



CLM Research Workshop report

June 2024

Executive summary

The CLM Research Workshop, convened by IAS – the International AIDS Society – took place in Johannesburg, South Africa, from 20 to 22 May. The primary objective was to facilitate knowledge exchange and seed collaborations between community-led monitoring (CLM) implementers and researchers working in the same country or region towards advancing CLM and research and building the evidence base for CLM.

The first day focused on setting the scene, covering introductions, CLM core principles and impact, the publication process, and key examples of how different CLM programmes have implemented different stages of the CLM cycle. Sessions were designed to orient those less familiar with CLM to the CLM methodology while sharing knowledge and experiences on the research publication process for those less familiar with academic research and writing. At the end of each session, participants engaged in questions and answers on the topics covered.

The second day concentrated on practical steps towards publication of CLM findings. Presentations highlighted approaches to documenting outcomes and impact already underway in CLM programmes and key issues to consider in the publication process. The focus then shifted to practical application, with group work sessions devoted to developing a publication plan on a priority issue identified by CLM implementers and deep-dive consultations with thematic experts.

The third day of the workshop focused on developing detailed publication plans. Through a series of practical, group-based exercises, country and transnational teams of CLM implementers and researchers identified their publication's key topic, content, approach and desired impact and shared this with the group, together with plans and timelines for next steps.

The workshop successfully facilitated knowledge exchange and collaboration among CLM implementers and researchers, highlighting the value of structured opportunities for CLM implementers and researchers to interact and learn from each other. The publication plans represent tangible steps towards building the evidence base for CLM. The outcomes of the workshop contribute to the broader goal of strengthened understanding and adoption of CLM as an effective mechanism to improve quality and effectiveness of HIV-related programmes.

Background

Community-led monitoring (CLM) is a social accountability mechanism for communities to identify and articulate the health issues, service issues and/or inequalities they face. Communities engage directly with services and service recipients, analyse findings, and advocate and engage with stakeholders in government and other sectors to identify and implement solutions based on the findings. CLM programmes are underway in over 60 countries¹; they address issues related to quality of HIV, tuberculosis, malaria and COVID-19 services and abuse of human rights². To date, CLM has led to documented improvements in health systems, access to care and health outcomes in over 15 countries³.

While CLM has been instrumental in generating health programme and service improvements, much of this work is recorded only in organizational and donor reports⁴. A small but growing body of open-access, peer-reviewed literature has begun to document the impacts and comparative advantages of community-led responses towards ending HIV as a public health threat⁵.

CLM data from Haiti highlight how lack of confidentiality, stigmatization and long travel distances contribute to low retention of people living with HIV in care⁶. In South Africa, the process of CLM data collection and analysis fostered community engagement and local collaboration in developing effective solutions to identified barriers to quality care⁷. Abstracts presented at international conferences highlight how CLM has identified policy implementation gaps in South Africa⁸, increased resiliency of HIV and TB programmes in Malawi⁹, and highlighted barriers to care experienced by key populations in South Africa¹⁰.

While CLM is valued by many in the HIV response, it is not widely known in other areas where it could be a powerful tool, including to address other health issues. Likewise, stakeholders still sometimes regard CLM data with scepticism, which highlights the importance of increasing publications on CLM impact, approaches and rationale to reach wider audiences. To date, publication efforts by CLM organizations have been limited by a lack of structured opportunities to collaborate with local researchers. There is a need to convene researchers and CLM implementers to share best practices.

Workshop aims and objectives

IAS – the International AIDS Society – convened the CLM research workshop to share information and perspectives about CLM, facilitate partnerships between CLM implementers and researchers working in the same country or region, and identify follow-up actions to advance community-led monitoring and research and build the evidence base for CLM. The workshop was held at the Radisson RED Hotel in Johannesburg, South Africa, from 20 to 22 May.

The workshop brought together 55 CLM implementers and researchers from nine countries: Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. Each country team included representatives of CLM organizations, as well as researchers working at local institutions (see Annex 1: List of participants).

The aim of the workshop was for country teams, led by CLM implementers, to develop publication plans for CLM findings, including detailed plans for next steps. The workshop agenda is available in Annex 2.

The workshop was designed collaboratively. A working group, comprised of IAS CLM programme Steering Committee members and external experts, was convened in January 2024 and met bi-weekly through March to identify and refine workshop priority areas (see Annex 3: List of working group members). In preparation for the workshop, invitees were asked to complete a survey to identify CLM and research skills they were confident in and those they were interested in learning more about. Workshop sessions were designed to reflect key topics identified through the survey, and experts in areas identified through the survey and follow-up calls were asked to lead sessions on those topics. Before the workshop, participants were connected via email to receive pre-reads outlining CLM core principles, best practices and impact. Orientation calls were held with researchers to familiarize them with CLM and the workshop goals.

