



SHORT, ALL ORAL DR-TB REGIMEN

SESSION 6: COMMUNITY LED MONITORING (CLM)

WHAT IS CLM?

- Monitoring of services **by communities**, where they are the end-user.
- Monitoring is **routine**
- Monitoring is of **indicators that are relevant** to that community in order to improve services (quality, type of service etc.).
- Monitoring provides an evidence-informed platform for the all-too-often **missing voice** in the response to advocate for change.

WHAT IS CLM?

- CLM is a process where communities take the lead to routinely monitor **issues that matter to them**. Communities then work alongside policymakers to **co-create solutions** to the problems they have identified. When problems uncovered through CLM aren't resolved, **communities escalate with evidence-based advocacy** and campaigning until they achieve implementation of corrective actions by duty bearers
- UNAIDS definition - An accountability mechanism for HIV responses at different levels, led and implemented by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities.

CLM IS NOT

- ❌ Monitoring people by governments or any other group
- ❌ Providers carrying out monitoring projects with the recipients of care
- ❌ A parallel M & E system to the routine government monitoring and evaluation
- ❌ Communities covering data collection gaps for donor M&E
- ❌ Only data collection
- ❌ A snapshot of data to understand recipient of care experiences
- ❌ A quality improvement initiative

- Mixed method design - Qualitative and Quantitative
 - Increasingly being applied in community-led monitoring
- Mixed methods design is when a CLM implementer collects qualitative and quantitative data, analyze it, integrates the findings, and draws conclusions
- A key component of mixed methods design is the integration of the quantitative and qualitative findings/results in drawing conclusion about an issue or problem

- Qualitative data provide a detailed understanding of a problem while quantitative data provide a more general understanding. Facilitates the identification of relevant stakeholders
- Qualitative understanding arising out of studying a few individuals and exploring their perspectives in great depth whereas quantitative arises from examining a large number of people.
- Both provide different perspectives, and each has its limitations.
- A combination of both data provides a more complete understanding of the issue than either approach by itself
- Strong evidence for a conclusion
- Words and narratives will add more meaning to numbers

WHAT TO CONSIDER BEFORE PLANNING FOR MIXED METHOD

- Is there sufficient time to collect and analyze two different types of data?
- Are there sufficient resources to collect and analyze both data?
- Skills to collect both the data
- Mixed method design involves collecting more types of data and analyzing and interpreting more data
- Time and resources are important issues to consider

ITPC CONCEPTUAL MODEL OF CLM

Take targeted action to work with policymakers to fix or improve the services, systems, policies, laws or practices that underlie these problems

Discuss these findings with a wider group of stakeholders, such as a Community Consultative Group (CCG) or other existing group, to co-create solutions



Learn about the science behind the disease(s) and normative standards for optimal prevention, treatment, care and support interventions, including on COVID-19

Document community experiences accessing health services, compile that information, and identify trends and problems

- Greater recognition by the donors of the CLM
- CLM is now a funded priority
- The Global Fund - supporting effective implementation of CLM in HIV, TB, malaria, RSSH and C19RM grants.
- The PEPFAR COP Guidance recognizes the importance of engaging with communities in the development and implementation of HIV programming. Operating Units (OUs) are required to fund the development and implementation of community-led monitoring activities.
- Stop TB Partnership – CFCS Grant

WHAT DOES CLM MONITOR

Availability



- Do the required health services, medicines, commodities and supplies exist?
- If so, do they exist when they are needed and in adequate supply?

Accessibility



- Are there long travel distances or wait times?
- Are hours of operation convenient?
- Are referral processes along the care cascade smooth?

Acceptability



- Is there a high quality of care?
- Are services provided free of stigma and discrimination?
- Are the human rights of patients promoted and protected?

Affordability



- Do services require out-of-pocket spending on behalf of the client?
- Is the service delivery model(s) efficient?
- What is the sustainability of the response?

Appropriateness



- Are services tailored to the specific needs of key and vulnerable populations?
- Are age and gender considered in service packages?

Lesson learned: Challenges and Success

- Strong leadership is critical
- Invest in Communities
- Data-driven advocacy works
- The model must be embedded in the national response. Working closely with governments and other key national stakeholders
- App-based CLM: Smartphone availability?

THANK YOU!