

Community-Led Monitoring for Country Coordinating Mechanisms

TRAINING GUIDE

APCASO and The Global Fund
to Fight AIDS, TB and Malaria
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This training guide and tools were developed by APCASO with support from the Global Fund's COVID-19 Response Mechanism between 2022 and 2023. During the design process, key informant interview requests were sent to 10 CCMs in Africa, Asia, and the Caribbean. Additional input was provided by APCASO, the Global Fund, and UN advisors; and feedback was received from the International Treatment Preparedness Coalition (ITPC), and the International Federation of the Red Cross (IFRC). Resource documents primarily from The Global Fund, UNAIDS, the US President's Emergency Plan for AIDS Relief (PEPFAR), ITPC, and APCASO, informed the content of the training package. Further inputs were received from regional teams and Key Population Networks including RAME, EANNASO, INPUD, TBEC and Via Libre.

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1. BACKGROUND

Who may use this guide?

This guide is developed primarily for national and regional Country Coordinating Mechanism members. In addition, it may be used as a reference document by facilitators while orienting CCM members, policymakers and representatives of Key Populations and civil society in the CCMs. It may also be used by CCM Secretariats to train Key Populations, other Civil Society representatives and new CCM members. Ideally, Civil Society and Key Population representatives could use it to lead CCM orientations.

Secondary users may include Technical Assistance providers who wish to guide programmes to understand, design, and correctly use Community-Led Monitoring (CLM) to inform CCM oversight and national strategic review processes. The Global Fund recommends that CLM be included in all Global Fund grants to maximize their impact, quality, equity, and coverage, while also responding to human rights, gender, and other barriers.

What is the purpose of this guide?

The purpose of this guide is to assist the training facilitator to build the audience's CLM knowledge, hence contributing to strengthening their capacity to effectively oversee the implementation and integration of CLM in their respective country Global Fund grants.

How this Guide is Organized

The following is a proposed module outline for the CLM Training for CCMs. It is envisaged that training will be delivered through two modules, each lasting about one and a half hours. The first module addresses four subtopics while the second addresses six topics as summarized below:

Module 1: Community-Led Monitoring (CLM) for Health Programme Impact

- 1.1 Introduction to Community-Led Monitoring: Definition & Principles.
- 1.2 CCMs, Evolution and CLM.
- 1.3 CLM in the new Global Fund strategy.
- 1.4 CLM Applications around the world.

Module 2: CLM Stages and Opportunities for use of CLM Data

- 2.1 Stages in the CLM Cycle
- 2.2 Community assessment & resources mobilization for CLM
- 2.3 Establishing the budget, work plan and collaboration mechanisms for CLM.
- 2.4 Developing a CLM Data Management System
- 2.5 Use of CLM data for advocacy and influencing improved services
- 2.6 Integrating CLM with health evaluation and decision-making processes.

Training Duration

The training and Q&A sessions are designed to last three hours. Each of the two modules is designed to be delivered within one and a half hours including discussions but may be completed faster depending on the background of the training participants.

Supporting and Other Materials

Key supporting material under this training toolkit includes:

- PowerPoint Presentations: These have already been prepared.
- Pre and Post-training questionnaires (in the annex of this document)
- Reference or reading material to support each section or session. The facilitator should select pre-reading material for participants prior to hosting the training sessions.

For online training the facilitator will need to prepare the following:

- Video conferencing platform (e.g., Zoom, Microsoft Teams, Google Meet), collaboration tools (e.g., Google Docs, Miro, Mural), and internet access.
- Online surveys such as [Mentimeter](#), [Survey Monkey](#), [Kahoot](#), or others to host the pre/post-training questionnaires and discussion questions during the training sessions.

For on-site training the facilitator will need to prepare the following:

- Flipchart paper, markers, sticky notes, and a meeting venue.
- Print out of reference materials, questions and instructions for group exercises.
- Sticky notes or flipcharts to collect information for on-site training.
- Print out of the pre/post-training questionnaires (in the annex of this document)

A pre-training questionnaire should be administered to all participants to assess their knowledge of CLM prior to the training, and post-training questionnaire has been provided to check the understanding of training participants.

Other materials may be used at the discretion of the facilitator.

Guide to conducting each session and section.

- i. Introduce yourself and the session objectives.
- ii. Request a self-introduction by participants and use the session to collect information on their level of experience on CLM and what they wish to learn.
- iii. Administer the pre-training questionnaire to participants (Annex...)
- iv. Take participants through the MS PowerPoint material.
- v. Wrap up each session as guided by the presentation, either by facilitating group discussions, when necessary, or a question-and-answer session that focuses participants attention on the “Key Takeaways” highlighted at the end of each.
- vi. At the end of the training administer the post-training questionnaire annexed to this guide to participants.)

Clarify from the onset that it is not the CCM’s responsibility to implement CLM, rather members should be knowledgeable enough to provide oversight, support and guide CLM implementation by the communities, actively support its implementation, and use generated evidence to effectively advocate for better program impact.

Guide to Facilitating Plenary and Group Exercises

Group exercises seek to encourage active participation, enhance understanding, collaboration, and knowledge sharing among participants. The exercises aim to generate ideas, insights, and solutions related to specific topics. Group and Plenary Exercises are designed not to exceed 30 minutes.

Instructions:

1. Introduction (2 minutes):
 - Introduce the topic of the group exercise.
 - Explain the purpose of the exercise and its relevance to the overall session objectives.
2. Formation of Groups (5 minutes):
 - Divide the participants into smaller groups based on the total number of participants.
 - For online training: Assign participants to breakout rooms using the video conferencing platform.
 - For on-site training: Arrange participants into smaller groups in different areas of the meeting space.

3. Instructions and Guidelines (2 minutes):

- Explain the instructions and guidelines for the exercise clearly to all participants.
- Emphasize the importance of active participation, respectful communication, and collaboration within the groups.
- Provide any specific guidelines for the use of collaboration tools or materials based on the chosen format (online or physical).

4. Group Discussion (10-15 minutes):

- Pose a specific question or topic related to the exercise to the groups.
- Encourage participants to discuss, brainstorm ideas, and share their insights and experiences.
- For online training: Assign a group facilitator or note-taker to document the group's discussion and ideas in the collaboration tool being used.
- For on-site training: Provide each group with flipchart paper and markers to capture their discussion points and ideas.

5. Presentation and Discussion (5-10 minutes):

- After the group discussion, invite a few groups to present their key findings or solutions to the larger audience. (It is not imperative that all groups present everything they discussed; you are free to sample a few)
- For online training: Ask each group to share their screen and present their ideas using the collaboration tool.
- For on-site training: Ask each group to present their flipchart papers to the larger group or assign a spokesperson to summarize their findings.

