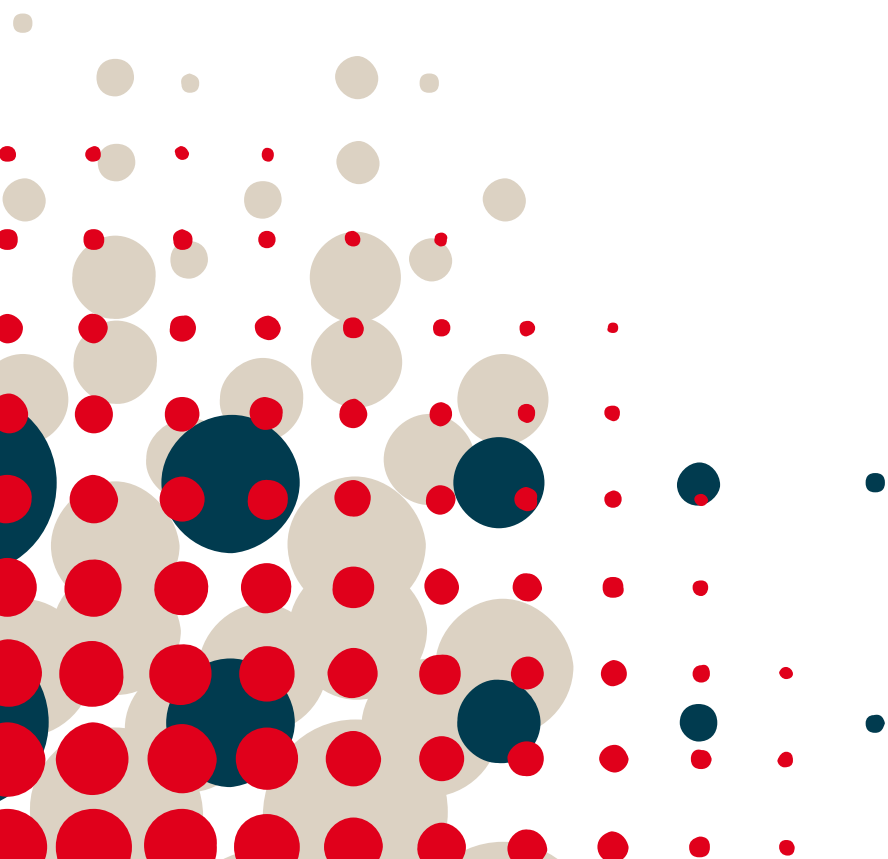


Community-led monitoring of programs and policies related to HIV, tuberculosis and malaria

A guide to support inclusion of CLM in funding requests to the Global Fund



Contents

1.	About this guide.....	3
	Rationale.....	3
	Intended audiences	3
2.	About the Global Fund 2023–2025 allocation period	4
3.	How to use this guide	5
	Opportunity: Consultations and dialogues organized by CCMs and RCMs.....	5
	Opportunity: Providing information to Funding Request writing teams.....	5
	How to use this guide.....	6
	Problems to avoid: Past critiques of proposed CLM in Global Fund funding requests.	7
4.	Describing CLM within the Global Fund’s Modular Framework.....	8
5.	Making the case for CLM as a priority.....	10
6.	Describing CLM costs and budgets.....	11
	Budgeting for human resources	12
	Budgeting for local travel and meetings	13
	Budgeting for equipment, supplies, overheads	13
	Additional tasks for describing CLM costs and budgets.....	14
	Describing value for money of the proposed CLM budget.....	14
7.	Summarizing CLM in the Global Fund Funding Request form	15
	Guidance for Section 1 of the Funding Request form.....	16
	Guidance for Section 2 of the Funding Request form	19
	Guidance for Section 3 of the Funding Request form	21
	Annex 1: Basic definitions of CLM	23
	Annex 2: Essential elements of CLM	24
	Annex 3: Examples of what CLM can measure.....	25
	Annex 4: Examples of the goals CLM can help advance	26
	Annex 5: Examples of CLM outcomes and impact at a country level.....	27
	Annex 6. Related CLM guidance	28
	Additional references.....	30

Abbreviations

APH	Alliance for Public Health (Ukraine)
CCM	Country Coordinating Mechanism
CLM	Community-led monitoring
CRG	Community Rights and Gender (Global Fund)
CSS	Community systems strengthening
FTE	Full-time equivalent
GAC	Grant Approvals Committee
IAS	International AIDS Society
ITPC	International Treatment Preparedness Coalition
M&E	Monitoring and evaluation
PrEP	Pre-exposure prophylaxis
RCM	Regional Coordinating Mechanism
RSSH	Resilient and sustainable systems for health
TB	Tuberculosis
TRP	Technical Review Panel (Global Fund)

Acknowledgements

This guide was developed by IAS – the International AIDS Society – with advice and support from the Global Fund Community Rights and Gender (CRG) Department and the HIV Team at the Bill & Melinda Gates Foundation and with reviews and input from many others.

Recommended citation

IAS – the International AIDS Society. A guide to support inclusion of CLM in funding requests to the Global Fund. 2022. https://bit.ly/clm_guide

For more information

Country stakeholders seeking technical assistance related to Global Fund funding requests are welcome to contact the Global Fund through its [Strengthening Community Engagement](#) page and can also contact Global Fund [Community Rights and Gender Regional Platforms](#).

Other inquiries about this content should be directed to Anna Grimsrud, Senior Technical Advisor, IAS, at anna.grimsrud@iasociety.org.

1.

About this guide

This guide is intended to support the inclusion of community-led monitoring (CLM) in funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria and related country and regional consultations, dialogues and strategy documents.

Rationale

Country programs focused on HIV, tuberculosis and malaria face continuing challenges of service quality, commodity supply and distribution, and human rights barriers for key and vulnerable populations.

Community-led monitoring is an intervention through which communities and service users collect data – regular localized, actionable evidence – that can help managers and providers improve services, programs and policies. CLM provides unique evidence from the holistic perspective of people who should be benefitting from services and programs. By offering these insights, CLM helps country health systems advance toward integrated person-centred approaches to provision of quality health and social services.

The Global Fund 2023-2028 Strategy describes CLM as a priority intervention for evidence-based programs and policies. The Global Fund has also posted updated guidance, templates and application materials to encourage country and regional partners to include CLM in funding requests.

Community-led monitoring interventions have been implemented or proposed in more than 60 countries. This guide can help individuals developing Global Fund funding requests understand more about how to include CLM in proposed funding and related program strategies and plans.

Intended audiences

This guide is intended for the following audiences:

- Community-led and community-based organizations who want to propose CLM concepts, plans and budgets to Country Coordinating Mechanisms (CCMs) and Regional Coordinating Mechanisms (RCMs) for Global Fund funding
- Funding request writing teams of CCMs and RCMs who want to understand how to include CLM in funding requests
- Other stakeholders working to support CLM, including government managers, technical partners, international funders and advocates

This guide will help CLM implementers and other stakeholders to:

- Consider how to design CLM programs to best identify barriers and gaps in programs and services and then address these toward responding to people's needs and meeting targets
- Consider how to describe and prioritize CLM in Global Fund funding requests
- Provide information during the Global Fund grant-making process to ensure that CLM remains a programmatic and budgetary priority



2.

