



**MAKING GLOBAL FUND GRANTS EFFECTIVE FOR ANGLOPHONE AFRICA CIVIL SOCIETY AND  
COMMUNITIES**

**TERMS OF REFERENCES**

**FEB 2020**

## 1. Background

Ending the epidemics of HIV, Tuberculosis and Malaria by 2030 is not yet fully in our grasp. After years of remarkable progress in the fight against HIV, TB and malaria, new threats have pushed us off track. Right now, we are not on trajectory to reach the Sustainable Development Goal (SDG) target of ending the epidemics by 2030. Wavering political commitment, shortfalls in funding and increasing insecticide and drug resistance have slowed progress and enabled the diseases to gain ground. The human toll is unacceptable: Nearly 1,000 adolescent girls and young women are infected with HIV every day. A child still dies every two minutes from malaria. And TB is now the world's leading killer among infectious diseases.

Following a record-breaking Replenishment in October 2019, the Global Fund for AIDS, TB and malaria (Global Fund) announced its largest-ever funding allocations for eligible countries to fight the three diseases and build systems for health over the next three years. Community systems for health is essential to achieve progress against the three diseases and to fulfil the principles of promoting human rights and gender equity. The Global Fund promotes effective community systems that underpin community-led and community-based responses, and which can complement and link with formal health systems. In Investing to End Epidemics, the Global Fund's Strategy for 2017-22, Strategic Objective 2 ('build resilient and sustainable systems for health') has a specific operational objective to strengthen community responses and systems. Meanwhile, Strategic Objectives 1, 3 and 4 ('maximize impact against HIV, TB and malaria', 'promote and protect human rights and gender equality' and 'maximize increased resources') can only be achieved through the type of high quality, scaled-up and cost-effective approaches that strong community responses and systems provide. Community-led responses are those that are managed, governed and implemented by communities themselves and community-based responses are those that are delivered in settings or locations outside of formal health facilities. A key component of Community systems is Community based monitoring systems.

The Global Fund is committed to scaling up community-based monitoring (CBM) as a means to improve the responsiveness, effectiveness and impact of grants and country disease responses. CBM can be defined as a means for service users and/or local communities to gather, analyze and use information to improve access to and quality of services; better target resources; and address human rights and gender related barriers to services. The underlying basis for the promotion and scale up of community based monitoring systems is to re-align the global epidemic response to be people centered and awaken the recognition that communities have the power to derive the response. As the Global Fund moves to translate the resources secured in the successful 2019 replenishment into grant programming that will deliver maximum impact, CBM, need to be built into the grant and financed, in order to play a critical role in identifying and effectively addressing issues and bottlenecks in reaching, connecting and retaining people along the prevention and treatment continuums for HIV, TB and malaria, through short feedback loops.

## 2. Introduction

A **community** is a group of people that share something in common<sup>1</sup>. In the context of a Global Fund funding proposal, **'communities'** refer to people who are affected and most vulnerable to HIV, TB and malaria. This includes **'key and vulnerable populations'**

Many communities around the world continue to be left behind. Community action is fundamental to expanding access to health services beyond mainstream facilities, where some groups of people still face stigma and discrimination. The Global Fund partnership recognizes that greater and equitable impact against the pandemics begins with identifying communities disproportionately affected by HIV, Tuberculosis and Malaria, and understanding their vulnerability and their needs. This can only come from dialogue and meaningful engagement of the people most affected by the diseases, at program design, prioritisation, implementation and monitoring performance levels. This is because communities know best the factors that make them vulnerable. They know how geography, education, past experience, socio-economic status and identity influence their health-seeking behaviours. CS and community groups also play a vital role in ensuring that communities access health services and as such CS and CG are vital in implementation and monitoring key areas for improvement during implementation of these grants and programs.

Communities are not just users of services as they offer valuable experience, expertise and leadership in governance, implementation and oversight over Global Fund-supported programs. Communities expand the reach and uptake of services far beyond formal health facilities and empower people to advocate for their rights while holding governments accountable. Community organizations and networks have an indispensable role to play in improving equitable access to quality services and in contributing to comprehensive health care. Community responses are diverse, dynamic and highly contextual. They have a unique ability to:

- Identify and quickly respond to people's needs and concerns
- Reach and mobilize people – including those who are most vulnerable and affected by HIV, TB and malaria
- Effectively manage, deliver and scale up treatment, care and support services
- Monitor access to appropriate services and ensure program quality
- Advocate for an enabling environment and programming to reduce human rights and gender-related barriers to accessing services

Community-based monitoring is not the same as routine program monitoring as it is a mechanism by which service users and/or local communities gather, analyse and use information on an ongoing

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1 Kathleen M. MacQueen et al. (2001): What Is Community? An Evidence-Based Definition for Participatory Public Health

basis to improve access to, quality services, and to hold service providers and decision makers to account<sup>23</sup>.

