

Community-Led Monitoring in the Context of COVID-19 (CLM C19RM)

Short-term Technical Assistance: Guidance Note for Applicants

The investment in Community-Led Monitoring (CLM) for effective C19RM grants supports short-term technical assistance (TA) to strengthen the capacity of communities to gather, analyze and use data for improved availability, accessibility, acceptability and affordability of HIV, TB and malaria services in the context of Covid-19, to integrate CLM in national C19 responses and to document the impact of CLM on health responses.

The aim of the short-term TA is to be responsive, flexible and efficient in rapidly responding to community needs on the ground. Applicants will be quickly matched to an existing roster of pre-qualified TA providers. The deadline for short-term TA requests is **November 15, 2021**.

How does the Global Fund define CLM?

The Global Fund defines CLM in the Community Systems Strengthening Technical Brief (2019) as: *models or mechanisms by which service users and/or local communities gather, analyze and use information on an ongoing basis to improve access to, quality and impact of services, and to hold service providers and decision makers to account.*

While the Global Fund historically has used the term “community-based monitoring”, we are now using the term community-led monitoring, in order to align with Global Fund partners, including donors, community-led groups, and technical partners. The use of this term indicates that initiatives to gather, analyze, and use data to improve health services should be led by those most affected by the three diseases.

For more information:

- The Global Fund’s 2019 [Technical Brief on Community Systems Strengthening](#)
- The Global Fund’s May 2020 [Community-based Monitoring: An Overview](#)
- The Global Fund’s Feb 2020 [Towards a Common Understanding of Community-based Monitoring and Advocacy](#)
- [Towards a Common Understanding of Community-based Monitoring and Advocacy](#), Meeting Report, Joep Lange Institute, 2020.
- Baptiste et al, [Community-Led Monitoring: When Community Data Drives Implementation Strategies](#). Current HIV/AIDS Reports, 2020.
- The Global Fund [Community Engagement video](#)

What are the objectives of the CLM C19RM?

Overall, the CLM C19RM has three main objectives:



RAPID IDENTIFICATION OF IMPACT OF COVID-19

Objective 1: Understand the impact on people living with and impacted by HIV, TB, and malaria (HTM), and work to make adjustments in real-time to ensure ongoing access by **strengthening the technical capacity of communities to gather, analyze and use granular data** on availability, accessibility, acceptability, affordability and quality of HIV, TB, malaria and COVID-19 prevention and treatment services, increasing the technical rigor of CLM models and improving the impact of C19 and HTM programs through advocacy shaped by CLM evidence.

Outcome: CLM is adequately resourced, implemented with fidelity in 70 CLM interventions



CLM ACTIVELY INFORMS COVID-19 + HTM RESPONSES

Objective 2: Strengthen **integration of CLM into COVID-19 disease responses** and improve linkages to national strategies social accountability, particularly around human rights and gender-based violence, as well as improved global coordination on COVID-related community-led monitoring efforts, in order to improve program quality; along with increased resources invested in community systems and responses to improve program performance and equity, oversight, and accountability.

Outcome: CLM actively informs COVID-19 strategies and HTM disease responses



EVIDENCE AND LEARNING

Objective 3: Generate evidence on the impact of CLM on C19RM funding priorities, collaborating with technical partners, donors and communities to capture best practice approaches, and contribute to the global body of knowledge as well as regional communities of practice.

Outcome: Accessible resources to quickly identify and respond to issues, generate evidence on impact, document best practices, provide guidance

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What are examples of CLM in the context of Covid-19?¹

Rapid issue identification: Advocates have used CLM effectively to track disruptions to HIV, TB, and malaria programs due to the impact of COVID-19 (lockdowns, shortages of personal supplies of lifesaving medicines, reduced mobility, closed clinics, cessation of community-based services, cessation of in-person support groups and drop-in centers).

In three countries, communities developed a combination of remote snap surveys and “COVID-19-safe” CLM protocols demonstrating how networks can adapt to COVID-19 outbreaks to carry out CLM safely while capturing real time information about the effect of COVID-19 on communities.

CLM in the context of Covid-19 includes working with a different set of stakeholders and national C19 response teams that may operate outside of the CLM GF partnership.

Who is eligible to request technical assistance through this CLM C19RM TA mechanism?

A variety of groups can request TA, including:

- Civil society organization (CSO)
- Community-based organization (CBO)
- Key population network or organization
- Faith-based organization (FBO)
- Youth organization
- Government / government department

¹ Brief, “Integrating Community-Led Monitoring into C19RM Funding Requests” by EANNASO, ITPC, Health Gap, Regional Platform for Communication and Coordination on HIV/AIDS, TB and Malaria for Anglophone Africa, 2021.

- Public health facility
- Private sector health facility or service site
- Global Fund PRs and SRs

Requests are accepted for organizations working on HIV, TB and/or malaria in countries that receive Global Fund C19RM grants.

What is available for short-term TA?