6. Reflection and Wrap-up (2 minutes):

- Facilitate a brief reflection on the exercise, allowing participants to share their thoughts and observations.
- Summarize the key insights and solutions generated from the group exercise.
- Connect the exercise to the overall session objectives and transition to the next session.

2. KEY CONTENTS AND OBJECTIVES OF EACH SESSION AND SECTION

This section of the training guide highlights the key objectives of each session in the two modules and key messages that the facilitator should seek to pass.

2.1 Module 1: Community-Led Monitoring (CLM) for Health Programme Impact

(1 and a half hour online training session)

Module 1 learning Objectives:

To promote an improved understanding of what Community-Led Monitoring is and how it contributes to CCM Oversight, health program impact and good governance.

Module 1 Pre-reading Materials

Module 1: Community-Led Monitoring (CLM) for Health Programme Impact	
Section	Important Pre-reads
1.1	Introduction to Community-Led Monitoring: Definition & Principles Global Fund RSSH Information Note, 2022. UNAIDS (2021) Establishing CLM mechanisms for HIV - Principles and Process Community-Led Monitoring Tools — PEPFAR Solutions Platform
1.2	CCMs, Evolution and CLM The Global Fund Strategic Evolution Initiative
1.3	CLM in the Global Fund Strategy The Global Fund Strategy 2023-2028 https://www.communitiesengagementhub.org/clm Global Fund Strategy 2023-2028 UNICEF 2021 AAAQ Framework APCASO CLM references

1.4	CLM Applications around the world	<p>Guide to Support Community-Led Monitoring (CLM) Data Use in Decision-Making - ITPC Global</p> <p>APCASO CLM references</p> <p>Community-Led Monitoring Tools – PEPFAR Solutions Platform</p> <p>Compendium/database of CLM resources being developed by ATAC-EANNASO-APCASO, in consultation with other TA provider consortiums; GIZ, EANNASO, Frontline, Stop TB, UNOPS</p>
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Section 1.1 Introduction to Community-Led Monitoring: Definition & Principles:

In this section, the facilitator is expected to:

- **Explain the concept of CLM and its significance to CCMs and national health programs.**
- **Discuss the guiding principles of CLM, including community leadership, independence, result orientation, collaboration, focus on action and accountability and the routine or cyclic nature of CLM.**
- **Outline key CLM objectives.**
- **Encourage discussions on how to adapt and apply CLM experiences to support the CCM's work**

Note to facilitator:

Consider using an online survey tool such as Mentimeter or Kahoot to ask what CLM is. This would measure the initial understanding of participants. There are numerous definitions of CLM across partners, programmes and countries. Common denominators are that it is community-led, performed in conjunction with communities and beneficiaries, and seeks to improve the rights of service users¹ and overall impact of health programmes. Some definitions of community-led organizations and responses may be found in the reading material.

¹ "Service Users" refers to clients, patients, and or beneficiaries of services or commodities offered by the program that is the subject of CLM.

Introduction: What is CLM?

There are numerous variations to the CLM definition. For purposes of training stakeholders within the Global Fund architecture, who include representatives of various sectors, it is important to rely on the Global Fund definition:

“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 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 systematically and routinely. (Global Fund RSSH Information Note, 2022)”

Community-led organizations, groups and networks—whether formally or informally organized—are entities for which most of the governance, leadership, staff, spokespeople, membership and volunteers reflect and represent the experiences, perspectives and voices of their constituencies, and which have transparent mechanisms of accountability to their constituencies.

Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies. They are specifically informed and implemented by and for communities and the organizations, groups and networks that represent them. Community-led monitoring is one type of community-led response. CLM is ultimately an accountability mechanism for the availability, accessibility, accountability and quality of health program responses, led and implemented by community-owned organizations of people living with and affected by diseases, networks of key populations, other affected groups or other community entities.

It is important to highlight at this stage what CLM is and what it is not:

CLM is:

- A community-owned and -led mechanism.
- 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 one-off project performance or evaluation activity.
- A deep dive research into specific topic
- Implemented by people outside the community.

Principles of CLM

Apart from facilitating an improved understanding, outlining the principles of CLM helps to differentiate it from other forms of community accountability such as community-based monitoring and community program monitoring and evaluation.

Six core principles of CLM outlined by UNAIDS, Global Fund, ITPC, PEPFAR and other partners include:

1. CLM is community-led, community-owned, and community-centered: integrates intended users.
2. CLM focuses on action and accountability.
3. CLM is an independent process: it complements government data.
4. CLM is collaborative with communities, government, other stakeholders, and decision makers.
5. CLM is continuous (ongoing), routine and systematic as opposed to a one off event.
6. CLM shows results and has a measurable outcome

Community-led, community-owned, and community-centered: CLM is specifically informed, led, implemented and used by and for HIV-affected communities. This includes special attention to those community members who are marginalized and the most underserved. Ownership of the CLM process, including decisions about dissemination and use of the data generated, remains with the community from which they were drawn. Special effort should be made to ensure representation of key and vulnerable populations, organizations and groups affected by disease in any coordinating body.

Focus on action and accountability: Collection and analysis of data are through a lens of community need, focused on removing barriers to health services, identifying solutions and holding decision-makers accountable for their action.

Owned and implemented by communities (independent): CLM is conducted independently and autonomously, without being directed by other stakeholders (e.g., the government or a donor). For example, independence is reflected in the choice of data collected, the shaping of monitoring tools, and decisions about when and with whom to share CLM data.

Collaborative: Promoting good partnerships between all those involved in the service monitoring and improvement cycle—including the Ministry of Health, local health authorities, facilities and service providers—is critical to CLM success. Bringing in the necessary technical expertise while building community capacity can ensure a strong and effective CLM process. All collaboration should be based on mutual respect for the integrity of other actors, with recognition of the unique role of each contributor in improving health.

Continuous, routine and systematic: CLM should be developed and funded in a sustainable manner to allow for ongoing data collection that can monitor trends over time.

Data collection for surveys, research, ad hoc troubleshooting, and the like are all important, and may complement CLM. But such intermittent interventions are not part of the regular and methodical data collection, advocacy and accountability that are the core of CLM.

Shows results: The intended outcome of CLM is to achieve improvements collaboratively that respond to the community's priorities and improve health outcomes. Most of the iterative and continuous approach to quality improvement and building partnerships will be at the local level. As its capacity and contribution grows, CLM can broaden the range of topics covered and enable the comparison of standardized data from different groups. Findings from CLM may eventually be collated for advocacy and funding proposals at the national level, but without compromising the community leadership.

