The Case for a Key Performance Indicator on Community Systems Strengthening in the New Global Fund Strategy 2023-2028

The new Global Fund Strategy 2023-2028, "Fighting Pandemics and Building A Healthier and More Equitable World"**,** includes a more systematic approach to supporting the development and integration of community systems for health, recognizing the vital role they play in combating the three diseases and reinforcing system resilience and sustainability.[1]

The sub-objective to **strengthen and reinforce community systems and community-led programming, integrated within national health and social systems** aims to establish the strategies, data systems, policy and funding frameworks, and institutional capacity, to entrench the role of communities in resilient and sustainable systems for health (RSSH).

OBJECTIVE	SUB-OBJECTIVE	PRIORITY ACTIONS
Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability	Strengthen and **reinforce community systems and community-led programming,** integrated within national health and social systems	Integrate the development of comprehensive **community health strategies** into national disease responses and grant implementation
		Scale up enhanced **community-led monitoring** (CLM) approaches
		Support policy advocacy, reform and innovative **sustainability mechanisms**
		Provide comprehensive and differentiated support for institutional **capacity building** for community-based and -led organizations

MAIN POSITION: Placing communities at the center is core to the new Global Fund Strategy. There is also a greater focus on sustainability, and on systems strengthening rather than support. Given this, measuring the success of the Global Fund partnership at strengthening community systems should be elevated to the key performance indicator level for 2023-2028.

Key Performance Indicator 6

Strengthen systems for health

Strategic Vision

Increase the share of countries with resilient and sustainable national systems for health that meet standards for use by Global Fund programs

Measure

Share of the portfolio that meet expected standards for:

a) Procurement and supply chain systems
b) Financial management systems
c) Data systems and analytical capacity

In the current Global Fund Strategy 2017-2022, KPI 6 is on strengthening systems for health, but community systems strengthening is excluded from the measure. The Board receives reports on investment levels in the CSS module as its only means of strategic oversight.

A July 2019 Thematic Review on RSSH by the Technical Evaluation Reference Group (TERG) concluded that the Global Fund's current strategy's monitoring of RSSH has gone too far in simplification and standardization, noting the absence of a CSS KPI.[2] The Review further critiques the lack of qualitative approaches, poor linkage between RSSH investments and indicators, insufficient outcome metrics on long-term sustainability, and limited prioritization of community data collection. The tracking of the contribution of RSSH investment to disease control efforts should be improved.

A 2021 Global Fund Prospective Country Evaluation found that grants are shifting RSSH intervention approaches, with greater emphasis on community systems strengthening for improving access to and quality of service delivery.[3] Indeed, there has been a 145% increase in CSS investments in signed NFM3 grants compared to NFM2 levels, with the largest increases in community-led monitoring and institutional capacity building.[4] Yet, the Prospective Country Evaluation echoes the TERG's finding that RSSH investment areas do not map well to available indicators, especially since coverage indicators rarely capture aspects of system strengthening (such as data use for decision-making).

