbabwe, some shifts continue to gravitate towards the implementation of the CLR technique especially in organisations under the NANGO Health sector through Community-Led Monitoring (CLM) projects, Community Systems Strengthening (CSS), and investments in community structures through community cadres, peer educators, community ART refill groups and school clubs, etc.

Community-Based Monitoring (CBM), CLM, CSS, investment in social enablers, and placing affected populations at the centre are some of the different components that can assist in ensuring a robust CLR mechanism.

The Global Fund (GF) formed in 2002, is a financing mechanism to attract, manage, and disburse resources to make a sustainable and significant contribution to



the fight against HIV/AIDS, TB, and Malaria in countries in need. It does not implement programs directly and does not have offices in the countries that receive its financial support. Instead, the GF Secretariat is based in Geneva, Switzerland. To ensure that resources are used efficiently and that programs funded by the GF reach the people most in need, the GF relies on local coordinating bodies called Country Coordinating Mechanisms (CCMs).

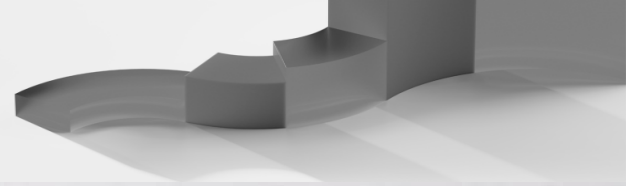
The new GF Strategy will run from 2023-2028 and it will guide how GF will partner with countries in need to accelerate progress towards attaining the vision of a world free of the burden of HIV/AIDS, TB, and Malaria with better, equitable health for all. The GF provides another mechanism for U.S. support by funding programs developed by recipient countries, reaching a broader range of countries, and supporting TB, Malaria, and Health Systems Strengthening (HSS) programs in addition to and beyond their linkage with HIV/AIDS. The new GF is aimed at maximising people-centred Integrated Systems for health to deliver impact, resilience, and Sustainability; Maximising the engagement and leadership of most affected communities to leave no one behind, and Health equality, gender equality, and human rights. Through the previous strategy, as of 2020, 44 million lives have been saved, 21.9 million people on antiretroviral therapy for HIV, 4.7 million people with TB treated, and 188 million mosquito nets distributed. Hence the world is off track to meet the Sustainable

Development Goal (SDG) 3 targets of good health and well-being.

BACKUP HEALTH Project Overview

The National Association of Non-Governmental Organisations (NANGO) in January 2022 commenced the implementation of a project aimed at “enhancing the CSOs coordination and capacity for health systems strengthening” under the BACKUP Health Project with support from GIZ. The BACKUP Health project is an initiative targeted at providing technical assistance to public and civil society partners in implementing and coordinating funds from international financing mechanisms, with the main focus being on the GF to Fight AIDS, Tuberculosis, and Malaria (GFATM).

Its main objective is to increase the capacity of government and CSOs to use global financing effectively to strengthen its health systems. Under this project, NANGO identified amongst its members, CBOs who have been engaged as implementing partners using a CBM approach. A standard framework was developed with standardised tools of data collection which are analysed to identify advocacy priorities on the impact of GF support in Zimbabwe for health systems strengthening. The input from these implementing CBOs informed the contents of this brief alongside other research methodologies especially desk review and secondary data analysis. The key findings and monitoring observations gathered through this project have largely informed and supported the position that



that the use of community systems and structures is key to elevating the effectiveness of emergency response in developing countries. This is not only important in times of emergencies and crisis, but as a standard tool for resilient and sustainable systems for health. Community-led systems are however underutilised and therefore require strengthening¹.

The project is focussing on monitoring the impact, results, and areas for improvement on GF-supported interventions. It is anticipated that the project will enhance CSOs and the community's ability to engage and positively influence and contribute to the GF national processes such as review of the National Strategic



Globally, there is a clarion call to invest in community-led response mechanisms when responding to the mitigation of TB, Malaria, and HIV with an intensified focus on prevention. The 3rd mission of GF aims at achieving the mission of ending the three diseases through health investments that maximise people-centred, integrated national and community systems and

Plans (NSPs). The project is aligned well with the SDG 3 targets on inclusive health and well-being and the aspirations to achieve Universal Health Coverage (UHC) by 2030. The project also seeks to contribute effectively towards the achievement of the Zimbabwe National AIDS and HIV Strategy Plan (ZNASP IV) (2021 - 2025) priorities, especially on community systems strengthening as well as the HIV/ AIDS 95-95-95 fast track targets. This is based on the realisation that the GF can only support programs and interventions with national ownership. The project also integrated sexual exploitation and abuse; human rights; disability; gender equality and equity perspectives as key essentials required by the GF during program implementation.

