



## ANGLOPHONE AFRICA COMMUNITY BASED MONITORING SYSTEMS (CBMS)

# DIRECTORY



**Regional Platform**  
for Communication and Coordination  
on HIV/AIDS, Tuberculosis and Malaria  
For Anglophone Africa



## FORWORD

The Global Fund promotes effective community systems that underpin community-led and community-based responses, and which can complement and link with formal health systems. Community-led responses are those that are managed, governed and implemented by communities themselves and community-based responses are those that are delivered in settings or locations outside of formal health facilities. The global Fund technical brief (Oct 2019) on Community systems lists as one of the four key components for community systems strengthening interventions as Community based monitoring systems.

In Investing to End Epidemics, the Global Fund's Strategy for 2017-22, Strategic Objective 2 ('build resilient and sustainable systems for health') has a specific operational objective to strengthen community responses and systems. Meanwhile, Strategic Objectives 1, 3 and 4 ('maximize impact against HIV, TB and malaria', 'promote and protect human rights and gender equality' and 'maximize increased resources') can only be achieved through the type of high quality, scaled-up and cost-effective approaches that strong community responses and systems provide.

Currently there are many initiatives being piloted and or implemented by communities some of which fit the description of community-based monitoring systems and yet others are just but initiatives or projects that support community engagement in ongoing health interventions.

With increasing interest in meaningful engagement of communities in designing and implementing community-based monitoring systems, EANNASO carried out an exercise to map existing and functional community-based monitoring systems and other initiatives that border towards CBMS in six African countries namely Nigeria, Sierra Leone, Uganda Tanzania, Malawi and Zambia. Result of the mapping exercise have been compiled and are presented here as a CBMS directory. This directory offers information on existing community-based monitoring systems initiatives as well as details of hosting organizations to enable people reach out for more information.

The work to build this directory is progressive and EANNASO will continue to feed into this platform new CBMS initiatives that are introduced in the countries where other CBMS have already been mapped and enlist new CBMS initiatives in Anglophone Africa that have not been mapped yet. Our overarching objective being to connect communities with realistic initiatives that can be adopted, expanded and scaled up to generate data to inform programs and policies.

## ACKNOWLEDGEMENTS

EANNASO would like to acknowledge the stronger support by partners and communities in the process of producing this directory that provides critical information of existing Community based monitoring Systems (CBMS) in Anglophone Africa countries.

First through the Community Rights and Gender Strategic Initiative (CRG SI) EANNASO is hosting the Anglophone Africa Communication platform that has created a trusted communication network that made it easier to reach out and gather information on existing CBMS initiatives in the select countries where the mapping was done.

EANNASO also acknowledges the support from GIZ Back Up that contributed resources to bring on board consultants who organized the data and uploaded it of a digital mapping platform as well as generating this physical directory.

EANNASO realizes that this work would not have been a success without the meaningful engagement of communities' who were ready to share the different CBMS initiatives being implemented in their countries. We will strive to place the interest of communities at the forefront in the spirit of leaving no one behind.

Lastly, we acknowledge the technical expertise provided by our staff and consultants' in putting and organizing this piece of work in a way that is appealing and attractive to our audience.



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## INTRODUCTION

Many communities around the world continue to be left behind with regard to critical decisions that affect and impact their lives. It is widely accepted that community engagement is fundamental to expanding access to health services beyond mainstream facilities, where some groups of people still face stigma and discrimination. The Global Fund partnership recognizes that greater and equitable impact against the diseases begins with identifying communities disproportionately affected by HIV, tuberculosis and malaria, and understanding their vulnerability and their needs and then systematically engage them to lead actions that impact on their health and well-being. This can only come from dialogue and meaningfully engaging the people most affected by the diseases, at program design, prioritization, implementation and monitoring performance levels.

Communities know the factors that make them vulnerable. They know how geography, education, past experience, socio-economic status and identity influence their health-seeking behaviors. CS and community groups also play a vital role in ensuring that communities access health services and as such CS and CG are vital in implementation and monitoring key areas for improvement during implementation of these grants and programs.

Through meaningful community engagement in program design and implementation, an effective public community partnership is established across the health care continuum that enhances referral between households and health care facilities and ensuring adherence to care and treatment support. In this regard, community organizations and networks have an indispensable role in improving equitable access to quality services and in contributing to comprehensive health care.

To ensure communities are equipped with the right information to influence decisions, they must be able to design, implement and monitor the process of gathering and analyzing critical information independent from external interference including government bureaucratic systems. Community monitoring is one of the components of community participation process by which community members supervise and monitor project activities in their areas on their own and make effective decisions for better project implementation (Barreto et al., 2006). Although it is quite difficult task to involve community members in the monitoring process as it is a kind of technical job, but NGOs use this way of working for the sake of empowering communities (Dave, 2010).

## RATIONALE

Limited knowledge and tools to foster community engagement especially around a common understanding of how a Community based monitoring system should function and also how to integrate Community Based Monitoring system into the funding request are some of the key challenges faced by countries in ensuring accountability activities for CS and community groups in the Global Fund grants. CS and communities also require examples of CBM currently being implemented and the processes being utilized so that these can be used as case studies.

This directory provides linkages so that communities are able to learn from each other. This will be a tool that can be used to guide and facilitate integration of CBMS in program development processes.



## APPROACH

EANNASO engaged country consultants who mapped out existing CBMS in their respective countries using a mapping template developed to collect information on the following attributes;

- Name of the CBMS
- Name of the organization hosting the CBMS
- Contact details of the host organization including the contact person for further enquiry
- Objective of the CBMS
- How the CBMS is implemented
- Coverage of the CBMS
- The process of data collection and use by communities
- Summary achievements of the CBMS
- Challenges experienced in implementing the CBMS
- Recommendations for sustainability of the CBMS

Information collected from the CBMS hosting organizations was uploaded on a digital platform to create a digital CBMS directory that can be easily accessed through the web. The web platform can be accessed at:

<https://cbms.eannaso.org/>

However, from experience coordinating information dissemination for the Anglo-phone CRG communication platform, many civil society and community group constituencies lack the infrastructure to access information online hence rely on printed copies and for this reason this physical directory was developed.

## HOW THE DIRECTORY IS ORGANIZED

The directory is organized per country to make it easy to navigate through. The different CBMS are listed according to the countries they are implemented in and all contact details of the hosting organization provided for ease of reference. Following an Alphabetical arrangement, the directory starts with CBMS implemented in Malawi, followed by Nigeria, then Sierra Leone, Tanzania, Uganda and lastly Zambia.

For every CBMS, one is able to understand the kind of data collected and how Civil Society and Community Groups are involved in the process as well as highlighting some of the core achievement that have been realized as a result of implementing the CBMS.



# COMMUNITY TREATMENT OBSERVATORIES (CTO)

## CBM Objectives

Community treatment observatories serve as a watch-dog mechanism for health and social service delivery systems. When communities are neglected, marginalized, or disconnected from decision-making processes, CTOs provide them with a way to ensure that health systems respond to their needs and recognize their rights.



### HOSTING ORGANIZATION:

MALAWI NETWORK OF RELIGIOUS LEADERS  
LIVING WITH OR PERSONALLY AFFECTED  
BY HIV AND AIDS (MANERELA+)

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MALAWI

LILONGWE, MALAWI

## HOW CBM IS IMPLEMENTED

A community treatment observatory (CTO) is a mechanism that systematically and routinely collects and analyzes qualitative and quantitative data. This data is used for monitoring trends along the HIV care cascade, and to inform targeted action that will improve the quality of HIV services.

In a CTO, an organized group of community members such as a network of people living with HIV collect data on various aspects of HIV prevention, testing, care, and treatment services. This can include, for example, indicators on the number of HIV tests conducted in a specified area, or the frequency and duration of ARV stock-outs experienced in a certain time period. Community monitoring is an ongoing process, with multiple entry points.

Unlike other community monitoring or research mechanisms, CTOs are a systematic and continuous monitoring process. Data is collected at set intervals (e.g. monthly) and entered into a centralized database. Because data is routinely collected, CTOs can monitor trends and variations within the health system over time. This allows activists to document the availability, continuity and quality of all aspects of HIV service delivery, alert procurement systems when commodities (i.e. drugs and diagnostics) reach critically low levels and develop and issue recommendations for improvements. After being collated and checked for quality, the data from all sites is analyzed, and the results are used to inform targeted advocacy.

## COVERAGE OF CBMS

A CTO can operate at district-, provincial-, national-, regional-, or global-level.

## DATA COLLECTION AND UTILIZATION

In a CTO, an organized group of community members such as networks of PLHIV are trained to collect data on various aspects of HIV prevention, care, and treatment. This data is collected at set intervals (usually monthly or quarterly) and entered into a centralized database. After data from all sites has been collated and checked for quality, it is analyzed. As data is being systematically and routinely collected, PLHIV networks and community members can use it to conduct comparative analyses that monitor trends over time, and to inform targeted advocacy efforts.

## CORE ACHIEVEMENTS

- The CTO have empowered People Living with HIV in the two facilities to advocate for access to optimal HIV services
- The CTO has help PLHIV to have increased knowledge about WHO recommendations, guidelines and quality standards for HIV prevention, testing, care and treatment services
- The CTO has equipped community members with monitoring skills to monitor service delivery related to availability, access, acceptability and quality of HIV services.

## MAIN CHALLENGES

- Differences in the indicators and data collection tools used by health care workers and the ones used by the community members in the CTO
- Inadequate resources to cover the whole district

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Allocation of resources to Community based monitoring
- Regular data quality assessment to sites

# KEY POPULATION (KP) CLUSTER GROUPS

## CBM Objectives

To create space for key population to monitor and lobby for the quality services delivered at health facilities in their communities



### HOSTING ORGANIZATION:

CENTRE FOR DEVELOPMENT OF PEOPLE  
(CEDEP)

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MALAWI

LILONGWE, MALAWI

## HOW CBM IS IMPLEMENTED

Members of the Key Population, especially, Men having Sex with Men (MSM), Trans Gender and Female Sex Workers, accessing services from a particular health facility (from within its catchment area) form what they call a cluster group. From among the group members they elect a leader, a Peer Educator, whose duties include mobilizing the KP to join the cluster group, refer fellow members to health facility and request a service provider to meet the cluster group at their place of convenience for support services.

