



Thank you for joining the session. We are currently testing the Zoom functions for the call.

Nous vous remercions de votre participation à cette séance. Nous procédons à un test des fonctions Zoom.

Gracias por participar en la sesión. En estos momentos, estamos probando las funciones de Zoom para la llamada.

Спасибо, что присоединились. Перед началом сессии мы проверяем настройки Zoom.

Obrigado pela sua participação nesta sessão. Estamos no momento a testar as funções do Zoom para a chamada.

Click the "Interpretation" button and select English to listen to this webinar in English.

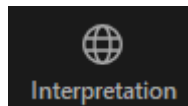
Cliquez sur le bouton "Interprétation" pour écouter ce webinaire en français.

Haga clic en el botón "Interpretación" para escuchar este seminario web en español.

Clique no botão "Interpretação" e selecione português para ouvir este webinar em português.

Нажмите на кнопку «Перевод» и выберите русский, чтобы слушать вебинар на русском языке.

واختاروا اللغة العربية للاستماع "ترجمة" اضغطوا على زر للمحتوى بالعربية.



Please ask questions in the chat.  
*(Please do not use acronyms or abbreviations)*

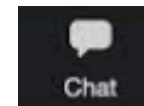
Veillez poser des questions dans le chat.  
*(Pas d'acronymes ou d'abréviations, s'il vous plaît.)*

Por favor, haga preguntas en el chat.  
*(Sin acrónimos ni abreviaturas, por favor)*

Faça perguntas no chat.  
*(Não utilize acrónimos, siglas ou abreviaturas)*

Пожалуйста, задавайте вопросы в чате.  
*(Просьба не использовать аббревиатуры и сокращения)*

المرجو طرح الأسئلة في خانة الدردشة  
(من الأحسن عدم استعمال العبارات المختزلة والاختصارات)



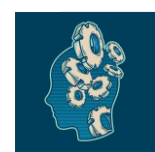
# How to improve health outcomes through Community-Led Monitoring?

**#CommunityHealth@CountryLevel Series**

28 March 2023

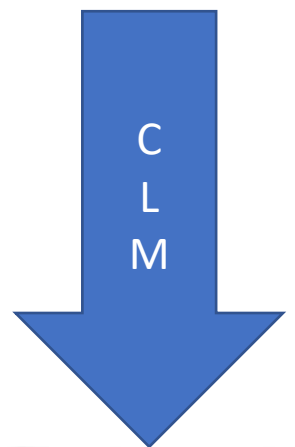


# Community-Led Monitoring (CLM): In a nutshell



**Understand**

**Communities** identify issues to monitor, collect and analyze quantitative and qualitative data on selected indicators



**Feedback**

**Communities** provide recurrent, routine and constructive feedback to public health facilities, disease program managers, health ministry



**Adjust**

**Communities**, together **with health facilities**, find solutions in real time, and strengthen the local/regional/national response by being **focused on results**



**Improve**

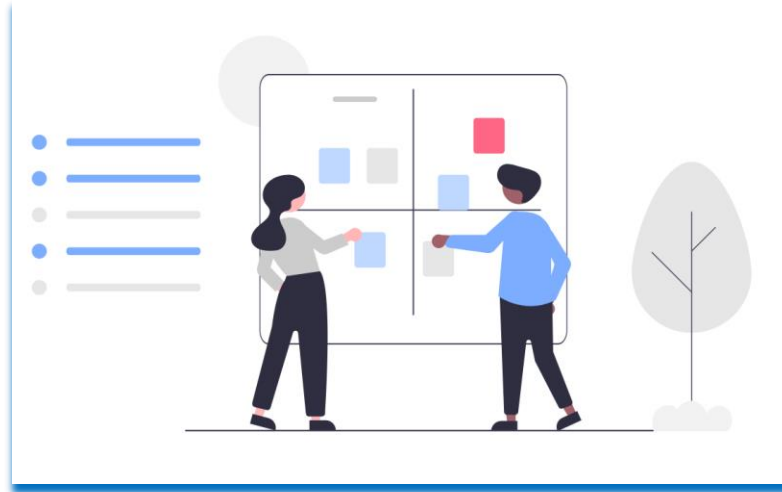
**Better health outcomes:** Availability, Acceptability, Accessibility and Quality of services for key, vulnerable and marginalized populations

# Community-Led Monitoring (CLM): Why is CLM so important for our grants?



**Added value of CLM**  
for Global Fund  
supported programs

Brings constructive solutions to the table



Data from a client perspective to boost the quality of programs by prompt targeted action