About the Global Fund 2023–2025 funding

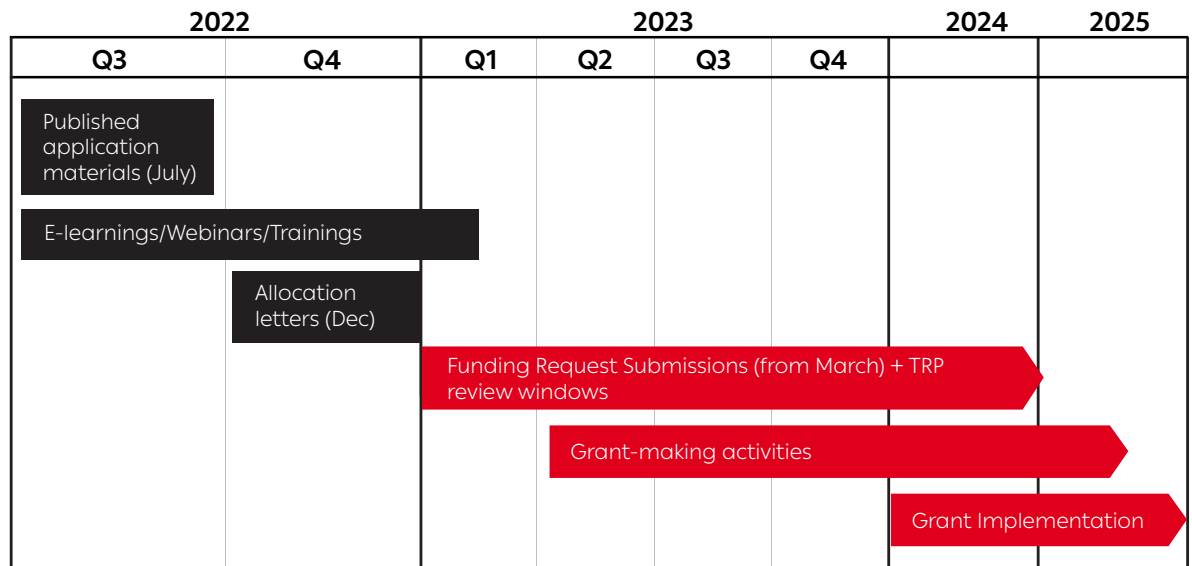
In 2022, the Global Fund is launching its [2023-2025 funding cycle](#).

Starting in July 2022, the Global Fund posted key [application materials](#), information notes and technical briefs to support partners in developing funding requests.

In December 2022, the Global Fund will inform CCMs and RCMs of available allocations and proposed split by disease component for each country and/or region. The Global Fund will also inform CCMs and RCMs about windows for submitting funding requests and eligibility for catalytic investment (matching funds, strategic initiatives and multi-country approaches).

During 2023 and 2024, CCMs and RCMs will develop and then submit funding requests 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.

This 2023-2025 funding cycle follows a standard Global Fund funding cycle of country consultation, prioritization, funding requests development and submission, review, negotiation and then support for implementation and ongoing evaluation and dialogue.



FR – funding request, TRP – technical review panel

In accordance with its [Modular Framework](#), the Global Fund invites countries and regions to include CLM in all funding requests, including those focused on HIV, tuberculosis, malaria or resilient and sustainable systems for health (RSSH) or a combination of these.

3.

How to use this guide

CLM implementers, civil society organizations and advocates, members of CCMs and RCMs, and other country and regional stakeholders have several opportunities during the Global Fund 2023-2025 funding process to ensure that their priorities and needs are reflected and included in funding requests and associated budgets.

Opportunity: Consultations and dialogues organized by CCMs and RCMs

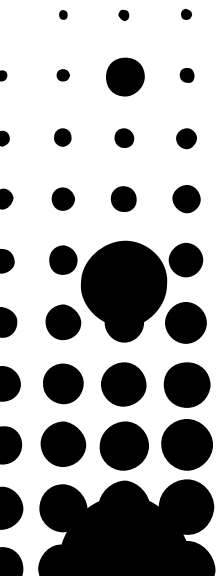
Before developing a funding request, CCMs and RCMs will organize **consultations and dialogues** to identify funding priorities. CCMs and RCMs will also formally review priorities described in national and regional strategic plans and in program reviews and evaluations. Additional dialogues and reviews can also be organized about the design, implementation, evaluation and funding of community-based and community-led interventions.

Funding requests to the Global Fund are required to report on these dialogues and reviews through formal annexes submitted as part of the application pack, including "Country Dialogue Narrative", "RSSH Gaps and Priorities Annex" and "Funding Priorities of Civil Society and Communities Annex".

The "Funding Priorities of Civil Society and Communities Annex" is a new requirement of all 2023-2025 funding requests to the Global Fund and should describe as many as 20 of the highest priority interventions identified by civil society and communities during the country dialogue process. **It is important that CLM is raised as a priority in these dialogues.**

Opportunity: Providing information to funding request writing teams

During 2023-2025, writing teams will be appointed by CCMs and RCMs and tasked with the development of funding requests. They will use specific forms for both RSSH funding requests and disease-specific funding requests. As they write, they may need detailed information about proposed CLM approaches, CLM costs and intended outcomes. **CLM implementers can seek to establish contact with these writing teams to provide information when and as needed. Reach out to your CCM or RCM for contact details.**



The screenshot shows the Global Fund website's 'Funding Request Forms and Materials' page. The header includes the Global Fund logo, navigation links (Home, Who We Are, What We Do, Results & Stories, News & Opinion, Publications & Resources), and a search bar. The main content area features a sidebar with a tree structure: 'Applying for Funding' (with sub-items: Understand and Prepare, Sources of Funding, Design and Submit Funding Requests), 'Applicant Guidance Materials', 'Funding Request Forms and Materials' (with sub-items: Requirements and Expectations, Co-financing Requirements, SEAH Requirements), and 'Grant-making'. The main text area explains that Country Coordinating Mechanisms (CCMs) apply for funding by submitting a request, and provides details on application forms, a webinar series for the 2023-2025 period, and a list of required annexes: Performance Framework, Budget, and Prioritized Above Allocation Request. A 'Learn more and register' button is also present.

All funding request forms and materials, with detailed instructions, are publicly available on the Global Fund website at <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/>.

Informational webinars will also be organized in English, Spanish and French, with slides and recordings posted at <https://www.theglobalfund.org/en/ilearn/>.

How to use this guide

CLM implementers and other stakeholders working to support CLM can use this guide to:	Members of CCMs and RCMs and assigned funding request writing teams can use this information to:
Make the case for CLM as a priority in consultations and dialogues organized by CCMs and RCMs and in reviews of program gaps and priorities.	Document evidence of CLM as a priority in the "Country Dialogue Narrative", "RSSH Gaps and Priorities Annex" and the "Funding Priorities of Civil Society and Communities Annex".
Describe CLM costs and budgets.	Include CLM costs in summary funding request budgets and subsequent detailed budgets developed during the grant-making process.
Describe CLM for inclusion in funding requests to the Global Fund, using the Global Fund's Modular Framework and application materials.	Describe CLM in funding requests so that investments in CLM can contribute to progress toward country goals and program targets.

