

Community-Led Monitoring (CLM)

CLM Strategic Initiative (SI) & CLM C19RM Investment

Opportunities for civil society in EECA

12 May 2022

CLM SI

Overview of the Community-Led Monitoring Strategic Initiative (CLM SI)* 2021-2023

Rationale as stated in the Board Decision

- **Support the uptake and use of community-led mechanisms** whereby service users and/or local communities gather and analyze data to identify gaps and bottlenecks in service delivery, barriers to access and quality in order to inform and catalyze problem solving at the local level including corrective actions to improve access to, and quality of, HIV, TB and malaria services and program performance.
- **Support innovative use of data to strengthen partnerships** between communities, health providers and decision makers for timely, data-driven, programmatic decision making and policy improvements.

Objectives

- **Improve uptake and use of CLM** by strengthening the capacity of communities to gather, analyze and use granular data on availability, accessibility, acceptability, affordability and quality of HIV, TB and malaria prevention and treatment services.
- **Strengthen integration of CLM into disease responses and national strategies**, particularly around prevention, care and treatment programs for vulnerable and key populations in HIV, TB and malaria programs, in order to improve program quality; along with increased resources invested in community systems and responses to improve program performance and equity, oversight, and accountability.
- **Generate evidence on the impact of CLM on service delivery**, collaborating with technical partners, donors and communities to capture best practice approaches, contribute to the global body of knowledge, and establish a community of practice.

GF Focal Point:

CRG

New
component



Priority Countries

Long-term TA (Q2/3 2021-2023)

Bangladesh (TB), Côte d'Ivoire (TB/HIV), Jamaica (HIV), Philippines (TB), Ukraine (TB/HIV), Greater Mekong RAI multi-country grant (Myanmar, Laos, Cambodia, Thailand, Vietnam) (malaria)

Short- to medium-term TA (Q3 2022-2023)

All GF-supported countries, excluding long-term TA countries

Link to Strategic KPIs and Programmatic Priorities

KPI 1. Performance against impact targets

KPI 2. Performance against service delivery targets

KPI 5. Service coverage for key populations

KPI 6. Strengthen systems for health

KPI 8. Gender and age equality

KPI 9. Human rights

1) Technical assistance (TA) to support grant-funded CLM interventions in a variety of contexts and disease responses.

- ✓ Tailored, **long-term (3 year) TA delivered by pre-approved TA providers in five countries and one multi-country grant 2021-2023** to strengthen the design and implementation of CLM interventions throughout the grant cycle, including monitoring and evaluation from inception to completion.
- ✓ **Short-term and medium-term TA** that is needs-based in countries (*not including long-term TA countries*) that identify issues as activities are underway; countries where a changing environment (natural disaster, disease outbreak, political changes) necessitate emergency CLM; and other developments.
 - ✓ TA supports CLM interventions in existing HIV, TB, malaria grants
 - ✓ TA REQUEST COMES FROM THE COUNTRY TEAM
 - ✓ Organization → PR → Country Team

2) Generate evidence and learning:

- ✓ Mid-term and end-term evaluation, to document practices, models and lessons learned of the implemented CLM interventions in the priority countries
- ✓ Contribute to the global evidence base by publishing special disease day issues on CLM, submitting articles for publication in peer reviewed and academic journals, disseminate learnings, tools and other resources through regional communities of practice
- ✓ Feed into the development of technical guidance and standardized tools by technical partners, donors, & others

3) Strengthen partnerships and engagement:

- ✓ Convene an annual learning platform with a group consisting of CLM implementers, service providers, technical partners, donors, other SIs and the Secretariat to ensure alignment, avoid duplication, and identify opportunities to scale-up CLM

What technical assistance activities does the CLM SI support?



Strengthening the quality of data collection, analysis and use: Improve CLM data collection models (qualitative and quantitative) including through strategy development; protocols and tool development (such as community scorecards, patient satisfaction surveys, resource and budget tracking tools); data triangulation and verification; software/digitalization; and in-person/virtual training and mentorship on data collection and analytics. In-person training could focus on strengthening the efficiency and effectiveness of implementation arrangements and strengthening technical and organizational capacity along the whole data chain; from identifying indicators to selecting sites, collection, verification, consolidation, cleaning, analysis and putting into relevant formats for usage and advocacy.