### Submission of fund request to GFATM by countries

The Global Fund makes smart, effective investments in the fight against HIV, tuberculosis and malaria through a unique, partnership-based funding model.

The Global Fund allocation model, which continuously evolves based on new needs, learning and realities, recognizes that the only way to end the three diseases as epidemics is by working together. This includes the Global Fund, governments, civil society, people affected by the diseases, technical partners, the private sector and other partners. The current funding period runs from 2020 through 2022.

In each funding period, the Global Fund allocates donor funds to eligible countries. Countries then apply for their funding after engaging in an inclusive consultation at the country level. After technical review and approval, countries implement their grants. Evaluation and oversight continues throughout implementation to monitor progress and performance. Country dialogue is an open and inclusive conversation between different groups of people who respond to and are affected by the diseases in a country. Country dialogue is ongoing, beginning before the development of a funding application and continuing through implementation of the grant. It forms the basis for determining a country's prioritized funding request.

### 3. Rationale

Limited knowledge and tools to foster community engagement especially around a common understanding of how a community based monitoring system should function and also how to integrate Community Based Monitoring Systems into the funding request are some of the key challenges faced by countries in ensuring accountability activities for CS and CG in the grants. EANNASO with the support of GIZ Back Up Health and Frontline AIDS would like to develop a tool that can be used to guide integration of CBMS. EANNASO will work with CS and communities in 5 countries where it has already ongoing projects under the CCM plus GIZ supported project to utilise some of the ongoing country processes. In West Africa, it will exchange Nigeria with Sierra Leone acknowledging that not many TB organizations have been conducting CBM and having CISMAT – a TB organization being funded through GFATM grant to implement CBM. We want to tap onto the experience and see how this experience can be used in other countries.

### 4. Project summary

#### 4.1. Overall objective

The overall objective of the project is twofold;

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<sup>2</sup> Information improves provider behaviour: A replication study of a **community-based monitoring programme in Uganda**, K Donato, A Garcia Mosqueira, The Journal of Development Studies – 2019, tandfonline.com

<sup>3</sup> Information is power: experimental evidence on the long-run impact of **community based monitoring**, M Bjorkman Nyqvist, D De Walque, J Svensson, World Bank policy research working paper – 2014, papers.ssrn.com

- a. To map out functional CBMs in at least 5 countries; analyse and document their strengths, challenges, areas of improvement and recommendations (possible countries whose CBM models can be assessed includes Sierra Leone, Uganda, Tanzania, Zambia and Malawi)
- b. Develop guidance and tools/ to support the designs and advocacy for CBM into Funding Requests and implementation of CBM and share technical assistance available for CBM implementers

#### 4.2. Key target beneficiary population

The project will target the following beneficiaries;

NACs, National TB and Malaria programs as they develop strategic and operation plans; for CCMs, their respective secretariats and consultants engaged to develop funding requests; and for civil society and community groups including PRs and SR implementing Global Fund grants, communities, beneficiaries and other end users for services and commodities procured through Global Fund grants.

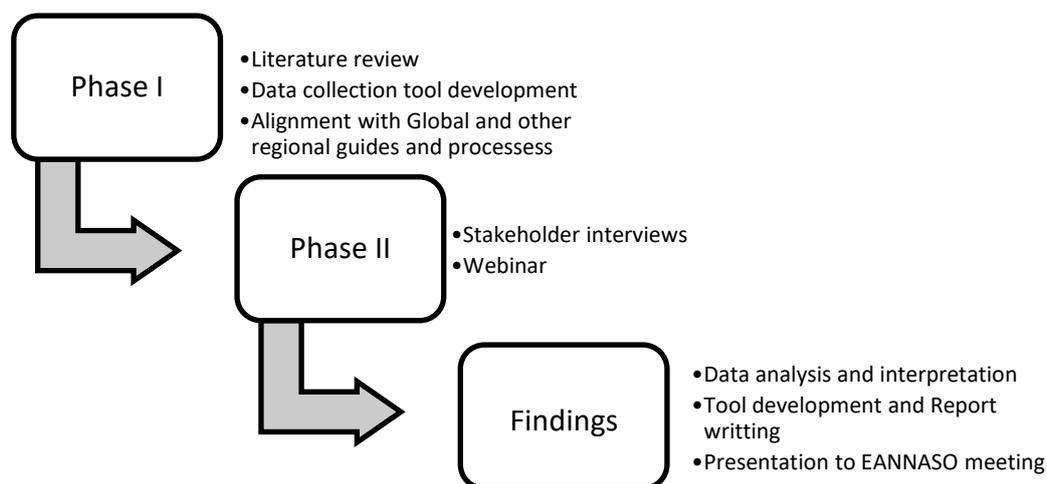
#### 4.3. Expected deliverables

The following are the expected project outcomes;

