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The Global Fund and Community Systems Strengthening: The Wrong Organisation for the Right Job? Or the Right Organisation Doing the Job Wrongly?

by

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Preface

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Introduction

An effective response to HIV, tuberculosis and malaria has to be based on a functioning health care system and on community structures that support social and individual attitudes and behaviours for prevention and care. These conventional truths were not at the forefront of the deliberations that led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). They entered later through the back door; first, in the form of funding windows of different shapes and sizes for health systems strengthening, starting in the fifth round of proposal calls, and then in the form of a discourse on community systems strengthening (CSS) in the eighth round.

Even the most fervent champions of the Global Fund will admit that the Fund resembles a construction site. Changes of policies, structures and procedures are frequent and often rapidly implemented. While this may breed a certain form of positive dynamism, it is often just plain confusing. Unless there is some stability and periodic reflection, the construction site may never evolve to become a fully formed structure that is fit for purpose.

There are many parts of the Global Fund construction site that need to be re-examined. One of them is the declared effort to strengthen community systems. Several guides for grant applicants on how to do this have been published by the Global Fund, as well as by UNAIDS and the Roll Back Malaria Partnership (1, 2, 3). The Global Fund has also published analyses of proposed CSS activities for Rounds 8 to 10 (4), and it released a draft updated framework for CSS in August 2011 (5).

However, the Global Fund is still not getting its approach to CSS right. This article describes some of the problems and calls for a full review of the approach.

The meaning of community systems strengthening

Civil society participation has been a cornerstone of the Global Fund from the beginning. It has enabled NGOs, local associations, networks and advocacy groups representing sexual minorities and other marginalised groups to participate in national policy discussions through the country coordinating mechanisms. Although the strength of civil society voices varies from country to country, in general the results are impressive. For example, in some countries where sexual minorities suffer severe repression, they have at least found a voice in discussions about the national HIV strategy through their membership in the CCM. But these important achievements in promoting civil society participation are only part of the broader challenge of strengthening community systems.

When the first guidance on CSS was published by the Global Fund for Round 8, there were reasons to be optimistic that funding would be provided to support the empowerment of communities as a critical adjunct to the funding of actual health care services. The Round 8 guidance stated that CSS activities might include:

(i) Capacity building of the core processes of community-based organisations through:

- physical infrastructure development – including obtaining and retaining office space, holding bank accounts, strengthening communications technology; or
- organisational systems development – including improvement in the financial management of community-based organisations (and identification and planning for recurrent costs); development of strategic planning, monitoring and evaluation, and information management capacities;

(ii) Systematic partnership building at the local level to improve coordination, enhance impact, avoid duplication, build upon one another's skills and abilities and maximise service delivery coverage for the three diseases; and

(iii) Sustainable financing: creating an environment for more predictable resources over a longer period of time with which to work. (6)

The way CSS is described above suggests a view that supporting the generic systems and infrastructure development of community based organisations (CBOs), albeit with some reference to service delivery coverage for the three diseases, is a core part of CSS. A guide developed by the Roll Back Malaria Partnership in 2009 also described CSS in general developmental terms, describing the creation of "a space and structure for on-going community dialogue that builds community capacity for action based on the recognition of community strengths and the transformation of community weaknesses." (3)

However, since then, the purpose and meaning of CSS has changed. This has caused some confusion, but more importantly, it appears to have progressively narrowed the scope and focus of CSS towards supporting CBOs to improve the uptake and coverage of health care services.

For example, in its draft CSS framework released in 2011, the Global Fund defined community systems in terms of delivering three sets of activities: "(i) Direct provision of health services [by CBOs] in cooperation with or separately from public health services; (ii) Support activities for individuals accessing health-related services at the community level; and (iii) Activities to create and improve the enabling environment." The Global Fund's analysis of CSS activities in Round 10 proposals also described CSS narrowly in terms of "the development and/or strengthening of community-based organizations in order to improve knowledge of, and access to, improved health service delivery." (5)

Important components of CSS which do not have a direct link to health care services (for example, building social cohesion, promoting gender equality or fighting for human rights and the respect of sexual diversity) are neglected. For communities who suffer from the double burden of disease and social discrimination or disadvantage, this is a concern.