The cluster group comes up with a list of services they access from the facility and agree on indicators to be monitoring as they access the services. The list of services and the indicators are shared and discussed with the service providers at the health facility. Once a month, the cluster group meets to assess the quality of services. Sometimes the service provider is invited to these meetings to hear from the service users themselves. Where the cluster members are not comfortable with the presence of the service provider, their feedback to the service provider is channeled through the peer Educator.

## COVERAGE OF CBMS

National Level Coverage

## DATA COLLECTION AND UTILIZATION

The data collection is facilitated by the Peer Educators. They collect data based on the indicators that they agreed upon as a team but also with the health facility. It collected during meetings they hold and also during one-to-one discussions that the Peer Educators hold with their fellow group members. Collectively, the group agrees on the rating of the services during the meetings.

## CORE ACHIEVEMENTS

- It has empowered the Key Population with skills to lobby for the improvement of services in health facilities
- It has helped the service providers and other stakeholders to understand the behavior of the Key Population
- It has helped the Key Population to know their rights

## MAIN CHALLENGES

- There is limited or no support to the cluster groups from the community stakeholders at large due to sensitivity surrounding the group
- Sometimes the cluster group members are not free to meet due to security reasons

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

There is need to do a lot of mentorship to the Key populations

# COMMUNITY SCORE CARD

## CBM Objectives

To help people living with HIV influence quality, efficiency and accountability of social services provided at community and district health facility levels in a non-confrontational manner

## HOW CBM IS IMPLEMENTED

The group of PLHIV supported by the entire community organize themselves. All players (such as service providers, other service users, and community leaders) are informed about the process and their role in the process. Led by the trained facilitator from among the PLHIV themselves, they develop an input tracking scorecard (tracking tool). The input tracking card will show the gap between what is supposed to be provided and what is on the ground.

A meeting of community members is convened where members are put into one or more focus groups. Each group to identifies performance/ quality indicators for the public service in question. The facilitators guide the group to bring out root problems. The group is asked to score each indicator and give reasons for the scores.

The group then develops their own suggestions on how to improve the service, based on the performance criteria they have identified. On the other hand, service providers hold a brainstorming session to develop self-evaluation indicators. They score each indicator and give reasons for the scores. Both sides present their score card and provide reasons for their scoring at an interface meeting. All participants discuss and potentially agree possible solutions and jointly prioritize the agreed upon issues. They then draw a joint action plan for those that can be addressed in the community and those that require external intervention. The action plan is used as a tool for advocacy with district authorities

## COVERAGE OF CBMS

National Level Coverage

### HOSTING ORGANIZATION:

NATIONAL ASSOCIATION FOR PEOPLE  
LIVING WITH HIV/AIDS IN MALAWI

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MALAWI

LILONGWE, MALAWI

## DATA COLLECTION AND UTILIZATION

Data is collected at the beginning of the process when the group is identifying the issues, then at scoring level during the focus group discussions and at interface meeting. The process of data collection is facilitated by the group especially the group facilitators who are trained for the purpose. Everyone is involved in the entire process

## CORE ACHIEVEMENTS

The score card has been used to improve health service delivery focusing on HIV and SRHR services. The main areas have been:

- Improved attitude of health providers
- Opening of new ART clinics thereby reducing distance to the nearest clinics providing ARVs
- Availability of drugs for opportunistic infections especially cotrimoxazole
- The score card has helped to build capacity of PLHIV in monitoring services and also in lobbying skills

## MAIN CHALLENGES

Attaching the score card process to a project where the groups fail to continue with the process once the project ends

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Sensitization of the groups and communities at large to institutionalize the process and continue the process beyond the project life

# COMMUNITY DROP-IN CENTRE COMMITTEES

## CBM Objectives

To give the service users, the Adolescent Girls and Young Women (AGYW), an opportunity to influence the decisions regarding the services delivered in the Drop-In Centers

### HOSTING ORGANIZATION:

PAKACHERE INSTITUTE OF HEALTH AND  
DEVELOPMENT COMMUNICATION

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MALAWI

BLANTYRE, MALAWI

## HOW CBM IS IMPLEMENTED

The Drop-In Centers (DIC) provide sexual and reproductive health services targeting female sex workers (FSW) who fall under Adolescent Girls and Young Women (AGYW). The FSW from the catchment area of the DIC organize themselves in groups. The group sets up a Committee of about 6 members and in the Committee, they include representatives of the Community Police, and the Traditional Leaders. The group led by their committee monitor service delivery and every quarter they meet to share experiences of how services are delivered at the DIC. The service provider at the DIC also attends the meetings to have direct feedback from the FSW

## COVERAGE OF CBMS

District Level Coverage

## DATA COLLECTION AND UTILIZATION

Monitoring of services is done by the FSW themselves as they go for services. Every quarter they meet to share their experiences, and this is facilitated by the Committee. The Committee documents the experiences and where there is need to engage duty bearers the Committee facilitates the engagements. During the meeting service providers from the DICs are also present.

## CORE ACHIEVEMENTS

1) It is a great tool to monitor and address stigma and discrimination; 2) The feedback has influenced changes in the quality of services being provided in DICs and 3) The services have become client-focused

## MAIN CHALLENGES

Changes in the Committee membership, especially the FSW due to the nature of their business and Inadequate funding for the DICs

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Strengthen the capacity of the DIC Committees and Increase the frequency of meetings



# COMMUNITY SCORE CARD

## CBM Objectives

- To enhance participatory monitoring among beneficiaries, particularly the communities Plan International Malawi (PIM) is working with other stakeholders
- To enhance mutual accountability in all PIM interventions, whereby PIM, communities, beneficiaries and other stakeholders hold one another accountable
- To improve availability of information to the stakeholders (including beneficiaries) and clarity about regulations, initiatives and decisions
- To facilitate engagement between citizens, particularly women and adolescents, and intermediaries or service providers, to strengthen the governance of services in question
- To facilitate integration of beneficiary feedback into planning and programming at all levels.



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MALAWI  
LILONGWE MALAWI

## HOW CBM IS IMPLEMENTED

Preparatory stage and ground research: PIM builds capacity of community score card (CSC) facilitators identified from the community to systematically conduct need assessment. After the need's assessment, the CSC facilitators team and the selected stakeholders develop indicators, checklists and a matrix of scores.

Generating scores with the community: PIM conducts community awareness and orientation of the community scorecard process to the communities. Then, conduct focus group discussion at the community level. The objective of the FGDs are: (i) to generate issues regarding the subject matter and indicators developed previously during the ground research; (ii) to rate the service or intervention in question; and (iii) generate suggestions for improvement. Focus group discussion participants are always clustered into age and sex-disaggregated groups (women, men, youth males, youth females, adolescent boys, adolescent girls, traditional leaders) of about 15 members in each group. After all the FGDs with the community, the scores and issues raised are consolidated jointly with all the community members present for the focus group discussions. Before the focus group discussions, PIM pays special attention to inclusiveness and gender equality approach, this is done by social mapping exercise and deliberate effort to include marginalized groups.

Generating scores: During this stage, the service providers appraise their performance to generate issues and rate the service in a focus group discussion arrangement. Where service or intervention under review is provided by separate stakeholders, PIM conducts orientation of community scorecard process to the provider before the rating exercise.

Interface meeting between the community and service providers: PIM mobilizes the key stakeholders and communities in one

place at the community level to facilitate the interface meeting between service providers and the communities. During the interface meeting, PIM facilitates open dialogue between service providers and users on the issues raised during the focus group discussions. The interface meeting is aimed at ensuring that the community groups are represented during FGDs with the duty bearers. An action planned is then developed through the consensus which is reached on pressing issues within the community as well as on the final ranking of the services and the proposed solutions as part of an action plan.

Advocacy and follow up: To ensure positive outcomes of the CSC process, PIM facilitates monitoring the implementation of the action plans developed during CSC interface meetings to both service providers and communities. At a community level, PIM empowers existing committees (which is trained in community scorecard and monitoring of action points) to make follow-ups.

Community scorecard biannual review meetings: PIM conducts review meetings six months after the initial interface meetings. This review meeting provides a platform where PIM shares relevant information from various data collected and the meeting takes a similar as that of interface meeting where community and interface go through the issues generated and action points to check progress and revise scores where applicable. The review meeting also enables both community and service providers to update the action plan based on issues discussed

## COVERAGE OF CBMS

District Level Coverage

## DATA COLLECTION AND UTILIZATION

Data collection begins with the need's assessment and development of indicators to be tracked. Thereafter, services provided at the facility are rated based on the indicators developed through FGDs. Later, issues identified during scoring are taken to the service providers and district level through interface meetings for redress. In all these stages community members are fully involved and are the ones leading the process.

## CORE ACHIEVEMENTS

- The community and marginalized groups have been given a voice and confidence to demand services and hold duty bearers accountable increased, leading to their needs being met
- It has led to the active participation of service users/beneficiaries in planning, monitoring and evaluation of the service/program, as such the quality of services have improved.
- Improved community participation in various developments e.g. communities being able to mobilize funds and construct health providers houses, health posts and HSAs houses.
- Shared roles and responsibility
- Strengthened citizen community empowerment and engagement. some communities have adopted the community scorecard mechanisms and use them on other areas of their concern which flawed or lacked accountability
- Community issues integrated into planning at all levels
- Communities have a sense of ownership of the intervention

## MAIN CHALLENGES

The expectation of community members for handouts like refreshments and allowances during scorecard events affects the participation of community members in some areas if these expectations were not met

What else can be done to improve the CBMS

The community scorecard has at many times involved stakeholders within district level, which at times service providers fail to address issues beyond their capacity. This affecting progress on some action points. Therefore, there is a need to be including the prime decision-makers or policymakers

# WOMEN-LED COMMUNITY MONITORING GROUPS

## CBM Objectives

The objective is to ensure community driven interventions and maximize the impact of the interventions



HOSTING ORGANIZATION:

ACTIONAID MALAWI

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MALAWI

LILONGWE

## HOW CBM IS IMPLEMENTED

The interventions target mostly women who are organized in groups. They are taken through the project cycle. This includes monitoring of the interventions. The women are trained on how to collect and analyze data and what to do with the data they collect.

## COVERAGE OF CBMS

National level Coverage

## DATA COLLECTION AND UTILIZATION

The women collect data based on the indicators that were agreed at the beginning. The data is analyzed by the group to check progress on the indicators. If there are issues that require attention of duty bearers, the women organize interface meetings.