The CLM Cycle

In most contexts, CLM cycle follows the stages demonstrated in the diagram below. Key CLM stages in the CLM cycle includes:

Identify: Assess the community's service-related needs and deficits, including available resources, context for the implementation of CLM. The aim of this step is to establish the budgetary, workplan, and collaboration foundations for CLM.

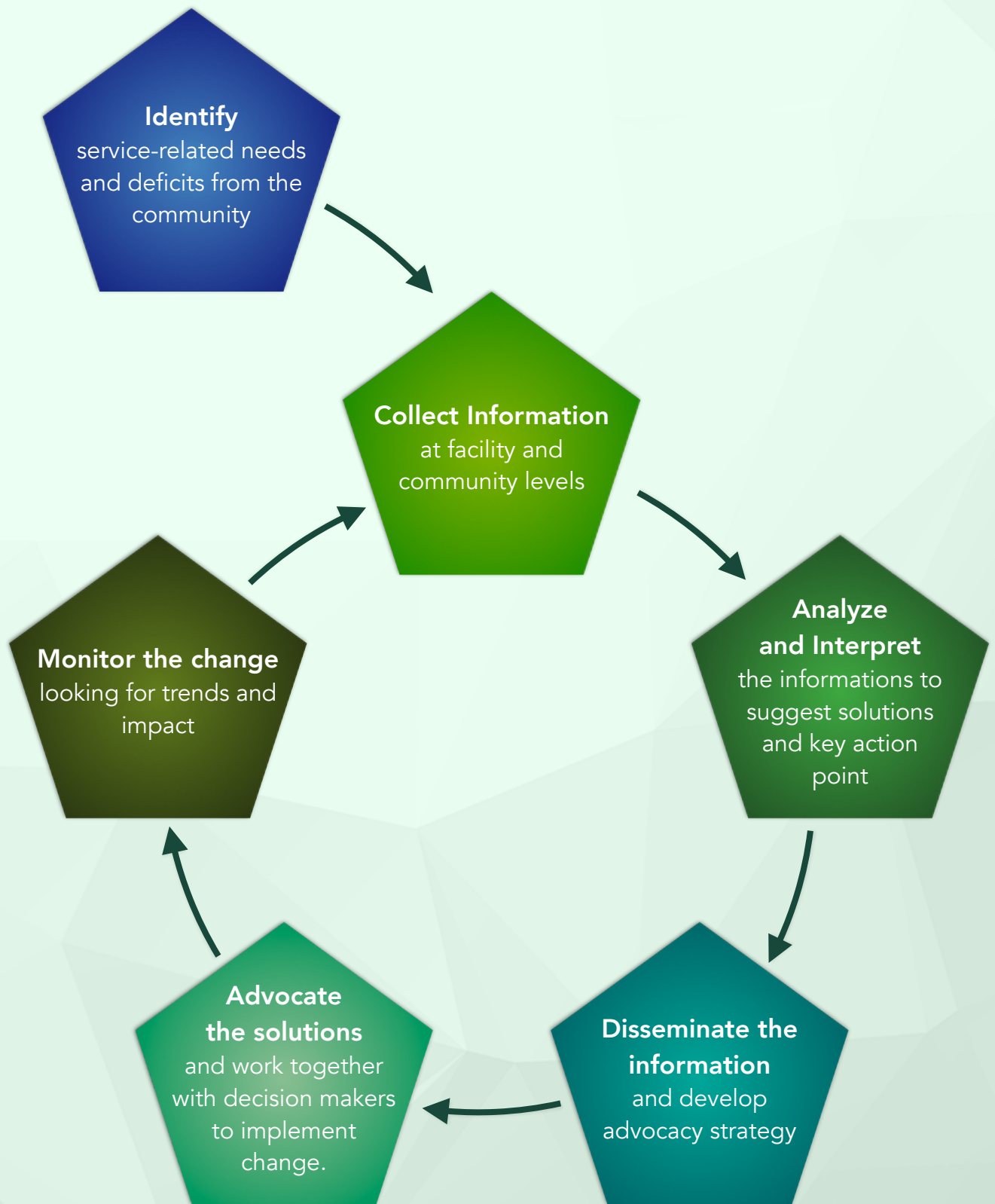
Collect: Develop a robust and routine data and information collection framework with trained data collectors at the facility and community levels.

Analyse: Routinely analyse and interpret CLM data from the community to identify solutions or key action points, including formation of advocacy strategy.

Disseminate: Inform the community regarding the data collected and the advocacy strategy formed as a result.

Advocate: Community representative uses CLM data to advocate for solutions and working together with the decision-makers to implement change. It is expected that CCMs and decision makers request CLM data for well informed decisions.

Monitor: Community will monitor change, look for trends, and assess impact of change through ongoing CLM data collection.



Section 1.2 CCMs, Evolution and CLM

In this section, the facilitator is expected to:

- **Emphasize the centrality of communities in the new Global Fund strategy 2023-2028 and the role of CLM in facilitating desired strategy outcomes.**
- **Emphasize the importance of CLM in ensuring the inclusion of communities as well as transparency, accountability and effectiveness of programmes.**
- **Encourage discussions on how to adapt and apply CLM experiences to CCMs.**

Prior to this session, it is important to go through the slides introducing the Global Fund strategy 2023-2028. This is the Global Fund's current strategic framework. Its primary goal is to end AIDS, TB and malaria. To support the attainment of this goal, the strategy is organized under four mutually reinforcing Contributory objectives and one Evolving Objective.

The Mutually Reinforcing Contributory Objectives are to:

- Maximize People-Centered Integrated Systems
- Maximize Engagement and Leadership of Most Affected communities.
- Maximize Health Equity, Gender Equality and Human Rights; and to
- Mobilize Increased Resources.

The Evolving Objective aims to leverage the Global Fund partnership's expertise and inclusive model to contribute to global Pandemic Preparedness and Response.

The Strategy also has a Partnership Enablers section that outlines the roles and accountabilities of all stakeholders in achieving the Strategy's aims. Working with and to serve the needs of people and communities is at the heart of the Strategy. This is because communities most affected by the three diseases are best positioned to guide how programs can best meet their needs and - in several cases - implement and monitor the impact of health programs, such as those for key and vulnerable populations.

According to the Modular Framework for Grant Cycle Seven, eligible Community-led Monitoring Activities include those related to strengthening accountability mechanisms implemented by local community-led organizations, to improve accessibility, acceptability, affordability, quality (AAAQ) and impact of health services. For example:

- Development of national community-led monitoring frameworks and strategies for public health facilities, private facilities and in community-based settings (e.g.,

observatories, alert systems. These may include surveys, scorecards, health policy, budget and resource tracking and/or complaint and grievance mechanisms).