Problems to avoid: Past critiques of proposed CLM in Global Fund funding requests

Problems to avoid	Relevant content in this guide
Communities were not consulted.	See discussion of country dialogues in Sections 3 and 7.
The rationale and value of CLM was insufficiently described.	See discussion of CLM prioritization in Sections 3 and 5. See discussion of the CLM rationale and value for money in Sections 6 and 7.
What is proposed is not CLM.	See definitions and key principles of CLM in Annexes 1 and 2. Show how clients and communities are meaningfully involved in leading CLM. Show how the CLM and resulting data are truly independent from the programs and providers being monitored.
Proposed CLM was inadequately costed and budgeted.	See discussion of CLM costing and budgeting in Sections 6 and 7. Include sufficient budgets to contract community organizations to conduct data collection, data management and data reporting.
CLM was inadequately planned.	See discussions of CLM activities in Sections 4 and 7. Note: It is understood that detailed planning happens after funding requests are endorsed and the grant-making process begins.

4.

Describing CLM within the Global Fund's Modular Framework

The Global Fund's [Modular Framework](#) defines a set of standard components, modules, interventions, budgets and performance indicators to ensure consistent monitoring and reporting across geographies and over time. All funding requests to the Global Fund are required to use this Modular Framework to describe how proposed program activities and costs will fit within and contribute to a defined set of indicators and outcomes.

CLM can be funded through Global Fund grants that are focused on **Resilient and Sustainable Systems for Health (RSSH)** and can also be funded within RSSH components of disease-specific grants focused on HIV, tuberculosis or malaria.

Within RSSH, CLM activities are funded as a part of **community systems strengthening (CSS)**. In its 2023-2025 funding cycle, the Global Fund emphasizes CLM as one of [four aspects of community systems strengthening](#):

- Community-led monitoring
- Community-led research and advocacy
- Community capacity building and leadership development
- Community engagement, linkages and coordination

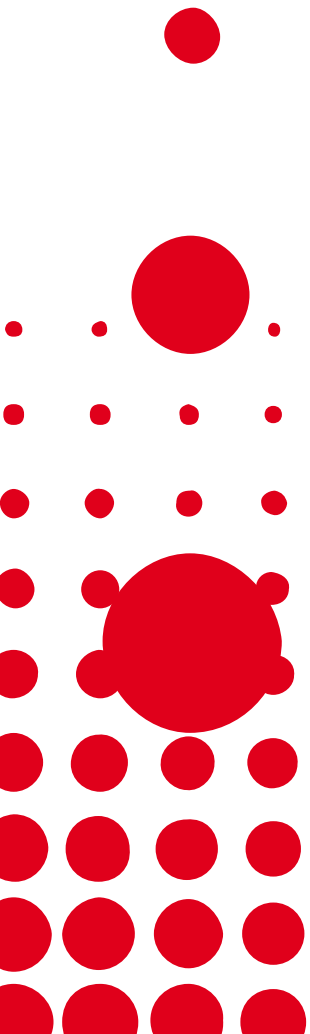
The following are examples of CLM activities listed in the Global Fund's Modular Framework:

- Development of national frameworks and strategies for CLM
- Development of CLM tools and equipment, including appropriate technologies for data collection, management and storage
- Technical support and training for CLM, such as for indicator selection, data collection, data management and security, data analysis or use of CLM data to improve programs
- Piloting and implementation of CLM to identify and address barriers to health services
- Piloting and implementation of CLM to identify and address human rights-related and gender-related barriers to services
- Piloting and implementation of CLM to identify and address gaps in local budget allocations and funding expenditures and in local laws and policies
- Presentation and discussion of CLM data and recommendations in various governance structures, oversight mechanisms and other decision-making fora

The Global Fund encourages funding requests to include plans for use of CLM data, both for short-term problem solving, case management and linkage to relevant remediation and support services and for broader systematic improvements in programs and services. Government and health provider costs for facilitating use of CLM data can be funded as part of strengthening country monitoring and evaluation (M&E) data quality.

The Global Fund understands CLM to be linked with and reinforcing of many other interventions described in the Modular Framework, including:

- Disease-specific interventions focused on HIV, TB, TB/HIV and malaria
- Human rights and gender equity interventions
- Domestic resource mobilization
- Social contracting (government contracting of community organizations)



5.

Making the case for CLM as a priority

The Global Fund requires funding requests to summarize priorities for investment, how those priorities will address programmatic gaps and priorities and ensure quality HIV, TB and malaria services, and how those priorities were determined. Specifically:

A "[Funding Priorities of Civil Society and Communities Annex](#)" will be required as part of all funding requests and should describe as many as 20 of the highest priority interventions identified by civil society and communities during the country dialogue process.

An "[RSSH Gaps and Priorities Annex](#)" is also required as part of most funding requests to the Global Fund. In that annex, funding requests should list "the top three priorities for RSSH by Global Fund module for each disease program" and describe "how investing in these priorities will help to address specific programmatic gaps and priorities to ensure quality HIV, TB and malaria services, while contributing to broader health system strengthening and pandemic preparedness".

The following are key points about CLM as a priority:

- Country programs focused on HIV, tuberculosis and malaria face continuing challenges of service quality, accessibility, availability and affordability of commodity supply and human rights- and gender-related barriers for key and vulnerable populations.
- CLM is an intervention through which communities and service users collect data – regular localized, actionable evidence – that can help managers and providers improve services, programs and policies.
- CLM combines the power of digital technology (phones, tablets, data management) with community engagement to suggest improvements to local services and programs.
- CLM provides unique evidence from the holistic perspective of people who should be benefitting from services and programs. By offering these insights, CLM helps country health systems advance toward integrated person-centred approaches to provision of quality health and social services.
- As an independent monitoring intervention, CLM may be particularly well suited to identifying and addressing human rights-related barriers, gender-related barriers and gaps in funding, policies and service quality that might be missed by providers and policy makers.
- By involving recipients of care in collection of data about services, programs and policies, CLM can empower key and vulnerable populations to engage in dialogue with providers about intended health outcomes and rights- and gender-related barriers. CLM is a social and structural intervention to empower communities in ensuring accountability of service providers, program managers and policy makers.

See Annexes 1-5 for additional descriptions of how CLM can be described as a priority in Global Fund funding requests.

6.

Describing CLM costs and budgets

The Global Fund encourages countries to allocate adequate financing to programs implemented by civil society, including monitoring by community-led organizations.

In the context of Global Fund funding requests and grant making, CLM implementers should provide proposed CLM budgets to their CCM or RCM.

The CCM or RCM might seek only a summary budget for the initial funding request. However, a more detailed budget will eventually be required after any country funding request is recommended for a Global Fund grant.

Key Global Fund budget categories

(see Global Fund [guidelines](#) for grant budgeting for more detail)

Human resources

External professional resources

Travel and meeting costs

Equipment (primarily non-health equipment)

Communication material and other supplies

Indirect and overhead

A proposed CLM budget for inclusion into a Global Fund funding request and a grant-making process should show intended spending on specific activities.

