

MODULE 1 :

# Community-Led Monitoring (CLM) for Health Programme Impact



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## 1.1

# Introduction to Community-Led Monitoring: Definition & Principles



# Introduction to Community Led Monitoring

## What is CLM?

“CLM is an accountability mechanism that uses an independently structured and planned process designed and led by equipped, trained and paid members of community-led organizations of affected communities, to systematically and routinely collect and analyze quantitative and qualitative data from health service delivery sites (i.e., community based, facility-based and beyond) and affected communities either for a specific disease component (i.e., HIV, HIV/TB, TB, malaria) or broader primary health care.”

# Principles of CLM



**Community-led, community-owned, and community-centered:** integrates intended users



**Focuses on action and accountability,** e.g. through advocacy for quality improvement and reduction of barriers



**Independent:** Not owned or implemented by government and other service providers, but complementary



**Collaborative** with communities, government, other stakeholders, and decision makers



**Routine and systematic:** data collection is continuous/ongoing



**Shows results:** has a measurable outcome

# What Is and Is Not CLM

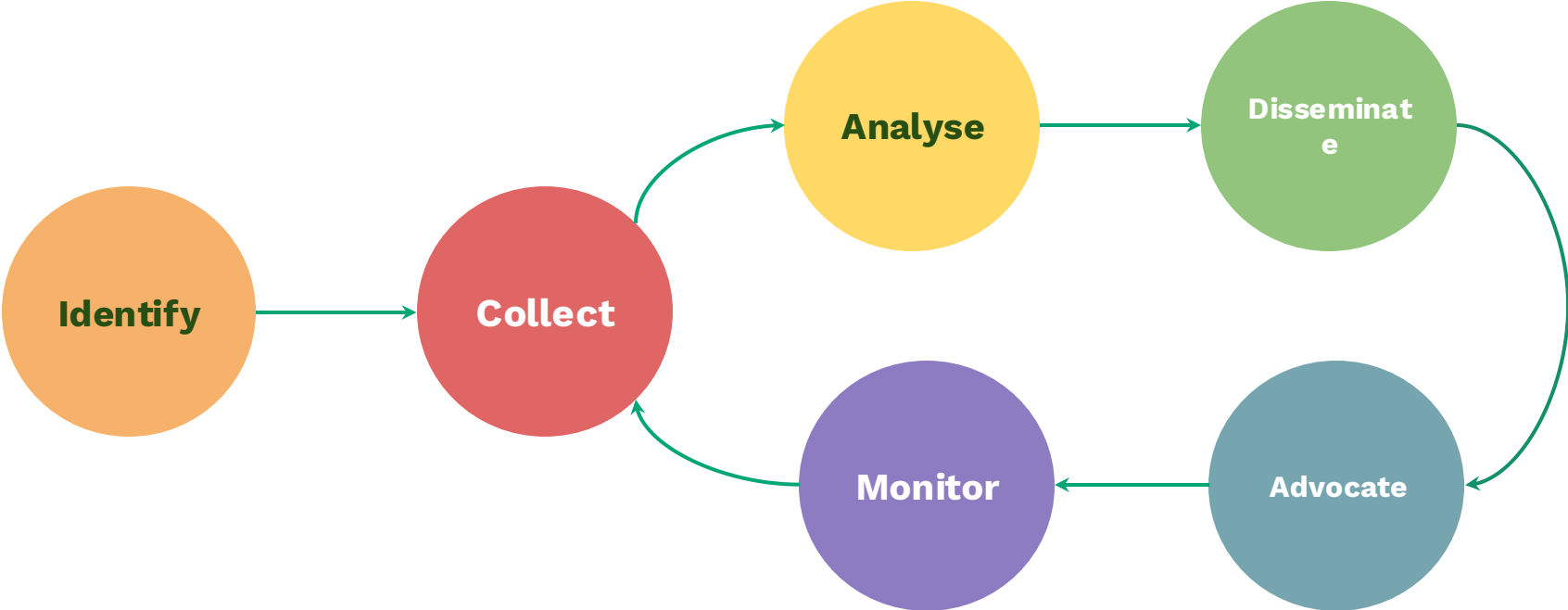
## CLM IS:

- A community-led, -owned, and -centered mechanism of obtaining service related feedback from the community and service users, of services received
- Routine collection and reporting of experiences by communities
- Implemented through trained data collectors from communities

## CLM IS NOT:

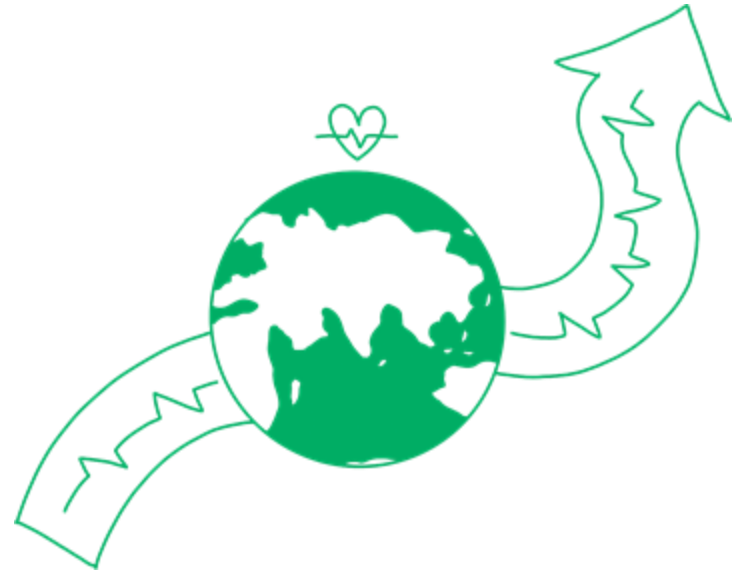
- Program M&E at community level
- A project performance assessment exercise such as baseline, mid-term, or endline evaluation.
- A deep dive research into specific issue, such as, formative research, operational research, or a study.
- Implemented by people outside the community. CLM data is collected and owned by the community

# CLM Cycle



## 1.2

# CCMs, Evolution and CLM





# What is CCM Evolution?

“The CCM Evolution Strategic Initiative enables countries to pursue avenues for better representation of society, by equipping it with skills and resources to operate efficiently, facilitate strategic oversight, meaningful engagement, and align its positioning within national health structures for sustainable health governance.” (Global Fund, 2020)

## Aims of CCM Evolution:

The initiative aims to accelerate the Global Fund's approach to improving the way it works with countries and regions.



### Strategic Oversight:

Strengthen active and strategic oversight of grants and PRs, including risk, cofinancing, health and community systems strengthening, and overseeing CSO engagement in the development of NSP and funding request.



### Positioning:

Ensure closer alignment and collaboration with existing and new national structures and platforms to increase the effectiveness of health sector investments.



### Engagement:

Ensure active, meaningful and inclusive participation of key stakeholders in the nation (government, civil society, key and vulnerable populations, private sector and development partners).



### Operations:

Strengthen the functioning of the CCM and its secretariat, including adherence to code of ethics, procedures and Ethics, Governance and Sustainability (ESG) principles.

# How Does CLM support CCM Evolution ?

01



## Oversight

CLM provides community-specific data that adds to the information from oversight and regular project M&E process

02



## Positioning

CLM can make sure that decision-makers, from community to highest national levels listen and respond to community voices

03



## Engagement

CLM as an approach can help implementers and decision-makers better engage communities, receive feedback and respond to their priorities

04



## Operations

CLM can capture and mitigate ethical issues within health sector governance, making CCMs more effective

# How Can CCMs support CLM?

<b>Prioritization and making a case for funding</b>	CCM members should make a case for and support the funding of full cycles of CLM programs.
<b>Advocacy</b>	Community and KP representatives may advocate for use of findings (including on Availability, Accessibility, Acceptability and Quality or AAAQ gaps and barriers) and recommendations from CLM initiatives, and support communities to advocate using CLM data.
<b>Meaningful engagement and Feedback to communities</b>	Ensure meaningful engagement of communities, feed back results of advocacy processes to their constituents regularly; and support them to monitor effectiveness of CLM processes.
<b>Oversight and program improvement</b>	Ensure reflection of CLM data during routine CCM meetings, oversight and decision making deliberations; CLM should be integrated as an additional information source for CCM oversight processes and could be included in national health sector reviews.