- Implementation of community-led monitoring of barriers to accessing services.
- Piloting of new community-led monitoring 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 community-led monitoring data and recommendations in various governance structures, oversight mechanisms and other decision-making fora.

The Role of Communities, KPs and CCM in CLM

In this section, the facilitator is expected to:

- **Highlight the role of community engagement, and particularly that of Key Populations and civil society members of the CCM in CLM.**
- **Clarify the specific roles of civil society, community and key populations in enhancing CLM.**
- **Discuss approaches for involving key stakeholders throughout the stages of CLM.**
- **Highlight the significance of culturally sensitive and inclusive**

Communities and Civil Society play an important role in delivering the priorities of the Global Fund partnership's new Strategy. Indeed, communities are at the center of the Global Fund's new Strategy, as those most affected by the three diseases are best positioned to guide how programs can best meet their needs, and in a few cases are also best positioned to implement and monitor the impact of programs, such as those for key and vulnerable populations.

The role of communities and civil society in the delivery of the next Strategy includes:

- o Contributing to CCM decision making throughout the grant lifecycle to ensure that programs are best positioned to deliver the Strategy's priorities and meet the needs of people and communities, including those of key and vulnerable populations and under-represented populations.

- o Leading programs as implementers where communities or civil society are best positioned to meet individuals' needs – at the PR, SR, SSR and grassroots levels.
- o Highlighting the importance of community-led monitoring to strengthen oversight and accountability for results, and the importance of technical support provided by communities and civil society to guide effective program implementation.
- o Strengthening community systems and partnering with government, private and other healthcare providers to integrate services to provide people-centered care that holistically addresses individuals' health needs, including across HTM coinfections and comorbidities and related health areas such as sexual and reproductive health and rights.
- o Supporting collaboration across sectors and addressing harmful laws, policies and practices to tackle structural determinants of HTM outcomes, including human rights barriers (such as stigma and discrimination), gender-related barriers and inequities, and to promote youth- and young-KP-responsive programs.
- o Proactively building new community and civil society partnerships to deliver the Strategy, including with those representing the disability and mental health communities, as well as those integral to discussions on pandemic preparedness.

There are several resources available to help with this and in communicating the Strategy's priorities to stakeholders. For more information please see: <https://www.theglobalfund.org/en/strategy/>

Section 1.3 CLM in the Global Fund Strategy

In this section, the facilitator is expected to:

- **Provide an overview of the CCM functions and responsibilities in the context of CCM Evolution strategic initiative.**
- **Explain the four areas of responsibility of CCMs under CCM Evolution and how CLM will contribute to the desired strengthening of each area (Oversight, Engagement, Positioning, and Functioning)**
- **Encourage discussions on how CLM will ensure the attainment of each of the desired results.**

The Global Fund's CCM Policy requires CCMs to be positioned at the highest level responsible for multi-partner and multi-sectoral development planning in the country. Situating the CCM, and/or CCM functions centrally within existing health platforms where it can contribute strategically to the coordination of health programs and investments, and not just Global Fund investments.

Section 1.4 CLM Applications around the world

in this section, the facilitator is required to:

- **Share relevant case studies and success stories of CLM implementation in different countries and programs using the PowerPoint presentation and other examples.**
- **Highlight successes, best practices and lessons learned to inspire and guide CCM members.**
- **Encourage discussions on how to apply these experiences to their own CLM efforts.**

Key Takeaways from the Module 1

Wrap up the module with a Q&A on participant's perspectives on key takeaways from the module. Key takeaways from the module include:

- **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.

- Other takeaways based on participant perspectives should be encouraged.

2.2 Module 2: CLM Stages and Opportunities for Data Use

This module is designed to be able to be delivered through several sessions, the facilitator can choose to breakdown the content based on the level of understanding on CLM of the participants. However, this module is designed to last 1 and a half hours. Following are the main contents and objectives of this session and each of the sections.

Learning objectives:

- To be familiarized with the CLM cycle and recognize its various applications.
- To understand the use of CLM data in grant oversight and national health sector review processes.
- To be encouraged to use CLM data to advocate for improved services

Module 2 Pre-reading materials

Module 2: CLM Stages and Opportunities for use of CLM Data		
	Section	Important pre-reads
2.1	CLM Stages for CCM Oversight	Global Fund RSSH Information Note, 2022. UNAIDS (2021) Establishing CLM mechanisms for HIV - Principles and Process Community-Led Monitoring Tools — PEPFAR Solutions Platform
2.2	Community assessment & resources mobilization for CLM	UNAIDS (2021) Establishing CLM mechanisms for HIV - Principles and Process
2.3	Establishing the budget, work plan and collaboration mechanisms for CLM	Guide to Support Community-Led Monitoring (CLM) Data Use in Decision-Making - ITPC Global UNAIDS (2021) Establishing CLM mechanisms for HIV - Principles and Process Global Fund Community Costing Guide for GC7 (available upon request from the Global Fund, Frontline AIDS or other providers) CLM costings by ITPC for new projects or GIZ/ EANNASO for established projects - available in the guide Guide to Support Community-Led Monitoring (CLM) Data Use in Decision-Making - ITPC Global

2.4	Developing a CLM Data Management System	<p>UNAIDS (2021) Establishing CLM mechanisms for HIV - Principles and Process</p> <p>How to implement CLM - Toolkit - ITPC Global</p> <p>Guide to Support Community-Led Monitoring (CLM) Data Use in Decision-Making - ITPC Global</p>
2.5	Use of CLM data for advocacy and influencing improved services	<p>UNAIDS (2021) Establishing CLM mechanisms for HIV - Principles and Process</p> <p>Guide to Support Community-Led Monitoring (CLM) Data Use in Decision-Making - ITPC Global</p> <p>GIZ, EANNASO, Frontline, Stop TB, UNOPS, GF, UNDP</p>
2.6	Integrating CLM with health evaluation and decision-making processes	<p>https://www.communitiesengagementhub.org/clm</p> <p>Guide to Support Community-Led Monitoring (CLM) Data Use in Decision-Making - ITPC Global</p> <p>The Global Fund Strategic Evolution Initiative</p>

Section 2.1 CLM Stages for CCM Oversight

In this section, the facilitator is expected to:

- **Guide CCM members in recognizing CLM stages that meet its information needs and is tailored to the health strategy goals and epidemiological context of the country.**
- **In the case where CLM is already being implemented, this module could guide the CCM in assessing its strengths and directing implementers on gaps to fill**
- **Introduce the main recognized stages of the CLM cycle**
- **Explain the importance of defining clear indicators, data collection methods and making CLM routine**

Emphasize information about how CLM feeds the oversight function of CCMs (for example as an additional source of grassroots level information). Examples of relevant elements include but are not limited to:

- a) Do CLM initiatives meet regularly with the CCM or its committees?
- b) How often do CLM initiatives share information with CCMs/ Oversight committees to support their function?