human rights². The GF's new strategy is encouraging countries to come up with a robust CLR that includes the aspect of CLM that encourage a more systematic approach to support the development and integration of community systems for health. The new strategy is putting fighting diseases at the heart of communities as well as synchronising the new GF Strategy with SDG3 for UHC by 2030³. Scientific studies by UNAIDS encouraged countries not to risk reversing the gains recorded on HIV Response by leaving some communities behind. To achieve the UNAIDS fast track targets of 95-95-95, CSS should be prioritised as they operate on the heart of the people.

1 Howard, A., Rawsthorne, M., Sampson, D. & Katrak, M. (2020) Supporting community led approaches to disaster preparedness: learnings from three pilot locations.

<https://frrr.org.au/wp-content/uploads/FRRR-DRFR-Report-Summary-FINAL-for-WEB.pdf> pages 7-9

2 GF/eb01-2021/2-Revision/Extra Ordinary Board Meeting, page3.

3 globalgoals.org/goals/3-good-health-and-well-being

The Covid-19 pandemic was highlighted as a major setback to the GF efforts of fighting the 3 diseases as indicated in the report⁴. The advent of Covid-19 came as an awakening call that saw institutions like GF relaxing their stance and widening the scope to include covid-19 and other co-morbidities like Sexual Reproductive Health (SRH) and mental health as some of the diseases to be mitigated in their new strategy. As of 17 February 2023, Zimbabwe recorded 263 642 cases with 5 662 deaths⁵. Currently, Zimbabwe has 559 active cases as of 17 February 2023 and three new deaths. This shows that the diseases are still amongst us hence the inclusion of all diseases and strengthening of CLR and CLM came at an opportune time. The new strategy resonates well with the idea of leaving no one behind.

CSOs should be well versed in CLR and strategically align it with the scope of their work so that they work towards strengthening communities in the health systems. NANGO has been implementing the BACKUP Health Project and has identified gaps in terms of CSOs' capacities to implement CLRM. Other gaps were identified in CSOs coordination and the

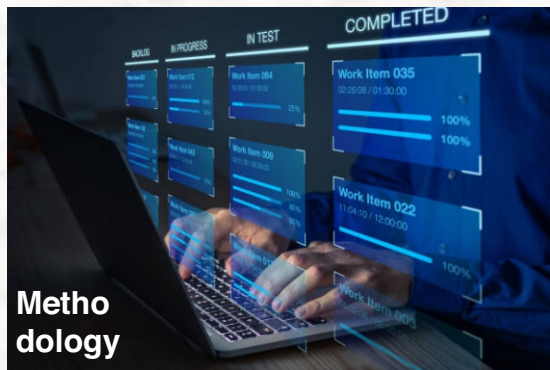
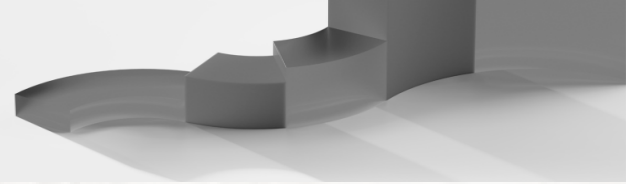
Purpose of the Policy Brief

This policy brief will attempt to address the following:

1. Unpack the GF strategy and what it means to CSOs.
2. Determine the relationship between the concept of Community Led Response and the new GF strategy essentials.
3. Proffer recommendations on how CSOs and other stakeholders can adapt to the clarion call around Community Led Response and align their work to the new GF strategy.

need to develop monitoring tools and standardisation of these tools and to have real-time reporting and documentation. Through the project, NANGO has identified issues to be mainstreamed like a human rights-based approach to enhance the capacities of the community-led monitors who work in and with the communities to enable them to understand the needs of communities, enable them to mainstream gender issues and integration and inclusiveness of youth, disability, and key population. The advent of Covid 19 demonstrated the need for a robust CLRM. For instance, during the covid-19 pandemic, people were not able to travel due to restrictions and CSOs need to think and prepare on how best they can respond in times of disasters in line with the new GF strategy that emphasises more CLR, communities making a difference and representation of the community in the response mechanism. It is prudent for CSOs to do an analysis and reflect on what CSOs should know and do to align themselves with the GF requirements as they are the interlocutors between people and the communities and the service providers.