Communication and partnerships: Developing national and local level multi-sectoral partnership plans, models and communication protocols in order to ensure that communities can rapidly share their data with decision-makers who are receptive and invested in using CLM to improve health strategies and outcomes. This includes establishing bi-directional “feedback loops” to ensure data quickly reaches decision-makers who can use the data to adjust program strategy.



Advocacy strategy and implementation: Improve/establish CLM advocacy strategies to call attention to emergency as well as ongoing and long-term issues with local decision-makers, as well as governments, technical partners, communities, donors and others.



Document impact: Support communities to monitor and evaluate the effectiveness of their interventions, with a focus on demonstrating how interventions contributed to availability of data to improve responsiveness of services and programs; impact of grants and health outcomes; community engagement and mobilization; ensuring prevention, treatment and rights literacy.

THREE CLM community consortiums selected via competitive process for disease expertise, regional presence, language proficiency, etc.



Community-Led Accountability Working Group (CLAW) led by Health Gap with Treatment Action Campaign South Africa (TAC), Advocacy Core Team (ACT) of Zimbabwe, the Public Policy Office of amfAR, O'Neill Institute for National and Global Health Law at Georgetown University.



Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) with APCASO and Alliance for Public Health Ukraine.



Community Data for Change Consortium (CD4C) led by ITPC Global and MPact with AMSHeR, APCOM, Caribbean Vulnerable Communities (CVC), Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Global Coalition of TB Activists (GCTA), ITPC EECA and ITPC WCA.

- **ALL TA IS DELIVERED BY ONE OF THE THREE APPROVED PROVIDERS**
- **ORGANIZATIONS AND COUNTRY TEAMS CAN INDICATE THEIR PREFERRED TA PROVIDER**

CLM-SI Long-term TA Country Updates

Bangladesh (TB; EANNASO/APCASO/ATAC)

- Collaboration with and support by NTP and BRAC (PRs for TB grants) for TA established *[May need to be re-established with new NTP]*
- Ongoing identification of TB affected community org for CLM implementation and advocacy (TB patients group not doing advocacy, national TA association is group of TB-interested young professionals, doctors)

Cote d'Ivoire (HIV, TB; EANNASO/APCASO/ATAC)

- Ongoing coordination w/UNAIDS, PEPFAR to align CLM TA and implementation support (both at GF Secretariat and country levels) to national CLM strategy
- Initial CLM stakeholders meeting held to introduce CLM SI and TA plans; subsequent workshop held with CLM stakeholders to identify capacity needs to inform trainings to be conducted by end Q1 2022

Jamaica (HIV; ITPC Global)

- TA support during grantmaking resulted in 13% increase in budget for CLM interventions (establishment of a CTO)
- CLM community consultation held to refine TA priorities, ensure alignment w/UNAIDS, PEPFAR CLM initiatives and coordination with different CLM approaches (CTO, community scorecard, mystery shopper) *[New FPM joined the consultation and gave opening remarks]*

Philippines (TB; EANNASO/APCASO/ATAC)

- TA provider supported development of the CRG TB plan being led by the NTP – feedback on CLM activities
- Finalizing TA activities with PR PBSP to support implementation of the grant and CLM activities in the CRG TB plan (amidst DOH restructuring)

Ukraine (HIV, TB; ITPC Global)

- Ongoing coordination w/UNAIDS, PEPFAR to align CLM initiatives (REAct, OneImpact, national hotline)
- CLM community consultation planned for 3rd week of January 2022 *[PARTNERS HAVE ASKED TO DELAY IT DUE TO POLITICAL SITUATION]*

Laos & Cambodia (malaria; Asia Catalyst)