Day 1: Setting the scene

"He who feels it knows it."

-Bob Marley

A quote shared by a workshop participant to emphasize the importance of the stories told from CLM data

The first day was divided into five sessions to familiarize all participants with CLM and research. Each content session included a discussion and reflection period.

Session 1: Welcome and introductions

Anna Grimsrud, IAS Senior Technical Advisor, facilitated the workshop welcome, [providing an overview](#) of the IAS, the IAS CLM programme and the workshop objectives, which were to:

- Build connections across disciplines, including experts in CLM and researchers
- Expand understanding of CLM among researchers and share insights between CLM groups
- Build skills in core research approaches, publication types and steps to publication among CLM implementers
- Facilitate partnerships at country level and around common interests
- Identify follow-up actions to expand the published evidence base for CLM

Emily Bass (IAS consultant) and Alice Kayongo (O'Neill Institute, Georgetown University, USA) led participants through an icebreaker activity and provided an overview of the workshop agenda roadmap, emphasizing the importance of a participatory, collaborative and connection-rich approach.



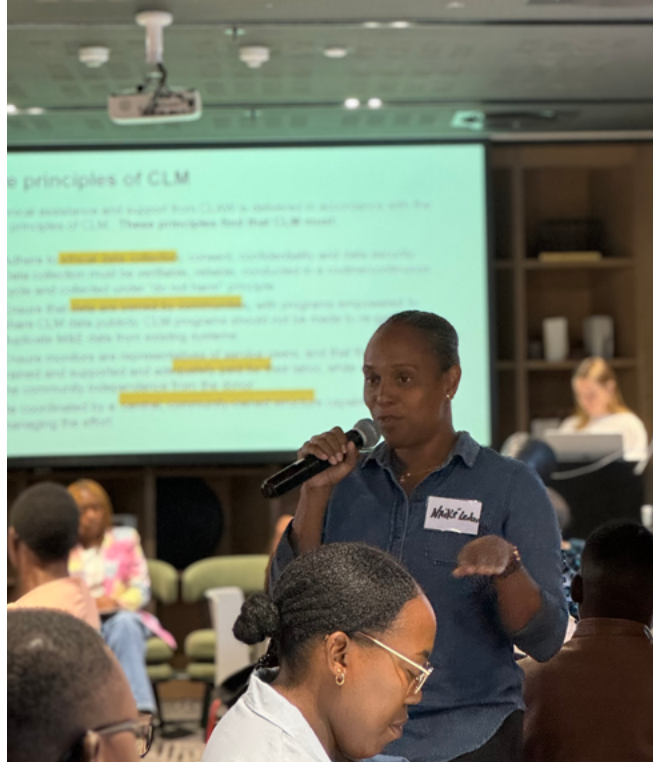
Session 2: Building bridges between CLM and research

The second session, chaired by IAS consultant Maureen Luba and presented by Naiké Ledan (Health GAP, USA) and Mtisunge Mikaya (MANASO, Malawi), oriented participants to [CLM core principles](#) and [CLM impact](#). Naiké highlighted CLM's role as a political accountability mechanism that works to improve responsiveness of donors and government to community-identified problems with healthcare services. CLM is fundamentally about community empowerment, working to shift power relations by equipping civil society advocates with data needed to generate political will in support of community-led solutions.

Critically, CLM is not research but evidence-based advocacy. The CLM methodology involves research components, but the ultimate aim of these components and of research involving CLM more broadly is to support advocacy goals to advance equity and accountability.

Mtisunge shared key examples of CLM impact at facility, district and national levels in Malawi. At the facility level, through interviews with service users, it was discovered that ART refill rates were low due to privacy concerns as the facility was close to the market. To address this, the community mobilized to plant hedges in front of the clinic to limit visibility. Following this initiative, the incidence of missed appointments declined over time. At the district level, CLM interviews identified that long wait times were attributable to low staff numbers and lack of water and electricity. CLM organizations engaged facility and district staff on the issue, which led to improved infrastructure. At the national level, a critical issue was long turnaround times for HIV viral load results. Through engagement with government, additional Gene Expert machines for viral load testing were made available and the viral load turnaround time was reduced from six months to less than three months.

The discussion period focused on the role of partnerships in CLM work, how CLM findings are translated to different audiences, the intersection of CLM with demand creation for better services, the relationship between accountability work and donor priorities, and potential synergies between CLM and research. The session closed with an invitation to researchers to see themselves in service to community needs and asked all participants to consider how they could build bridges that contribute to the reversal of exploitative power dynamics.