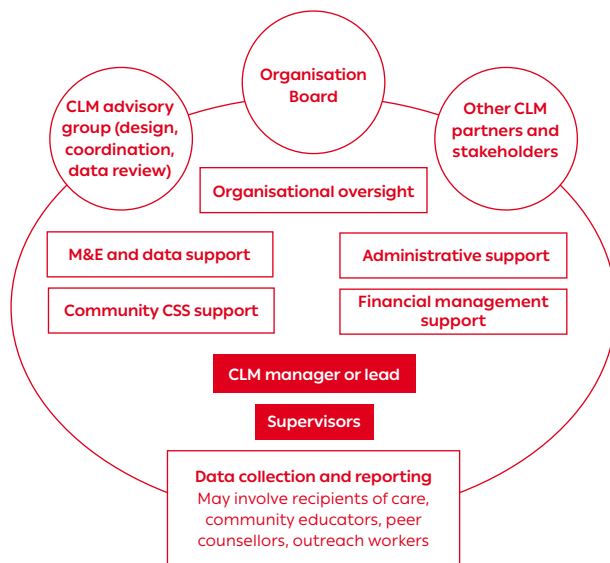
The budget should be multi-year to show intended spending during the implementation period of the grants. A CLM budget helps implementers anticipate costs and helps all partners understand needed investments, intended use of funding and value for money.

Budgeting for human resources

Retention of people will likely account for at least half of the total cost of CLM. Employee costs include regular salaries or wages and relevant taxes and allowances to retain the people needed to implement the program. Contracted service costs (external professional resources) include payments to all people whose work is time-limited or requires specialized skills. Contracted services describe specific deliverables and can include: payments to people for technical support to improve CLM design and plans; data collection, management, analysis and reporting; targeted stakeholder engagement; and/or specialized administrative or management tasks, such as evaluations and external financial audits.

To calculate total human resource needs, CLM implementers may want to:

- List categories of the people who will be involved in the CLM program.
- Note if they will be paid as employees (salaries, allowances, taxes) or as contractors (time-limited, incentive payment per action, specialized).
- List the total number of people and number of full-time equivalents (FTEs) of time and effort needed for the intended activity.
- List the range of total needed remuneration (average USD/FTE x total FTE) to retain that level of time and effort.



Example of a CLM staffing chart

Examples of human resource categories

Front-line data collection
Supervisors to support data collection (training, data quality, data verification)
Data management (data software, data entry, storage, cleaning, analysis, security)
Community engagement (training, communications, organizing, advocacy)
CLM program manager
Technical support - program (CLM design, training, tools development, data analysis)

Budgeting for local transportation and meetings

Local transportation and meetings will likely account for as much as 20% of CLM costs. CLM implementers may want to consider and calculate the costs of:

- Regular trainings and supervision meetings with data collectors to ensure quality data collection, data entry and data management and security
- Local transportation costs incurred by data collectors in travelling to and from data collection locations
- Meetings (including per diems or food and local transport) of stakeholders and partners, including focus group discussions to design the CLM, subsequent regular CLM data review meetings, CLM data and results dissemination meetings, and advocacy planning meetings

Budgeting for equipment, supplies and overheads

CLM implementers may want to consider and calculate the following additional costs:

Equipment

- Consider costs of computers, tablets, phones and software for data collection and reporting. Describe intended uses, operational policies and plans for maintenance.

Supplies

- Consider costs of production of paper-based data collection tools, regular data reports, printed material that informs stakeholders about the CLM activities, and printed policy and advocacy reports to communicate CLM findings.
- Consider costs of production of materials, such as identifying badges, shirts or hats for data collectors, or service quality reminders (signs, pens) that help translate CLM findings into practical improvements in services, programs and policies.

Indirect and overhead costs

- Consider indirect and overhead costs of up to 10% of the budget to cover general shared costs that may be impractical to itemize, such as space rental, security, phone and data airtime subscriptions, website maintenance, security (including digital security) and utilities.

Additional tasks for describing CLM costs and budgets

CLM implementers may want to conduct the following additional tasks in compiling CLM costs and budgets, seeking technical support for this work if and as needed:

- **Describe core and variable costs**, differentiating between what is core (required regardless of activity, extent, intensity) and what is variable (costs that expand based on the extent or intensity of CLM work).
- **Summarize possible budget over the multi-year period of 2023-2025**, describing how implementation and spending might grow gradually based on iterative deliverables and results and how spending might change as the CLM program is first conceptualized, approved, designed, piloted, then started with trainings, then implemented and scaled up and then scaled down and evaluated.
- **Scan the budget for common line-item concerns**, such as appropriateness of costs in relation to local prevailing rates and sufficient explanations of key costs, such as for equipment, per diems and organizational overheads. (*This detail is important to help avoid cost cuts and de-prioritization during the development of the funding request and during any subsequent Global Fund grant-making process.)
- **Scan the budget for sustainability and capacity concerns**, such as measures taken to build management capacity for very small community-led organizations that may be contracted to implement CLM. (*This detail is important to help avoid cost cuts and de-prioritization during the development of the funding request and during any subsequent Global Fund grant-making process.)
- **Build budget scenarios** to consider the likely range and options of the available funding for CLM. For each likely funding level, describe the possible activity level and possible outputs and define minimum feasible budgets versus ideal budgets.

Describing value for money of the proposed CLM budget

Global Fund funding requests are asked to describe the “value for money” of proposed investments. This means that applicants should describe how each amount of proposed funding will yield “maximum, sustained, equitable, and quality health outputs, outcomes and impact”. The following is a short example of how to describe this for CLM.

A USD 150,000 investment in CLM to monitor services at 10 hospitals and clinics will yield:

Significant durable (>5%) improvements in rates of screening, diagnoses, treatment retention and delivery of prevention supplies through (illustrative general examples below):

- Improving procurement and supply management and preventing stockouts of key commodities and medication
- Improving clinic conditions to ensure privacy and confidentiality of people living with HIV
- Reducing wait times and adjusting opening hours to accommodate key and vulnerable populations
- Addressing facility staff lateness and absenteeism
- Identifying specific needs for staff competency training
- Improving community trust, literacy, empowerment and engagement with health providers
- Attracting a cohort of clients who otherwise would avoid services

7.

Summarizing CLM content in the Global Fund Funding Request form

The Funding Request form is the central document of a full Global Fund funding request.