METHODOLOGY

This position paper is informed by a review of 122 CSS indicators, contained in 40 HIV, TB, malaria and health strategies and/or monitoring and evaluation frameworks (Annex 1). The strengths and weaknesses of these indicators were discussed with the Developed Country NGO Delegation, the Global Fund's CRG Regional Platforms, key technical partners to the Global Fund, among other stakeholders. Based on this exercise, this paper advances the case for a proposed key performance indicator for community systems strengthening in new Global Fund Strategy 2023-2028, bolstered by a rationale for its inclusion.
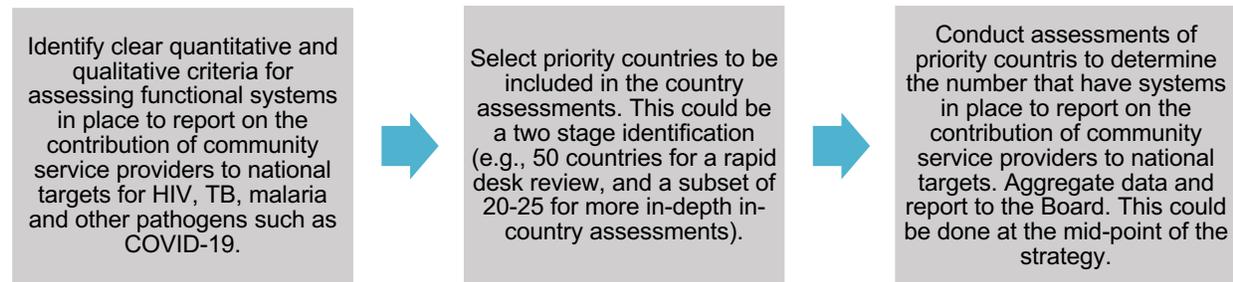
PROPOSED KEY PERFORMANCE INDICATOR

KPI: Community Contribution to Results

MEASURE: Number of priority countries with systems in place to report on the contribution of community service providers to national targets for HIV, TB, malaria and other pathogens such as COVID-19

The systems required to scale up and measure community service delivery are multifaceted. Global Fund investments in the development of community health strategies, community data systems, enabling environments for civil society to register and access sustainable funding, and institutional capacity development, all contribute to this proposed KPI.

Systems to capture the contribution of community service providers may differ from country to country. This proposed KPI could be measured by doing in-country assessments, similar to how KPI 5 (service coverage for key populations) was measured in the current Global Fund Strategy 2017-2022.[5] This paper proposes several indicators, along the priority actions for CSS, which could be used as criteria for a well-functioning system to measure community service delivery.

Identify clear quantitative and qualitative criteria for assessing functional systems in place to report on the contribution of community service providers to national targets for HIV, TB, malaria and other pathogens such as COVID-19.	Select priority countries to be included in the country assessments. This could be a two stage identification (e.g., 50 countries for a rapid desk review, and a subset of 20-25 for more in-depth in-country assessments).	Conduct assessments of priority countris to determine the number that have systems in place to report on the contribution of community service providers to national targets. Aggregate data and report to the Board. This could be done at the mid-point of the strategy.

Disaggregation in the analysis of this KPI and its measure will be critical. The in-country assessments should unpack the concept of a "community service provider" into sub-categories and determine if the systems are in place to measure their contribution. These sub-categories may include: (1) government community health workers, (2) local key population-led organizations or networks, (3) local women-led organizations or networks, (4) international non-governmental organizations, (5) civil society organizations, (6) faith-based organizations, (7) traditional health practitioners, among others.

CSS Action in Global Fund Strategy	Proposed Sub-Indicators Linked to the KPI
Integrate the development of comprehensive community health strategies into national disease responses and grant implementation	Number of countries with costed national and/or community health strategies that have multi-year results frameworks expressing targets for community contribution to national HIV, TB, malaria and other health outcomes.
Scale up enhanced community-led monitoring (CLM) approaches	1) Number of countries with national community-led monitoring strategies or frameworks. 2) Proportion of Global Fund-supported sites/locations with a community-led monitoring component in place that measures quality of the services provided.
Support policy advocacy, reform and innovative sustainability mechanisms	Number of Global Fund grants that include interventions to expand civic space, such as activities to revise or reform laws, regulations and/or policies that restrict community-led organizations (especially key population-led organizations) to register, operate and implement programs.
Provide comprehensive and differentiated support for institutional capacity building for community-based and -led organizations	Proportion of community-based and -led organizations who have their capacity built through Global Fund grants that go on to implement successful HIV, TB and/or malaria programs.

RATIONALE

1. The Proposed KPI is Aligned with Global HIV, TB and Malaria Strategies

The contribution of community service providers to global goals is a major theme in the HIV, TB and malaria strategies of the Global Fund's technical partners. The proposed KPI aligns to these strategies.