Session 3: Publishing a peer- reviewed publication: Real stories

In the third session of the day, Francois Venter (Ezintsha, University of the Witwatersrand) and Kenneth Mwehonge (HEPS Uganda) shared their experiences with academic publishing. Moderated by Emily Bass in a talk-show format, the session delved into why publication matters, approaching publication as a tactic to reach the audiences you want to reach, tips on writing and putting together a writing team, challenges around research ethics, and the importance of building trust with collaborators.



Audience members contributed their experiences, highlighting the importance of decolonizing research publication through collaboration with local institutions, community involvement in the publication development process, authorship, and returning results to communities. Other discussion topics centred on the importance of mentorship between team members, the value of open-access publication, and the importance of building in plans for publication at the outset of CLM programme design.

Session 4: Foundational approaches to publication

In session 4, researchers Chanda Mwamba (Centre for Infectious Disease Research Zambia, CIDRZ) and Definate Nhamo (Pangaea Zimbabwe AIDS Trust, PZAT) led a group-based, interactive exercise to match research definitions to terms and share their results with other participants.

Session 5: CLM implementer presentations and panel discussion

In the last session of the day, representatives of CLM implementing organizations in South Africa, Malawi and Kenya each provided an in-depth overview of different stages of CLM implementation in their programmes, collectively spanning the planning phase, data collection and analysis phase, and the stakeholder engagement, advocacy and monitoring phase (Figure 1). The presentations were followed by audience questions and answers.

Ndhivuwo Rambau (Treatment Action Campaign, South Africa) began the session with an overview of the Ritshidze project's planning experience in South Africa, highlighting the importance of relationship building with affected communities to identify community needs and gaps, collaborative development of indicators, sensitization of government, and pre-testing of data collection software and tools.

Harold Katchepatsonga of the Malawi Network of Religious Leaders Living with or Personally Affected by HIV or AIDS (MANERELA+) spoke about experiences collecting and analysing data in the "Citizen Science - Community-Led Monitoring and Advocacy in the COVID-19 pandemic" project. The first step was to develop data collection tools in collaboration with research partners, which were then shared with Ministry of Health officials for feedback. Guided by a community consultative group, data were collected from three sources: 1) hospital registers on HIV testing, prevention, care and treatment services indicators; 2) community members on their experiences with the uptake of services at the hospital; and 3) medical personnel on how they deliver services despite challenges encountered. In each of the 14 facilities, questionnaires were administered by members of the surrounding community who were also recipients of care. The data were then reviewed by a district supervisor, who shared the results with the monitoring and evaluation officer for further verification. Data entry and analysis were overseen by the monitoring and evaluation officer in collaboration with research partners.

Joan Museny'a (National Empowerment Network of People living with HIV/AIDS in Kenya, NEPHAK) highlighted methods used by NEPHAK to identify core advocacy messages and engage stakeholders towards implementing solutions to community-identified problems. A two-stage approach is taken: issues are first raised at the health facility level to address relevant gaps; and issues not addressed at the health facility level are then brought to the district or national level. A key output for each stakeholder engagement is an action plan highlighting gaps identified and how those gaps will be addressed, by whom and by when. In parallel, NEPHAK works with government to integrate CLM into national strategic plans and national- and county-level frameworks as a community intervention that can contribute to achievement of national targets.

Discussion topics centred on how community priorities are carried through the CLM process, including: how CLM results are returned to communities; the role of CLM organizations in supporting continuity of care in the context of larger health systems difficulties, such as doctors' strikes; how data confidentiality is protected; coordination among different organizations collecting health service data; and the importance of aligning advocacy goals with local contexts.

