Community-led Monitoring in Country Proposals for the Global Fund 2023–2025 Funding Cycle (NFM4)

WHAT IS COMMUNITY-LED MONITORING?

Community-led monitoring (CLM), in the context of the HIV response, is a routine, ongoing cycle of collecting data on community-designed indicators about HIV care and treatment, and associated healthcare centers. It allows care recipients to collect and "own" their localized data, identify real-time gaps, generate actionable evidence, and advocate to improve all aspects of HIV-related health services.

CLM provides insights about the state of a local or national HIV (and associated health) response, thereby assisting program/facility managers and policy makers to improve availability, accessibility, acceptability, affordability, appropriateness, and quality (AAAAAQ) of the services (Figure 1).

WHAT DO COMMUNITIES MONITOR?

Communities collect and analyze data on *availability, accessibility, acceptability, affordability* and *appropriateness* of HIV care and services
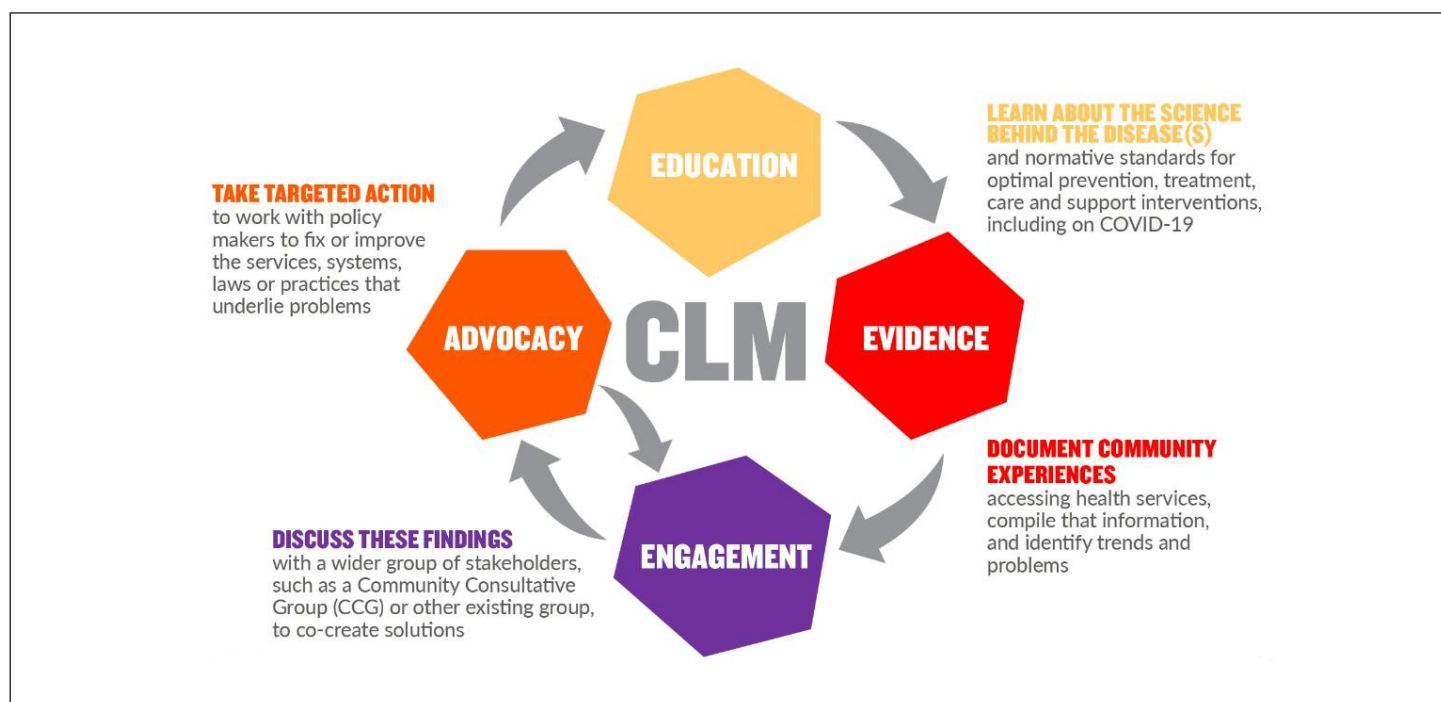
Availability	Accessibility	Acceptability	Affordability	Appropriateness
• Are the required health services, medicines, commodities and supplies available? • If so, are they available when they are needed and in adequate supply?	• Are there long travel distances or wait times? • Are hours of operation convenient? • Are referral processes along the care cascade smooth?	• Is there a high quality of care? • Are services provided free of stigma and discrimination? • Are the human rights of care recipients promoted and protected?	• Do services require out-of-pocket spending on behalf of the care recipient? • Is the service delivery model(s) efficient? • What is the sustainability of the response?	• Are services tailored to the specific needs of key and vulnerable populations? • Are age and gender considered in service packages?