The Global AIDS Strategy 2021-2026 includes four targets to ensure that by 2025, 30% of testing and treatment services, 80% of prevention services for key populations, 80% of services for women, and 60% of human rights programs are community-led.[6] To measure these effectively, countries will need to have the systems in place to quantify the community contribution to service delivery.

The Global Plan to End TB 2018–2022 notes that community contributions to TB notifications and treatment success should be routinely monitored and reported, nationally. The World Health Organization tracks and reports on two key indicators related to community involvement in providing TB care and services, including: (1) The contribution of community referrals to TB case notifications, and (2) The treatment success rate for people who benefited from any form of community treatment support.

The RBM Partnership Strategic Plan 2021-2025 aims to facilitate the involvement of affected communities and local civil society in existing platforms or bodies that implement and monitoring of malaria responses, noting that civil society partners are also critical in driving strategic communications and advocacy.[7] Similarly, the 2021 update of the WHO's Global Technical Strategy for Malaria 2016-2030 recommends an increase in the meaningful and equitable community participation in surveillance and response.[8]

2. The Proposed KPI Speaks to a Number of Sub-Objectives in the Global Fund Strategy

A KPI must cover a broad range of objectives and sub-objectives in a strategy in order for it to be an effective measure of overall performance. The proposed KPI measures success in the area of: integrated, people-centered quality services (which places communities at the center of services) (6.A.1), community systems strengthening (6.A.2), data systems, including community data (6.A.3), social contracting (6.A.7), support for community-led organizations (6.B.2) community capacity and systems for pandemic preparedness (7.1, 7.2 and 7.3), among others. This makes it an efficient KPI for the new strategy.

3. The Proposed KPI Measures the Interconnectedness of Health and Community Systems

In order for countries to effectively measure and report on the contributions of public, private, and community sectors towards national targets, investments are needed in systems to strengthen the links between these different service providers. Countries will need to see health and community systems on a continuum, rather than in siloes. Achieving this KPI will mean that community systems are well-linked to health systems and that the contribution of each towards a common goal is measured and reported. The sub-indicator – Number of countries with costed national and/or community health strategies that have multi-year results frameworks expressing targets for community contribution to national health outcomes – advances the integration of community services into the formal health system.

Investing in systems that enable countries to report on community contributions to results will support the realization of the commitment in the Political Declaration on Universal Health Coverage: to expand the delivery of and prioritize primary health care as a cornerstone of a sustainable people-centered, community-based and integrated health systems and the foundation for achieving universal health coverage, while strengthening effective referral system between primary and other levels of care, recognizing that community-based services constitute a strong platform for primary health care.[9] It will also help formalize community groups' role in the health system, integrating it into the national response.

4. The Proposed KPI Reflects Capacity of Community Organizations to Deliver Quality Services

For community services to be counted as part of national results, countries will need to benchmark service quality against a set of minimum standards. The proposed sub-indicators – (1) Number of countries with national community-led monitoring strategies or frameworks; and (2) Proportion of Global Fund-supported sites/locations with a community-led monitoring component in place that measures quality of the services provided – monitor elements of accountability and quality, to ensure that the data collected at community level is traceable and reliable.

5. The Proposed KPI Includes Sustainability Considerations that were Previously Neglected

Recall that the 2019 TERG Review on RSSH flagged insufficient outcome metrics on long-term sustainability. The proposed KPI and its sub-indicators seek to include sustainability considerations in a meaningful way. By measuring the functionality of systems to report on community contributions to national targets, the Global Fund will get a proxy indication of the outcomes of its capacity building investments in community health. Previous Global Fund indicators only measured coverage of capacity building programs, without capturing their effectiveness at equipping communities go and provide quality services. The proposed sub-indicator– proportion of community-based and -led organizations who have their capacity built through Global Fund grants that go on to implement programs successfully – reflects the application of capacity building investments and speaks to the sustainability of community responses.