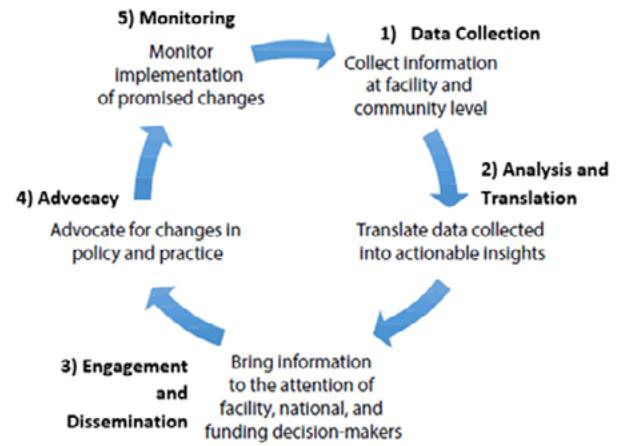
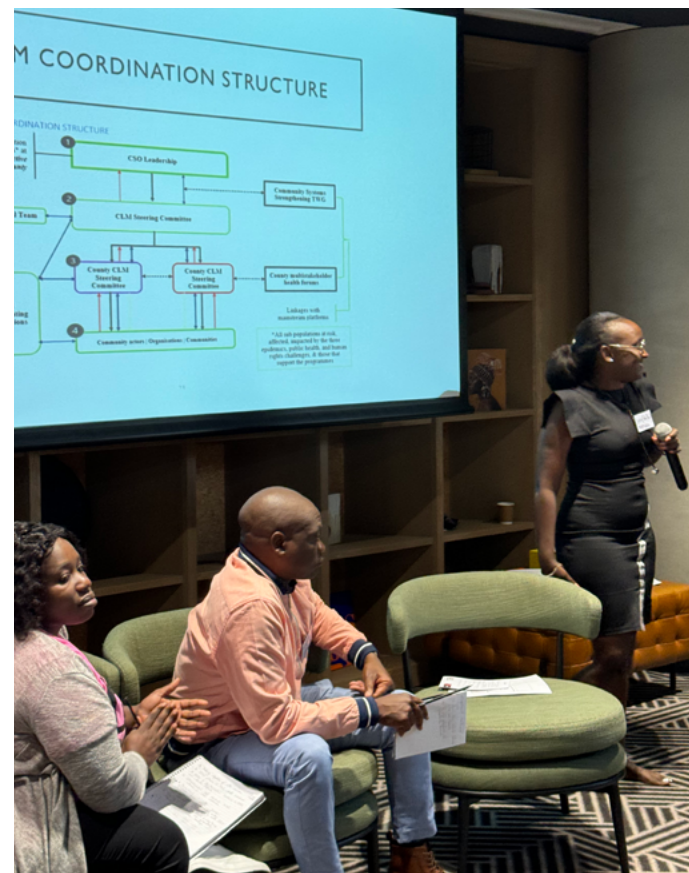


Figure 1: The CLM cycle



Day 2: Steps towards publication

"Only the wearer knows where the shoe pinches."

-George Herbert

A quote shared by a workshop participant to emphasize the importance of the stories told from CLM data

The second day was divided into five sessions towards development of a publication plan.

Session 2: CLM implementer reports from the real world

Following an orientation exercise led by Maureen Luba, session two focused on presentations from CLM implementers on different approaches to documenting CLM impact. Melikhaya Soboyisi (Networking HIV & AIDS Community of Southern Africa, NACOSA, South Africa), shared results from a three-year project in collaboration with the International Treatment Preparedness Coalition (ITPC) on monitoring the impact of COVID-19 on HIV and TB services at 33 health facilities in South Africa and Malawi. A key finding in South Africa was that women aged 20-24 years had the lowest rate of PrEP uptake despite having the highest HIV incidence rate. Many had limited understanding of PrEP, with most never having been offered the service. In response to these findings, NACOSA held meetings with facility managers and the Department of Health to increase PrEP initiations among young women. Additional results of the project can be [found here](#).

Alice Kayongo presented methods and findings from a recent community consultation process informing the development of a monitoring, evaluation, accountability and learning (MEAL) framework for use by CLM implementers¹. The multi-stage process included three consultations across four global regions and involved over 220 participants from 40 countries, supplemented by key informant interviews. Consultation participants identified several underlying issues that affect monitoring and evaluation of CLM programmes, including underrepresentation of qualitative data in programme reporting to donors, inadequate accounting for political environments which may hinder advocacy work, inadequate funding for MEAL activities, and the need for training opportunities on MEAL. Key recommendations for the development of a MEAL framework that emerged from the consultations are [summarized here](#).

¹ Supported by IAS under the IAS CLM programme



Alana Sharp (independent consultant) and Ngqabutho Mpofu (Treatment Action Campaign, South Africa) explored how research and publication can build on documentation of results already underway and expand CLM programme impact, highlighting the importance of building these efforts on core principles of community leadership, co-learning and empowerment. The team provided a thematic breakdown of papers that could be written, including country-specific case studies, cross-country analyses on particular topics (such as medication stockouts), overviews of CLM methods, and deep dives into key issues related to CLM (such as how CLM can promote human rights in healthcare). Further details can be [found here](#).

The discussion focused on strategies to mitigate risks of government backlash in different country contexts, how CLM programmes at different stages of maturity can publish on their work, ways to engage researchers in CLM collaborations, and how researchers can apply experiences working with complex datasets in support of publication of CLM findings.

