April 2024

**LFA REVIEW OF IMPLEMENTATION OF COMMUNITY-LED MONITORING**

Community-led monitoring (CLM) interventions and activities are included in grants under the RSSH/CSS module and sometimes in disease-specific grants under the Removing Human Rights and Gender-related Barriers and others. The timely and effective implementation of these CLM interventions and activities will be critical to the success of quality and effective implementation of programs through grants and contribute to Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability.

This assessment serves to determine the progress and status of implementation of budgeted CLM interventions and activities funded through Global Fund grants based on agreed workplans, implementation plans and alignment to [normative guidance](https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf). This [community toolkit](https://itpcglobal.org/wp-content/uploads/2021/12/1205_ITPC_CLM_Design_FullReport06_compressed.pdf) could be helpful in better understanding the questions in the assessment scope. Additional resources are provided in the annex section at the end of the document. The assessment aims to capture details on the operational status of implementation of four key CLM intervention areas:

1. Whether CLM is being implemented effectively with **appropriate tools and training for data collectors**; and feedback loops established between health service providers and communities.
2. Are systems in place to **collect data from clients accessing health services routinely** (monthly or at least quarterly)
3. Do communities have access to decision-making forums and committees to **share data from CLM findings and issues identified for resolution**.
4. Are there mechanisms in place to **track service improvements** once duty bearers and health service providers have been engaged on challenges related to Availability, Accessibility, Acceptability, and Quality (AAAQ) issues.

The assessment is normally performed per grant and per CLM implementer. The Global Fund Country Team is encouraged to tailor the scope of the assessment, as needed, to the areas it regards of highest added value with consultation of the CS&R team in CRG Department at the Global Fund. Once the scope and required Level of Effort/costs are agreed with the LFA, the latter is requested to complete the assessment using the below template and to submit it to the Global Fund Country Team.

* **Section 1: Grant Information - *Please complete a separate assessment for each CLM implementer funded by the grant***

|  |
| --- |
| **GRANT INFORMATION** |
| **Country** |  |
| **Principal Recipient** |  |
| **Grant name**  |  |
| **CLM Implementing organization** |  |
| **Type of CLM implementer (indicate one)*** **PR**
* **SR**
* **SSR**
* **Non-PR/SR/SSR Grantee**
 |  |
| **Date of submission of assessment to GF Country Team:** |  |

* **Section 2: CLM Implementation Assessment**

|  |
| --- |
| 1. **Contracting of CLM Implementer**

CLM programs may have one or more CLM implementer. These can be PRs, SRs, SSRs or organizations receiving grants to implement CLM interventions and activities, but are not PRs, SRs or SSRs. The contracting of the CLM implementer is important to verify prior to assessment of implementation of CLM interventions and activities.  |
|  CLM Implementation Requirements | Current Status |
| * 1. Has the grant / PR finalized contracting arrangements for the CLM implementer?
 | Indicate with an “X” the most applicable statement |
| * Fully finalized & approved
 |  |
| * Finalized, but not approved
 |  |
| * Partly finalized & not approved
 |  |
| * Not finalized & not approved
 |  |
| If not fully finalized and approved, describe the reasons, and steps and timeline for finalization. |  |
| * 1. Has the CLM implementer finalized an implementation plan for the CLM interventions and activities?
 | Indicate with an “X” the most applicable statement |
| * Fully finalized
 |  |
| * Being developed
 |  |
| * Not started
 |  |
| If not fully finalized, describe the reasons, and timeframe for completion. |  |
| * 1. Has the CLM mechanism been designed by community members?
 | Indicate with an “X” the most applicable statement |
| * Yes
 |  |
| * No
 |  |
| * If no, please describe the reasons.
 |  |
| * 1. Are any of the CLM implementers also service providers, i.e. delivering services to the same communities they are collecting data from?
 | Indicate with an “X” the most applicable statement |
| * Yes
 |  |
| * No
 |  |
| If yes, please provide details and analysis on the risk of a Conflict of Interest. [A CLM implementer should not monitor its own services using CLM as this goes against the CLM principle of “independence”. This would represent a COI.] |  |