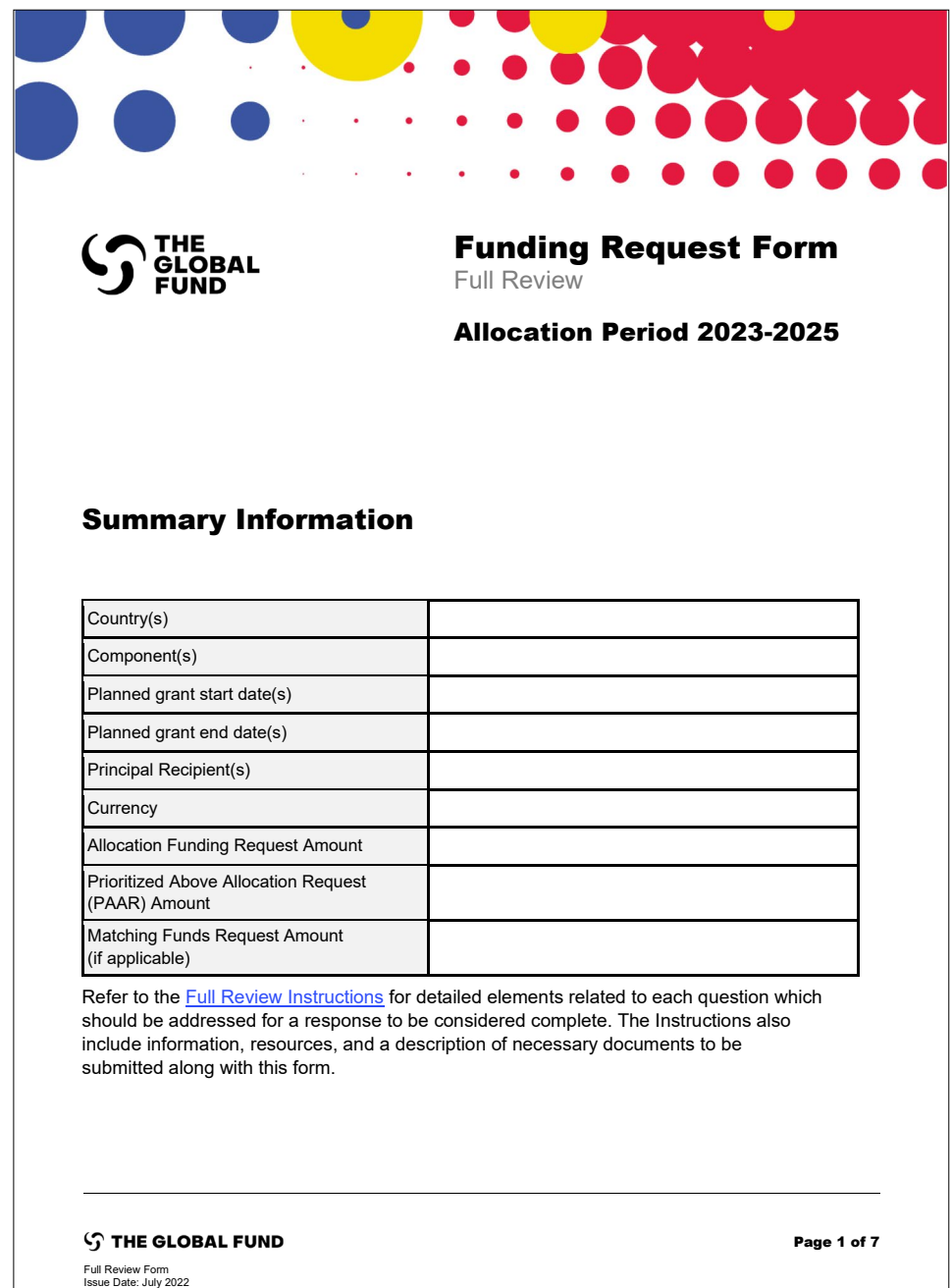
The form varies slightly according to whether the request is for a full review or program continuation or tailored for national strategic plans or focused portfolios and transition.

Most Funding Request forms have three sections:

Section 1. Request

Section 2. Maximizing Impact

Section 3. Implementation



THE GLOBAL FUND

Funding Request Form
Full Review
Allocation Period 2023-2025

Summary Information

Country(s)	
Component(s)	
Planned grant start date(s)	
Planned grant end date(s)	
Principal Recipient(s)	
Currency	
Allocation Funding Request Amount	
Prioritized Above Allocation Request (PAAR) Amount	
Matching Funds Request Amount (if applicable)	

Refer to the [Full Review Instructions](#) for detailed elements related to each question which should be addressed for a response to be considered complete. The Instructions also include information, resources, and a description of necessary documents to be submitted along with this form.

THE GLOBAL FUND
Full Review Form
Issue Date: July 2022

Page 1 of 7

Guidance for Section 1 of the Funding Request form

The following content will be needed for the first section of the Funding Request form:

- The rationale and why CLM is a priority
- The focus populations and geographies for CLM
- The barriers that CLM will address
- The key CLM activities to be funded
- The total funding amount requested for CLM
- The expected outcomes of an investment in CLM

The following is sample language that CLM implementers can discuss with partners in their CCM or RCM:

The rationale and why CLM is a priority

- CLM is an evidence-informed intervention through which communities and service users generate data to help program managers and providers improve services, programs and policies.
- This CLM proposes focusing on the following documented service and health system gaps **[insert detail]**.
- By involving and empowering recipients of care in collection of data about services, programs and policies, this CLM will engage key and vulnerable populations and seek to improve attention to equitable outcomes and rights- and gender-related barriers **[insert strategic information on quality and accessibility of services at the moment]**.
- CLM was prioritized in consultations and dialogues (see Community priorities annex) and in program reviews and evaluations **[insert who and where]** (see RSSH priorities annex).

The focus populations and geographies for CLM

- The CLM programs will focus on the following locations **[insert detail]**.
- In those locations, CLM programs will monitor services provided at hospitals and clinics and will also monitor the services provided in communities by community health workers **[insert detailed list]**.
- The named locations are selected because of their significant role in providing services to key and vulnerable populations and because of the important opportunities for improving quality and outcomes of services at these sites.
- This CLM will engage the following populations in the intervention design and implementation **[insert description of demographics – genders, ages, prevalent health issues and rights-related and contextual challenges]**.
- This CLM will be led by **[insert key or vulnerable population]** and implemented by **[insert community organizations]**.
- These organizations are selected because of their experience with the relevant key and vulnerable populations, community education and community research and advocacy. These partners will emphasize involvement and leadership by key and vulnerable populations who are not yet benefitting from services, with the aim of helping the Ministry of Health, health providers and program implementers understand people's reasons for avoiding such services or being unable to access such services.

The barriers that CLM will address

- This CLM will focus on the following aspects of availability, accessibility, acceptability and quality (AAAQ) and related costs and affordability of key services and programs **[insert detail]**.

Specific barriers to be addressed will include: **[to adapt and insert]**

- Negative experiences of HIV, TB and malaria-related service accessibility and costs of care
- Concerns about quality of interactions with service providers
- Stock-outs of medicines, diagnostics, vaccines and prevention supplies
- Impact of public education messaging
- Level of community trust and engagement with health authorities to identify and solve practical issues in program delivery
- Stigma, discrimination and violence compromising access to services for key and vulnerable populations

The key CLM activities to be funded

This CLM will include the following activities **[to adapt and insert]**:

- Engagement with focus communities and groups of recipients of care to identify the needs and priorities expressed by those communities and individuals
- Formation/renewal of governing bodies and advisory groups at local and national levels to oversee the conceptualization and design of CLM and to review and act on CLM findings.
- Further refinement of CLM focus, indicators and locations
- Further refinement of CLM data collection tools and methods
- Implementation of data collection, data analysis, data management, data reporting and communications and data use
- An annual assessment of needs and issues and outcomes of CLM activities

The total funding amount requested for CLM

The proposed CLM projects a cost of **[to adapt and insert]** approximately USD 15,000 per location monitored, for a total of USD 150,000 across 10 locations, with key cost elements being human resources (50% of costs), local transportation (20%), external professional resources (10%), non-health equipment (5%), communications materials (5%) and CLM implementer overheads (10%).

- Human resources (50% of requested funding amount) would support data collectors, technical program staff, data management specialists and support for financial, personnel, administrative and program management.
- Local transportation and meeting costs (20%) would support trainings, supervision, data collection, data review, results dissemination and advocacy.
- External professional resources (10%) would include experts in research and data management.
- Non-health equipment (5%) would include tablets and phones for data collection and reporting.
- Communications materials (5%) would include paper-based data collection tools and data reports and advocacy reports.