The Global Fund's CSS framework acknowledges that there are "conflicting opinions" and "lack of clarity" about the concept of community systems, but then does little to resolve these conflicts or lack of clarity. If the Global Fund is to play an effective strategic and catalytic role in CSS, it needs to ensure greater clarity about is meant by CSS and what kinds of activities and investments will be funded.

Theory and practice: Implementation of CSS proposals

Whatever agreement is reached on the purpose and meaning of CSS, it must also be tested against the structures and procedures of the Global Fund. Once there is clarity about what the Global Fund should be doing, there is a need to examine if it has the right procedures, mechanisms and skills to do it.

Presently, there is too much of a gap between proposal development and programme implementation. Increasingly, Global Fund proposals are written by teams of skilled consultants who are hired because they know how to write winning proposals. Since the eighth funding round, they have learned to include the language of community development. But, once recommended by the Technical Review Panel (TRP) and approved by the Global Fund Board, the proposal becomes the basis for a negotiation between the Global Fund

Secretariat and the designated principal recipient (PR). Civil society organisations that are selected as PRs and sub-recipients (SRs) often have very little input in the development of the proposal and may end up being contracted to implement a set of activities which may or may not fit their own culture and history of community development.

Furthermore, local fund agents (LFAs) are playing an increasingly important role in the negotiation of grant agreements, often to the detriment of CSS. LFAs are organisations with variable profiles. Some are specialised in financial audits and others have public health expertise – but all of them work under the restrictive terms of reference of being the Global Fund's "local policeman on patrol." Not surprisingly, therefore, their inputs in the grant negotiation process often focus on strengthening controls and linking budgets directly to service delivery outputs. This tends to further restrict the scope of CSS activities supported by the Global Fund to the delivery of service outputs that can be counted. Activities such as networking, community consultations or inter-generational dialogue have no quantifiable service output, and invariably disappear from the budget.

Performance-based financing and CSS

The performance-based financing model of the Global Fund means that the relationship between the Fund and its grant recipients is typically defined by the grant performance framework and the budget. By contrast, much of the wonderful prose about community development that the consultant team may have scripted in the proposal has little weight and is often ignored.

However, while performance frameworks often contain a sensible list of disease-based output and outcome indicators (e.g., survival rates on anti-retroviral treatment, tuberculosis cure rates or malaria bed net coverage), the portion of the performance framework devoted to CSS (when there are CSS activities in the grant) is often done poorly, and may not even reflect the range of activities described in the original proposal. Performance indicators are often added during the grant negotiation, at the insistence by the Global Fund Secretariat, to link outputs to budgets. While this helps to increase fiscal control, it does little in terms of monitoring performance.

In order to provide some guidance to the development of performance frameworks, the Global Fund published a 305-page toolkit for monitoring and evaluation in November 2011, which included a section on community and health systems strengthening (7). In order to promote consistency across different grants and countries, the Global Fund encourages the adoption of core indicators, including a set of ten core indicators for CSS.

However, a critical assessment of these indicators illustrates two problems associated with the Global Fund's approach to the performance management of CSS. First, the indicators equate CSS with the narrow aim of supporting CBOs to help deliver disease-based service delivery targets. Second, the over-emphasis on quantifiable indicators results in a performance framework that is neither specific nor valid.

For example, under the second core component of CSS (community networks, linkages, partnerships and coordination), the proposed indicator is the "number and percent of community based HIV, TB, malaria and immunization service organizations with referral protocols in place that monitor completed referrals according to national guidelines." Problems associated with this indicator include the lack of a clear definition of a "community-based HIV, TB, malaria and immunization service organization." How, for example, should a "service organization" be defined? Would it include a church group that provides occasional but regular health education programmes? Would it include any CBO that provides sexual health counselling and advice, or adolescent health information? In addition, what is

considered to be a referral, and what does it mean to have a referral protocol in place? For example, is the indicator limited to referrals to formal health service points, or referrals to other CBOs, or to both? Finally, what is the definition of a "completed referral" and how can CBOs possibly monitor this?

There are so many challenges and uncertainties associated with this one indicator as to make any measure submitted by a PR or SR hard to interpret. This is not to say that M&E is unhelpful or unimportant; but rather to make the point that M&E requires, at the very least, combining quantitative indicators with an informed understanding of the context and additional qualitative information.