Session 3: Pathways to publication

Session 3 combined a group-based, practical exercise with presentations from researchers and CLM implementers on their experiences writing for publication.

In the group exercise, participants ordered cards corresponding to each stage of the publication process and shared their results. Moses Talibita (Nkumba University, Uganda) provided tips and examples of key resources available to support manuscript writing, noting that different publication options exist and the importance of aligning publication with the audience to be reached. Moses also flagged the issue of predatory publishers and provided tips on recognizing them, including very short turnaround times, contracts that assume all intellectual property rights, and the quality of other papers published.



Beatrice Ajonye (International Community of Women living with HIV, ICWEA, Uganda) shared her publishing experience, emphasizing that obtaining ethical clearance is a key step in publishing CLM findings. For CLM work, there are two paths to publication: collaboration with researchers; and collaboration with funders. In Uganda, for example, funders have been interested in publication and have provided training opportunities on manuscript development. Different funders also have different requirements for publication: some require ethical clearance for data collection involving human subjects at the outset of CLM programmes and may have their own internal approvals process for publications that can take several months. Costs associated with citation software are another aspect to plan for on the road to publication.

Participants experienced with ethics review boards recommended that CLM organizations interested in publishing previously collected data submit ethics applications focused on data analysis and how privacy will be protected. Government websites often contain information on the process to follow. Applications can sometimes be accelerated in time-sensitive contexts. Other key topics raised during the discussion included sensitivities around getting ethical clearance for work involving key populations in countries where key populations are criminalized, ways to include community members in the publication development process, and how public resources, such as libraries, can be used to disseminate publications.

Session 4: Skills into action: Developing a publication plan

In session 4, participants worked in groups to develop a plan for publication based on a priority area defined by CLM implementers in each group. Each group reported back on their plans. Publication topics included retrospective analysis of CLM results in Malawi, spotlighting the power of CLM and government partnership in Zimbabwe, challenges in uptake of HIV services in Tanzania, the impact of multi-month dispensing of ART in Zambia, tracing the route from advocacy to policy in implementation of multi-month dispensing in South Africa, and understanding factors contributing to implementation of the multi-month dispensing strategy in Namibia.



Session 5: Expert consultations: Deeper dive and mentoring

The last session of the day, introduced by Krista Lauer (ITPC) was organized as a series of 20-minute sessions with subject matter experts across different areas of CLM and research. Participants rotated through the tables to learn about key topics with workshop experts, including:

- i. **CLM and ethics considerations with Beatrice Ajonye**
- ii. **CLM indicator development and selection with Kenneth Mwehonge**
- iii. **CLM project planning with Melikhaya Soboyisi**
- iv. **Using CLM data for advocacy with David Kamkwamba**
- v. **Creating NGO-researcher partnerships with Talibita Moses**
- vi. **Choosing where to publish with Chanda Mwamba**
- vii. **Manuscript SOS with Jephias Matunhu**
- viii. **Prospective study design with Definate Nhamo**



Day 3: Developing publication action plans

"Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime."

Proverb shared by workshop participant emphasizing that CLM implementers would like to partner with researchers and learn research skills, rather than outsource their research needs.

Day 3 comprised four sessions towards developing publication action plans.

Session 1: Review and sense check

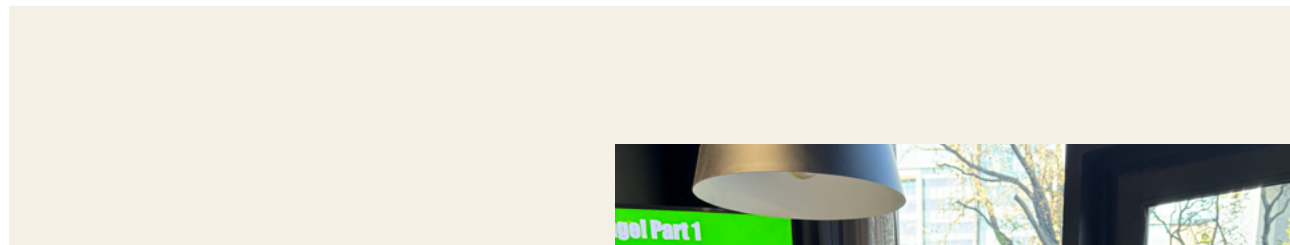
Anna Grimsrud provided more detail about the current IAS requests for proposals related to CLM. She shared details of CLM sessions and activities at AIDS 2024, including the CLM pre-conference and satellite sessions on CLM in a changing world, and plans for a CLM conference roadmap. Anna also gave an overview of possible academic journals that may be interested in publishing data from CLM programmes, outlining their instructions for authors and article types. Further details can be [found here](#). Questions from participants focused on publication fees.