6. The Proposed KPI Reflects the Link between Investments in CSS and Community Leadership

Systematic reporting on Global Fund investments in community-led organizations is also an important indicator linked to the Global Fund's objectives on community systems strengthening. Indeed, a recent report noted that community-led organizations are often the least able to access the funding they need, receiving just 10% of all funding for community systems strengthening in the current funding cycle and less than 1% of all funding disbursed since 2019.[10] Measuring Global Fund investments in community-led organizations should be included as a sub-indicator in of the "Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind" Objective in the new Strategy.

7. The Proposed KPI Lays Groundwork to Scale Up Social Contracting of Community-led Groups

Social contracting is recognized as having a critical role in more rapidly expanding effective HIV, TB and malaria responses, in particular targeted services for key and vulnerable populations.[11] It also maximizes the contribution of community-based knowledge, networks and resources in disease responses.[12]Yet, in

2020, only 11 of 28 HIV Prevention Coalition countries had completed the relevant steps required for social contracting. The Global Fund's social contracting guidance suggests that efforts to build awareness on the work of civil society organizations, the contribution they make to national disease responses or health systems, and opportunities to build relationships with government should be strengthened.[13] By including the proposed KPI, the Global Fund will capture how its investments in community systems strengthening enable countries to convincingly demonstrate the role of community service providers in national HIV, TB and malaria responses. This is often a prerequisite for establishing social contracting. In countries where social contracting mechanisms are already in place, the proposed KPI will help measure their effectiveness and make a compelling case for greater domestic investment.

The proposed sub-indicator – the number of Global Fund grants that include interventions to expand civic space, such as activities to revise or reform laws, regulations and/or policies that restrict community-led organizations (especially key population-led organizations) to register and operate – further captures the systems strengthening investments needed to ensure an enabling legal and policy environment for community-led service delivery, especially those to be funded domestically.

8. The Proposed KPI Responds to Past Weaknesses of CSS Monitoring and Evaluation

The 2016 Political Declaration on HIV and AIDS included a commitment to ensure that by 2020, 30% of all service delivery is community-led. Progress reports show weakness and inconsistency in countries' ability to report on this indicator: Nigeria reported that it will review its Community Care and Support Guidelines, the Philippines reported that it strongly advocates for the establishment of a functional Local AIDS Councils, and Zimbabwe reported the number of people in community ART refill groups.

Similarly, many countries do not have the systems in place to report on the WHO's indicators related to community involvement in providing TB care and services. In 2018, only 56 countries reported progress on the contribution of community referrals to TB case notifications, together reporting that 27% were attributed to community referrals.[14] Only 38 countries reported data on the treatment success rate for people who benefited from any form of community treatment support, showing this to be 87%.

The proposed KPI also responds to the TERG's findings presented earlier in this paper, as it includes qualitative approaches in the form of in-country assessments, improves the linkage between RSSH investments and indicators, is linked to outcome metrics on long-term sustainability, and clearly prioritizes community data. The proposed KPI also responds to findings of the Office of the Inspector General's Advisory Report on Grant implementation in Western and Central Africa (WCA), which found that 59% of countries had a national health information system that did not include community level data.[15]

The qualitative aspects of the proposed measurement approach (in-country assessments) also has the benefit of capturing aspects of human rights and gender equality. The measurement method proposed could also seek to quantify and/or evaluate the community actions in terms of human rights, as well as safety and security of service beneficiaries and field actors (e.g. whether CHWs, peer educators, or other community actors benefiting from health insurance, employment contracts, etc.).