The expected outcomes of an investment in CLM

During the Global Fund funding period, the proposed CLM expects to generate the following outcomes: **[to adapt and insert]**

- Improvements in service accessibility and perceived quality
- Improvements in service provider competencies in interacting with service users
- Improvements in procurement and supply management for medicines, diagnostics, vaccines and prevention supplies
- Improvements in public education messaging
- Increased community trust and engagement with health authorities, resulting in increased use of services and retention in treatment and care

Guidance for Section 2 of the Funding Request form

Section 2 of the Funding Request form seeks to understand how requested funding will be used for achieving maximum progress toward control and elimination of the three diseases. Applicants are asked to describe the following:

- How Global Fund support of the program(s) will advance the primary goal of ending AIDS, TB and malaria
- How investments will strengthen overall health and community systems
- How investments will maximize the engagement and leadership of the most affected communities
- How investments will reduce human rights- and gender-related barriers to services
- How investments will build capacities to prevent, detect and respond to infectious disease outbreaks

The following is sample language that CLM implementers can discuss with partners in their CCM or RCM.

How funding contributes to RSSH and progress against HIV, TB and malaria

[Country X] has a notable challenge [for example, loss to follow up after HIV treatment initiation, challenge in identifying people with active TB infection, challenge in equity in access to long-lasting insecticidal nets].

CLM will generate data – regular localized, actionable evidence – that will help managers and providers improve services and programs and thereby strengthen the health system. CLM will provide unique evidence from the holistic perspective of communities that would benefit from services. By offering these insights, CLM will help the country health system advance toward an integrated, person-centred approach to provision of multiple health and social services.

How funding for CLM contributes to community engagement and equity, equality and human rights

By involving and empowering recipients of care in collection of data about services, programs and policies, CLM can engage key and vulnerable populations and can improve attention to equitable outcomes and rights- and gender-related barriers. CLM is a social and structural intervention to empower communities in ensuring accountability of service providers, program managers and policy makers.

How funding for CLM yields value for money

CLM is a cost-efficient way to:

- Improve procurement and supply management and prevent stock-outs.
- Improve clinic conditions and reduce wait times.
- Improve type of commodities and service delivery approaches.
- Address facility staff shortages and absenteeism.
- Identify specific needs for staff training to improve quality of care.
- Improve community trust and engagement with health providers.

For these reasons, investments in local CLM can measurably improve rates of screening, diagnoses, treatment retention and delivery of vaccines and prevention supplies.

How funding for CLM contributes to pandemic preparedness

- Community-led monitoring provides continuous, highly localized observations of people's needs and experiences in community settings, as well as in healthcare settings.
- As such, CLM is a first-line intervention for early detection of emerging health issues and a primary intervention for community-level engagement and communications for prevention and public health action.

Guidance for Section 3 of the Funding Request form

Section 3 of the Funding Request form seeks to understand the following about the proposed program implementation:

If Global Fund funding is awarded, how will program implementation change?

- Will effectiveness, efficiency or equity be improved?
- Will past programmatic gaps be addressed?
- Will connections between programs or sectors be improved?

What actions will be taken to strengthen the roles of community-led and community-based organizations, civil society organizations and non-governmental implementers?

What actions will be taken to minimize risks, including risks due to:

- Inadequate procurement and supply management
- Inadequate data quality and data security
- Inadequate financial management

The following is sample language that CLM implementers can discuss with partners in their CCM or RCM:

How CLM improves overall program implementation

CLM generates data – regular localized, actionable evidence – that helps managers and providers improve effectiveness, efficiency and equity in services and programs.

By identifying and helping resolve gaps in community-based services and health systems from the holistic perspective of the recipient of care, CLM offers insights into an integrated, person-centred approach to provision of multiple health and social services.

This includes insights into connecting public (governmental) services with community services and connecting HIV, TB and malaria services with sexual and reproductive health and rights services, reproductive, maternal, newborn, child and adolescent health services and services for non-communicable diseases.

How CLM strengthens the role of communities in disease and pandemic responses

CLM is a structural intervention to strengthen the roles and engagement of community-led and community-based organizations, civil society organizations and non-governmental implementers.

CLM can involve recipients of care who are otherwise marginalized, criminalized or not engaged in health services and therefore can directly address inequity and inequalities in engagement by gender, age, place of residence, race/ethnicity, occupation, gender identity and sexual orientation, religion, education and socioeconomic status.

How CLM mitigates programmatic risks

- CLM is a strategy to identify and mitigate risks due to inadequate procurement and management of health products, including medicine and supply stock-outs and/or inadequate equipment, infrastructure or human resources.
- By working with health facilities to compile quantitative data about service delivery, CLM can spark improvements in the completeness and quality of facility data collection.
- CLM also generates an independent stream of qualitative data and thus mitigates risks due to inadequate quality of quantitative data from service delivery sites.
- CLM can often identify and mitigate risks due to inadequate flow of funds to services and programs and risks due to fraud, corruption or theft or inadequate value for money in existing investments.

Annex 1: Basic definitions of CLM

Community-led monitoring (CLM) is relatively new as a term, but the underlying principles and concepts of CLM have been well established as a priority in program quality and accountability for more than 40 years¹⁻⁹.

- CLM builds from the fundamental ideas of community engagement and meaningful involvement of people who are recipients of services and others who are living with or vulnerable to prevalent health issues.
- CLM includes terms and concepts such as treatment observatories, community scorecards, consumer feedback mechanisms, community advisory groups and participatory governance.
- CLM emphasizes systematic data collection and reporting that is owned and led by community organizations and then shared with service providers, program managers and policy makers to co-create solutions.

CLM is implemented through several different approaches, but typically includes the following four components:

- Communities identify priority concerns with services, programs and policies and the specific focus for monitoring.
- Individuals systematically monitor and report on how services, programs and policies are implemented and experienced at the level of communities and recipients of care.
- Community organizations compile and analyse the resulting data to identify opportunities for improvement.
- Community leaders and recipients of care review evidence with service providers, program managers and policy makers to jointly develop solutions to identified problems.

Community-led monitoring is:	Community-led monitoring is NOT:
<ul style="list-style-type: none"> • Monitoring of programs and services led by affected communities and recipients of services • Monitoring of services, programs and policies by people who are affected, with a structured approach to offering actionable evidence and recommendations to decision-making authorities • A process and platform through which recipients of care routinely collect data about health and health systems and then talk with clinic staff, health educators and other providers to identify and solve practical issues in program delivery • A community-led program that can enhance participation and empowerment in programming for health and rights and foster accountability among service providers and decision-making authorities 	<ul style="list-style-type: none"> • Periodic country population surveys or community-level surveys • Routine data collection by community health workers (this is a form of community monitoring, but not considered community-led monitoring) • The use of community data collectors for government-led or facility-led monitoring of programs and services • Facility recipient of care record reviews and program quality assessments that include recipient of care-centred indicators

Annex 2: Essential elements of CLM

Community leadership and community articulation of priorities

As a community-led program, CLM is centred on people who may have important perspectives and insights as clients or intended beneficiaries of programs, policies and services. Funding requests that include CLM should be able to describe:

- The focus communities, such as recipients of services or specific communities that are intended to benefit from the monitored programs, policies and services
- How individuals from those communities are guiding and leading the CLM and how they are independent of the programs and providers being monitored
- The needs and priorities expressed within those communities and how those issues are reflected in country and regional priorities, goals, strategies and commitments

Collaborative governance and partner engagement

A range of institutions and individuals are important potential partners in CLM because of their roles in using CLM-generated evidence and recommendations for improving health programs and services and protecting and promoting human rights. Funding requests can list and describe the following CLM stakeholders as partners:

- Government authorities at local, provincial, regional and national levels
- Managers at health facilities and social service and human rights organizations
- Providers of health services, social services and legal services
- Community leaders and advocates
- Recipients of services and other community members
- Technical partners and funding partners

CLM implementers should engage early with partners to conceptualize and design CLM and should establish processes for regular partner engagement throughout CLM implementation as a basis for use of CLM findings. The goals of this engagement should be to ensure that partners are well informed about the CLM work, are able to advise about the potential CLM indicator selection and data collection and analysis, and can advise on processes for reporting, problem solving and follow-up use of CLM data for actions and accountability.