Emily Bass and Maureen Luba then facilitated a sense check for participants to gauge how delegates were feeling about the workshop. Participants were asked: "Do researchers understand what CLM is?" They were asked to respond by moving in the room to position themselves on the spectrum of how well CLM is understood. The room was somewhat divided: some participants were convinced from discussions with researchers present that there was a good understanding; others emphasized that researchers would benefit from visiting CLM programmes in action. There was agreement that there was more for researchers to understand about what CLM is but that progress had been made.

The second reflection question centred on whether or not there was the potential for CLM implementers and researchers to collaborate. This was resoundingly positive, with almost all participants shifting and standing in the front of the room. Participants shared that they were excited about the potential and shifted to expressing some details of how collaborations could work. Some commented that by bringing different skill sets together and clearly dividing responsibilities and roles, there could be collaboration. There was also a desire to build relationships and allies wherever possible. In summary, there was a lot of willingness to collaborate even as understanding may be developing.

Session 2: Design challenge: Part 1

In the design challenge, participants were split into country groups and asked to brainstorm what CLM stories they would like to tell through publication. Once there were a number of stories, each with their own sticky note, participants completed a prioritization activity, placing each story on a continuum of feasibility (from easy to hard to complete) and impact (from small to large).



Session 3: Design challenge: Part 2

In the second part of the design challenge, each group presented their stories for publication, highlighting areas of priority.



Session 4: Report back

In preparation for the report back, each group chose one or two stories as the priority and drafted a publication plan. All the slides from the report back are [available here](#). In summary, priority publications included:

Country or collaboration	Proposed title
Malawi (1)	Successful CLM collaboration between CSOs and government: A case study of Malawi
Malawi (2)	Addressing drug shortages in Malawi through CLM
South Africa & Lesotho (1)	CLM implementation lessons learned: Lesotho and South Africa
South Africa & Lesotho (2)	Op-eds / Commentaries i. A CLM approach to improve HIV PrEP uptake and retention in Lesotho and Gauteng, South Africa ii. Determinants of contraceptive stockouts within clinics in Lesotho and Gauteng, South Africa iii. Context of intimate partner violence: A community-based approach to improve HIV index testing
Tanzania (1)	The influence of CLM in improving differentiated service delivery: Case of Tanzania
Tanzania (2)	The role of CLM in rolling out new HIV prevention and treatment technologies: Case of TLD roll out in Tanzania
Uganda (1)	CLM engagement outputs/outcomes in Uganda in 2020-24: A case study of subnational level implementation
Zambia (1)	The role of community-led monitoring in enhancing client-centred care in HIV and TB services in Zambia
Zimbabwe (1)	Transforming the lab sample turnaround time using CLM data in Zimbabwe
Zimbabwe (2)	Deploying the power of CLM to influence medicines supply chain management in Zimbabwe
South Africa-Zimbabwe collaboration (1)	Lessons learned in the pursuit of 6MMD: An analysis of the Zimbabwe and South Africa health systems
South Africa-Zimbabwe collaboration (2)	Adherence on core principles of CLM in PEPFAR-supported community-led monitoring projects in Zimbabwe and South Africa: A report scorecard
South Africa-Malawi collaboration (1)	CLM data and drug stockouts

Country or collaboration	Proposed title
South Africa-Malawi collaboration (2)	CLM stakeholder engagement
Kenya-Namibia collaboration (1)	Lessons learned on CLM implementation: A comparative study of Kenya and Namibia

Themes around needs, next steps and big ideas focused on scheduling kick-off meetings in countries, developing working groups, and identifying lead CLM implementers and researchers for each paper.

In closing

The workshop wrapped up with a vote of thanks from Anna Grimsrud to all in attendance, including those who had travelled to be there, everyone who facilitated, presented and contributed their expertise to workshop sessions, and IAS colleagues for ensuring good technical content and logistics.