An equally big concern is the implication that the CSS component of "community networks, linkages, partnerships and coordination" is best monitored through measuring the role of CBOs in acting as a referral source for patients to access health care services. While this is an important role, community networks, linkages, partnerships and coordination are required for other purposes. The selection of a single core indicator focused on health service coverage means that other important aspects of CSS may be neglected.

Let us look, for instance, at a country where gay men are regularly imprisoned and abused by the authorities. The orderly referral of gay men to health facilities may not be the main concern of a CBO; rather it may be the broader security and human rights of the gay community. There are many CBOs that perform a vital role in protecting the security and rights of oppressed and marginalised groups, but not one indicator in the Global Fund's guidance does justice to this kind of work, often conducted under difficult and dangerous circumstances.

Although having a list of indicators for monitoring CSS is an improvement over previous practice, the Global Fund does not yet provide a sound performance-based funding framework for supporting and improving the activities of many CBOs supported by the Global Fund to strengthen community systems.

On top of this, CSS indicators tend to be afforded less importance than disease-specific indicators. For example, according to the Global Fund's M&E Toolkit, indicators focused on service coverage targets "are weighted more within the grant rating system" (7). For CBOs receiving Global Fund support, this often means having a performance monitoring framework that includes reaching a targeted number of people with education, awareness-raising or social support programmes. Accordingly, they have to submit periodic reports on how many people they have reached. In theory, this sounds straightforward. In practice, it is often a nightmare.

For example, associations of people living with HIV are required to report the number of people who attend meetings (e.g., for networking purposes). These numbers are first checked by the SR umbrella organisation, then by the PR, and then again by the LFA. The level of effort – often by unpaid volunteer activists – to collect, file and process these records is enormous. Attendance sheets of numerous meetings and seminars are counted and recounted. If any variance in the numbers is found, this can lead to another round of counting and re-counting. Worse still, counting the number of people who have attended a meeting is meaningless if there is no sense of the purpose and quality of the meeting; nor whether the right group of individuals attended the meetings.

Another frequently used indicator is the number of "persons reached with public education activities." Because public education often takes the form of mass communication, individual contacts cannot be counted. Therefore, the number of individuals reached through mass education is estimated indirectly. For example, numbers of individuals reached with a public education message are estimated on the basis of the number of newspapers printed and the

assumed number of people reading each newspaper. In one instance, a measure of “the number of sex workers reached with health education” was derived from an assumption that a fixed percentage of women attending any relevant public meeting were involved in sex work. The reported numbers went into the thousands, but were ultimately meaningless.

Many of these assumptions are questionable. And many of the measures, by themselves, provide little assurance that activities are having a real and meaningful impact. But nonetheless, they are frequently linked to the Global Fund’s performance monitoring and disbursement system.

Finally, when linked to financing, indicators often become objectives in their own right. The organisational survival of many community-based groups is dependent on Global Fund support, but is only assured if targets are met. While the Global Fund needs these indicators to market itself as an effective global player, there is a danger that use of these indicators reduces CBOs into becoming “quantitative target chasers,” often at the expense of CBOs investing in quality improvements or in strengthening their systems and internal capacity.

Predictable financing

One of the initial aims of the emphasis on CSS was to create “an environment for more predictable resources [to CBOs] over a longer period of time” (6). But that is not the reality. Most PRs are accustomed to long delays between proposal approval and the signing of the grant agreement, as well as between different phases of the same grant. Funding gaps may be covered by grant extensions or bridge funds, but these are primarily used to secure continuity of treatment services. CSS activities are usually not covered by these bridge funds.

Add to this the administrative and bureaucratic delay that may occur at the levels of the PR and SR, and it can be seen how the financial flow to community groups at the end of the line can become precarious. At times, CBOs are unable to pay their rent, or even to pay for the photocopying of attendance sheets that are needed for their monthly performance reports. The fact that they still continue to function is a testament to their resilience, not to the predictability of Global Fund financial support.

So what?

This article does not question the value of community empowerment or community involvement in health as a vital part of the response to HIV, TB and malaria. Nor does it question the important contribution of CBOs. As such, it does not question the aims and legitimacy of the Global Fund’s commitment to CSS. However, it does question the Fund’s approach to CSS and the way it applies its performance-based funding model to CSS. There are a number of things that the Fund should consider doing.