CLM indicators, tools and locations

The power of CLM is in its ability to first continuously track and report on a defined set of issues and measures over time and then compile that information in ways that can be disaggregated, compared with government data, analysed over time and used for improvements in programs, policies and services. Funding requests and related work plans that include CLM should be able to summarize what will likely be monitored and propose data collection locations and approaches.

Planning and sufficient funding for CLM implementation

After a Global Fund funding request receives an endorsement from the Technical Review Panel, the designated Principal Recipient begins a grant-making process with the Global Fund. During this grant-making process, Principal Recipients will continue to improve and finalize country (or regional) performance frameworks, workplans, budgets, monitoring and evaluation plans and contracting arrangements.

Annex 3: Examples of CLM measurements

Examples of measurements used by CLM programs

Note: CLM implementers are encouraged to review sample CLM indicator lists published by UNAIDS (HIV), Stop TB Partnership (TB) and EANNASO, the International Treatment Preparedness Coalition (ITPC) and Ritshidze (HIV and TB).

Availability

- Availability of health workers and health services
- Availability and stock-outs of medicines, diagnostics and other health products
- Provision of comprehensive and accurate health information
- Discrimination or denial of services
- Availability of information, education and resources for screening, diagnosis, prevention, treatment and care services
- Discrimination based on health status or perceived health status in employment, education, housing, access to public services or other areas

Accessibility

- Collection of fees for services and other out-of-pocket costs
- Cleanliness and safety of health facilities
- Barriers to access, such as geographical distance or transportation costs
- Experiences of poverty, malnutrition, inadequate housing, inadequate access to social protection, stigma, discrimination, violence and other determinants of health

Acceptability

- Reasons people do not seek or utilize the health services they need, such as gender norms and social acceptability of healthcare providers of different genders
- Preferences of users and affected communities in relation to the client-provider interaction, such as the language used and cultural beliefs

Quality

- Relative wait times or turnaround times to receive test results
- Referral patterns and access to primary healthcare, secondary and tertiary services
- Perceptions of provider competency and quality of services
- Breaches of privacy or confidentiality
- Stigmatizing or disrespectful treatment by health providers
- Use of services in the private sector and from unlicensed providers
- Individual's health outcomes in relation to information and services received
- Experiences of stigma in the community and in families

Annex 4: Examples of goals for CLM

Community-led monitoring can contribute to progress toward country goals and global goals related to HIV, tuberculosis and malaria. Examples of these goals are:

HIV

- Achievement of 95-95-95 targets for HIV testing, treatment and viral suppression by 2030
- Scale up and sustaining of key HIV prevention interventions, such as condom distribution, harm reduction programs for people who use drugs, voluntary medical male circumcision, pre-exposure prophylaxis (PrEP) and provision of HIV treatment to pregnant women living with HIV to protect their health and prevent HIV in infants

Tuberculosis

- Achievement of 90-90-80-90 targets for tuberculosis, meaning reaching 90% of all people in need with TB treatment, achieving 90% treatment success among those reached, and reducing TB cases by 80% and TB deaths by 90% compared with 2015
- Scale up and sustaining of extensive community outreach for active TB case finding, systematic screening and early detection of TB among people at high risk, preventive treatment for all people living with HIV and others at high risk, and treatment of all people testing positive for TB

Malaria

- Elimination of malaria transmission by 2030 in 35 key countries and a 90% reduction in malaria cases and malaria deaths in the remaining 56 countries with endemic malaria, with an emphasis on access to prevention, diagnosis and treatment for pregnant women and children under the age of five years

Health equity, gender equality and human rights

- Advancement of equity and access to justice as fundamental to achieving universal health coverage, with attention to key populations' ability to seek health information and services, confront stigma and discrimination, and seek police protection and legal recourse in cases of violence, discrimination, breaches of privacy, confidentiality and informed consent, and other human rights violations.

Annex 5: Examples of CLM outcomes and impact at a country level

Countries (CLM implementers)	CLM focus	Examples of how CLM has added value at a country level
Côte d'Ivoire (RIP+, 2018)	People living with HIV/ HIV services	The Ministry of Health used CLM data to eliminate user fees charged to people living with HIV and to improve health sector governance, laboratory systems and health management information systems (HMIS) and M&E (ITPC, 2020).
Nigeria (ACOMIN, 2019-2022)	Malaria services	CLM data collected from 1,998 facilities across 172 local government areas has been used by state governments to hasten renovations of health facilities, to redeploy, redistribute and replace health provider staff, to promptly address malaria commodity stock-outs and to train facility staff for improved data entry to avoid future stock-outs. CLM data has also been used by facility managers to curtail staff absenteeism, improve staffing hours and improve staff attitudes towards clients. CLM data has also been used to reduce theft, leakages and illegal sales of commodities (ACOMIN, 2022).
Malawi (MANERELA+ 2021)	People living with HIV and affected by HIV	The Ministry of Health used CLM data to justify expansion of working hours at public hospitals and increased resources for HIV testing during the COVID-19 pandemic (ITPC 2019).
Mauritania (AGD, 2021)	People living with HIV/HIV services	Communities met with HIV service providers and the Ministry of Health to resolve issues and disparities in health commodity supply and the potential improvements to be made in availability, accessibility and acceptability (AGD and FORSS 2021).
Sierra Leone (CISMAT, NETHIPS, 2019)	Key populations	The government of Sierra Leone used CLM data in introducing differentiated service delivery to better reach key populations and improve procurement, supply and management of HIV/TB medicines and commodities (ITPC 2020).
South Africa (NACOSA, RCC, AC2, 2021)	Key populations	The West Rand district health department used CLM data to work with clinics to improve policies and protocols for PrEP multi-month dispensing and condom distribution (ITPC 2021).
South Africa (Ritshidze, 2021)	People living with HIV/HIV and TB services	Regularly updated data from more than 400 health facilities and more than 30,000 recipients of care are used by health facility managers to address specific issues of quality and accessibility. Measurable results include improvements in facility hours and waiting times, improved clinic conditions, reduced facility staff shortages, improved TB control measures, improved viral load testing and results, and reduced medicine stock-outs and shortages (Ritshidze 2021).
Ukraine (APH, 2018)	Key populations in HIV and TB services	Across seven regions, the Alliance for Public Health (APH) responded to 775 human rights violations with direct legal and psychosocial support and used the CLM data to work with government authorities for development of appropriate national human rights strategies (Frontline AIDS 2021).
Zimbabwe (ZNNP+, 2019)	People living with HIV	Government officials used CLM data to reduce the duration of stock-outs of HIV medicines and HIV test kits (ITPC 2021).