9. The Proposed KPI is Relevant for the Global Fund's Investments in COVID-19 Responses

The centrality of community-led and community-based services became even more evident during the COVID-19 pandemic.[16] The Global Fund's COVID-19 guidance notes that communities are needed more than ever and are well placed to alert and provide guidance and services.[17] For instance, during the pandemic, Global Fund-supported programs were able to maintain a minimum level of services largely thanks to communities, especially peer educators. Peer educators had to brave curfews and government-imposed health measures to ensure the continuum of services, but, there are currently limited tools and systems in place to evaluate this essential contribution. Measuring the existence of effective systems to report on community service provider contributions to national targets is therefore also useful for the Global Fund's 2023-2028 strategic priorities on pandemic preparedness response.

Source	Community Systems Strengthening Indicator(s)
UNAIDS Global AIDS Monitoring 2021	Ensure that at least 30% of all service delivery is community-led by 2020 Measure: Are there any laws, regulations or policies that provide for the operation of civil society organizations (CSOs) or community-based organizations (CBOs) in your country (please select all that apply)? ○ Registration of HIV CSOs is possible ○ Registration of CSOs/CBOs working with key populations is possible ○ HIV services can be provided by CSOs/CBOs ○ Services to key populations can be provided by CSOs/CBOs ○ Reporting requirements for CSOs/CBOs delivering HIV services are streamlined ○ There are no laws, regulations or policies that provide for the operation of CSOs/CBOs in the country Measure: Are there laws, policies or regulations that enable access to funding for CSOs/CBOs? ○ Social contracting or other mechanisms allowing for funding of service delivery by communities from domestic funding ○ From international donors ○ Both from domestic funding and international donors ○ Require a certain percentage of government funding for CSOs/CBOs ○ There are no laws, policies or regulations enabling access to funding for CSOs/CBOs
Global AIDS Strategy 2021-2026	○ 30% of testing and treatment services to be delivered by community-led organizations, with focus on: enhanced access to testing, linkage to treatment, adherence and retention support, treatment literacy, and components of differentiated service delivery, e.g. distribution of ARV (antiretroviral treatments) ○ 80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations ○ 80% services for women, including prevention services for women at increased risk to acquire HIV, as well as programmes and services for access to HIV testing, linkage to treatment (ART), adherence and retention support, reduction/elimination of violence against women, reduction/elimination of HIV related stigma and discrimination among women, legal literacy and legal services specific for women-related issues, to be delivered by community-led organizations that are women-led. ○ 60% of the programmes supporting the achievement of societal enablers, including programmes to reduce/eliminate HIV-related stigma and discrimination, advocacy to promote enabling legal environments, programmes for legal literacy and linkages to legal support, and reduction/elimination of gender-based violence, to be delivered by community-led organizations.
WHO End TB Strategy	○ The contribution of community referrals to TB case notifications ○ The treatment success rate for people who benefited from any form of community treatment support.
RBM Partnership Strategic Plan 2018-2020	○ Existence of a high-level malaria advisory or governing body that includes representation from the non-health and private sectors, as well as civil society.
Robert Carr Fund Annual Report 2020	○ Number of networks with strengthened organizational status ○ Number of networks with strengthened core staff structure ○ Number of networks showing strengthened fiscal capacity and accountability ○ Number of networks showing strengthened financial sustainability ○ Number of networks more representative of their constituencies and more democratically governed ○ Number of networks showing strengthened influence and capacity to unite and mobilize movements ○ Number of networks contributing to an improved human rights environment for at least on ○ Number of networks contributing to increased access to HIV services and programs ○ Number of networks contributing to increased quality of HIV services and programs ○ Number of networks contributing to increased and sustainable financing of HIV response including ISP programs ○ Number of networks contributing to improved HIV-related fiscal accountability
Amplify Change	○ New evidence generated and used for advocacy and policy engagement ○ % of leadership roles in network and coalitions held by members of marginalized groups ○ Improved collaboration among activists and organizations at the grassroots level and through online platforms ○ Partnerships established with non-traditional allies ○ Increased CSO participation in the policy and budgetary process ○ Inclusion of CSO recommendations in policy and budgetary decisions/ proposals/ reviews ○ Improved quality of services/ information/ products (using recognized quality standard as defined in conjunction with CSO) ○ Number, type and level of institutions implementing new mechanisms or practices to strengthen service, product and education delivery
PEPFAR MER Guide 2020	○ MER Guide: How has the Key Population Investment Fund in your Operating Unit enhanced capacity of KP-led and KP-competent local organizations to plan, deliver and optimize HIV prevention, care and treatment services to KPs?
PEPFAR Key Populations Investment Fund	○ At a minimum, 70% of USAID KPIF funds will go to KP-led and KP-competent local organizations.
PEPFAR's HIV/AIDS Sustainability Index Dashboard (SID)	○ 1.2 Participation in National Strategy Development: Did Civil society actively participated in the development of the country's national HIV/AIDS strategy? ○ 1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS activities implemented in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?