# Plenary Exercise

- Discuss progress and examples of CLM in your country.
- Have you interacted with CLM data?

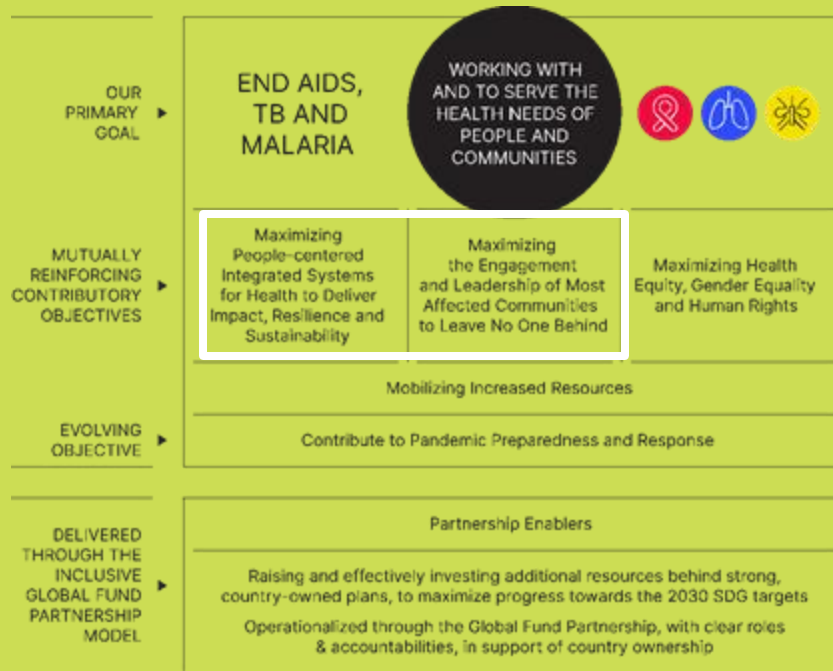


## 1.3

# CLM in the Global Fund Strategy



# The Global Fund 2023–2028 Strategy Framework



- Strategy’s primary goal is to end AIDS, TB, and Malaria.
- People and communities are at the heart of our Strategy.
- Achievement of the primary goal is supported by 4 mutually reinforcing contributory objectives and an evolving objective.
- Partnership Enablers outline roles and accountabilities of all stakeholders.

# Communities are at the center of the Global Fund Strategy



The strategy: Supports meaningful CSO engagement and contribution to CCM decisions so that programs are more responsive to service users, KPs and underrepresented populations.



Highlights the role of CLM in people-centred care, reduction of barriers to services, and engagement; encourages support for its implementation.



Guides Funding Requests and recommends CLM inclusion in grants



Seeks to strengthen service users partnerships with service providers.



Supports addressing harmful laws, policies, structural and gender barriers, promotes KP responsive programs.



Emphasizes the importance of community-led service delivery, program design and monitoring.

# How communities support Global Fund strategy using CLM



Design and Implement CLM to improve delivery, modalities and ultimately program results, strengthen oversight and accountability



Provide CLM information and support for effective implementation oversight.



Contribute to CCM's use of data for decision making throughout the grant lifecycle



Advocate as part of CLM to ensure programs including those of key, vulnerable and under-represented populations deliver the primary goal and objectives of the Global Fund's strategy.



Lead CLM implementation through data collection, analysis and use, thereby maximizing engagement and leadership of the “most affected communities” as ensuring that programs are “people-centred”.



# CLM under the GC7 Modular Framework

Examples of activities related to Availability, Accessibility, Acceptability and Quality (AAAQ) and impact of health services:

- Developing national CLM frameworks, strategies and grievance mechanisms.
- CLM of barriers to accessing services.
- Piloting new CLM mechanisms and programs for learning and refinement.
- Tools and equipment including appropriate technologies for data management and storage.
- Technical support and training: e.g., indicator selection, data collection, collation, cleaning and analysis, development or adaptation of data collection tools, using community data to inform programmatic decision-making and advocacy, informed consent, ethics approval, etc.
- Presentation and discussion of CLM data and recommendations in various governance structures, oversight mechanisms and other decision-making fora.