- LAOS: Following pivot from Myanmar to Laos, a CLM landscape assessment was completed; Laos-based focal point hired and a follow-on Laos gap assessment completed (focused on malaria endemic villages and community perspectives vs the landscape assessment which was more high level mapping)
- Ongoing guidance by and collaboration with the Regional Malaria CSO Platform established in 2014 to support RAI country implementers
- CAMBODIA: With CT support, the approach is to focus on Laos and take learning on CLM implementation there to Cambodia (CLM for malaria proof of concept approach)

CLM C19RM



RAPID IDENTIFICATION OF NEEDS AND CAPACITY SUPPORT

Objective 1: Improve uptake and use of CLM in countries accessing C19RM funding, by **strengthening the technical capacity of communities to gather, analyze and use granular data** on availability, accessibility, acceptability, affordability and quality of HIV, TB, malaria and COVID-19 prevention and treatment services, increasing the technical rigor of CLM models and methodologies.



INTEGRATION OF CLM INTO COVID-19 RESPONSES

Objective 2: Strengthen **integration of CLM into COVID-19 disease responses** and improved linkages to national strategies, particularly around human rights and gender-based violence, as well as improved global coordination on COVID-related community-led monitoring, in order to improve program quality; along with increased resources invested in community systems and responses to improve program performance and equity, oversight, and accountability.



EVIDENCE AND LEARNING

Objective 3: **Generate evidence on the impact of CLM on C19RM funding priorities**, collaborating with technical partners, donors and communities to capture best practice approaches, and contribute to the global body of knowledge as well as regional communities of practice.

COMPONENT 1: Short-term Technical Assistance

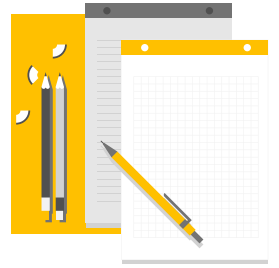
1.1 TA for countries with high disruptions to HTM programs due to C19

- From 24 priority countries; selected 8 for immediate support, and focused on 5 for Phase 1

1.2 Demand-driven TA to support CLM adaptations in C19 (in core HTM & C19RM grants)

- 85 total requests received; 35 eligible request after review; 18 prioritized requests for Phase 1, and 17 requests tentatively considered for Phase 2

- **This TA is focused on supporting gaps in existing CLM programs, and not to start a new CLM program; they should be tied to any Global Fund country grant (HTM and/or C19RM)**



COMPONENT 2: Management and Coordination

2. Developed TORs and engaged Focal Point/s for each TA consortium partner

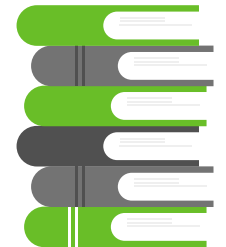
- 5 Focal Points engaged to manage and coordinate multiple TAs and ensure quality assurance
- Documentation, learning and evidence building on the impact of CLM



COMPONENT 3: CLM in C19 Resources/Tools

3. Development of prioritized CLM resources/tools in the context of C19

- A total of 10 CLM resources to contribute to a “pandemic preparedness library”



Main TA areas of support	Menu of TA activities
<p>1. Strengthen the capacity of communities to gather, analyze and use data for improved availability, accessibility, acceptability and affordability of HIV, TB and malaria services in the context of Covid-19</p>	<ul style="list-style-type: none"> ___ <i>CLM strategy development (including indicator selection, site selection, determining CLM mechanisms and structures)</i> ___ <i>CLM protocols and tool development (such as community scorecards, patient satisfaction surveys, resource and budget tracking tools)</i> ___ Data triangulation and verification exercises ___ CLM database development including software/digitalization ___ In-person/virtual training and mentorship on data collection processes, analysis, reporting ___ Data quality audits or other quality assurance processes
<p>2. Integrate CLM in national C19 responses</p>	<ul style="list-style-type: none"> ___ <i>Developing national and local level multi-sectoral partnership plans for sharing data for decision making to increase/improve services and quality</i> ___ Communication protocols including establishing bi-directional “feedback loops” to ensure data quickly reaches decision-makers who can use the data to adjust program strategy ___ Organizing evidence-sharing meetings with communities and other stakeholders ___ Participation in national and local level meetings where CLM data can be shared
<p>3. Advocacy strategy and implementation</p>	<ul style="list-style-type: none"> ___ <i>Improve/establish CLM advocacy strategies</i> ___ <i>Development of advocacy materials based on CLM data</i> ___ Organizing advocacy planning and strategy sessions to use CLM data ___ Organizing and conducting training sessions on using CLM data for advocacy
<p>4. Document impact of CLM on C19RM funding priorities</p>	<ul style="list-style-type: none"> ___ Developing written case studies on effectiveness and/or outcomes of CLM interventions for public dissemination – including abstracts for conferences, articles for journals, other materials development.