- a. A multi country case study
- b. A comprehensive CBM guide
- c. Webinars

#### 4.4. Approach and Process

To effectively implement the project and achieve the intended project objectives, the following approach and process will be used;



*Figure 1: Project approach conceptual framework*

##### a. Literature review

Through a desk review process, assemble and review of relevant literature and documentation on CBM as a concept and its actual implementation in specific countries (Sierra Leone, Uganda, Tanzania, Zambia and Malawi). This will determine what exists, how well it is functioning, gaps and recommendations.

**b. System review**

The project will also include CBM systems review, to study the current implementation of CBMs, with a special focus on the organisation working on TB, HIV and Malaria.

**c. Interviews**

Stakeholders interviews through survey monkey and phone calls with CS, CG, private sector, governments, PRs and SRs and other key stakeholders on challenges faced that act as barriers to effective implementation and as such inability for the program to absorb the budget, lack of meaning full CG engagements and bottlenecks to designing effective CS interventions.

**d. Peer review; Analysis, packaging and presentation**

Data collected through the proposed three sources will be analysed and packaged for the intended audience. The finding will be presented to CS and CG in a webinar so as to validate the guidance tool.

Using the framework above, the assignment will be divided in two phases:

**Phase I.**

- Assembly and review of relevant literature and documentation on CBM as a concept and its actual implementation in the 5 countries.
- Map out current CBM systems in identified countries.

**Phase II.**

- Stakeholders interviews on challenges faced that act as barriers to effective implementation and as such inability for the program to absorb the budget.
- Conduct an analysis on current CBM – what is working, areas of challenges and recommendations.
- Conduct a webinar to share the tool and its intentions

**Phase II.**

- Development of information package and a community guidance on Integrating CBM in GF Fund request

4.5. Activity Schedule

Phase	Main Activities	Intermediates Results
Phase I	Assembly and review of relevant literature and documentation on CBM as a concept and its actual implementation in specific countries.	Desk review/literature review report
	Map out current CBM systems in identified countries.	List of at least ¾ CBM systems in identified countries
	Develop the data collection tool, test and review	Pre-tested data collection tools

Phase II	Conduct stakeholder interviews	stakeholder interviews
	Synthesise and Analyse on current CBM experiences information collected and develop a comprehensive 12 - 15 pages study report detailing key observations i.e. gaps, strengths, trends, and areas of improvement etc	Study report packaged into MS word, and summarised into power point presentation
	Present during any meeting where EANNASO/GIZ has been invited for further input and finalisation.	Summary report into power point presentation format
Phase III	Development of Community guidance tool	Key tools developed
	Layout and print report for dissemination	Copy edited report ready for print
	Present the tool during a Webinar to share the tool	Webinar on the CBMS developed tool

#### 4.6. Minimum Requirements

- A Masters degree in a related area including Public health, Sociology, Law, Community Development etc
- More than 5 years' experience in developing tools and providing technical assistance to civil society and community groups
- 5 years' experience working with CS and CG in GFATM related programs
- Technical skills on Health Systems Strengthening and Community Systems Strengthening
- Knowledge on Community Rights and Gender issues in Anglophone Africa region.

#### 4.7. Timeframe

The assignment needs to be completed within 25days starting from 24<sup>th</sup> Feb 2020.

#### 4.8. Expression of interest

Interested and qualified firms/individuals are requested to submit their expression of interests in two formats that include 1) technical proposal detailing understanding of the assignment and the approach you will use to deliver the assignment and 2) a cost proposal detailing the cost for delivering the assignment on or before the 22<sup>nd</sup> Feb 2020. See project concept note for more information here attached.

If you think you are the right candidate for the Job, please send your expression of interest to [eannaso@eannaso.org](mailto:eannaso@eannaso.org) and copy [chagama@eannaso.org](mailto:chagama@eannaso.org) on or before the 22<sup>nd</sup> of Feb 2020.