The GF has updated terminologies, but supports Community-Based Monitoring (CBM) where CLM is difficult (see slide notes for what was supported under CBM)

## 1.4

# CLM Applications around the world



# How has CLM been used around the world ?



To increase accountability of national programmes to communities and service users



Reduce rights violations including denial of patient rights, stigma, and discrimination



Increase communities engagement in programme quality improvement



Monitor the effect of national policies on service users, and whether policy recommendations or edicts are being respected (for example removal of user fees)



Acts as an immediate warning system for stockouts in specific locations and avoids future stockouts of health commodities



Monitor the Availability, Accessibility, Acceptability and Quality (AAAQ) of health services and products and the extent to which service users have access to them



Quickly identify and resolve challenges and barriers to access and quality

# The GF CLM AAAQ Framework: CLM Checks for:



## Availability:

The existence of services including staff, equipment and health products



## Accessibility:

- *Physical accessibility*
- *Affordability*
- *No Bureaucracy*
- *Social accessibility*
- *Information accessibility*



## Acceptability:

The acceptance of the community toward the services and the service providers



## Quality:

*Provision of services based on global standards of care and well-trained service providers.*



## Availability:

*“I have MDR TB and I do not have access to MDR-specific drugs.”*

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*“The local health center did not have molecular testing for HIV or TB, and I did not receive a referral.”*

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*“I am a migrant worker and the designated treatment center denied me an appointment.”*



## Accessibility:

*“I am not able to get tested for HIV because my health facility is far away and the route is not safe.”*

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*“I was asked to pay for a malaria rapid diagnostic test but it should be free of cost.”*

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*“I am a sex worker moving to a new district and my TB treatment center has not transferred my file.”*



## Acceptability:

*“My HIV centre is staffed by male health workers only, which makes me uncomfortable to seek care.”*

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*“I did not receive information in a language I understand.”*

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*“The service provider told my family about my HIV diagnosis without my consent.”*



## Quality:

*“It has been more than 2 weeks since I tested for TB but have not received the test results yet.”*

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*“I have a drug side affect from my HIV treatment but my service provider does not have the knowledge to manage my condition.”*

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*“Medicines are not being stored properly at my health centre.”*

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*“The nurses are rude and make me feel uncomfortable when I go to pick up my HIV medicines, because I am transgender.”*