Section 2.2 Community assessment & resources mobilization for CLM

In this section, the facilitator is expected to:

- **Identifying program beneficiary and community needs, barriers and challenges and relating them to CCM oversight and national program review processes**
- **Obtaining community buy-in**
- **Mobilizing resources early**

This section briefs participants on the activities expected to occur at this stage in the CLM cycle. Activities includes:

- Community-led the identification of priority concerns for CLM to monitor
- Presenting CLM aims and objectives to a broad range of affected communities.
- Formal or informal situation analysis, identification of main challenges and barriers to track through CLM.
- Stakeholder analysis: capacity, supporters, deterrents,
- Identification of resources and potential
- Resources mapping, including funding
- Confirmation of availability of resources

During this stage, the CCM should focus on:

- Sharing of CLM objectives, promote buy-in of approach by members and Oversight Committee.
- Support fair and transparent selection of CLM implementers
- Ensure adequate financial support for the full CLM cycle
- Members representing people living with / affected by disease and Key Populations may add to the information collected based on perennial risks

Section 2.3 Establishing the budget, work plan and collaboration mechanisms for CLM.

In this section, the facilitator is expected to:

- **Highlight key activities in the work planning stage. It is important to remind the CCM that it is not the CCM's but the communities' responsibility to establish workplans and implement CLM. Nevertheless, CCM members should understand by the end of this session that communities implement several critical activities during this stage, which require their support. Such activities include:**
 - **Identifying financial and human resources required to conduct CLM.**
 - **Validating budgets and workplans agreements for information and resource sharing between community-led groups and CCM (Oversight Committee, CS and KP constituencies), government/ service providers; flow of funds agreements; conflict of interest management planning**
 - **Coalition building, agreement on a management framework or infrastructure, developing a detailed budget and workplan and securing political and other collaborative agreements.**

Facilitator note: Consider asking this question before presenting this section:

"Besides CLM workplans and budgets, what outputs could be expected at this stage?"

How can harmonize or link the CLM work planning and budgeting relevant to the CCM's Role?"

During this stage, the CCM should focus on:

- Directing the Oversight Committee to utilize data collected as part of the CLM process. The Oversight Committee should meet with CLM coordinators, partners involved in CLM efforts, and national health sector reviewers. The purpose of these meetings is to facilitate communication and exchange feedback between the Oversight Committee and the key stakeholders involved in CLM.
- However, it's important to note that this focus on information, meetings and feedback does not imply that CCMs should have control over the community CLM

processes, data, and funds. The primary role of the Oversight Committee is to use CLM data to compliment health program information.

- The control and management of community CLM funds should remain within the purview of the community-led groups themselves. This emphasizes the principle of community empowerment and ownership in CLM initiatives, where communities have the autonomy to manage their resources and make decisions that best serve their needs.

Section 2.4 Developing a CLM Data Management System

In this section, the facilitator is expected to:

- **Highlight the importance of establishing or strengthening the data management system so that it can reliably support CLM, enrich information from CCM oversight and strengthen national health program reviews.**
- **It is also important to emphasize that CLM should be conducted in an efficient, sustainable and routine manner, and this may include identifying and training monitors who may also act as data collectors, and managers. It is important that such trained monitors be reimbursed for their work**

Facilitator note: Consider asking this question before presenting this section:

“What is the CCM’s role in developing and using the data and information sharing framework?”

The section focuses on building a competent data management system and team of community members who can collect, secure, manage and disseminate timely, accurate data; The facilitator is expected to highlight important steps in creating such a system, which include the:

- Design of CLM data management system
- Design, testing and deployment of data collection tools.
- Recruitment and training of data collectors
- Data collection outreaches/ visits by trained community members to service recipients, community service providers and health facility staff
- Data security and storage; and maintenance of confidentiality
- Data use for service monitoring, advocacy and influencing.

For it to be even more useful for CLM members, the data and information management framework should specify how and when data will flow from communities to the CCM CS and KP representatives as well as the Oversight Committee.

Section 2.5 Use of CLM data for advocacy and influencing improved services

In this section, the facilitator is expected to highlight key activities during this stage, which include the development and finalization of a plan for data collection and analysis, and actively planning for how this data will be used for advocacy. This section includes sub activities such as :

- **Routine data collection and analysis**
- **Development and validation of advocacy plan**
- **Routine and emergency data use for advocacy and influencing.**
- **Present/ share data during service/ programme improvement meetings (CCM oversight; regular health sector reviews)**
- **Agreement on corrective actions and implementers**

Facilitator notes: Consider beginning the slide presentation with this question: "Q. How can data gathered by CLM contribute to oversight committee recommendations and to CCM decisions?"

The facilitator should emphasize that CLM advocacy is evidence informed and is used for collaborative decision-making whose overall purpose should be to improve program impact through CCM oversight, improve beneficiaries' quality of life through improvement for example through improvement of availability, accessibility, acceptability, and quality of services. The facilitator should promote a brief discussion on other ways in which CLM data can be used, tailored to the country context.

Section 2.6 Integrating CLM with health evaluation and decision-making processes

In this section, the facilitator is expected to:

- **Using evidence and lessons from CLM, integrating communities better into programme delivery, for example through the 95-95-95 implementation cascades**
- **Using community generated evidence to influence policy changes in real time, or during perioding health committee meetings at national and local levels.**
- **Transparently integrating CLM data into public health review, evaluation and decision-making processes**
- **Any other activities that may be tailored to the country context.**

Facilitator notes:

Emphasize information about how CLM feeds the oversight function of CCMs (for example as an additional source of grassroots level information).

Examples of relevant elements include but are not limited to:

- 1) Do CLM initiatives meet regularly with the CCM or its committees?**
- 2) How often do CLM initiatives share information with CCMs/ Oversight committees to support their function?**

During this stage, the CCM should focus on:

- Integration of CCM data into the programme design and review process by the Oversight committee; Regular follow-ups with the CLM initiatives by the CCM Executive Committee (Chair, Vice-Chair and committee leads) In between the CCM meetings, ,to ensure CLM data is made available and utilised.

Discussion on CLM Integration by the CCM and other Decision Makers:

This session should be used as an opportunity to plan for integration of CLM as an alternative data source by the CCM. CLM indicators being dynamic and not static, it requires agility on the part of CLMs to make space for, accept and utilize data on often-changing community priorities.