Figure 1: The AAAAAQ framework forms the basis of how communities plan what they will monitor through a CLM framework.

ITPC's Community-led Monitoring Model

Figure 2: Cycle of CLM

Source: International Treatment Preparedness Coalition (ITPC)

CLM broadly involves four key steps in a cycle: education, evidence, engagement, and advocacy (Figure 2). These key areas enable care recipients to:

i) Learn about HIV and understand global and national standards of care for services, such as HIV prevention and treatment

ii) Document their experiences in accessing HIV healthcare services against these standards

iii) Engage a wider range of stakeholders to highlight issues with care delivery and co-create solutions

iv) Take targeted action to improve the quality of services and policies to support program quality

WHY IS CLM IMPORTANT?

CLM can gather unique evidence and perspectives from people who are accessing HIV-related healthcare services. By understanding these insights, local or national health systems can improve the quality of facilities and care provided, while moving towards providing more person-centered healthcare services. In addition, CLM can identify gaps in funding, poor health policies, human rights violations and gender-related issues, and opportunities to improve service quality that might otherwise be missed by

providers and policy makers. It also can empower communities of key populations to engage in dialogue with providers about intended health outcomes and barriers to services, and ensure accountability of service providers, program managers, and policy makers.

HOW CAN COUNTRIES ALLOCATE GLOBAL FUND RESOURCES TO SUPPORT CLM PROGRAMS?

In its modular framework, the Global Fund has invited countries to include CLM as a part of their funding proposals for NFM4 (beginning in 2023). Country proposals can include CLM within the Resilient and Sustainable Systems for Health (RSSH) framework, and also in proposals specific to the three diseases of HIV, tuberculosis, and malaria. A range of activities to develop and implement a CLM mechanism could be proposed in the request for funding. Some examples that are eligible for inclusion in NFM4 applications include:

i) Technical support and training on CLM, including for indicator selection and data collection, management, and analysis

ii) Development or adaptation of CLM data collection tools and monitoring frameworks

iii) Piloting new CLM mechanisms, learning, refinement, and implementation

iv) Equipment, including appropriate hardware, software, and related subscriptions, and internet costs for data collection, management, and storage

v) Presentation and discussion of CLM monitoring data and recommendations across governance structures, oversight mechanisms, and other decision-making fora