## CORE ACHIEVEMENTS

1). Accelerated uptake of interventions, 2). The system builds the capacity of the groups, 3). It ensures sustainability and security of the project interventions, 4). It is very cost effective

## MAIN CHALLENGES

- Sometimes chiefs interfere with the process of identification of the volunteers which might lead to identification of incompetent volunteers
- It demands a lot of time especially at the beginning for the volunteers and the groups to fully comprehend the process.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Engage the chiefs at the beginning for them to understand the process and to support it

# PARTICIPATORY PERFORMANCE TRACKING (PPT)

## CBM Objectives

To enable communities to track progress of project interventions, especially adoption of promoted practices and be able to make decisions on how to bring more change. This CBMS is mainly used to monitor adoption of interventions by the communities but can be adapted to monitor services provision in health and other sectors.



HOSTING ORGANIZATION:

CARE INTERNATIONAL MALAWI

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MALAWI

## HOW CBM IS IMPLEMENTED

The CBMS is in form of FGDs. Communities take part in the process of developing indicators to be tracked at the onset of the intervention. The process is facilitated by lead volunteers, the Farmer to Farmer Trainers (FFTs). Twice a year, the FFTs facilitate discussions within their groups to check progress of adoption of interventions.

## COVERAGE OF CBMS

District Level Coverage

## DATA COLLECTION AND UTILIZATION

The Farmer to Farmer Trainers facilitate Focused Group Discussions on adoption of promoted practices and challenges hindering progress. The group also discusses/ proposes solutions to the emerging challenges. Solutions that need efforts of the entire group are identified and the Farmer to Farmer Trainers monitors progress. This exercise is done twice a year.

## CORE ACHIEVEMENTS

- It promotes ownership of the intervention by the communities
- It is cost effective since it is done by the community themselves
- Results of interventions are achieved faster than using the traditional approach

## MAIN CHALLENGES

Inadequate capacity by some Farmer to Farmer Trainers to fully grasp the approach

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

There is need for ample refresher trainings of the Farmer to Farmer Trainers on the approach



# SPOT TB (COMMUNITY BASED MONITORING TOOL)

## CBM Objectives

To identify gender related barriers in accessing quality TB/ HIV health services among the mining community including women.



HOSTING ORGANIZATION:  
PARADISO TB PATIENTS TRUST

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MALAWI  
LILONGWE, MALAWI

## HOW CBM IS IMPLEMENTED

Paradiso TB Patients Trust mobilizes the mining communities to understand their rights in relation to access to TB and HIV services and also proper working environment. From the same communities, volunteers are recruited whose tasks, among others, include information dissemination to the community and data collection. They are properly oriented on data collection tools and the process. The District Coordinator and the Field Officer are responsible in ensuring the accuracy and the quality of the data collected.

Volunteers collect data from the members regarding barriers, if any, to accessing the health services (TB and HIV) and but also if there were any cases of human rights violations in the mines. The volunteers together with the communities then organize interface meetings with duty bearers where they present their concerns based on the findings. Community leaders are engaged in the process as a buy in strategy

## COVERAGE OF CBMS

District Level Coverage

## DATA COLLECTION AND UTILIZATION

Paradiso TB Patients Trust volunteers are responsible for data collection. They come from the same mining community where the CBMS is being implemented. These volunteers facilitate the process, but every member of the mining community is involved in the process of data collection and verification during their meetings. The community members also play a crucial role during the interface meetings with the duty bearers where their findings (in terms of barriers to accessing TB and HIV services and human rights violations) are presented.

## CORE ACHIEVEMENTS

The mining community, especially women, have appreciated the key issues affecting them in accessing health services. The CBM has also helped to identify human rights violations related to mining work place. One lesson learnt from the CBM is that there is a need of adequate information in our communities to address the barriers in accessing quality health care services and resolving violations of human rights

## MAIN CHALLENGES

1). People expecting monetary benefits from the process of the data collection. 2). Data collectors having difficulties to understand some of the questions on the data collection forms.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

1). Refresher training for the data collectors. 2). Further sensitization of the community to understand the benefits of the CBMS so that they do not focus on monetary benefits



# NIGERIA

# PARTICIPATORY MEDIA COMMUNITY BASED MONITORING SYSTEM

## CBM Objectives

Using participatory media to generate knowledge that power advocacy while also empowering communities to have a voice.



### HOSTING ORGANIZATION:

CREATIVE MEDIA CENTRE FOR  
DEVELOPMENT (CMCD)

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ABUJA, NIGERIA

## HOW CBM IS IMPLEMENTED

Our community base monitoring system is implemented by using multi-media platforms like videos, photography, community radio, and mobile data collection.

## COVERAGE OF CBMS

National level coverage

## DATA COLLECTION AND UTILIZATION

We carry out data collection through community and capture qualitative data around health and social justice in forms of storytelling in video documentary with member of the communities themselves. We only facilitate collect quantitative data using mobile data collection tools to identify challenges and community opinions regarding the issues of interest. Our outreaches programs also form part of an advance research to help us record responses and impact of projects.

## CORE ACHIEVEMENTS

We have been able to use our work to conduct advocacy around drug use and need for expanded scope of intervention to include mental health intervention in HIV/key population programming. Mental health care was included in the revised National Strategic Framework for HIV response.

## MAIN CHALLENGES

The main challenges in implementing our CBMS are lack of adequate funding and staff attrition

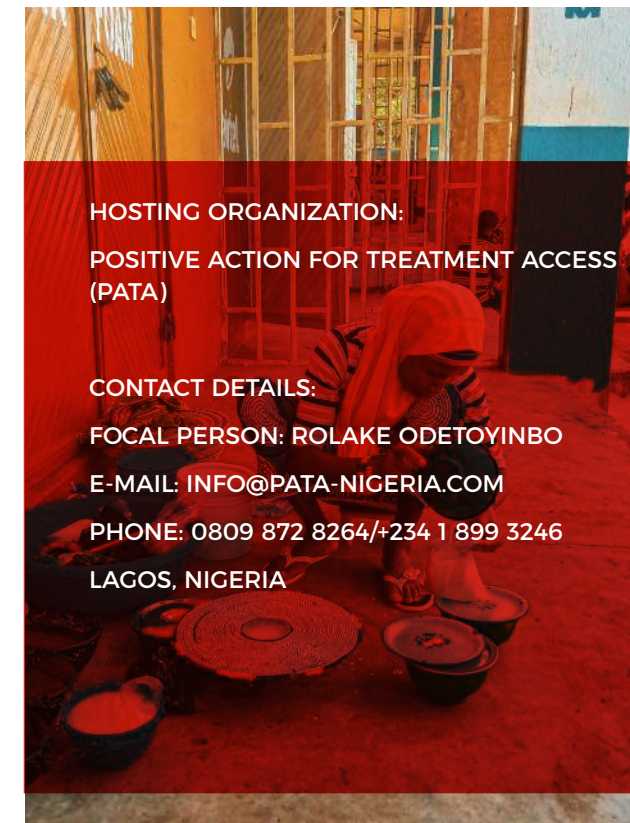
## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Adequate funding and institutional capacity building.

# SARA MODEL

## CBM Objectives

To promote active participation of communities in the planning, implementation and sustainability of community-level intervention programs.



### HOSTING ORGANIZATION:

POSITIVE ACTION FOR TREATMENT ACCESS  
(PATA)

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LAGOS, NIGERIA

## HOW CBM IS IMPLEMENTED

This involves identification of key community stakeholders and opinion leaders; Planning meetings with clear definition of roles and responsibilities; Development of action plans; Joint implementation of projects and review meetings including end of project meeting to discuss sustainability and going forward.

## COVERAGE OF CBMS

National level

## DATA COLLECTION AND UTILIZATION

### DATA COLLECTION INVOLVES:

- Identification and engagement of data collection personnel
- Development of data collection tools
- Field visits and interaction with community members using various methods (questionnaires administration, in-depth interviews, focus group discussions etc)
- Sharing of outcome of data with the community
- Design of intervention program based on outcome generated\n? Project implementation

## CORE ACHIEVEMENTS

- Implementation of a comprehensive intervention program aimed at improving the sexual and reproductive health (SRH) of adolescents living with HIV in Nigeria.
- The project design and implementation was based on a

national survey with the adolescents to identify their SRH needs.

- This adolescent HIV intervention project was implemented in six states across the six geopolitical zones of Nigeria.
- Implementation of a national mentorship and leadership program for women living with HIV in Nigeria.
- The project design was an outcome of close interaction with the women Addressing gender based violence against women living with HIV in two states in Nigeria (Lagos and Enugu States) also based on the felt needs of the women.

## MAIN CHALLENGES

Limited funding to scale up success stories in community-led project implementation.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Increase funding to scale up and sustain community-led initiatives.



# COMMUNITY COP

## CBM Objectives

To produce evidence for CSO engagement in PEPFAR, Global Fund and National HIV prioritization/planning

HOSTING ORGANIZATION:  
COALITION OF CIVIL SOCIETY NETWORKS  
ON HIV AND AIDS IN NIGERIA

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NIGERIA  
4TH AVENUE, ABUJA, NIGERIA



### HOW CBM IS IMPLEMENTED

The data is collected from facilities, analyzed and formally presented in a document called Community COP used to set priorities in PEPFAR COP planning and other Key CSO engagements.

### COVERAGE OF CBMS

National Level Coverage

### DATA COLLECTION AND UTILIZATION

Community COP is documented through randomly conducted patient satisfactory surveys carried out in HIV/TB facilities. There are also Focused group discussions with Key population, HIV support group members, adolescents living with HIV and women living with HIV. Key informant interviews are also conducted with some key persons.

### CORE ACHIEVEMENTS

- The Evidence from Community COP20 was used by the CSO representatives in PEPFAR COP20 Planning meeting in South Africa.
- It was also used in CSO engagements/advocacies during planning for country Global Fund concept note development.
- Some of the identified priorities were included in PEPFAR COP20 plan.

### MAIN CHALLENGES

- The process requires robust data from a wider coverage in the country with required resources that was not available.
- The Community COP survey has to be reduced to fewer locations than expected to give power to the evidence.
- Also, getting consent to conduct facility audit on quality is not always easy, where it is granted, it takes longer time to obtain such. This makes the process very difficult.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

To have a smart system that will have data collected in real-time for a longer period before final analysis and dissemination. This may involve the use of special App and other electronic systems. There is also a need for resources to have dedicated persons collecting the data continuously, such that large and quality data will be available for stakeholders? engagement/advocacies.