Annex 1:

List of participants

First name	Last name	Country	Organization
Beatrice	Ajonye	Uganda	International Community of Women living with HIV (ICWEA)
Hilma	Andreas	Namibia	IntraHealth Namibia
Emily	Bass	United States	Consultant, IAS
Morgen	Chinoona	Zimbabwe	Family AIDS Caring Trust (FACT)
Fred	Chungu	Zambia	Network of Zambian People Living with HIV/AIDS (NZP+)
Daniel	Elakpa	South Africa	PhD fellow, Health Policy and Systems Research, University of the Witwatersrand
Makeneuoe	Fako	Lesotho	Bacha re Bacha
Karessa	Govender	South Africa	University of the Western Cape
Anna	Grimsrud	South Africa	IAS
David	Kaawa-Mafigiri	Uganda	Department of Social Work and Social Administration, Makerere University
Harold	Kachepatsonga	Malawi	Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+)
David	Kamkwamba	Malawi	Network of Journalists Living with HIV (JONEHA)
Alice	Kayongo	United States / Uganda	O'Neill Institute, Georgetown University
Njoki	Kimani	Kenya	University of Nairobi
Samanta	Lalla-Edward	South Africa	Ezintsha, University of the Witwatersrand
Krista	Lauer	United States	International Treatment Preparedness Coalition (ITPC)
Loena	Le Goff - Gestin	Switzerland	IAS
Naiké	Ledan	United States	Health GAP

First name	Last name	Country	Organization
Maureen	Luba	Malawi	Consultant, IAS
Brian	Macharia	Kenya	Health GAP
Tatenda	Makoni	Zimbabwe	Zimbabwe National Network of People Living with HIV (ZNNP+)
Jackson	Makoyola	Tanzania	National Council of People Living with HIV (NACOPHA)
Nkoleleng	Mashilo	South Africa	Ezintsha, University of the Witwatersrand
Chamunorwa	Mashoko	Zimbabwe	ReACT
Jephias	Matunhu	Zimbabwe	Tugwi Mukosi Multi-disciplinary Research Institute, Midlands State University
Mtisunge	Mikaya	Malawi	MANASO
Eric	Motau	South Africa	UNAIDS
Ngqabutho	Mpofu	South Africa	Treatment Action Campaign
Richard	Msittu	Tanzania	SIKIKI
Alister	Munthali	Malawi	Palm Consulting
Tadios	Munyimani	Zimbabwe	KP Consortium Zimbabwe
Marineus	Mutongore	Tanzania	KP Consortium Tanzania
Chanda	Mwamba	Zambia	Center for Infectious Disease Research Zambia (CIDRZ)
Kenneth	Mwehonge	Uganda	HEPS Uganda
Wingston	Ng'ambi	Malawi	College of Medicine, University of Malawi
Definate	Nhamo	Zimbabwe	Pangaea Zimbabwe AIDS Trust (PZAT)
Joan	Nthenge	Kenya	National Empowerment Network of People living with HIV/AIDS (NEPHAK)
Kamogelo	Nunu	South Africa	Genesis Analytics
Aina	Nuugonya	Namibia	Catholic AIDS Action
Tatu	Nyange	Tanzania	Mwalimu Nyerere Memorial Academy
Solomon	Nzuki	Kenya	KP Consortium Kenya
Richard	Ochanda	Kenya	AVAC

First name	Last name	Country	Organization
Ndivhuwo	Rambau	South Africa	Treatment Action Campaign
Sean	Reggee	Zambia	TransBantu Zambia
Henry	Sakala	Zambia	KP Consortium Zambia
Laura	Schaefli	Switzerland	IAS
Alana	Sharp	United States	Independent consultant
Melikhaya	Soboyisi	South Africa	NACOSA
Anthony	Ssebagereka	Uganda	School of Public Health, Makerere University
Moses	Talibita	Uganda	Nkumba University
Angela	Tembo	South Africa	Ezintsha, University of the Witwatersrand
Edna	Tembo	Malawi	Coalition of Women Living with HIV and AIDS (COWLHA)
Caroline	Tiba	South Africa	Rotanganedza Community Care
Donald	Tobaiwa	Zimbabwe	Jointed Hands
Francois	Venter	South Africa	Ezintsha, University of the Witwatersrand

Annex 2: Agenda

Community -Led Monitoring (CLM) research workshop

A workshop facilitating country-level partnerships to identify actions to advance CLM and research and build the evidence base for CLM

Convened by IAS - the International AIDS Society - with partners

Monday 20 May - Wednesday 22 May, Radisson RED Hotel, Johannesburg, South Africa

Day 1 - Monday, 20 May, 8:00 - 17:00, reception 18:30 - 20:00

Time	Session	Speaker/Moderator
8:00 - 9:30	1. Registration, introductions and workshop objectives	
8:00 - 8:30	Registration	IAS staff
8:30 - 8:45	Welcome, terms of engagement, expectations and logistics	Anna Grimsrud, IAS
8:45 - 9:30	Icebreaker, introductions and workshop objectives	Emily Bass, IAS Alice Koyongo, independent consultant
9:30 - 10:30	2. Building bridges between research and CLM	
	Accountability and action: CLM method, impact and principles	Maureen, Luba IAS (moderator) Naiké Ledan, Health GAP Mtsiunge Mikaya, MANASO
10:30 - 11:00	Break	
11:00 - 12:30	3. Publishing a peer-reviewed publication - Real Stories	
	Key steps on the road towards publication	Emily Bass, IAS Kenneth Mwehonge, HEPS Uganda Francois Venter, University of the Witwatersrand
12:30 - 13:30	Lunch - Radisson RED Hotel	