4 GF Extra Ordinary Board Meeting, page
5 who.maps.arcgis.com/apps/dashboards/0c9b3a8b68d0437a8cf28581e9c063a9



This brief is based on information gathered through the following methods. The first method included the use of information gathered by monitors from CBOs. A total of 70 monitors seconded by the implementing partners have been engaged and trained on CBM. These monitors then administered at least 8 questionnaires and community scorecards to community members in their districts of operation each quarter. The questions were intended to assess different aspects of service provision about GFATM including assessing the significance of the role of community-led structures and CBOs

Summary of Major Highlights – What New GF Mean to CSOs

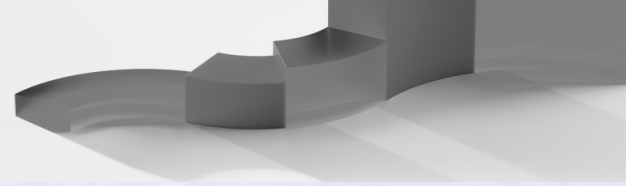
All the aspects of the new GF strategy are gravitating towards empowering CLR/M for a resilient and sustainable health system. This is now gaining traction in fighting the diseases and it is the duty of CSOs as community actors to rethink strategies of operationalising the new strategies. By engaging communities in the preparedness and response to COVID-19, and other diseases, the health sector can avoid the emergence of cases that would worsen the

in service provision and disaster response mechanisms. The monitors also participated in quarterly feedback meetings in each region where they provided feedback regarding their experiences. Information was also gathered from engagement meetings with Health Centre Committees (HCCs) who were engaged each quarter in each region to also supplement and corroborate the feedback from the monitors. As implementers of the BACKUP Health Project, NANGO also gathered information based on lessons learnt from observations over time. These were lessons learnt from CLM mechanisms employed in Zimbabwe regularly. Finally, this policy brief employed the use of data captured from an extensive desk review of the literature on disaster response mechanisms in the country over the years and literature produced and shared by NANGO members.

pandemic. It can also give the health sector more time to prepare to respond in realistic, relevant, and appropriate ways to the needs and challenges of every population group⁶.

The idea of community-led is gaining traction and CSOs as community actors need to invest in empowering people and strengthening social infrastructures to be enablers of CLR. The new GF's primary goal is to end TB, AIDS, and malaria is underpinned by four main objectives

⁶ World Health Organization. Regional Office for the Western Pacific. (2020). Role of community engagement in situations of extensive community transmission of COVID-19. WHO Regional Office for the Western Pacific. <https://apps.who.int/iris/handle/10665/332172>. License: CC BY-NC-SA 3.0 IG 9 p.



thus, maximising people-centred integrated systems for health to deliver impact, resilience, and sustainability. People are at the centre of GF's work in the fight against diseases⁷. Involving people in the fight against the disease promotes the sustainability of the interventions. Communities will take ownership of the initiatives and come up with homegrown solutions suitable for their needs and wants in the fight against diseases. GF focuses on maximising the engagement and leadership of most affected communities to leave no one behind. This is in line with SDGs. Most of the affected areas are in very remote areas or poor countries and involving these remote communities ensures that services will be provided to all communities. Countries are encouraged through Global Fund to mobilise resources to fight pandemics and diseases. The new GF, under the Global Fund New Funding Model (NFM) 4 introduced One of the key program essential shifts is the encouragement for countries to think about

the sustainability of interventions beyond the GF. This can be achieved through the strengthening of communities as well as making CSOs and communities serve as a transitional plan in finding ways of adjusting from being donor dependent to being domestically funded for sustainability. Other resource mobilisation avenues that can be pursued are through advocating for resources from the extractive and other sectors to be earmarked to ring-fence some of the interventions in fighting the diseases.

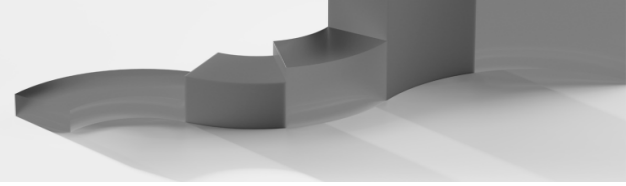
Going forward, CSOs are encouraged to start embedding some of these New GF aspects into their programming as key partners in development and conduct activities that ensure project sustainability. These activities include but are not limited to policy support, strategic planning, service implementation, project evaluation, capacity strengthening of the communities, and data collection and documentation for reporting whilst they work towards complementing government efforts⁸.