A detailed scope and description of intervention packages, including an illustrative list of activities, are on pages 12 to 16 of the modular framework. CLM activities also can be budgeted in the specific HIV, tuberculosis, and malaria country proposals, and can be referred to in the modular framework.
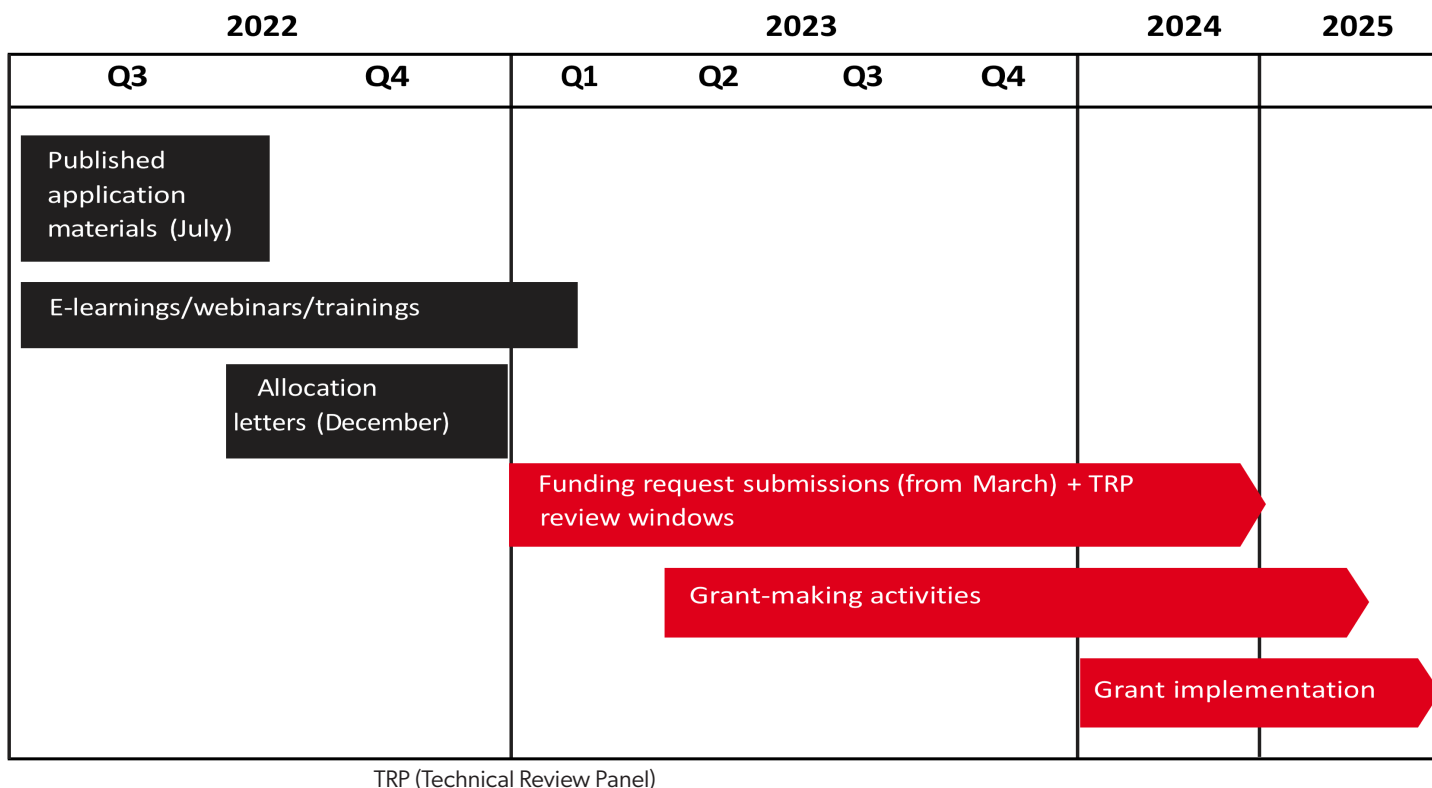
WHAT NEEDS TO HAPPEN AT THE NATIONAL LEVEL TO MAKE SURE CLM IS INCLUDED AS PART OF COUNTRY PROPOSALS

In the coming months, several activities will be conducted to prepare for country proposals, mainly led by Country Coordinating Mechanisms (CCMs) and Regional Coordinating Mechanisms (RCMs). **The CCM will organize consultations and dialogues** to identify funding priorities before developing the country proposal. It also can review national strategic plans and organize dialogues about the design, implementation, evaluation, and funding of community-based and community-led interventions, including CLM.