For this session you may refer to either the slides on Stages of the CLM Cycle (Section 1.1), How CLM supports CCM Evolution (Strengthening of each of the four areas of responsibility (Section 1.2), the reading material or simply brainstorm.

Keep in mind the limits to the CCM's role highlighted in the modules and consider providing pointers on how CLM data may be used to promote discussion.

- How the CCM will support the CLM process
- If and how the CCM can make a case for the funding of full cycles of CLM programs
- How the Oversight Committee, community and key population representatives will advocate for use of findings and recommendations from CLM initiatives.
- How data from the CLM process will be routinely integrated into the CCM Oversight process, including recognition of this data, how it will be presented routinely at oversight committee and CCM meetings,
- How the CCM and or its organs will integrate CLM as an alternative and routine data source in the Oversight Plan,
- What the CCM will do with this data
- How CCM will include or handle this information on key CLM issues in oversight site visits,
- Where appropriate and necessary, making space for CLM in dashboards.
- CCMs may also discuss how community and KP representatives will feed back to communities on decisions and actions taken by the CCMs.

Please take about 10-15 minutes to brainstorm with the CCM how the CLM data will be used.

For other general reference on CLM data collection and use by decision-makers, please refer to the following document: [Guide to Support Community-Led Monitoring \(CLM\) Data Use in Decision-Making - ITPC Global](#)

Key Takeaways from Module 2

CLM can be integrated or harmonized with the CCM's work during the following stages of CLM implementation: Identification, work planning, information system planning, sharing and advocacy; and integration into national health review and oversight systems. The below diagram highlights stages at which CLM data may complement other information sources during the CCM's work.



Administration of a Post-Training Questionnaire:

A post-training questionnaire should be administered to all participants to assess their knowledge of CLM following the training. The questionnaire is annexed to this training guide.

ANNEXES:

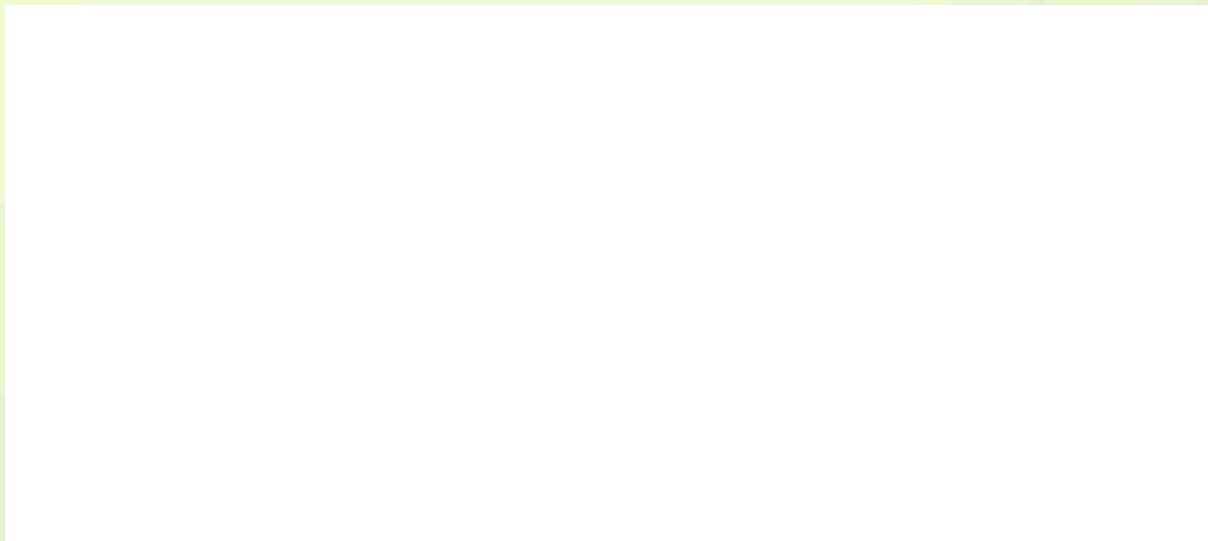
CLM Pre and Post-Training Questionnaire

CLM PRE TRAINING QUESTIONNAIRE

This questionnaire aims to measure your current understanding of the concepts and principles of Community-Led Monitoring (CLM). By answering the following questions before the training, you will be able to identify which areas to focus your reading and questions. Furthermore, the results of this questionnaire will enable training moderators to refine key learning objectives. This is not a test and will not be used for the purpose of scoring.

The following questions correspond to the content in Module 1

1. In your own words, describe Community-Led Monitoring



Answer: This open-ended question allows for the participant to describe in their own words what CLM means. Here, we are looking for key concepts such as community-led, data, monitoring.

This same question can be asked again at the end of the training. The goal is for each participant to clearly describe the concepts of CLM in their own context.

2. On a scale of 1-10 [1-lowest; 10-highest]. What is your current level of understanding of the meaning of CLM? (circle):

1	2	3	4	4	6	7	8	9	10
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Answer: Self-rated

3. In your role as a CCM member or constituency, what do you think is the relevance of CLM ?

Answer: This open-ended question allows the facilitator to gauge the participant's understanding of their role as CCM member, and of the CLM concept

4. Which of the following documents describes CLM as important to programme performance:

- A. Global Fund Strategy 2023-2028
- B. Global Fund New Funding Model Community Systems Strengthening Guidance Note
- C. Partner CLM Guidance Documents (GIZ, UNAIDS, PEPFAR, STOP TB and other partners.)
- D. All the above
- E. None of the above

Answer: D

5. Which of the following areas of responsibility for Country Coordinating Mechanisms cannot be improved by CLM?

- A. Strategic Oversight
- B. Stakeholder Engagement
- C. CCM operations
- D. CCM Positioning
- E. None of the Above

Answer: E

6. True or False (circle):

“CLM can provide and validate negative or positive feedback to programme managers faster than the national Monitoring and Evaluation or Health Information System.”

Answer: True

7. Which of the following aspects of programmes cannot be improved through CLM? :

- A. Accessibility
- B. Acceptability
- C. Availability
- D. Quality
- E. Respect for Human Rights
- F. Impact of health programs and services
- G. None of the above

Answer: G

8. True or False (circle):

“Government or Global Fund M&E programs that have community participation or community-specific indicators are classified as CLM.”

Answer: False, CLM is community-led, community-owned, and community centered. CLM is also separated but complimentary to the project/program M&E framework and performance assessment exercises.