	○ 3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response? ○ 3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)? ○ 3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS? ○ 3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self-generated funds)? ○ 3.5 Civil Society Enabling Environment: Are there laws, policies, or regulations in place which permit CSOs to be funded from a government budget for HIV services through open competition (from any Ministry or Department, at any level - national, regional, or local)? ○ 6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services? (e.g. Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services) ○ 6.8 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services? (e.g. Effectively engage with civil society in program planning and evaluation of services.)
Global Fund Community Systems Strengthening Framework 2011	○ Number of community-based organizations and/or networks that have meaningfully participated in joint national program reviews or evaluations in the last 12 months ○ Number of community-led advocacy campaigns that saw a targeted policy change or can clearly document improved implementation of an existing (targeted) policy within 2 years of the start of the advocacy campaign ○ 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 ○ Number and percentage of staff members and volunteers currently working for community-based organizations that have worked for the organization for more than 1 year ○ Number and percentage of community-based organizations that have a complete and sound financial management system, which is known and understood by staff and consistently adhered to ○ Number and percentage of community-based organizations reporting no stockout of HIV, TB, Malaria or immunization essential commodities according to program implementation focus during the reporting period ○ Number and percentage of community-based organizations that deliver services for HIV, TB, malaria and immunization according to national or international accepted service delivery standards ○ Number and percentage of staff members of community-based organizations with written terms of reference and defined job duties ○ Number and percentage of community-based organizations that submit timely, complete and accurate financial and programmatic reports to the national level according to nationally or internationally recommended standards and guidelines (where such guidelines exist) ○ Number and percentage of community-based organizations with a developed strategic plan covering 2 to 5 years
Global Fund Modular Framework Handbook 2019	Coverage Indicators ○ CSS-1 Percentage of community-based monitoring reports presented to relevant oversight mechanisms ○ CSS-2 Number of community-based organizations that received a pre-defined package of training Work Plan Tracking Measures ○ National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened ○ Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed ○ Engagement and representation of communities in national fora, processes and decision-making bodies ○ National strategies (e.g. NSPs, community health strategies, prevention roadmaps, AGYW) articulating roles of communities available (including differentiated service delivery, health governance, monitoring and advocacy) ○ Capacity of community-based organizations enhanced/improved ○ Business case for sustainability of community led and based services for key and vulnerable populations developed
Custom CSS Indicators in Global Fund grants for the 2020-2022 cycle	South Africa ○ CSS-Other 1: Percentage of CSOs capacitated through the program that successfully attracted a small grant (any donor) and has begun implementation. ○ CSS-Other 2: Percentage of functioning District AIDS Councils measured according to functionality assessment, including civil society and community engagement DRC ○ CSS-1 other 1: Percentage of home visits conducted by the Community Animation Cells (CAC) Indonesia ○ CSS WPTM – Funding allocated for HIV in the domestic budget ○ CSS WPTM – Institutional capacity Strengthening conducted in Districts Intervention Jamaica ○ CSS WPTM – Specific recommendations have been drafted in relevant format for presentation to authorities ○ CSS WPTM – Final document and workplan to implement plan available and shared with stakeholders ○ CSS WPTM – Final report reflecting input from stakeholders Colombia ○ CSS WPTM – Incorporation of the SISCOSSR into the country's routine information systems. ○ CSS WPTM – Technical strengthening to CBOs, improvement of their competences as agents of actions in sexual and reproductive health and public health Madagascar ○ CSS WPTM – Ensure Community data entry Cambodia ○ CSS WPTM – Policy for community health developed consistent with that outlined in the FRA.