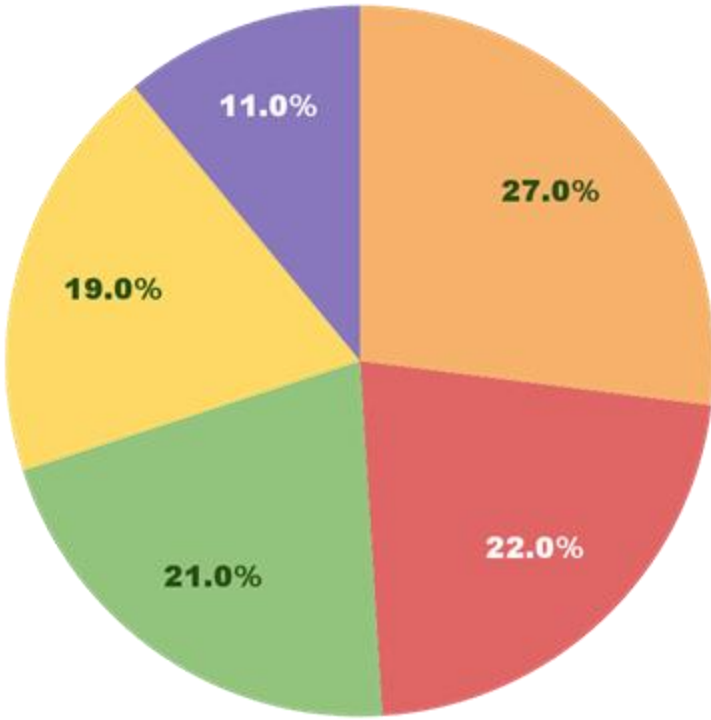
# Examples of CLM Programs

	Community /Country	Disease	Population / Users	Improvements
1	Uganda Network of Young People Living with HIV AIDS (UNYPA) / Uganda	HIV, SHRH	Young PLHIV	Young people living with HIV demanded quality services and Programs now deliver SHRH commodities in ways that increase Young People's ability to use them.
2	Eurasian Harm Reduction Association (EHRA), All-Ukrainian Association of People with Drug Addiction, Ukraine	HIV	PWUD	Service delivery has been improved with data from service users showing the actions that lead to increased satisfaction with Opioid Maintenance Therapy
3	Club des Amis Damien (CAD) / DR Congo	TB (AAAQ)	PLW TB	About 100 PLW TB reported enhancements in AAAQ of services and commodities while CAD and national TB program created teams to continually address challenges and strengthen community-government health system linkages
4	Coalition for Health Promotion and Social Development (HEPS Uganda)	Broad	Key Populations	Data from hundreds of trained community monitors is now used to improve service delivery for PLHIV from community to national level
5	Jagarin Indonesia Positif, Indonesia	HIV	Lost to follow-up (LTFU) PLHIV	Improved knowledge on why PLHIV stopped taking ARVs or dropped out of care; helped redesign program to increase retention rates
6	Regional Community Treatment Observatory in West Africa (RCTO-WA) / 11 Countries	HIV	PLHIV	CLM led to improved protocols and improved treatment outcomes in at least 80% of the countries that implemented it, for example improved viral load suppression

# More Examples of CLM Programs

	Community /Country	Disease	Population/ Users	Improvements
7	Honduras – Community malaria control program, collaborating with MOH	Malaria	Malaria endemic zones	Community members learned to conduct surveillance, identify mosquito breeding sites and promote prevention leading to early detection, treatment and reduction of malaria cases
8	Colombia – Various CSOs collaborating with MOH	Covid-19	Communities	Community engagement led to increased mask usage, social distancing, hygiene, feedback on contact tracing and increased engagement in national pandemic control efforts
9	Peru – “Communities in Action” program	HIV and TB	Local community organizations	Because of CLM, service delivery has improved, adherence to treatment and quality of have led to increased effectiveness and impact of programs
10	Brazil – Brazilian Interdisciplinary AIDS Association (ABIA)	HIV	Community members living with HIV	More people report improved quality and accessibility of HIV prevention and treatment, more needs of PLHIV met, increased reach of marginalized populations. Intensified advocacy for reduction in drug prices.
	Do you know any other examples?			

# Example of Affordability Issues reported by CAD DRC in 2019



% of Issues Reported on Affordability	
	I had to pay for transport to get to the health center
	I had to pay for an appointment
	I had to buy food in order to take my medicines when I can't afford it
	I had to pay for ancillary drugs to address my treatment side effects
	Other



# Outcomes: Actions taken after CAD Findings

- CAD and the National Tuberculosis Program (NTP) successfully developed, adapted and implemented OneImpact CLM (intervention and tool) in the pilot area
- CAD works with NTP to identify people in rural settings who cannot access health facilities to ensure they receive community or home-based care
- CAD and NTP have developed protocols for direct NTP notification of each validated case when a person w/ TB cannot access treatment or is asked to pay for TB services at a health facility; and to manage drug side effects
- On average, 100 people w/ TB involved in the baseline and end-of-project assessment reported enhancements in the availability, quality and relevance of the information they received on TB and TB services, their ability to connect with other people w/ TB, their ability to report TB challenges, and the quality of the responses they received to the challenges they raised
- CAD advocated for the inclusion of a TB stigma study in the DRC TB National Strategic Plan

# Module 1:

## Key Takeaways

### Introduction to CLM:

CLM is the independent design and implementation of accountability mechanisms led by community organizations working closely with service users, including key and vulnerable populations

### The role of CCMs on CLM:

CCMs should routinely adopt CLM as a complementary information source for oversight and community engagement, and ensure it routinely informs National Program Reviews

### The role of CCM KP and CS representatives on CLM:

KP and CS representatives sitting in or observing CCMs should support and facilitate the use of CLM data by CCMs and national programs where appropriate.

Supporting communities by ensuring CLM data reaches decision-makers and actions are fed back to communities in a timely manner.

**Discussion and Preparation for**

**Module 2**