Embed and advance human rights in local, regional and national responses

Complements government quantitative data with insights into barriers that are not evident in the numbers

Sheds light on populations left behind

# Community-Led Monitoring (CLM) journey: What you can do



With the **Ministry of Health**:

- 1) Advocate for government support for CLM designed, led and implemented by community-led organizations
- 2) Support CLOs to obtain approval to monitor public health facilities, interview staff, and as appropriate, review registers



- 1) Support capacity building of community-based and led organizations to do CLM
- 2) Support CLM interventions in GC7 funding requests
- 3) Support advocacy based on CLM data

CLM  
Communities - Governments  
**win-win**



- Meet with **communities** about access and quality of services
- Coordinate with other donors and technical partners for complementarity
- Support mobile tech and digital platforms to facilitate analysis and presentation of CLM data
- Include CLM interventions and TA needs in funding requests



# Community-Led Monitoring (CLM): You are not alone in this

CLM SI: short to long term TA to improve CLM programs



C19RM CLM TA: short term TA to strengthen CLM programs and capacity of communities







**Community-led monitoring can work anywhere in the world**

[https://www.youtube.com/watch?v=rHAQGbT\\_MYI](https://www.youtube.com/watch?v=rHAQGbT_MYI)





## The issue

in 2017, **only 40%** of PLHIV in West Africa had **access to ART**. Challenges included drug stock-outs, weak health systems, human rights barriers and low quality of care.



## CLM



In February 2017, the PR (ITPC) established the Regional Community Treatment Observatory in West Africa. Eleven national networks of people living with HIV started conducting **treatment monitoring** in 103 health facilities.



## Impact (in project sites)



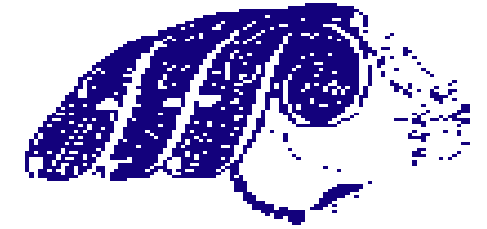
Viral load lab stock-outs reduced from 17.2% to 6.5% in 12 months

Rate of **viral load suppression** reduced from 48.4% to 77.4% in 12 months



## What was the issue?

- Patients had to pay for testing and treatment against malaria and tuberculosis in some health centres
- Stockouts of tests and medicines against HIV, tuberculosis and malaria



## What has been done? CLM implemented Jan-Dec 2022

- CLM integrated approach implemented to improve access to and availability and quality of treatment against HIV, tuberculosis, malaria and COVID in 23 health areas and 3 provinces (Maniema, Kinshasa and Kongo Central)
- Monthly health visits conducted by community-based organizations to health centers, community health centers and households to identify any potential issue in the delivery
- Information shared and advocacy to problem-solve



## What is the result?

**Stockouts in ACT has been reduced from 31% to 20% in the health centres**

### Undue payment reduced:

- From 4.1% to 0.7% for access to malaria screening
- From 2.7% to 0,7% for access to malaria treatment
- From 0,7% to 0% for access to MILD
- From 1,4% to 1% for access to tuberculosis screening



# Community-Led Monitoring (CLM) against HIV/AIDS in Nigeria



## The issues:

- **Quality of service**
- HIV Service Availability
- Stockout of medications and commodities
- Out of pocket expenses
- Stigma, discrimination and **Gender and Human Rights** issues.



## CLM in Nigeria

**Routine Monitoring** on the Quality of Care for **HIV/TB and KP related services**, to identify gaps and barriers to quality treatment services (**Quantitative and Qualitative approach** for data collection used to gather evidence for advocacy and decision making) in **235 Health Facilities** across the country, Analysis Dissemination of key findings and **Advocacy Engagement** at the end of each Quarter .

## Impact/Results:

- ARV stockout dropped from **1.2%** in Sep–Nov. 2022 to **0%** in Dec 2022– Feb 2023 Monitoring Cycle.
- Viral load lab stockouts dropped from **5.4%** in 2022 to **0.3%** in February 2023.
- Test-kits stockouts dropped from **7.3%** in 2022 to **1.3%** in February 2023.
- Stigma & Discrimination from healthcare workers dropped from **76.9%** among PLHIVs to **47.7%**, KP dropped from **16.9%** to **7.7%**.
- CLM implementation led to the development and launch of the first National CLM framework.
- Capacity building/Training for 400 Healthcare across the Country on Client Confidentiality, Stigma and Discrimination, Gender and Human rights related to PLHIVs and KPs.
- CLM provided the need for proper documentation in facilities, reawaken the support groups, improvement in confidentiality issues and Quality of services.