	○ CSS WPTM – Advocacy to Commune Councils to support community health structures (Village Health Support Groups (VHSG) and Health Centre Management Committee (HCMC). ○ CSS WPTM – Strengthen linkages between ART treatment sites and PLHIV who are lost to follow up through use of VHSGs to track clients who miss appointments at the ART site
Kenya Community Health Strategy 2020-2025	○ Community health services coverage ○ Proportion of counties in which there has been increased budgetary allocation towards community health services relative to the baseline year (2020/21) ○ Proportion of counties that have adopted the Kenya Community Health Investment Case as an advocacy tool for increased prioritization and investment in community health at county level ○ Number of coordination forums with MOH, Counties and Partners through the national Community Health Committee of Experts ○ Number of county community score card forums in which National level participate ○ Number of counties that hold quarterly community score card forums ○ Number of counties that participate community health data quality review meetings
Malawi Community Health Strategy 2017-2022	○ % of Village Health Committees (VHCs) that meet regularly ○ % of Community Health Action Groups (CHAGs) and Health Centre Advisory Committees (HCACs) that are active
Cambodia Health Strategic Plan 2016-2020	○ Number and percentage of Health Centers with functioning Health Center Management Committee
National Malaria Elimination Strategies	○ Kenya measures "Number of community-based and civil society organizations engaged to participate in malaria elimination" ○ South Africa measures "Number of community and social mobilization engagements conducted" ○ Zambia measures "Proportion of private facilities reporting to the national malaria surveillance system" (defining private health facilities to include for- and not-for-profit facilities owned by private business entities and civil society organizations). ○ Papua New Guinea measures "Percentage of people with fever in the last 2 weeks who sought treatment from recognized providers (disaggregated by type public, company, community based and private sector)."
National TB Strategic Plans	India: ○ Proportion of notified TB patients receiving social support from CBOs, NGOs, FBOs Tanzania: ○ Contribution of TB patients notified by community health workers increased from 14% to 25% by 2019 ○ Number of districts reporting community contribution on TB care increased from 62 to 169 in the country ○ Contribution of Leprosy patients notified by community health workers increased from 0% to 15% by 2019 ○ Number of districts with high burden of leprosy implementing community-based Leprosy care increased from 6 to 19 in the country by 2020. Uganda: ○ Proportion of community members knowledgeable about TB Bangladesh: ○ Number of NGO health workers trained ○ Number of community health volunteers oriented ○ Number of quarterly monitoring meetings at district level
National HIV and AIDS Strategic Plans	Pakistan ○ CSS-related Milestone: Establishment of technical support unit ○ To support capacity building for the rapid scale up of the community-based key population intervention model. It will have expertise on establishing CBOs within marginalised communities, where such organisations do not exist – this includes both community mobilisation and organisational development). ○ CSS-related Milestone: Establishment of provincial intersectoral coordination mechanism ○ Like the CCM at national level, a coordinating mechanism will be introduced at the provincial level, with membership from key stakeholders, including civil society, PLHIV, key population representatives, etc.). South Africa ○ "Percentage of South African National AIDS Council civil society sectors with implementation plans that align with the NSP and contribute to the Provincial Implementation Plans." ○ While not in the results framework, there is also a sub-objective that says: "All national and provincial AIDS Councils will include at least one representative from a key and vulnerable population group"
Southern Africa SRHR Trust Southern Africa Community Systems Strengthening Framework 2011	○ Number of communities where needs assessments done and where findings have been reported to the participating communities ○ Referral and support networks in place and fully functional ○ Number of communities where assets have been mapped and where communities understand the leveraging power of their assets ○ Number of communities that are meaningfully involved in planning and programming related to health systems ○ Monitoring system of service quality, provision and consistency in place at the local levels ○ Communities where partnerships and networks are clearly mapped and understood ○ Number of functional and meaningful partnerships between INGOs and local organizations ○ Increased number of services offered at community level ○ Evidence of community participation in and influence of health systems programs and processes ○ Number of local advocacy initiatives at local levels ○ Number and quality of organizational development processes aimed at local organizations ○ Number of local organizations trained and supported regarding resource mobilization ○ Number of functional and active small grants schemes ○ Number of donors that invest in unlocking local philanthropy as a means to help ensure sustainability