The following questions correspond to the content in Module 2:

9. True or False (circle):

“CLM is the collecting and reporting of community-based service delivery program data by community-led organizations.”

Answer: False, CLM is not program data routinely reported to the government or donors.

10. Which of the following does not represent a stage during the design of CLM programmes

- A. Identifying sites and designing the community-led monitoring mechanism.
- B. Develop data collection tools and orient the community.
- C. Seek the necessary government approvals to conduct community research and validate data.
- D. Raising funds and developing work plans.

Answer: C, CLM is community-own and community-led, there is no need to seek approvals from the government to conduct CLM activities.

11. Which of the following does not represent a stage during the design of CLM programmes

Development of an integrated national strategic plan for CLM
Regional and international coordination
Equipment and Tool development
Travel and Transportation
Community data validation meetings
DHIS 2 community monthly data validation
Technical support
Advocacy meetings with communities and government
Focus groups
National Committees
Project materials
CLM Meetings To Sensitize Stakeholders
Office Expenses

Answer: DHIS 2 community monthly data validation, since DHIS 2 is not a community owned and -led initiative.

COMMUNITY LED MONITORING: POST TRAINING QUESTIONNAIRE

The following questions correspond to the content in Module 1

1. Which of the following is NOT a principle of Community-Led Monitoring ?

- A. Community-led and community-owned
- B. Focus on action and accountability
- C. Independent / Community owned and implemented
- D. Government validated data.
- E. Collaborative with communities, government, and other stakeholders
- F. Routine and systematic
- G. Shows results

Answer: D

2. True or False (circle):

“Promoting partnerships between the community and others involved in service provision including the facilities, Ministry of Health, local health authorities, and others is critical to the success of Community-Led Monitoring.”

Answer: True

3. True or False (circle):

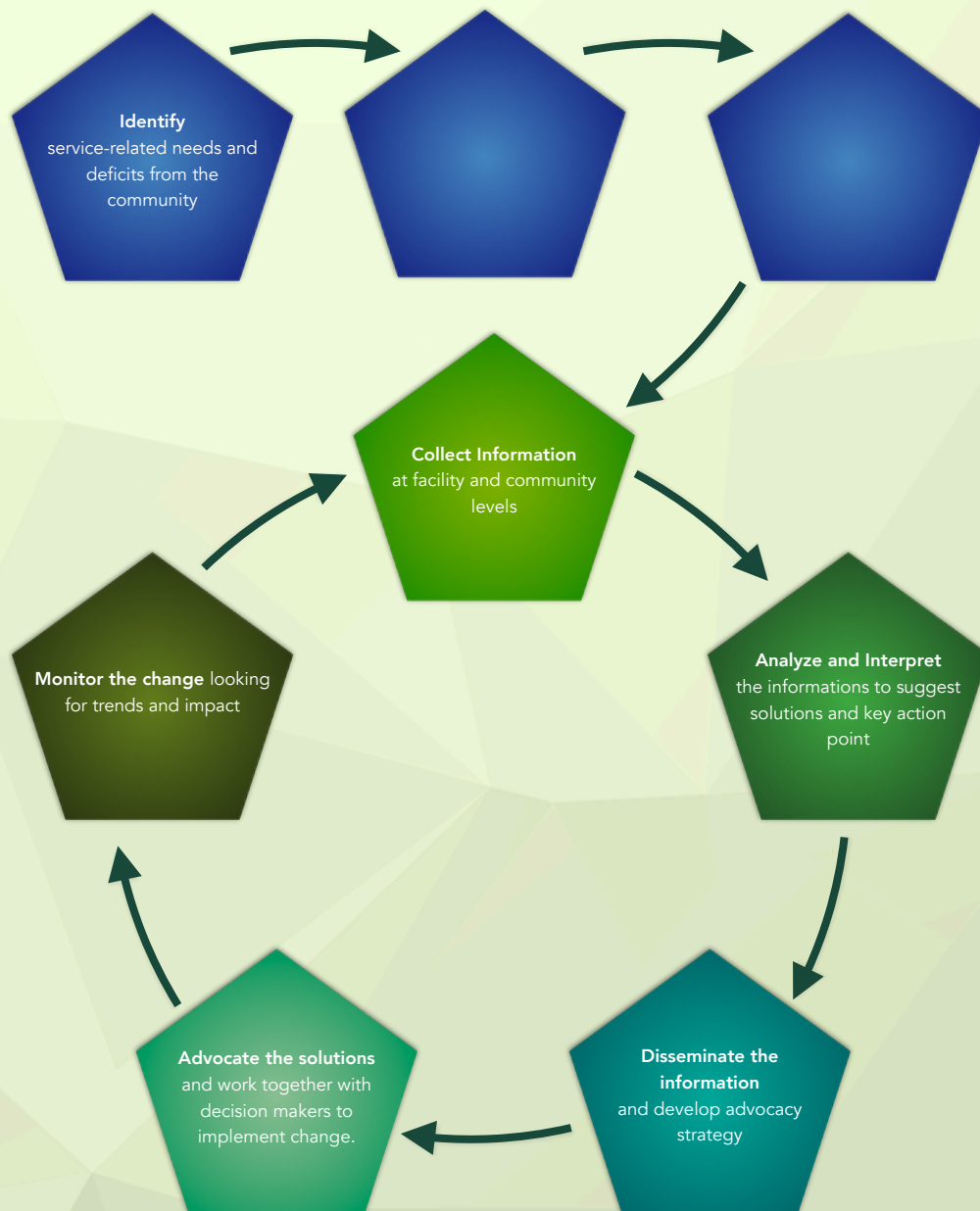
“Given its critical role in improving health programme outcomes as displayed in the Global Fund strategy 2023-2028, Community Rights and Gender / CSS interventions, such as Community Led Monitoring are now encouraged in GC7 Funding Requests.”

Answer: True

4. In recent times, stakeholders have noticed that CLM adds the following elements that are missing from Monitoring and Evaluation of many health programs. Which of them is NOT TRUE:

- A. CLM adds the user's perspective, especially in challenging circumstances.
- B. Encourages collaboration between service providers, service users and other authorities.
- C. Develops the skills of intended beneficiaries and their communities.
- D. Uses the experiences of service users to improve health programs.
- E. None of the above

Answer: E



5. Imagine that you have been requested to assist communities to design a community-led monitoring mechanism. Examine the diagram indicating CLM phases. Indicate what could be missing from the two BLUE bubbles above:

- A. Identifying sites and designing the community-led monitoring mechanism.
- B. Develop data collection tools and orient the community.
- C. Seek the necessary government approvals to conduct community research and validate data.
- D. Raising funds and developing work plans.
- E. Assess community capacity and obtain "Buy in."