TA will be provided in four main areas:

| Main TA areas of support | Menu of TA activities |
|---|--|
| <i>1. Strengthen the capacity of communities to gather, analyze and use data for improved availability, accessibility, acceptability and affordability of HIV, TB and malaria services in the context of Covid-19</i> | <ul style="list-style-type: none"> ___ CLM strategy development (including indicator selection, site selection, determining CLM mechanisms and structures) ___ CLM protocols and tool development (such as community scorecards, patient satisfaction surveys, resource and budget tracking tools) ___ Data triangulation and verification exercises ___ CLM database development including software/digitalization ___ In-person/virtual training and mentorship on data collection processes, analysis, reporting ___ Data quality audits or other quality assurance processes |
| <i>2. Integrate CLM in national C19 responses</i> | <ul style="list-style-type: none"> ___ Developing national and local level multi-sectoral partnership plans for sharing data for decision making to increase/improve services and quality ___ Communication protocols including establishing bi-directional “feedback loops” to ensure data quickly reaches decision-makers who can use the data to adjust program strategy ___ Organizing evidence-sharing meetings with communities and other stakeholders ___ Participation in national and local level meetings where CLM data can be shared |
| <i>3. Advocacy strategy and implementation</i> | <ul style="list-style-type: none"> ___ Improve/establish CLM advocacy strategies ___ Development of advocacy materials based on CLM data ___ Organizing advocacy planning and strategy sessions to use CLM data ___ Organizing and conducting training sessions on using CLM data for advocacy |
| <i>4. Document impact of CLM on C19RM funding priorities</i> | <ul style="list-style-type: none"> ___ Developing written case studies on effectiveness and/or outcomes of CLM interventions for public dissemination – including abstracts for conferences, articles for journals, other materials development. |

Some examples of possible TA requests:

- 1) The C19RM grant in your country includes CLM interventions to adapt a HIV, TB or malaria CLM model to include Covid-19 indicators. TA would enable CLM data collectors to add relevant Covid-19 indicators to monitoring activities for identified target groups. The TA

could also include support for updating CLM frameworks, strategies, protocols and training on updated tools.

- 2) The C19RM grant includes CLM interventions but lacks a focus on monitoring access to services (including for Covid-19) for key, vulnerable and/or marginalized people (KVP). You notice that KVP are missing vital medical appointments. You want TA support to integrate specific KVP needs into existing CLM activities.
- 3) You are a civil society organization that focuses on health and human rights across the country and have been implementing CLM for TB. Your monitoring has found that TB patients are not able to pick up drug supplies at DOTS centers for fear of contracting Covid-19 in these facilities which also provide other health services. You need support to analyze the data and prepare reports with key advocacy messages to share with health authorities.
- 4) Your country has a national Covid-19 response plan, but it lacks a clear articulation of CLM as a critical community activity to generate much needed qualitative data to support the overall objectives of the plan. You need TA to bring convene stakeholders to define and agree on a CLM approach in the context of Covid-19 to be funded through the Global Fund grants
- 5) You are a CLM implementer and have many anecdotes of the impact of Covid-19 on access to health services, on mental health and human rights. You need TA support to help organize these anecdotes into complete case studies to share regionally and globally for learning and advocacy.
- 6) You are running a CLM program which has generated a lot of data. You have identified that the feedback system of sharing data with health authorities needs to be faster. You need TA to adjust the system and for effective advocacy using the CLM data.

Who is providing the TA?

The CLM C19RM TA will be delivered by one of the three pre-approved civil society and community CLM TA providers. These include:

Community-Led Accountability Working Group (CLAW), led by Health Gap and Asia Catalyst with Advocacy Core Team (ACT) of Zimbabwe, the Public Policy Office of amfAR, O’Neill Institute for National and Global Health Law at Georgetown University.

Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) with APCASO and Alliance Technical Assistance Centre (ATAC) in Ukraine.

Community Data for Change Consortium (CD4C) led by ITPC Global with MPact, African Men for Sexual and Rights (AMSHer), Asia Pacific Coalition for Men’s Sexual Health (APCOM), Caribbean Vulnerable Communities (CVC), Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Global Coalition of TB Activists (GCTA), ITPC EECA and ITPC WCA.

It is always the mission of the TA provider to work *with and for* the organization requesting TA. After you submit a request, we will match you with a TA provider that has the skills and language competency for your country or community.

What is the process after I submit a TA request?

Once a TA request is submitted, the CLM C19RM team will review it for completeness and if it meets certain key criteria:

1. CLM interventions are budgeted in C19RM grant
2. TA objective is clear and fits within the scope of TA activities available
3. There is existing CLM in the country for the TA to support/build on
4. The TA request is not duplicative of a TA request to another funder (e.g. UNAIDS, STB, etc.)

If the TA request meets the above criteria, the CLM C19RM team will contact you to propose a TA provider. Following agreement of the TA provider, you will be introduced to each other and work together to finalize a TOR and budget for the TA.

If the TA request is unclear, you will be contacted for further discussion with the CLM C19RM to clarify objectives and TA needs to see if TA can be provided.

What is the estimated duration of the TA?

On average, you can expect to receive intensive support for 3 – 4 weeks. This could be remote or in person depending on the activity and Covid-19 situation in your country.

What are the key dates and deadlines?

The deadline for submitting TA requests is November 15, 2021.

The implementation of TA will occur between November 2021 – February 2022

How do I submit a request?

Please complete the *CLM C19RM Short-term Technical Assistance Request Form* and submit to: CLMTA@theglobalfund.org.

How do I find out more about the Global Fund's C19RM grant in my country?

You can find information about the C19RM grants here: <https://www.theglobalfund.org/en/covid-19/response-mechanism/>.

For additional information, you can contact your Country Coordination Mechanism (CCM): https://data-service.theglobalfund.org/viewer/cm_contacts

Who can I contact if I have further questions?

If you have any additional questions, please contact Keith Mienies at: Keith.Mienies@theglobalfund.org.