# EL-SOPHI COMMUNITY & CHILD CARE INITIATIVE

## CBM Objectives

To improve community and family livelihoods in rural communities

HOSTING ORGANIZATION:  
EL-SOPHI COMMUNITY & CHILD CARE  
INITIATIVE

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### HOW CBM IS IMPLEMENTED

- Partnership with communities
- Community Mobilization through Awareness/sensitization
- Participatory program implementation
- Advocacy and Research

### COVERAGE OF CBMS

Provincial level coverage

### DATA COLLECTION AND UTILIZATION

Through participatory monitoring and evaluation, we ensure the involvement of all relevant stakeholders including community-based volunteers, community leaders, and gate keepers in household identification, assessment, enrolment and service delivery. Household and community assessment strategies include community mapping using transect walk, key post observation and key informant interview. At the community levels, data are collected by community-based volunteers using various tools and subsequently transmitted to the field office for validation and entry into electronic data management platforms.

### CORE ACHIEVEMENTS

- We successfully identified, assessed, enrolled and provided need based services for 7016 [3759M 3257F] vulnerable children from 1800 vulnerable households using the National Service standard and quality improvement science methodology.
- Trained 80 community improvement team members for community service.
- Successfully mapped relevant service delivery organizations and developed service directory for Dekina LGA.
- Case management, referrals and linkages
- Provided AIDS, TB and Malaria referral for over 1000 beneficiaries on the Global Fund CSS project in Dekina and Ofu LGAs

### MAIN CHALLENGES

- New government regulations that affect programming
- High expectation of hand-outs from community beneficiaries which slowly reduces their interest and commitment to some of our programs
- Government bureaucratic
- Low funding for Community Based Organisation

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Transparency and accountability
- Effective collaboration between CSOs and Government
- Funding support for CBOs
- Capacity building for CBOs



# COMMUNITY ENLIGHTENMENT & DEVELOPMENT INITIATIVE

## CBM Objectives

Maximize impact against HIV, TB and Malaria and to promote and protect human rights

### HOW CBM IS IMPLEMENTED

The initiative has the following approaches;  
OVC Program Coordination

- Child Protection
- Gender Response
- Service Delivery
- Data Collation
- Monitoring and Evaluation
- Advocacy and Lobbying
- Community Mobilization through Awareness/sensitization
- Research

### COVERAGE OF CBMS

National level coverage

### DATA COLLECTION AND UTILIZATION

After the identifying the current issues, we priorities and design the strategies to collate, implement and monitor the process of gathering and analyzing critical information independent from external interference including government bureaucratic systems. Community monitoring is one of the components of community participation process by which community members supervise and monitor project activities in their areas on their own and make effective decisions for better project implementation



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AONN NATIONAL

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### CORE ACHIEVEMENTS

- Coordination of NGOs that work with children
- Child Protection and Gender Response
- Support Policy Formulation on OVC and HIV/AIDS
- Monitored the Bill /Law of HIV/AIDS, stigma and discrimination
- Collated data and Monitored the Process of School Based Management Committees in Lagos State
- Trained members to train Women and widows living with HIV/AIDS on income generating activities among others
- Case management, referrals and linkages

### MAIN CHALLENGES

- Government bureaucratic
- Lack of transparency and accountability among the government Low in Civil Society Org, Government Partnership (CGP)
- Low funding for Community Based Organization
- Unavailability of fund to implement project

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Transparency and accountability
- Effective collaboration between CSOs and Government
- Funding support for CBOs
- Capacity building for CBOs

# LADOCT: ONLINE TOOL FOR INPUTTING REPORTS OF HUMAN RIGHTS VIOLATIONS OF COMMUNITIES

## CBM Objectives

Periodic reports for informed & tailored interventions, policy and law changes

### HOW CBM IS IMPLEMENTED

Partners Groups, and our target communities, which include, Persons with disability, persons living with HIV, women suffering violence, female sex workers, sexual minorities etc, send in violation reports on SRHR and petty offenses at ward, LGA and state levels, for inputs into LADOC, our online tool.

Persons who send in these reports are within and live in the communities. They are trained on how to receive the complaints, verify same and upscale it to Lawyers Alert for entry onto the online tool.

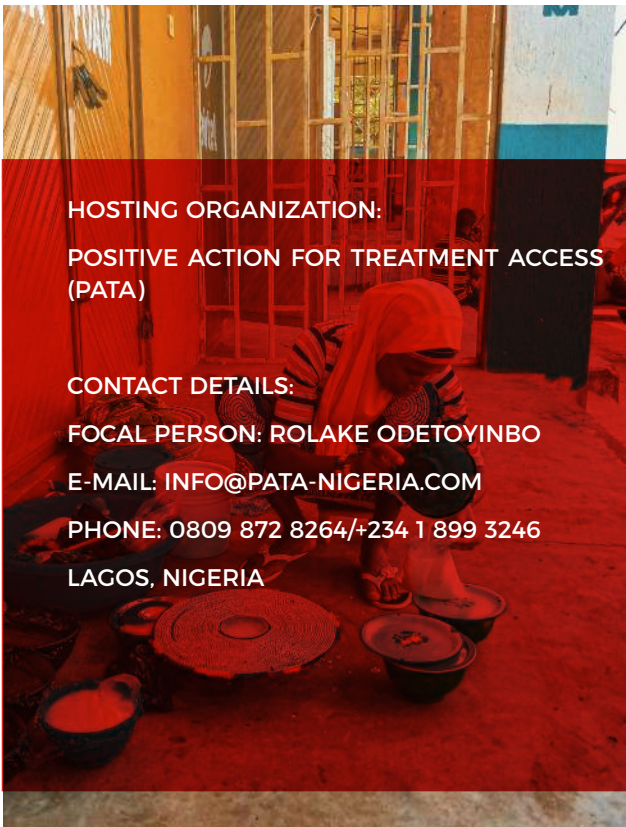
Victims are given free legal services, which is a big motivation for reportage.

### COVERAGE OF CBMS

National level Coverage

### DATA COLLECTION AND UTILIZATION

As earlier stated, when an incident occurs, it is reported to the community focal person, who enters it on a template, verify and then sent to the Lawyers Alert for inputs into the tool. CBOs, CDAs and constituency groups provide these focal persons from the community who are trained on interviews and filling of the templates. Awareness and sensitization session including townhall meetings within the communities precedes this. When incidents are inputted on the Tool, it automatically analyses along age, location, types, gender etc. Periodic reports are released to state and non-state actors for inform program design, interventions including policy and law changes.



HOSTING ORGANIZATION:  
POSITIVE ACTION FOR TREATMENT ACCESS (PATA)

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LAGOS, NIGERIA

### CORE ACHIEVEMENTS

The Tool is and provides a rallying point for especially SRHR and Petty Offenses Actors and stakeholders in Nigeria. We have provided scientifically generated community data on GBV in Nigeria, Sexual Minorities, Petty offenses, including types and locations of violations against Persons Living with HIV etc.

Data has been used by the several committees in NASS and State parliaments for budgetary allocations and law reform. NACA relies on this data in developing interventions. It is also used or prison decongestion. Several NGOs are using same for program design and interventions.

### MAIN CHALLENGES

Our focal persons are volunteers and often, as with every case of volunteerism, persons move when they secure employment. What it means is the constant trainings of new persons. Internet and Data can also be a challenge. The need for free legal support also sometimes overwhelms available lawyers. Another challenge is internet security to make data confidential, given incidents are often confidential especially with female sex workers and the sexual minorities.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

There is the need to assess each system that is in focused to determine the gaps so as to have tailored solutions in improving the one in focus. Generally, though, engagement of the community is key and very effective especially if the gate keepers are involved.

# SIERRA LEONE

## COMMUNITY BASED MONITORING AND FEEDBACK (CBMF)

### CBM Objectives

Monitor and document best practices on access to quality of TB services including treatment with aim of increasing and promoting social accountability, TB patient centered approaches including treatment literacy, human rights and gender in national TB response

### HOW CBM IS IMPLEMENTED

CISMAT CBMF is implemented in a paper-based format, using 160 data collectors who collect data at community and DOT facility level, and 16 District coordinators, who supervise these CBMF activities across Sierra Leone

### COVERAGE OF CBMS

National Level Coverage

### DATA COLLECTION AND UTILIZATION

CISMAT have recruited 160 TB animators also called data collectors at community level. They are trained to administer paper-based questionnaires that contains thematic areas connected to TB and TB/HIV (Seven thematic areas). These Data collectors/CTAs are assigned to cover one or two DOT facilities in their local communities. They are expected to visit their assigned DOT facility at least two to three times a month and they engage three type of audiences; (a) DOT provider also known as in charge, (b) TB Patients and (c) Community member or caregiver. CISMAT is also working with 16 District coordinators who supervise the work of CTAs on the CBMF at community and Health facility level. The CTAs/data collectors report on a monthly basis and directly to the District Coordinators for onward submission to CISMAT-SL headquarters in Freetown. The outcomes of the report highlighted and informed TB national stakeholders about the following: 1) The Barriers TB patients are facing in accessing TB services including treatment at community and health facility level. 2) The challenges communities, TB staff and supervisors encountered in providing TB services and treatment. 3) The level of TB drugs availability and stock out across the country. 4) Data on the level of capacity health facilities have to provide TB services across Sierra Leone. 5) The level of stigma including human rights in accessing TB services and treatment in providing or accessing TB services and treatment. 6) The level of accountability and support including logistics provided by the Ministry of health and Sanitation through the National TB Programme in providing TB services and treatments.