Answer: D and E

6. Imagine that you are responsible for developing a CLM budget for your community:

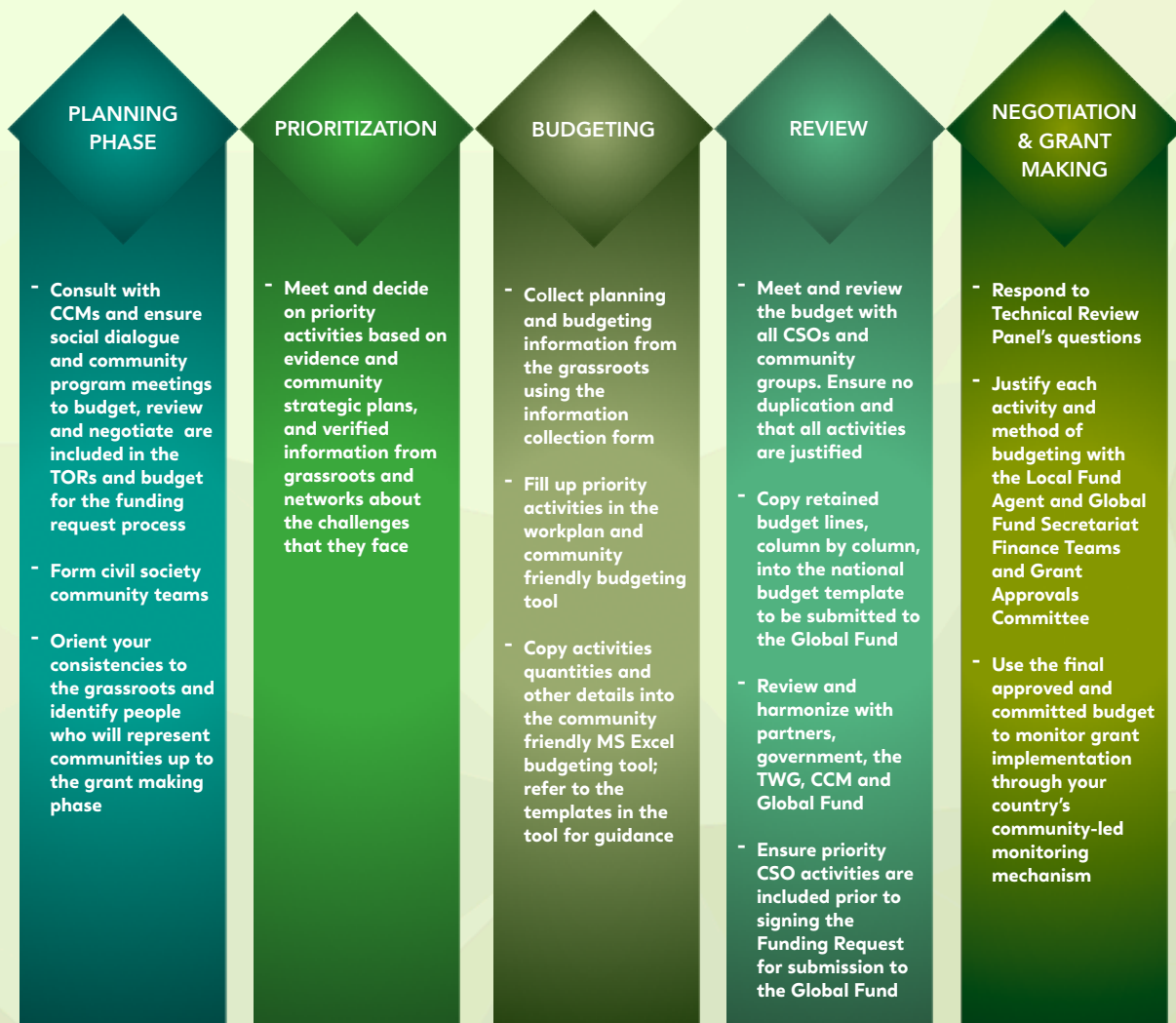
From the below table, indicate five budget lines that you would prioritize from the below table, and one that you would not include. Please justify your choices:

Training
Human Resources
Development of an integrated national strategic plan for CLM
Regional and international coordination
Equipment and Tool development
Travel and Transportation
Community data validation meetings
Technical support
Advocacy meetings with communities and government
Focus groups
National Committees
Project materials
CLM Meetings To Sensitize Stakeholders
Office Expenses

7. Now imagine that you are responsible for developing a CLM budget for integrating 10 different community-led monitoring projects in your country. From the table, indicate 5 budget lines that you would prioritize, and one that you would NOT include.

Answer: Regional and International Coordination might not be necessary.

8. Carefully review the below diagram indicating phases for integration of CLM and community costing into Funding Requests to the Global Fund during GC7



During which critical phase would you budget and fundraise for inclusion of civil society constituency CLM leaders to attend review meetings with government, Local Fund Agents, other communities, and the Global Fund?

- A. Budgeting/costing phase
- B. Prioritization phase
- C. Planning phase
- D. Negotiation and Grantmaking phase
- E. Review phase

Answer: C

9. When designing a CLM mechanism, which of the following is NOT considered part of developing a robust data and information framework with trained monitors?

- A. Identifying issues affecting communities
- B. Designing and testing data collection tools
- C. Recruiting and training CLM monitors
- D. Confirming funding needs and fundraising
- E. Learning how data will be used by providers to improve services.

Answer: D

10. Which of the following represents the role of the CCM, with regards to CLM?

- A. CCMs should routinely adopt CLM as a complementary information source for oversight.
- B. CCMs should routinely adopt CLM community engagement,
- C. CCM should encourage government constituency to adopt CLM as part of Program Reviews
- D. All the above
- E. None of the above

Answer: D

11. Which of the following DOES NOT represent the role of the CCM Key Population (KP) and Civil Society (CS) Representatives with regards to CLM?

- A. Advocate for implementation of CLM
- B. Strengthening and review CLM mechanisms

- C. Ensure that CLM data reaches decision-makers quickly.
- D. Censor sensitive information that does not require confidentiality.
- E. Feedback decisions to communities

Answer: D

12. Imagine that you are a manager of a health program and have received an SMS this morning indicating that 10% of communities in rural areas are reporting stockouts of essential commodities and Key Populations within three cities are being stigmatized in 15 facilities.



Describe in 100 words or less, the next steps you would take to advocate and have the issues reviewed and addressed rapidly:

Answer: Rate more highly answers that relate advocacy to the other stages of the CLM Cycle and show participants' complete understanding of what they would do in relation to each stage.



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Advancing human rights.