Time	Session	Speaker/Moderator
13:30 - 15:00	4. Foundational approaches to publication	
	Overview of research methodologies applicable to CLM outputs and outcomes	Emily Bass, IAS Chanda Mwamba, Centre for Infectious Disease Research Zambia (CIDRZ) Definate Nhamo, Pangaea Zimbabwe AIDS Trust (PZAT)
15:00 - 15:30	Break	
15:30 - 17:00	5. CLM implementer presentations and panel	
	Presentations and panel discussion of CLM implementation models	Harold Kachepatsonga, MANERELA+ Mathew Kawogo, NACOPHA Joan Museny'a, NEPHAK
18:30 - 20:00	Evening reception and icebreaker - Apex Lounge, Radisson RED	

Day 2 - Tuesday, 21 May, 8:30 - 17:00

Time	Session	Speaker/Moderator
8:00 - 9:30	6. Day 1 recap and Day 2 orientation	
	Recap and orientation	Maureen Luba, IAS
9:30 - 10:30	7. CLM implementer reports from the real world	
	Presentations and discussion of CLM approaches to documenting results and impact	Alana Sharp, Independent consultant Alice Kayongo, independent consultant Melikhaya Soboyisi, NACOSA
10:30 - 11:00	Break	
11:00 - 12:30	8. Pathways to publication	
	Critical steps in moving towards publication	Emily Bass (Moderator) Alice Kayongo (Moderator) Talibita Moses, Nkumba University Beatrice Ajonye, ICWEA

Time	Session	Speaker/Moderator
12:30 - 13:30	Lunch - Radisson RED Hotel	
13:30 - 15:00	9. Skills into action: Developing a publication plan	
	Scenario-based exercises	Emily Bass, IAS Maureen Luba, IAS
15:00 - 15:30	Break	
13:30 - 17:00	10: Skills into action: Deep dives into areas of interest	
	Cafe-style rotation	Krista Lauer, ITPC

Day 3 - Wednesday, 22 May, 8:30 - 17:00

Time	Session	Speaker/Moderator
8:00 - 9:30	11. CLM implementer reports from the real world	
	Review and sense check from Day 2	Emily Bass, IAS
9:30 - 10:30	12. Design challenge, part 1	
	Working sessions on areas of interest and development of research questions	Maureen Luba, IAS
10:30 - 11:00	Break	
11:00 - 12:30	13. Report back on priorities and planning needs	
	Report back from Session 12	Emily Bass, IAS Maureen Luba, IAS
12:30 - 13:30	Lunch - Radisson RED Hotel	
13:30 - 15:00	14. Design challenge, part 2	
	Exploration of research questions by theme/country team	Emily Bass, IAS Maureen Luba, IAS
15:00 - 15:30	Break	
15:30 - 16:30	15. Report back and next steps	
	Next steps, key takeaways, and priorities moving forward	Emily Bass, IAS Maureen Luba, IAS
16:30 - 17:00	16. Close	
	Thank you and certificates of completion	

Annex 3:

Workshop working group members

Name	Affiliation	Country
Beatrice Ajonye	ICWEA	Uganda
David Kamkwamba	Network of Journalists Living with HIV (JONEHA)	Malawi
Innocent Laison	International Treatment Preparedness Coalition (ITPC) – West Africa	Côte d'Ivoire
Krista Lauer	ITPC Global	USA
Moses Talibita	Nkumba University	Uganda
Alister Munthali	Independent consultant	Malawi
Kenneth Mwehonge	Coalition for Health Promotion and Social Development (HEPS)	Uganda
Nelson Otwamo	National Empowerment Network of People Living with HIV and AIDS (NEPHAK)	Kenya
Ndivhuwo Rambau	Ritshidze	South Africa
Alana Sharp	Georgetown University	USA
Gang Sun	UNAIDS	Switzerland
Edna Tembo	Coalition of Women Living with HIV/AIDS (COWLHA)	Malawi
Elvis Temfack	Africa CDC	Ethiopia

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