### CORE ACHIEVEMENTS

- The level of drug stock out decreased
- Additional DOTs/health facilities including regional MDR-TB

### HOSTING ORGANIZATION:

CIVIL SOCIETY MOVEMENT AGAINST TB (CISMAT)

### CONTACT DETAILS:

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SIERRA LEONE

FREETOWN

center are established

- There is an increase of 25% on TB patient centered services and treatment.
- An additional 15% increased of support for TB staff and supervisors to provide TB services across the country.
- The level of TB stigma and discrimination decreased across DOT/health facilities.
- Human rights and gender barriers decreased as we have seen an inclusion of human rights and gender programmes in NLTCPs National strategic plans.
- Created platforms and an opportunity for CSOs and TB patients to play significant role in contributing to TB elimination by monitoring Global Fund grants and programmes
- Established Coordination and partnership TB communities and NLTCP in the fight against Tuberculosis.
- The level of accountability and monitoring in TB response increased.
- Access to quality and affordable TB services and treatment are assured.
- Created channels where TB patients can share feedback about access to TB services and treatment

### MAIN CHALLENGES

- Mobility to coordinate CBMF work is inadequate
- Paper-based CBMF is time consuming and costly as it caused delays in reporting
- Inadequate skills to analyze and catalogue CBMF data
- Inadequate data collection and management skills
- Human resources including staff are limited

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Support to digitalize CBMF including android phones and tablet
- Technical support for CBMF training manuals, data collection and analyzation of CBM data/report.
- Motivation for staff and volunteers
- Capacity building trainings for staff and volunteers on CBMF including data management, Human rights, report writing.



# FIELD BASED MONITORING

## CBM Objectives

To verify and assess the activities implemented in our program to promote access to HIV services for Female sex workers and Human Rights issues (GBV, IPV)

### HOSTING ORGANIZATION:

SOCIETY FOR WOMEN AND AIDS IN AFRICA  
SIERRA LEONE (SWAASL)

### CONTACT DETAILS:

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FREETOWN

NTUNGAMO MBARARA-KABALE HIGH WAY

## HOW CBM IS IMPLEMENTED

Focus group discussions with beneficiaries, site visits to HIV clinic at health centers, DICs, Organizations’ office and vocational institute where some FSWs are enrolled. Visit to Hot spots and conduct key informant interviews one-on one interview with Peer Educators, Peer Navigators, HIV Counselor at HIV clinic and DIC’s. Review of quarterly data on reach (FSWs), HIV tests offered, and positive cases recorded.

## COVERAGE OF CBMS

District Level coverage

## DATA COLLECTION AND UTILIZATION

Data collection is done with questionnaire for FSWs, (Peer Educators, Peer Navigators, Vocational Institutions and notes from Focus group discussions. The above gives us data on the use of resources, the knowledge on HIV and accessing services, assessment of the skills training (staffing services and supplies available at health centers and DICs and vocational institutions. Inspection of the records at the DICs and at the health Center to cross check and verify the records on HIV tests, referrals and adherence to treatment and also viral load.

## CORE ACHIEVEMENTS

- Informs our program design for future quarter activities
- Informs dialogue with service providers to increase access to ART
- Informs our advocacy goals in terms of promoting access to HIV services and reducing stigma and discrimination against Key population, FSWs in particular.
- Onsite assessment and perceptions about the interventions in the community

- Informs the design of our collaboration with the legal AID Board and the support of paralegals to FSWs.
- Informs on the quality of services at the health centers and the DICs informs us on the FSWs perspective on the program being implemented.

## MAIN CHALLENGES

- Stigma and discrimination factor reduce the extent to which you can engage some segments of the community
- Inadequate technical support on data collection. there is need for training of staff, peer navigators
- Analyzing the results and information to inform recommendations
- Inadequate funds/resources to do a more in-depth monitoring
- Communication of the outcomes of the monitoring to partners

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Need for adequate resources
- Technical training for staff and other stakeholders involved in the monitoring
- Need for adequate monitoring tools

# NETHIPS COMMUNITY TREATMENT OBSERVATORY

## CBM Objectives

Evidence generation on HIV service access, adherence and stock-out for targeted advocacy

### HOSTING ORGANIZATION:

NETWORK OF HIV POSITIVES IN SIERRA  
LEONE

### CONTACT DETAILS:

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SIERRA LEONE

FREETOWN

## HOW CBM IS IMPLEMENTED

Data is collected monthly from health facilities by trained data collectors. Data quality and reliability is checked by a trained volunteer, Project officer and the National Focal point. At the end of each quarter, an independent consultant analyzes the data and writes the observatory report. The report is discussed by a community Consultative Group consisting of carefully selected partners with expertise in health system strengthening, advocacy and procurement and supply chain management. The CCG identifies or prioritizes advocacy issues from the report for onward engagement with relevant authorities

## COVERAGE OF CBMS

District Level Coverage

## DATA COLLECTION AND UTILIZATION

Trained data collectors are assigned to health facilities to collect data on monthly basis. A tool was developed that captures a range of indicators on priority populations reached by the national AIDS Control Program. Specifically, data is collected from the service registers used at the health facilities. The process described above is followed when data is collected for accuracy and reliability.

## CORE ACHIEVEMENTS

- It served as the main hub for community data for HIV service users in Sierra Leone
- It facilitated engagement between service users and providers on ways to improve \n quality and to address stock-out
- Provided evidence for engagement with regional bodies like AU etc and health agencies on improving care for people living with HIV in west Africa
- Built the capacity of the network of HIV Positives in Sierra Leone on evidence generation and engagement along the HIV cascade of care

## MAIN CHALLENGES

- Access to service registers at health facility for timely data collection and reporting
- Sustainability- Need for funds for data collection, analysis and engagement

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Promote country ownership by integrating into health information management systems
- Develop tools that capture relevant national indicators



# TANZANIA

## SOCIAL ACCOUNTABILITY MONITORING (SAM) TOOL IN THE HEALTH SECTOR

### CBM Objectives

The main objective was to track public funds by using Social Accountability Monitoring (SAM) tool in the health sector and make sure that funds are utilized according to plan and community priorities. Promoting Voice and Accountability in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Services in Peripheral Wards of Tabora Municipality.

### HOW CBM IS IMPLEMENTED

After receiving grant from Foundation for Civil Society (FCS), TACEDE introduced the project to LGAs and other stakeholders, the trained people from community and selected the best SAM Committee members for implementing SAM Activities. The SAM Committee members started their work by analyzing municipal budget and plan, Health sector budget and plan (CCHP), Health Facilities Budget and plan of the year 2017/2018.

TACEDE capacitated SAM Committee in their activities, i.e. analyze fund requested based on citizens priorities compared to funds disbursed at health facilities and then budget utilization. Also the committee went on site for data collection after creating questionnaires which wants to know whether the citizens are being involved in planning and budget process on which it showed citizens were not aware on to when and how the planning and budget process is conducted, but also to know the service delivered in Health facilities are in the same quality as stipulated at the national health policy.

The other questions directed to municipal office (DED, DTO, DMO, NO, PLO), at the health facility (HF in charge, staff and Health Facility Dev. Committees). The findings were shared to LGA through feedback meeting and later shared to citizens for their inputs and comments. Then after conducted advocacy meeting with oversight (Ward Councilors) for them to continue pushing the findings to the require change, and LGA staff for their action. After that TACEDE joined a Health cluster task force to present our finding which needs policy change to the parliament in Dodoma.

### COVERAGE OF CBMS

District Level Coverage

### DATA COLLECTION AND UTILIZATION

Data collection process was conducted based on three data categories using questionnaires, where the organization needed to capture the health service delivery status at Tumbi and Malolo wards compared to government funds disbursed at health facilities;

### HOSTING ORGANIZATION:

TABORA ADVOCACY CENTRE FOR DEVELOPMENT

### CONTACT DETAILS:

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TANZANIA

TABORA, TANZANIA

- Data collected from municipal documents (CAG report, Comprehensive Council Health Plan (CCHP), Health Facilities Budget,
- Data collected from Health Facilities (Health Development Committee selected from community and Facility staff)
- Data collected from the Community Service Users on their participation in planning processes and the quality of health delivery services

### CORE ACHIEVEMENTS

- Health Facility Development Committees overstayed for over 7 years without being replaced for years, after SAM implementation the Health Facilities changed their committees and started a fresh. They need to be replaced every three months.

### MAIN CHALLENGES

- Difficulties getting documents from municipal for analysis
- The implementation time was not enough to observe all the changes we initiated
- Local Government staff were resisting giving us information during the initial stage of our SAM exercises until when they realized our good intention

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Strong linkage between CSO and the Government for sustainability purposes
- Prepared M&E tools for all CSOs to use in the country for ensuring consistency
- To give time for advocacy for the government to adopt the best practices done by CSO
- To advocate for the government to give SAM pieces of training to ward councilors so they can have good knowledge of Budget data analysis



# FIELD BASED MONITORING

## CBM Objectives

To collect and track data from the field to help in analyzing and improve decision making.

### HOW CBM IS IMPLEMENTED

The Commcare app is the computer/android mobile app used for collection and tracking of data from the fields which helps supervisors to analyze data to improve decision making. The following are steps to follow while working with an App. Install an App using computer/android phone, log in by username and password while keeping computer/android phone online. After log in, may continue entering/collecting data while offline then syncline your data while online

### COVERAGE OF CBMS

National Level Coverage

### DATA COLLECTION AND UTILIZATION

Beneficiary records (collected through attendance form, register, pre & post-test, referral forms, evaluation form). Youth mobilizer (conducting initial review in comparison of project tools, data entry through AY mobile app and share with Grantee M&E team (for review, verify, and cleaning data submitted by Youth mobilizer physically/through Commcare mobile App). M&E-Grant Regional team (review, compare data entered, generate report and share to Central M&E team). Monitoring, Evaluation and Reporting (MER) central team (generate report and verify for consistency) and Submits report/data



HOSTING ORGANIZATION:  
SOCIETY FOR WOMEN AND AIDS IN AFRICA  
SIERRA LEONE (SWAASL)

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FREETOWN  
NTUNGAMO MBARARA-KABALE HIGH WAY

### CORE ACHIEVEMENTS

- It helps to enter, clean and analyze data for decision making
- It allows editing to offline data
- It saves time since it is faster compared to paper-based tools
- It allows entering of data while offline/data off
- It allows more than one person to use an app by using one username
- An App is visible to everybody connected to it.

### MAIN CHALLENGES

Un syncline Data disappear after 24 hours from the time entered when the user is offline which is the mainly challenge especially to those working in areas with no access to internet\n\nIt is cost full since it needs airtime/open data while log in and syncline of the data.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- To increase the lifetime to offline data from 24 hours to at least one week to allow those working interior to get access to networking area.
- To allow log in and syncline of data even if the user has no airtime/bundle.