Annex 6. Related CLM guidance

The following is a list of guidance to support CLM design, implementation, data use and advocacy:

The Global Fund. Applying for funding: information and documents for the development of funding requests. 2022. <https://www.theglobalfund.org/en/applying-for-funding/>

The Global Fund. Information note: Resilient and Sustainable Systems for Health (RSSH) Allocation Period 2023-2025. 2022. https://www.theglobalfund.org/media/4759/core_resilientsustainablehealth_infonote_en.pdf

The Global Fund. Community Systems Strengthening (CSS) Technical Brief. 2022. https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf

UNAIDS. CLM Resources Hub. 2022. <https://www.communitiesengagementhub.org/clm>

UNAIDS. Establishing CLM of HIV services – Principles and process. 2021. <https://www.unaids.org/en/resources/documents/2021/establishing-community-led-monitoring-hiv-services>

UNAIDS. Frequently asked questions about community-led monitoring. 2021. https://www.unaids.org/sites/default/files/media_asset/faq_establishing-community-led-monitoring-hiv-services_en.pdf

Stop TB Partnership. OnelImpact CLM implementation framework. 2021. <https://stoptbpartnershiponeimpact.org/resources/Conceptual%20Framework/OnelImpact%20CLM%20Conceptual%20and%20Implementation%20Framework%20FN.pdf>

Stop TB Partnership. OnelImpact CLM Dashboard. 2022. <https://stoptbpartnershiponeimpact.org/dashboard/login>

Stop TB Partnership. (CLM data use for decision makers). 2022. <https://www.stoptb.org/digital-health-technology-hub/community-led-monitoring-tools>

Impact Santé Afrique. Guide on how to conduct a community diagnosis for malaria interventions. 2021. https://impactsante.org/wp-content/uploads/2021/07/Conduct-a-Community-Diagnosis-for-Malaria-Interventions_A-Practical-Guide-for-CSOs.pdf

Impact Santé Afrique. Toolkit for conducting effective advocacy to address the needs of the most vulnerable groups to malaria. 2021. https://cs4me.org/wp-content/uploads/2022/07/CS4ME_Toolkit_Conduct-effective-advocacy-to-address-needs-of-groups-vulnerable-to-malaria.pdf

The Malaria Elimination Initiative (MEI). Budget monitoring and expenditure tracking (BMET) training. 2021. <https://shrinkingthemalariamap.org/our-work/advocacy-financing-and-sustainability/malaria-budget-advocacy/budget-monitoring-and>

EANNASO, Health Gap, ITPC and Anglophone Africa Regional Platform. Integrating community-led monitoring (CLM) into Global Fund C19RM funding requests. 2021. <https://itpcglobal.org/blog/resource/integrating-community-led-monitoring-clm-into-c19rm-funding-requests/>

EANNASO, Anglophone Africa Regional Platform, Frontline AIDS, and the Stop TB Partnership. Community-led monitoring: A technical guide for HIV, tuberculosis, and malaria programming. 2021. https://stoptb.org/assets/documents/resources/publications/acsm/CBM%20Guide%20Report_Final%200309_compressed.pdf

Health Gap, O'Neil Institute, TAC et al. Community-led monitoring of health services: Building accountability for HIV service quality. White paper. 2020. https://healthgap.org/wp-content/uploads/2020/02/Community-Led-Monitoring-of_Health-Services.pdf

CLAW consortium. Conflict of interest in CLM projects. 2022. <https://healthgap.org/wp-content/uploads/2022/03/CLAW-Conflict-of-Interest-Feb-2022.pdf>

CLAW Consortium. Community Evidence to Create Change. 2022. <https://healthgap.org/wp-content/uploads/2022/09/CLAW-Advocacy-for-Change.pdf>

CLAW Consortium. Best Practices for Community Led Monitoring. 2022. <https://healthgap.org/wp-content/uploads/2022/09/CLAW-Best-Practices-in-Community-Led-Monitoring-EN.pdf>

Ritshidze. Activist guide to community-led monitoring in South Africa. 2020. <https://ritshidze.org.za/wp-content/uploads/2020/11/Ritshidze-Activist-Guide-2020-1.pdf>

ITPC. CLM Hub. 2022. <http://clm.itpcglobal.org/>.

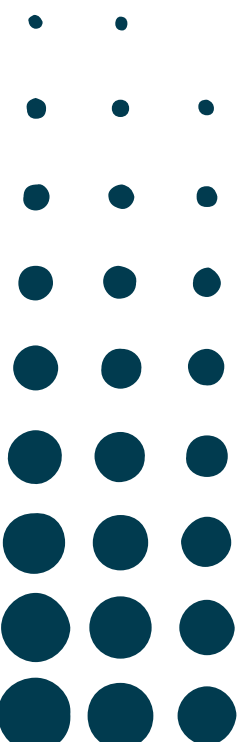
ITPC. How to Implement Community-Led Monitoring: A community toolkit. 2021. <https://itpcglobal.org/blog/resource/how-to-implement-community-led-monitoring-toolkit/>

ITPC. From insights to evidence: A guide to qualitative and quantitative measures for CLM. 2022. <https://itpcglobal.org/blog/resource/from-insights-to-evidence-a-guide-for-translating-priorities-into-qualitative-quantitative-measures-for-community-led-monitoring/>

ITPC. A guide to HIV for community education and advocacy. 2022. <https://itpcglobal.org/wp-content/uploads/2022/04/ITPC-TX%20education-full-web.pdf>

ITPC. Precision in a pandemic: guidance on CLM data quality assurance. 2022. <https://itpcglobal.org/blog/resource/precision-in-a-pandemic/>

ITPC. The good, the bad, and the unfinished business: Addressing the impact of COVID-19 on HIV and TB services in Malawi and South Africa through a CLM initiative. 2022. <http://clm.itpcglobal.org/download/2022-itpc-the-good-the-bad-and-the-unfinished-business.pdf>



Additional references

- 1 The 1978 Alma-Ata Declaration set out a vision for universal and comprehensive primary health care to promote health and prevent disease that “requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care”.
- 2 Roberts, KJ. [Patient empowerment in the United States: a critical commentary. Health Expectations](#), 1999; 2:82-92, citing Gibson, CH. A Concept analysis of empowerment. *Journal of Advanced Nursing*, 1991; 16:354-361.
- 3 Perkins DD and Zimmerman MA [Empowerment theory, research, and application](#). *American Journal of Community Psychology*, 23, 569-579. 1995.
- 4 Sweat M, Morin S, Celentano D, et al. [Community-based intervention to increase HIV testing and case detection in people aged 16–32 years in Tanzania, Zimbabwe, and Thailand](#) (NIMH Project Accept, HPTN 043): a randomized study. *Lancet Infectious Diseases*; published online May 4, 2011.
- 5 Hemmings J and Wilkinson J. [What is a public health observatory?](#) *J Epidemiol Community Health* 2003;57:324–326.
- 6 Boydell V, McMullen H, Cordero J et al. [Studying social accountability in the context of health system strengthening: innovations and considerations for future work](#). *Health Res Policy Syst*, 2019; 17(1):34.
- 7 Sacks E, Morrow M, Story WT et al. [Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all](#). *BMJ Global Health* 2019;3:e001384.
- 8 CDC. Community engagement landscape analysis for CDC’s Division of Global HIV & TB. 2020.
- 9 Baptiste S, Manouan A, Garcia P et al. [Community-led monitoring: When community data drives implementation strategies](#). *Current HIV/AIDS Reports* 2020 17:415–421.