|  |
| --- |
| 1. **CLM feedback loops for data sharing**

  |
| CLM Implementation Requirements | Current Status |
| **2.1 Is there evidence of CLM data being shared with staff at monitored health facilities?** | Indicate with an “X” the most applicable statement |
| * Yes
 |  |
| If yes, describe the evidence. |
| * No
 |  |
| If no, describe reasons for lack of evidence. |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| **2.2 How many health facilities are being monitored by the CLM implementer?**  *The CLM implementers should provide information to the LFA on which and how many health facilities they are monitoring for the LFA to verify this on a sampling basis.* |  |
| * 100+
 |  |
| * 50-99
 |  |
| * 1-49
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| **2.2.1** **What percentage of monitored health facilities are being shared CLM data?** *The CLM implementers should provide information to the LFA on how they share CLM data with health facilities and to what extent for the LFA to verify it on a sampling basis.* | Indicate with an “X” the most applicable statement |
| * 76-100%
 |  |
| * 51-75%
 |  |
| * 25-50%
 |  |
| * 0-24%
 |  |
| * n/a
 |  |
| Describe the challenges, including root causes, to sharing data with staff at monitored health facilities. |  |
| **2.3 Is there evidence of CLM data being shared with the affected community/group?**  | Indicate with an “X” the most applicable statement |
| * Yes
 |  |
| If yes, describe the evidence. |  |
| * No
 |  |
| If no, describe reasons for lack of evidence. |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |

|  |
| --- |
| 1. **Functioning data collection system**
 |
|  CLM Implementation Requirements | Current status |
| 3.1 Does the CLM implementer have a documented process for CLM data collection including roles and responsibilities for the data collection team? | Indicate with an “X” the most applicable statement |
| * Yes, clearly described
 |  |
| * Yes, but not sufficiently described
 |  |
| * In development
 |  |
| * Not started
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| Describe reasons for any delays or challenges to documenting a data collection process. |  |
| 3.2 Does the CLM implementer have data collection tools?  | Indicate with an “X” the most applicable statement |
| * Yes, all tools are finalized
 |  |
| * Some tools are finalized
 |  |
| * Tools have not yet been developed
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| Describe reasons for any delays or challenges to tools development and finalization. |  |
| 3.3 Has the CLM implementer recruited and trained data collectors?  | Indicate with an “X” the most applicable statement |
| * Yes, all data collectors have been recruited and trained
 |  |
| * Recruitment is in process, trainings being planned
 |  |
| * Recruitment in process, trainings not yet planned
 |  |
| * Recruitment has not started
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| Describe reasons for any delays or challenges to recruitment and training. |  |
| * 1. How often is data being collected from health facility staff?
 | Indicate with an “X” the most applicable statement |
| * Monthly data collection
 |  |
| * Quarterly data collection
 |  |
| * Data collected every six months
 |  |
| * Data collected once a year
 |  |
| * Data collection has not happened
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| Describe reasons for any delays or challenges to collecting data from health facility staff. |  |
| * 1. How often is data being collected from affected communities/groups?
 | Indicate with an “X” the most applicable statement |
| * Monthly data collection
 |  |
| * Quarterly data collection
 |  |
| * Data collected every six months
 |  |
| * Data collected once a year
 |  |
| * Data collection has not happened
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| Describe reasons for any delays or challenges to collecting data from affected communities/groups. |  |
| * 1. Is there evidence of data being analyzed and conclusions made about issues related to Availability, Accessibility, Acceptability and Quality (AAAQ)[[1]](#footnote-2) of services?
 | Indicate with an “X” the most applicable statement |
| * Yes
 |  |
| If yes, describe the evidence. |  |
| * No
 |  |
| If no, describe reasons for lack of evidence of data being analyzed. |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |

|  |
| --- |
| 1. **Access to decision-making forums and committees to share CLM findings and identify solutions / actions for improvements**
 |
| CLM Implementation Requirements | Current Status |
| 4.1 Are there decision-making forums / committees where the CLM implementer regularly shares and discuss CLM findings and solutions or actions are agreed to resolve service issues? | Indicate with an “X” the most applicable statement |
| * Forums / committees are accessible to share CLM findings and agree on solutions
 |  |
| * Forums / committees are accessible to share CLM findings only, but solutions are not discussed
 |  |
| List the forums / committees and at which level (i.e. community, local, district, state, regional, provincial, national). |  |
| * Forums / committees are not accessible to the CLM implementer despite efforts to engage
 |  |
| Describe reasons for inaccessibility to forums / committees. |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |

|  |
| --- |
| 1. **Mechanisms to track service improvements**
 |
| CLM Implementation Requirements | Current Status |
| 5.1 Does the CLM implementer have an agreed process to track service improvements from sharing of CLM data with health facilities and decision-making forums / committees?  | Indicate with an “X” the most applicable statement |
| * Tracking process is agreed and clearly documented
 |  |
| * Tracking process is agreed, but not sufficiently described and documented
 |  |
| * Tracking process is agreed, but not documented
 |  |
| * Tracking process is under discussion
 |  |
| * Tracking process has not been discussed yet
 |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |
| Describe the reasons for lack of an agreed, described and documented tracking process. |  |
| 5.2 How often does the CLM implementer track service improvements after solutions or actions have been agreed to by monitored health facilities and/or decision-making forums / committees?  | Indicate with an “X” the most applicable statement |
| * Weekly
 |  |
| * Monthly
 |  |
| * Quarterly
 |  |
| * 1-2 times per year
 |  |
| * Tracking not carried out
 |  |
| Describe challenges in tracking service improvements. |  |
| 5.3 Is there evidence of service improvements as a result of CLM findings?  | Indicate with an “X” the most applicable statement |
| * Yes
 |  |
| If yes, describe the evidence. |  |
| * No
 |  |
| If no, describe the reasons for lack of evidence. |  |
| * n/a [CLM implementer is not assigned this activity.]
 |  |

* **Section 3: Summary of Findings and Recommendations**

|  |  |
| --- | --- |
| **Overall Status of CLM Implementation****Based on the assessment, the grant is:**  | **LFA succinct analysis of key findings and a list of up to five key recommended actions to address rating of “partially on track” or “not on track” as well as the root causes for CLM interventions “not on track”.** |
| [ ]  On track with implementation of the CLM interventions |  |
| [ ]  Partially on track with implementation of CLM – only minor outstanding issues / actions to be completed |  |
| [ ]  Not on track - major outstanding issues / actions to be completed |  |
| If the CLM implementer is not on track, please tick one or more root causes from the list below:[ ]  Contract not finalized[ ]  Workplan not finalized[ ]  Lack of documented processes[ ]  Activities not completed according to workplan[ ]  Lack of evidence[ ]  Other root cause(s) (please describe):  |  |

**Annex 1. Implementation work plan standard good practices**

The Global Fund does not have a prescribed template for the implementation of CLM programs, but expects CLM implementers to develop workplans for assigned interventions and activities aligned with standard good practices:

1. The CLM implementer develops the workplan in consultation with key stakeholders and incorporates relevant feedback.
2. For key activities, the work plan is aligned with signed grant documents (Performance Framework, budget, Health Product Management Template (HPMT).
3. Key activities are prioritized for the achievement of the grant’s objectives.
4. Key activities are mapped out in the work plan with an adequate chronology of key steps to lead to the timely implementation of the activities.
5. For key activities, critical path / dependencies are clearly documented in the work plan with adequate buffers.
6. For key activities, the work plan reflects a consideration of risks and potential bottlenecks to implementation.
7. Considering the wider country context and capacities of key implementation stakeholders, the work plan is feasible and likely to be implemented as planned.

Annex 2. Additional technical resources on CLM

* [Best practices for CLM](https://healthgap.org/wp-content/uploads/2022/09/CLAW-Best-Practices-in-Community-Led-Monitoring-EN.pdf) (2022)
* [Community-led monitoring in action: Emerging evidence and good practice](https://www.unaids.org/sites/default/files/media_asset/JC3085E_community-led-monitoring-in-action_en.pdf) (2023)
* [CLM of programs and policies related to HIV TB and malaria](https://www.differentiatedservicedelivery.org/resources/community-led-monitoring-of-programs-and-policies-related-to-hiv-tuberculosis-and-malaria-a-guide-to-support-inclusion-of-clm-in-funding-requests-to-the-global-fund/) (2023)

1. For more information about the AAAQ framework please refer to the following resource: https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf [↑](#footnote-ref-2)