First, the Global Fund needs to be clearer about what it means by CSS. At present, CSS appears to be mainly about funding CBOs to support expanded coverage of selected health care services. This may be deliberate and even legitimate. But if so, it needs to be made more explicit; this would then make it much easier for the Global Fund to explain CSS in its guidance to prospective grant applicants.

If, on the other hand, the Global Fund supports a broader concept of CSS, the Fund needs to ensure that it has a clear and effective approach to how it will support this broader concept. For example, as an external funder that primarily funds health services improvements, the Global Fund’s direct financial contribution to CSS will only ever be

relatively small. This implies a need for the Fund to consider its financial support of CSS as being catalytic. In other words, the Global Fund needs to consider how it can direct relatively small amounts of funding towards strategic investments that would enable change and improve community systems more indirectly. It also implies a need for the Fund to support greater synergy with other efforts and initiatives that are targeted at community empowerment and development more generally, or with social, political and economic rights movements.

On a more practical level, support for the broader concept of community systems would require the Global Fund to think more creatively about how relevant, appropriate and strategic proposals for CSS should be developed, and how the TRP can be equipped to evaluate such proposals. This may involve drawing on more generic and broader community development and participation expertise.

The second broad recommendation is for the Global Fund to reconsider its approach to performance-based funding and management. Specifically, it needs to avoid falling into the trap of being over-reliant on non-specific and invalid quantitative indicators. The Global Fund also needs to recognise that certain strategic and important investments in community systems may only have an indirect impact on the attainment of health-specific outputs and outcomes, and may require several years to come to fruition. Recognising these things would mean developing an entirely different approach to the monitoring and evaluation of CSS than is currently being practised.

Finally, there is a need to consider how community systems can be strengthened much more in tandem with health systems strengthening (HSS). Health systems and community systems are interactive, particularly with respect to the Global Fund's core purpose and mandate. For example, CSS can support positive behaviour change for disease prevention and treatment and improve access to health care. At the same time, HSS can help make health services more accountable to the public and responsive to the needs of patients and communities. However, for both CSS and HSS to work optimally, the Global Fund needs to continue to debate how it manages to balance its narrow, vertical, disease-based and target-focused approach to funding with its aspiration to catalyse long-term and sustainable systemic development.

In light of the recent upheavals in the Global Fund, perhaps it is time for the Global Fund to set up an independent commission of relevant experts to examine how the Global Fund can support CSS more effectively and appropriately in the future. Such a commission should feed its findings and recommendations into the 10-year evaluation of the Global Fund, which should include in its terms of reference, an examination of the Global Fund's procedures and practices in relation to both CSS and HSS. It will also be important for the Global Fund Board to ensure that the 10-year evaluation is conducted independently and transparently.

References

1. The Global Fund. Community Systems Strengthening Information Note; 2010.

2. UNAIDS. Supporting Community-Based Responses to AIDS, TB and Malaria: A Guidance Tool for including Community Systems Strengthening in Global Fund Proposals; 2010.

3. Roll Back Malaria Partnership. Malaria Control, Community Systems Strengthening and Community-Owned Response: Consensus on Best Practice for Use in the Development of Global Fund Round Malaria Proposals and National Strategy Applications; 2009.

4. The Global Fund. Analysis of CSS in Round 8 (similar reports for Rounds 9 and 10). Available at www.theglobalfund.org/en/civilsociety/reports/ (accessed 29 January 2011).

5. The Global Fund. Community Systems Strengthening Framework; August 2011. Available at www.theglobalfund.org/en/civilsociety/reports/ (accessed 29 January 2012). (The framework was originally released in 2010. The version currently available on the Global Fund website has a "draft" watermark on each page. Text on the website says that the framework is being revised.)

6. The Global Fund. Guidelines for Proposals – Round 8 (Single Country Applicants); 1 March 2008. No longer available on the Global Fund website. Also quoted in: The Global Fund and the International HIV/AIDS Alliance. Civil Society Success on the Ground: Community Systems Strengthening and Dual-Track Financing: Nine Illustrative Case Studies; 2010. (p.7)

7. The Global Fund. Monitoring and Evaluation Toolkit: HIV, Tuberculosis, Malaria and Health and Community Systems Strengthening: November 2011. Available at www.theglobalfund.org/en/me/documents/toolkit.