# SCORECARD INITIATIVE TO PROMOTE ADHERENCE AND RETENTION TO CTC

## CBM Objectives

Promote adherence and retention to HIV care and treatment

### HOW CBM IS IMPLEMENTED

Through establishment of PLHIV groups of 6 to 10 beneficiaries who appoint one member to represent them in CTC and collect ARV for the groups

### COVERAGE OF CBMS

District Level Coverage

### DATA COLLECTION AND UTILIZATION

The PLHIV groups are made of 6 to 10 beneficiaries to select one representative to represent them in CTC with responsibilities to collect ARV for them and conduct assessment to group members. There are specific tool to collect data from beneficiaries and service providers to assess satisfactory of service provided. These tools are collected every month then collated, reviewed to write a report that is shared to service provide to improve service provision for PLHIV.

### CORE ACHIEVEMENTS

Succeeded established 10 groups of PLHIV who are actively engaging in monitoring service provided at CTC

### MAIN CHALLENGES

Budget to accommodate transport and logistic coast for group representative.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Scaling up the project to other district and supporting PLHIV to engage in income generating activities to raise fund for logistics and distribution on ARV to group members.



OSTING ORGANIZATION:  
EDUCATION OUTREACH TANZANIA

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## SOCIAL ACCOUNTABILITY MONITORING AND COMMUNITY SCORECARD

### CBM Objectives

Enhance accountability in the health service delivery for realization of human rights and capabilities

### HOW CBM IS IMPLEMENTED

The process is undertaken through 9 steps:

1. Preliminary preparations,
2. Introduction of the intervention to local leaders and the community,
3. Selection of monitoring teams,
4. Health stakeholders' meetings,
5. Training to monitoring teams,
6. Physical verifications and data collection,
7. Internal meetings with service providers,
8. Health stakeholders feedback meeting,
9. Dissemination and monitoring of action plan.

### COVERAGE OF CBMS

National Level Coverage

### DATA COLLECTION AND UTILIZATION

After the document analysis, the SAM team members (who are citizens majority) conduct a physical field verification at health facilities by using a standardized tool. The tool is administered in form of interview with the health facility in-charge and HFGC chairperson. Other unstructured questions are normally asked to citizens who are found at a particular area and through key informants such as contractors or village leaders. The collected data are usually analyzed and presented for response to the LGA officials. Then commitment is done for rectification and improvement. The teams in collaboration with the accounting officers, conduct follow ups and monitoring of the implementation of action plan.

HOSTING ORGANIZATION:

SIKIKI

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TANZANIA

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### CORE ACHIEVEMENTS

- Improved citizens engagement and participation
- Improved citizens oversight functions
- Improved health service delivery
- Improved policy and guidelines
- Improved planning and budgeting process

### MAIN CHALLENGES

- Limited access to documents
- Politicization of the process and exercise or sometimes the organization

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Institutionalization of CBMS
- Continuous improvement of policy and guideline
- Strategic investment in CBMS interventions

## INTERPERSONAL COMMUNICATION COMPREHENSIVE TOOL

### CBM Objectives

Monitoring monthly performance against project targets at community level

### HOW CBM IS IMPLEMENTED

The tools are used by project volunteers under the supervision of project staff based at COCODA to report on projects progress (Some indicators captured are number of people reached, and services delivered)

### COVERAGE OF CBMS

National Level coverage

### DATA COLLECTION AND UTILIZATION

Through project volunteers who are working with COCODA at community level, data are collected from the community. Before being presented to COCODA, data collected are verified by VEOs/WEOs and then shared to COCODA. COCODA reviews data quality, conducts data verification and analyze them for usage. The analyzed data are used to produce reports which are used within the organization for decision making, also these reports are shared to community through volunteers and LGA leaders.

### CORE ACHIEVEMENTS

- It has helped in tracking projects progress
- It has helped projects to achieve targets
- It has enhanced projects ownership among the community we serve

HOSTING ORGANIZATION:

COMMUNITY CONCERNS OF ORPHANS AND DEVELOPMENT ASSOCIATION (COCODA)

CONTACT DETAILS:

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TANZANIA

NJOMBE

### MAIN CHALLENGES

- Most of these tools are donor tailored and sometimes are not user friendly to volunteers. Sometimes what is reported does not match what is delivered.
- Late submission of tools, which cause delays in data verification, analysis and reporting.
- The incompleteness of tools submitted by volunteers leading to the missing of some important information.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Constant site verification of data reported to ensure what is reported matches service delivered.
- Continuous capacity building to volunteers and their supervisors.
- Community engagement during project design and tools development



# ENHANCING CITIZENS' AWARENESS TO PUBLIC EXPENDITURE TRACK SURVEY (PETS) ON HEALTH SECTOR

## CBM Objectives

= Enhance accountability in the health service delivery for realization of human rights and capabilities



HOSTING ORGANIZATION:  
LIFE CHANGE RUKWA DEVELOPMENT  
ORGANIZATION (LCRDO)

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TANZANIA

SUMBAWANGA URBAN,

## CBM OBJECTIVES

To raise awareness about PETS and how to use it in budgeting processes with a pro poor and gender perspective, to provide knowledge, skills and techniques for tracking budget inputs, outputs and outcomes and to promote transparency and accountability of local government authorities.

## HOW CBM IS IMPLEMENTED

- Public awareness meetings on PETS on health sector.
- Formation and training of the PETS committees.
- Collection of Citizens opinions on financial expenditures and health services.
- Presentation of data collected to the district officials and to the stakeholders such as PCCB and media (Validation meeting).
- Conducting feedback meeting to citizens after validation meeting with district officials and stakeholders.

## COVERAGE OF CBMS

District Level Coverage

## DATA COLLECTION AND UTILIZATION

Data were collected in cooperation with the CBMS established committees which constituted members from all nine (9) villages after being trained on how to collect, analyze and present data. List of questionnaires were prepared and then CBMS committees asked the citizens in their villages purposely for data collection on health sector particularly in operational system and community engagement through village assemblies and questionnaire on issues they encounter at local levels at their health centers and or dispensaries.

## CORE ACHIEVEMENTS

- Increased community awareness on Public expenditures on health sector.
- Changed and improved of operational systems at project areas on health sector.
- Improved Transparency and accountability to LGAs on health sector
- Improved provision of health services in the project areas such as Nkomolo and Kirando health centre and Mkole and Namanyere dispensaries health services were improved.
- Enhanced citizens' participation on plans and budgeting processes at local levels.

## MAIN CHALLENGES

- Political interference during community mobilization.
- Underrepresentation of marginalized groups in the project specifically women and People with Disabilities.
- Challenge in getting confidential government official documents particularly on health sectors like health centers and Comprehensive Council Health Plan.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Capacitating the LGAs on the opportunity and obstacle to development methodology and the rights to the participation of citizens in all planning and budgeting processes.
- To improve the operating system in the provision of required documents for data access from the respective authorities.
- To involve more stakeholders in the CBMS.



# UGANDA

# ONE VILLAGE AT A TIME INITIATIVE



HOSTING ORGANIZATION:  
ONE VILLAGE AT A TIME, INITIATIVE  
UGANDA

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UGANDA  
BULAMU ROAD, IGANGA

## CBM Objectives

To promote meaningful change around Ugandan communities to help people live healthier, more productive, and more independent lives

### HOW CBM IS IMPLEMENTED

We work with community health volunteers that are trained to collect information but also help in providing information to the community which we call community-based healthcare. Community-based healthcare is the cornerstone of successful implementation of the health system. Its success depends on community participation and their cooperation with our health staff. We work at the community and facility level to strengthen the capacity of female community health volunteers, health workers, and doctors so that they can provide educational, preventive, and curative health services. Our health promoters refer critical patients to the facilities, distribute insecticide-treated bed nets for new mothers and newborn children and ensure tuberculosis treatment. Our interventions focus on playing a pivotal role in both primary and secondary level healthcare.

### COVERAGE OF CBMS

National Level Coverage

### DATA COLLECTION AND UTILIZATION

Data collection is done through focused group discussions with communities and our project beneficiaries. Most of our decisions are based on data we collect from the field. Information is also shared with the district/ national authorities

Core achievements

- A community-based health facility for improving health care services
- A youth center established for youth empowerment activities
- Village savings and loans Associations in place to facilitate economic empowerment
- A vocational skilling center for community skilling in place
- School library for community School going children

### MAIN CHALLENGES

- Funding limitations due to high level requirements from donors
- High expectations from beneficiaries and communities
- High competitions from organizations offering similar services

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Partnerships with existing organizations to strengthen participatory rural appraisal mechanisms

# KOBO CONNECT MONITORING SYSTEM



HOSTING ORGANIZATION:  
YOUTH ADVOCACY AND DEVELOPMENT  
NETWORK

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UGANDA  
SEMAWATA ROAD, KAMPALA

## CBM Objectives

The Kobo Connect Monitoring (KCM) system is mainly geared towards generating evidence-based data on integrated sexual Reproductive Health service accessibility and usage by communities

### HOW CBM IS IMPLEMENTED

The KCM is conducted online by our trained data collectors using SMART phones and our M&E teams capture data from the server based at our head office. The community champions who are trained to conduct online monitoring and evaluation on accessibility and utilization of SRHR interventions in the communities, are equipped and trained on how to use the Kobo Connect APP on their smart phones and thus conduct activity monitoring.