Recommendations to Development partners

- There is a need for more investments in the sensitisation of communities on gender mainstreaming, a human rights-based approach through disability inclusion, and engagement with other KPs;
- Investment in community systems strengthening including community-based and led initiatives;
- Capacity building of CBOs and other community-based structures should be prioritised. One gap noted under the BACKUP Health project was that some HCCs were unaware of their roles and responsibilities in ensuring accountability and good governance within local health facilities as they never received orientation; they, therefore, were not executing their role sufficiently as a community-based structure.

⁷ New Global Fund Strategy (2023-2028)

⁸ 1Department of Community Health, Faculty of Medicine, University of Kebangsaan, Bandar Tun Razak, Jalan Yacoob Latif, 56000 Cheras, Malaysia and Corresponding author, Umar Ibrahim, Department of Community Health, Faculty of Medicine, University of Kebangsaan, Bandar Tun Razak, Jalan Yacoob Latif, 56000 Cheras, Malaysia.



Recommendations to CSOs;

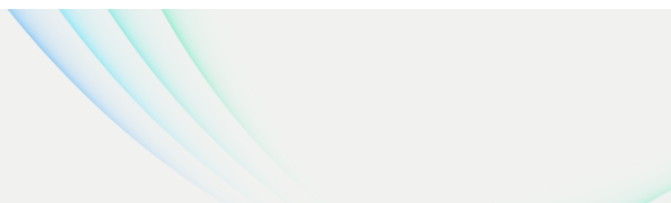
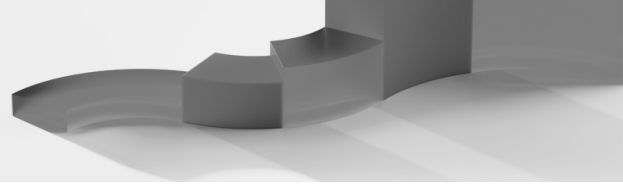
- To develop and implement effective community engagement strategies;
- To advocate for e-procurement systems that can help reduce corruption, especially minimisation of human contact.
- To periodically produce shadow reports on the use of public funds in the health sector to assist parliament to play its oversight role.
- To facilitate meaningful involvement of grassroots communities in line with the CLR concept to come up with workable solutions and homegrown solutions to some of the challenges currently faced
- Strengthening CSOs positioning and alignment with national structures to strengthen the effective implementation of the Strategy's priorities e.g., Resilient and Sustainable Systems for Health (RSSH), and build sustainability.
- Promoting new partnerships e.g., multi-sector to address structural barriers to effective service delivery and new linkages e.g., to build integrated, people-centered, quality services to deliver the Strategy's aims.

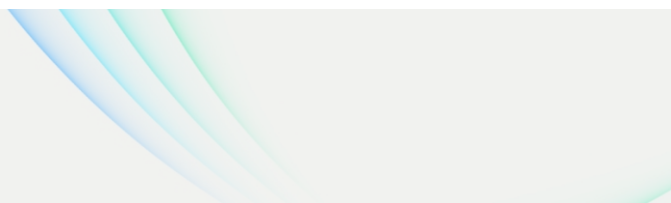
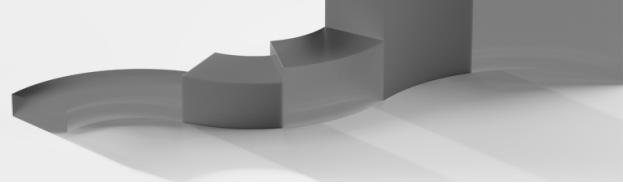
Recommendations to the Government:

- To incentivise the communities, bearing in mind that the mechanisms encompass certain costs;
- To use electronic gadgets for real-time data gathering that will proffer a quick response;
- Comprehensive Whistle-blower legislation to protect whistle-blowers to help fight corruption as soon as possible;
- Ensuring balanced and inclusive programming around the meaningful involvement of communities and all vulnerable groups including KPs;
- Strong alignment of HIV/AIDS, TB, and Malaria Interventions to the SDGs – UHC Targets and Indicators;
- To invest more in Health systems strengthening to meet at least the Abuja declaration of allocating at least 15% of the National Budget towards Health.

Conclusion

In conclusion, there is a need for CSOs to align their work to the new GF strategy and CLR mechanism since it is now an innovative mechanism introduced to ensure resilience and sustainable systems for Health Systems Strengthening (HSS), improved service delivery, and improved transparency and accountability. Health-focused CSOs to be proactive in participating and influencing the GF country process as we build up towards the development of the NFM 4 Funding Request. More so, there is a need to strengthen the generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles.







NANGO Head Office
Number 2 McGowan Rd, Milton Park
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