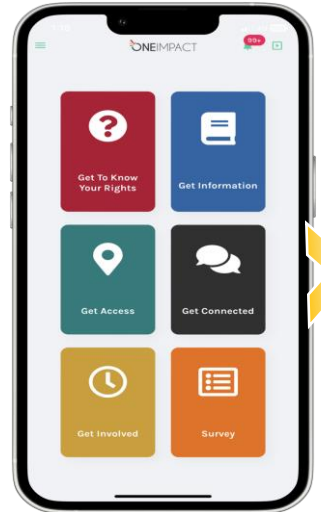
# Community-Led Monitoring (CLM): OneImpact Pilot in Alimosho LGA, Lagos, Nigeria

**It's time  
to prevent TB  
to end TB**

1 in 4 people have TB infection. People in close contact with TB patients and those living with HIV are at high risk of developing TB. TB preventive treatment can stop TB infection from turning into disease.



**The issues:** Low childhood TB case notification (**low TPT uptake**), low level of awareness on TB, low level of awareness on the rights of people affected by TB/lack of access to justice, TB stigma and human rights violation.



Available on Play Store and App Store



**First Responder/CLM implementers**

Initiating interventions and solving issues at local level

**National TB Program**

Evidence based programmatic and policy decisions

## CLM

Using OneImpact, targeted surveys were administered at point of onboarding to identify potential gaps in the TB response especially around childhood TB and TPT among priority groups. T

OneImpact also allowed to routinely collect information, monitor and respond to barriers to quality TB services e.g. stigma and human rights violations in different settings.

## Results from 10 Primary Health Care Facilities in Alimosho LGA, Lagos state Nigeria

Over 500 children of people on TB treatment were **screened and initiated on TB Preventive Therapy (over 200 of them initiated during a one-week intervention)**

Over 380,000 Nigerians were reached with information on TB, TPT & stigma via OneImpact mass media and social media campaign.

Over 600 people on TB treatment were **sensitized on their rights**. 49 **cases of human rights violation** were reported via One impact & all addressed through targeted interventions,

Over 5,000 children and their teachers sensitized and provided with contextualized TB SBCC materials





# Your country experiences on CLM

CLM is a bottom-up approach. That is why the end users at the community have been very helpful in opening up about their concerns in the service delivery point. The Network of People living with HIV in Nigeria (NEPWHAN)

The Community-Led Accountability Working Group (CLAW) has published research on Best practices of CLM. You can find it here in English: <https://oneill.law.georgetown.edu/wp-content/uploads/2022/09/CLAW-Best-Practices-in-Community-Led-Monitoring-EN.pdf>. More on CLAW: <https://healthgap.org/wp-content/uploads/2023/01/Community-Led-Accountability-Working-Group.pdf>

**In Central America** (El Salvador, Guatemala, Honduras and Panamá), a community-led monitoring has been developed in 2021 REDCA+ with PEPFAR support. See: <https://www.youtube.com/watch?v=UmtAg3rCKrU>. More info on REDCA+ CLM is available in Spanish information at <https://www.redca.org/proyecto-mlc/>

**In Nicaragua**, we work with the network of volunteers on malaria prevention and diagnosis

**In Peru**, the civil society has a digital platform called Sistema de vigilancia comunitaria [www.sivictb.com](http://www.sivictb.com). The patients use it to denounce actions in health establishments where they receive their treatment.

**In DRC**, health workers are asking for access to OneImpact. They are informed on how OneImpact works beforehand, and studies are currently being conducted to determine relevant indicators

**In Tanzania**- EGPAF, Exit Check Point Model - a QI initiative uses Community Health Workers at the facility to ensure all clients coming for HIV care services are checked to have received services as per national guidelines e.g. Viral Load test, Enhanced Adherence Session, TB Screening, Index testing and its cascade to name a few. EGPAF has this digitized using two-way SMS to collect high level data for decision making.

## **SUPPORT NEEDED**

*TA- capacity building on qualitative data analysis, visualisation and interpretation will be appreciated, as this is critical*

*We need more support in digital technology to improve CLM implementation*

More on [#CommunityHealth@CountryLevel](#) on the [Global Fund's dedicated webpage](#)

[Share your questions and country experiences](#) on community health, to continue the discussion and increase our impact.

# Thank you!

The Global Fund to Fight  
AIDS, Tuberculosis and Malaria

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