### COVERAGE OF CBMS

National Level Coverage

### DATA COLLECTION AND UTILIZATION

The data collectors are trained on how to use the Kobo Connect tool to get data and information. Our M&E Manager is the one that coordinates the process of desegregating data received through the online Kobo Connect platform that our community monitoring team would have input in the system. The information that the data collectors input on their smart phones, is received by our server at the head offices and the M&E Manager focusses on generating weekly reports out of the data server to help in informing advocacy targets related to sexual Reproductive Health service coverage and utilization

Core achievements

1). Reporting done on time by the organization. 2). Easy for the organization to engage communities because the process is simple. 3). Monitoring our data collectors has been made easy. All these have contributed to better access of SRHR information and youth friendly services

### MAIN CHALLENGES

- Basing on the fact that it's an online system and using phones, there is a challenge of limited connectivity and network in the rural areas where we work which leads to delayed receiving of data on the server
- Some of our data collectors do not have smart phones since the organization has no enough funds to procure smart phones.
- Limited capacity of communities to use the tool online

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

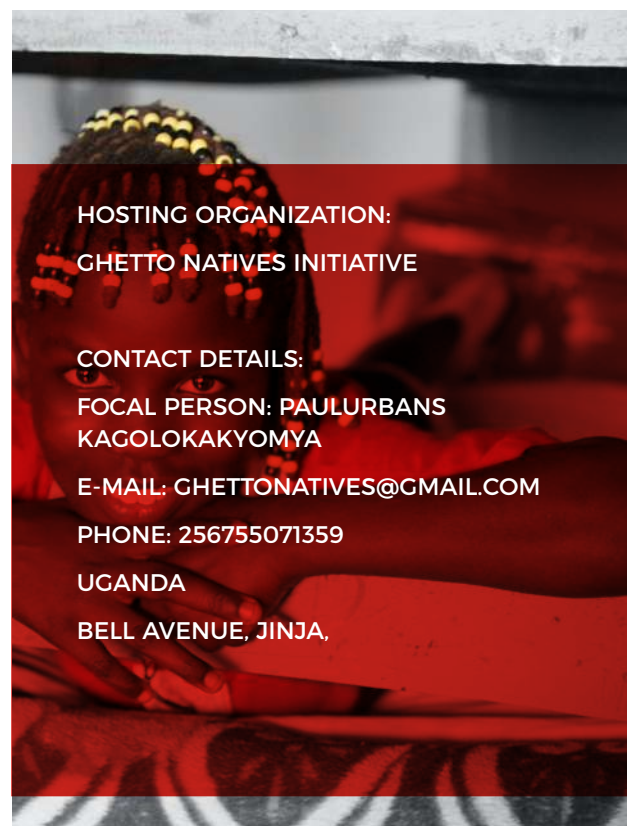
- There is need for more training of more KCM users and data collectors to reach more communities especially the community SRHR users.
- There is need for more smart phones to reach more data collectors
- There is need to train more CSOs on how to use the system



# SRHR/HIV AIDS SERVICES GAPS IDENTIFICATION AND IMPROVEMENT

## CBM Objectives

To identify gaps and appropriate Sexual and Reproductive Health and HIV-AIDS services in the Community



## HOW CBM IS IMPLEMENTED

It's through involving locals or community member to identifying services gaps, the community members generate demands, suggestions, critiques and the data is analyzed and forwarded to the authorities to be acted on and feedback is given to the community, health facilities and organization funding a given health or community development program.

## COVERAGE OF CBMS

National Level Coverage

## DATA COLLECTION AND UTILIZATION

The targeted age-related services beneficiaries are identified, taken through gaps identification; data collected is shared with health centers managers/health workers for notes sharing and finally a comprehensive report is documented and shared with the duty bearers and other information consumers who help out in improving the given services.

## CORE ACHIEVEMENTS

Networking among different stake holders where Ghetto youths have got more information and received health services closer to their homes because the health centers now embraced out reaches which wasn't the case

## MAIN CHALLENGES

Affected communities have a to-whom it may concern tendency.

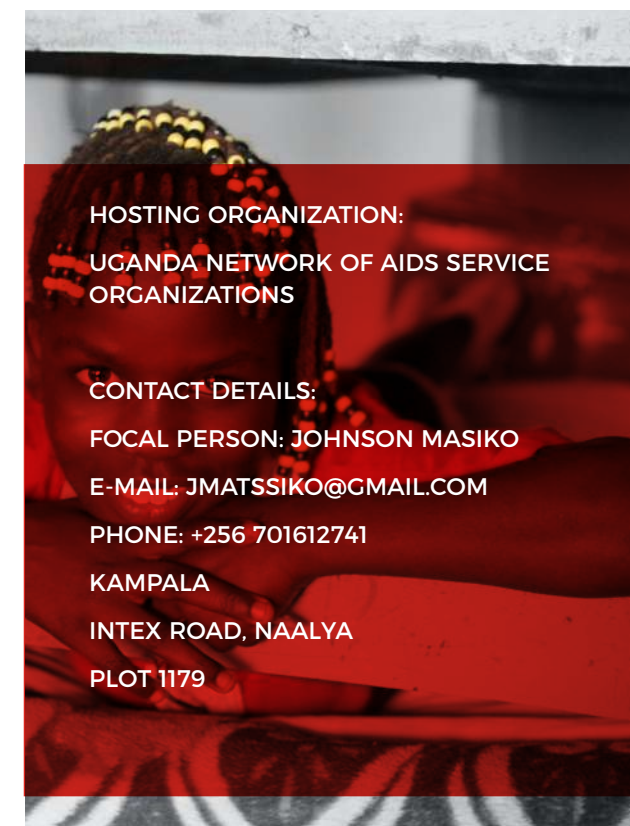
- Health workers/leaders are slow at accepting the information or data collected by small organizations
- Bureaucratic tendencies.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

# COMMUNITY SCORE CARD

## CBM Objectives

Improve access to quality health services in communities



## HOW CBM IS IMPLEMENTED

We work using the community score cards and these are project based at organizational level. The routine CBM we do is done as a coalition of CSOs monitoring PEPFAR grants and we do this annually as a group we do rapid assessments of the services provided, document the areas that need improvement and share with PEPFAR and Government

## COVERAGE OF CBMS

National level coverage

## DATA COLLECTION AND UTILIZATION

Data is collected at facility level targeting the service users and the district officials using standardized tools under different themes of HIV and TB services Results are documented into report that is used as an advocacy tool to influence service delivery among PEPFAR

## CORE ACHIEVEMENTS

- Through the score cards we have empowered communities to know their rights and demanded for quality services from their immediate duty bearers accountable
- We have had CS demands addressed in the PEPFAR COP 18, 19, 20

## MAIN CHALLENGES

- Inadequate funding to sustain the monitoring beyond project based
- Capacity to facilitate district level structures to do the monitoring routinely
- Capacity to finance data analysis of the findings
- Access to some programme data especially that is not on public domains
- Lack of harmonization of the different CS monitoring of health services going on (ad hoc)
- 

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Building CS capacity to do research and document in simple presentable info graphics
- Supporting CS structures at national up to district levels to monitor health services routinely
- Harmonization of the different CS monitoring of health services going on
- Establishment of a CS desk at MoH, Min of Finance and other ministries to fasten access to information to CS



# COMMUNITY HEALTH WORKERS AND COMMUNITY RESOURCE

## CBM Objectives

To track the implementation, progress and follow up on service delivery and give feedback to the concerned stakeholders and duty bearers



HOSTING ORGANIZATION:  
APPROPRIATE REVIVAL INITIATIVE FOR  
STRATEGIC EMPOWERMENT

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UGANDA  
NTUNGAMO MBARARA-KABALE HIGH WAY

## HOW CBM IS IMPLEMENTED

This system is implemented through a community-led model since those structures that form our system are community-based. They are engaged at inception level of the programming, implementation, monitoring and as well as follow-up. This is done using a specific monitoring tool for every program and also through various platforms.

## COVERAGE OF CBMS

District level coverage

## DATA COLLECTION AND UTILIZATION

ARISE uses designed tools (as data sources) to collect data depending on the program guidelines and requirements. Community structures are trained on how to collect data and then at an organization level data is entered in the database, analyzed and utilized as final information. It's then the communities who are engaged in data collection to provide the right information using different data collection methods

## CORE ACHIEVEMENTS

- The information provided is used in advocacy and lobby forums to engage with key stakeholders and duty bearers
- There is a strong coordination and referral and linkage system between communities and service providers built through CBMS
- There is community empowerment to demand for service

# PATIENT SATISFACTION SURVEY

## CBM Objectives

To address the gap and poor relationship between the patients and the health service providers



HOSTING ORGANIZATION:  
FUTURE FOUNDATION UGANDA

CONTACT DETAILS:

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UGANDA  
BUYONJO ROAD, MBALE

## HOW CBM IS IMPLEMENTED

A patient satisfaction survey is a tool used to gather patient feedback regarding the quality of service and medical treatment provided by hospitals and medical practices. Patient satisfaction is equally important as customer satisfaction. Therefore, the CBMS is implemented through a comprehensive research that is done in collaboration with the patients and the Health Service Provider. A tool (questionnaire) is developed to capture information from both patients and the Health workers.

## COVERAGE OF CBMS

District level Coverage

## DATA COLLECTION AND UTILIZATION

When an outcry is raised from a certain community over the service not being satisfactory, we always take a step to find out the cause and invite some of them to our office siting their challenges and the way they are served. We go ahead to visit the health stated health facility to prove their claim. When this is realized. We quickly train our team to go and collect data that can help us to base on to engage the key stakeholders in handling the situation. When this process is done, we start off with meetings with both the technical and the political stakeholders. Reports are shared and issues addressed. We also go ahead to have Barraza (community meetings) to make it complete

## CORE ACHIEVEMENTS

So far, we fought for a good working relationship between the patients and the health workers. Patients are now taken as clients not burdens to health worker and reports are freely shared with the health administrators. We are fully engaged in the District meetings regarding Health and Education.

## MAIN CHALLENGES

- Limited resources to reach the most vulnerable communities in the hard to reach Areas.
- Shortage of trainings of the para-social workers.
- Lack of ability to distribute essential services to the affected communities especially those suffering from HIV/AIDS and TB.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- There is need for constant collaboration and networking to improve on our sustainability and have our community feel our value in our existence
- There is need to continue training communities on the rights-based approach and making them bear in mind that they are the rights holder and therefore, demand a service from the duty bearers.

# CONDOM DISTRIBUTION COMMUNITY TOOL

## CBM Objectives

To collect data on condoms distributed to key hotspots in Nansana Municipality, Wakiso district

### HOW CBM IS IMPLEMENTED

We use existing community structures and technical team at the health facilities to track distribution and capture any challenges

### COVERAGE OF CBMS

District level Coverage

### DATA COLLECTION AND UTILIZATION

We use the monitoring tools such as the condom tracker this is placed to capture all condoms consumed at all hotspots. Information is shared with the authorities and used to improve service provision

### CORE ACHIEVEMENTS

Improved planning for the community; helps us know which condoms are consumed more by type; Improve accessibility to condoms and general health service provision.

### MAIN CHALLENGES

Failure to use the tool to capture by the hotspots during peak time.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

I would recommend more orientation of this organization to implement better.