Component 1: Summary of High-disruption & Demand-driven TAs

	CD4C (ITPC Global)	CLAW (Health Gap)	EANNASO / APCASO / ATAC
1.1 High-disruption TA 1. South Africa (CLM SI team)	2. CAR	3. Lesotho (PR MOF)	4. Kenya (PR Amref) 5. Uganda (PR MOH) <i>(pending)</i>
1.2 Demand-driven TA	1. Belarus (People Plus) 2. Kenya (NEPHAK) 3. Russia (HIV Coordinating Committee) 4. Senegal (CS Monitoring & Watch Committee) 5. Egypt (Al Shehab Foundation)	6. Cameroon (RECAP+) 7. Cameroon (AFSU) 8. Liberia (LibNeP+) 9. Kenya (Ishtar)	10. Uganda (Naguru Youth Health Network) 11. Tanzania (Tanzania National Coordinating Mechanism) 12. India (NCPI+) 13. Cameroon (HEDECS) 14. Moldova (Positive Initiative) <u><i>Pending:</i></u> 15. Sierra Leone (CISMAT) 16. Sierra Leone (CARKAP) 17. Azerbaijan (Public Union) 18. Ukraine (Positive Women)

Component 3: CLM in C19 Resources/Tools

CD4C Consortium



CLM of HTM Services in the Context of COVID-19 – Community Guide to Indicator Selection for CLM



Data Quality Assurance Guide for CLM during COVID-19



CLM Data Use in Decision-making in context of COVID-19



How to monitor human rights violations in the time of COVID-19
(Pending)

CLAW Consortium



Community Evidence from CLM to Create Change



Conflict of Interest in CLM Programs



Best Practices for CLM

EANNASO/ APCASO/ ATAC Consortium



Data collection in the context of COVID-19



Compendium of CLM resources and tools



CLM for HIV Prevention



CLM for CCMs toolkit

Community Consortia as TA Providers for both the CLM SI and CLM C19RM

Utilizing the **existing CLM SI roster of community-based organizations** with technical capacity to support countries to develop and help roll-out CLM interventions for C19RM.

THREE CLM community consortia selected via competitive process for disease expertise, regional presence, language proficiency, etc.

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Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) with Asia Pacific Council on AIDS Service Organizations (APCASO) and Alliance Technical Assistance Centre (ATAC)

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Lessons to date from both the CLM SI and CLM C19RM have found the following needs from CLM stakeholders:

- Establishing CLM mechanisms/programs – CLM strategies, frameworks, mapping
- Adapting tools for specific issues that communities want to monitor
- Coordinating among CLM implementers for data sharing, use, advocacy
- Identifying and prioritizing issues from CLM data for advocacy, advocacy planning

Opportunities for TA is higher via the CLM C19RM than the CLM SI:

- CLM C19RM is designed for short-term TA vs CLM SI which is long-term TA for specific, pre-determined GF grants
- Stay tuned for new open call for TA requests (Q3 or Q4 2022) under the CLM C19RM
- CLM C19RM is developing a “library” of practical resources and tools on various issues related to designing, implementing, data use and advocacy using CLM data – review and use them once launched (webinars to be organized with the CRG regional platforms including EANNASO)
- ***USE OPPORTUNITY OF NFM4 TO WORK WITH CS REPS ON CCMs TO ADVOCATE FOR CLM INTERVENTIONS IN FUNDING REQUESTS***

THANK YOU!

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