INPUTS	OUPUTS	OUTCOMES		IMPACT
		COUNTRY LEVEL	STRATEGY LEVEL	
Program resources in a way that promotes IPCQS (Objective 6.A.1.1)	Communities meaningfully engage in the design, delivery, and monitoring of health services.	**More people access quality HIV, TB, malaria, and other integrated health services at community level**, decongesting health facilities, removing barriers such as stigma and discrimination, saving time and travel costs, and improving the differentiated and tailored nature of care.	**Countries report systematically on the contribution of community service providers to global goals** on the prevention and treatment of HIV, TB, malaria, and other pathogens such as COVID-19. **(Key Performance Indicator)**	**Reduced burden of AIDS, tuberculosis and malaria** with better, equitable health for all.
Invest in increased equitable access and utilization of IPCQS (Objective 6.A.1.2)				
Invest in efforts to improve the quality of care in health facilities and in the community (Objective 6.A.1.3)				
Investments in the development of comprehensive community health strategies (Objective 6.A.2.1)	Countries have costed community health strategies in place			
Investments in institutional capacity building for community-based and-led organizations (Objective 6.A.2.4)	Community-based and-led organizations receive training and capacity building to provide services.			
Investments in enhanced community-led monitoring (Objective 6.A.2.2)	Systems are in place to collect data and monitor services at community level, and use data for decision-making to improve quality and access.			
Investments in generation and availability of quality, people-centered and disaggregated data, including community data (6.A.3.1)				
Investments in active routine data analysis and use to improve program performance and quality at local, national and global levels by stakeholders across national health, community and private systems (6.A.3.2)				
Investments in policy advocacy, reform and innovative sustainability mechanisms to enable community-led groups and networks to provide peer-led services (Objective 6.A.2.3)	Laws and policies are reformed and more community groups are able to register and implement programs, including with domestic funding.	**Community systems and responses are more resilient and sustainable,** ensuring long-lasting provision of quality HIV, TB, malaria, and other integrated health services at community level, even after the Global Fund transitions.		
Investments in building government capacity to engage and contract non-public actors (6.A.7.1)				
Investments in working with governments and community and civil society partners to identify and advance the removal of legal and policy barriers to public financing of non-public sector actors (6.A.7.2)				
Investments in assessing and revising existing Global Fund policies to better accommodate and incentivize grant financing arrangements for community-based, community-led, and indigenous civil society organizations (6.B.2.1)	More community-led organization access Global Fund resources and implement programs that are person- and community-centered.			
Investments in strengthening secretariat and PR capacity to track and report on investments made through community-led organizations (6.B.2.2)				
Scaling up investments that build the resilience of HIV, TB and malaria programs to current and future threats (7.1)	Community systems are resistant to shocks from future pandemics, and are prepared to maintain critical service delivery in the face of global health threats.			
Investments in building front-line capacity for detection and rapid response to epidemics and pandemics at facility and community levels (7.2)				
Investments in scaling up and integration of community systems capacity for detection and response (7.3)				

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