Any funding proposals to the Global Fund are required to report on these dialogues, consultations, and reviews through a formal annex. **This annex**, which is a new requirement in the 2023–2025 funding cycle, **represents the priorities of civil society and communities**, and will be submitted along with the country application. It is critical that civil society networks and communities highlight CLM as a priority.

The CCM also will appoint **writing teams** that will develop the country funding proposals. They will use specific forms for both RSSH and HIV, tuberculosis, and malaria-specific funding proposals. Civil society organizations and communities can ask for contact details of the writing teams and provide them with detailed information about the need to include CLM, proposed approaches, costs, and intended outcomes.

Figure 3: Key Stages in the 2023–2025 Allocation Cycle

Source: The Global Fund

WHAT ARE TIMELINES FOR INCLUDING CLM IN THE COUNTRY PROPOSALS?

The Global Fund has already published application materials, information notes, and technical briefs to support the development of country funding proposals.

By December 2022, CCMs and RCMs will be informed of country allocations, proposed splits by disease areas, and timelines for submitting proposals. During 2023 and 2024, CCMs and RCMs will develop, and then submit, proposals to the Global Fund for review by the Global Fund Technical Review Panel (TRP) and subsequent approvals by the Grant Approvals Committee (GAC) prior to grant making and starting implementation (Figure 3). The Global Fund has published expected timelines, also known as windows, for submission of proposals and TRP reviews. **The first timeline, or window, is on 20 March 2023**. You also can check with your CCM representatives to understand on which timeline or window your country proposal will be submitted.

WHAT SHOULD KEY POPULATION ORGANIZATIONS AND CIVIL SOCIETY GROUPS DO TO INCLUDE CLM IN PROPOSALS?

It is important that key population organizations and civil society groups collectively organize themselves to strategize steps to concretize CLM development and implementation as part of Global Fund support. Key points that can be considered include the following:

i)   Through a lead organization, initiate coordination activities and solicit interest among national key population organizations and civil society groups to develop and implement CLM.

ii) Understand the national HIV context for developing a CLM framework, agree on common and broad program areas that could be monitored.

iii) Request assistance from UNAIDS country offices and from the Community, Rights & Gender department at the Global Fund for both technical and financial support for in-country mobilizing efforts.

iv) Develop a clear CLM approach, costings, and intended outcomes.

   a.   Specify interest and provide justification to the CCM as to why CLM should be included in the country proposal.

   b.   Ensure that CLM is included as a priority in the civil society and community annex of the country proposal.

v)   Set up meetings with CCM members and communicate to them the need to include CLM in the country proposal.

vi) Set up meetings with community representatives in the CCM to help them understand and advocate for inclusion of CLM in the country proposal.

vii) Participate effectively in preparatory consultations and dialogues organized by the CCM.

   a.   Generate common sign-on communications (e.g., emails, letters) to the CCM Chair and members advocating for inclusion of CLM as a part of the country proposal.

viii) Collect contact details of the country writing teams and share the CLM approach, costings, and intended outcomes with them.

ix) Request the opportunity to review the draft submissions and **budgets** from the CCM **before the final country proposal is submitted** to the Global Fund. Reviewing the documents is essential for determining whether or not CLM-related priorities have been included in the final submission. Specifically, verify that CLM priorities are captured in the narrative and allocated clear funding amounts in the country budgets.

x)   Request subsequent meetings with the CCM to advocate for CLM priorities if the draft submissions do not meet your expectations.

OTHER RESOURCES

Important CLM-related documents and references can be accessed at https://itpcglobal.org/blog/resource/clm-funding/ and http://clm.itpcglobal.org/.

An example of a dashboard on how CLM activities related to HIV services are developed and monitored can be accessed at http://data.ritshidze.org.za/.