HOSTING ORGANIZATION:  
HEALTH FOR YOUTH WITH PARENTS INVOLVED

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UGANDA  
NAKUULE HEALTH CENTER II, NANSANA



ZAMBIA



# MALARIA HOUSEHOLD DATA COLLECTION CBMS

## CBM Objectives

- OVERALL OBJECTIVE:**  
To assess the social behaviour of community members towards malaria elimination.
- SPECIFIC OBJECTIVES:**
- 1. To contribute to improved maternal health and Health of the children under five years through promotion of consistent use of ITNs by pregnant women and mothers with children under five years of age:
  - 2. To promote early booking for ANC and completion of the full course of IPT - preventing malaria in pregnancy:  
Promote malaria testing, correct treatment, and acceptance of IRS at household level.

### HOW CBM IS IMPLEMENTED

GFC has trained community malaria change champions who are responsible for data collection from households. Each of the community malaria change champions is assigned 15 households each month. The Community change champions administer a questionnaire to collect the required data. They also use observations to verify certain data e.g. number of sleeping space, how many females are pregnant at the household. The community change champions also have been trained to test for malaria using the RDTs. Positive cases are then referred to community health workers for treatment at community level or to the health facility within that community

### COVERAGE OF CBMS

Provincial level Coverage (Luapula Province):  
Mansa, Samfya and Chifunabuli Districts

### DATA COLLECTION AND UTILIZATION

The community is fully engagement in malaria elimination through project design data collection, decision making and implementation. Malaria change champions are engaged to assess social behaviour change of targeted communities through door to door, community meetings and house dialogue. The change champions interact with community members and use monitoring tools to collect vital information. One of the key tools used is malaria household data collection form which is administered every month. Traditional leaders are engaged to share key malaria messages with their subjects each time they have community meetings.

### CORE ACHIEVEMENTS

There is increased community participation in malaria elimination, knowledge levels on how to prevent malaria and appropriate actions are enforced by households. There is progressive behaviour towards health seeking services and products, there

is increased acceptance of health services at household level including the IRS, increased ANC registration and booking. Community tradition ship by the traditional leaders has increased. Engagement of traditional leader to disseminate malaria information and monitor the use of LLINS for households. Engagement of church leaders to influence their members to improve their health seeking behaviours - seeking early malaria treatment and completion of malaria course . Increased Referrals at community level.

### MAIN CHALLENGES

- Household Level Challenges
- Limited access to LLINS, long distance to health facilities,

### HEALTH FACILITY LEVEL; CHALLENGES

- Testing kit stock outs
- Drug stock outs

### CSO LEVEL CHALLENGES

- Poor financing for CBMs,
- Inadequate funds for community capacity building and procurement of community assets such as bicycles and incentives for the change champions.
- Inadequate funds for community data review meetings and planning meetings at community level.

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Conduct adequate capacity building training for community structures and agents
- Conduct adequate mentorship, supervisory and monitoring visits to community structure
- Conduct adequate data review meetings, decision making and planning meetings at community level

HOSTING ORGANIZATION:

GROUPS FOCUSED CONSULTATIONS ( GFC )

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ZAMBIA

MANSA, LUAPULA

PHIRI STREET

HOUSE NO. 2142

# eCOMPLIANCE TECHNOLOGY

## CBM Objectives

To improve TB detection, Counseling and Adherence

### HOW CBM IS IMPLEMENTED

eCompliance is a biometric technology for treatment of TB patients and other diseases. This is a low-cost device which records both the patient's and CHW's fingerprint each time a drug is administered to confirm strict adherence with the mandated regimen. Missed doses trigger an SMS notification to managers, who assure timely counselling and follow-up visits with patients. The technological package also includes an e-detection, eCounselling and eAlert components which help in case finding, improved counselling and alerting the CHW and Manager respectively. The process is to identify suitable CHWs who will work in communities to identify cases. Train them on how to use the technology to screen presumptive cases, how to use counseling videos and fingerprint taking for adherence purposes as described above. This whole process is community based.

### COVERAGE OF CBMS

It is in 3 districts at the moment. In total it is done in 14 sites. We are hoping to increase the coverage if funds are found.

### DATA COLLECTION AND UTILIZATION

In the eCompliance technology all data - that is cases detected - are enrolled both in the eCompliance APP for DOT or adherence monitoring by the CHWs and in the health facility treatment registers for their record and use. The CHWs after enrolling cases in eCompliance they sink so that the information is received by the M and E officer, the project Manager and in the Electronic Medical Record (EMR). Each time the CHWs monitor the TB patient they take a fingerprint for the patient and the CHW's fingerprint to confirm adherence.

HOSTING ORGANIZATION:

ZATULET (ZAMBIA TUBERCULOSIS AND LEPROSY TRUST)

CONTACT DETAILS:

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PHONE: +260 977775668

LUSAKA, ZAMBIA

THABO MBEKI / ALICK NKHATA ROADS

HOUSE NO. 16931/16941 MASS MEDIA AREA

### CORE ACHIEVEMENTS

- High TB cure and completion rates of between 90-95%
- 0.1% Lost to Follow up (Defaulter rates).
- Good contact tracing
- No death experienced so far yet
- TB patients and family members appreciating the technology

### MAIN CHALLENGES

- At the beginning TB patients did not like to have their fingerprints taken. They associated with criminal investigation.
- It took time for the CHWs to learn and master the technology.
- The Health Facility Staff wanted to receive incentives in form of money or tablets

### WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

To carryout adequate sensitization and literacy  
To recruit CHWs who can learn the technology within the stipulated time frame.

# THE BLACK SASH MODEL OF COMMUNITY BASED MONITORING (CBM)

## CBM Objectives

To enhance informed programming and policy direction among stakeholders

## HOW CBM IS IMPLEMENTED

The community Based Monitoring system is implemented with direct engagement of the local community monitoring team at district level. This is done because people in the comm. unity understand better their needs at a particular time regarding the prevailing conditions in a targeted area. Initially, Each monitor signs a Code of conduct.

Community monitoring team is charged with emulating the efforts of the existing systems and strategic planning and value addition to their work. CBMS is also implemented in harmony with other stakeholder with similar project or program needs.

## COVERAGE OF CBMS

District Level: Lusaka, Katete, Mumbwa and Mansa.

## DATA COLLECTION AND UTILIZATION

Community Volunteers who work in multisectoral way Health facilities, schools and Police stations. These members are part of the community monitoring, planning and of which one is part of the district coordinating team.

The community monitoring team developed data collection tools that feed in the HMIS and EMIS to avoid the duplication of data. At a facility level data is collected from monthly HIA1, HIA2 and CHA Reports when dealing with Sexual Reproductive Health and Rights, HIV and AIDS, and Gender Based Violence.

To ensure quality and timely collection and reporting, SWAAZ has been conducting skills capacity building training each year for the community staff. These meeting are organized at district level so as to enhance strategic planning and decentralization of the projects or programmes.

HOSTING ORGANIZATION:  
SOCIETY FOR WOMEN AND AIDS IN ZAMBIA

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LUSAKA, ZAMBIA  
BOX 50270, OFF GREAT NORTH ROAD,  
OFF VUBU  
HOUSE NO. 8



## MAIN CHALLENGES

- Lack of standardization manual for planning or monitoring at both district and national level.
- Multiplicity of registers having characteristics with different codes, especially those from partners.
- Low professional skills among community members, for instance, data management; data cleaning and validation of facility reports.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Need to set standardized manual for planning or monitoring at district or national level.
- Need to develop Terms of reference for stakeholders
- Need for regular proficiency capacity building among community members.
- Need to standardize the CSO and stakeholders reporting system.

## CORE ACHIEVEMENTS

Community based Monitoring has led to the intended beneficiaries to access the services on demand because transparency and accountability is adhered to. In the recent years most of the Vulnerable groups especially those in rural areas; boys, girls and young women have their needs met.

There is Value addition element to the program or institution as some of the important factors influencing or affecting the beneficiaries or staff which are not captured by an already existing system are taken into account. For instance, 'open ended' new and old information on the ground regarding a problem being addressed at a particular point in time.



# FACT TRACKING EPIDEMIC CONTROL IN THE COMMUNITY AND MINES

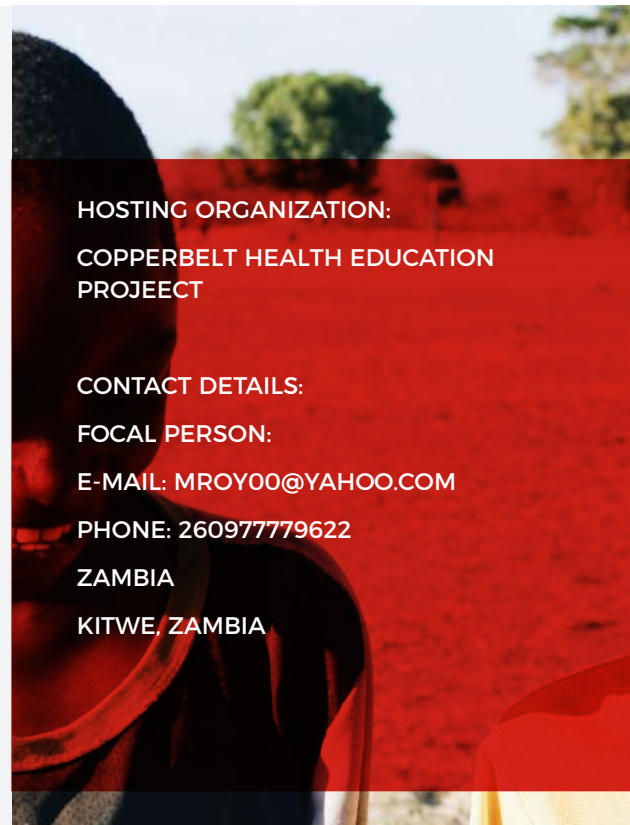
## CBM Objectives

To facilitate access to quality health services for communities (mines/ex-miners/spouses/family members/adolescents) Diagnose problems in the community

HOSTING ORGANIZATION:  
COPPERBELT HEALTH EDUCATION  
PROJEECT

CONTACT DETAILS:  
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ZAMBIA  
KITWE, ZAMBIA



## HOW CBM IS IMPLEMENTED

Training staff in the use of the CBM tools. At community level, volunteers who would enable problem solving are identified. Issues are submitted to relevant offices for planning, budgeting and resource allocation.

## COVERAGE OF CBMS

National Level Coverage

## DATA COLLECTION AND UTILIZATION

This process starts at community level. Community members are sensitized on how to identify problems in the community. Then community members are made to identify issues that they feel need an intervention through either advocacy or awareness.

Afterwards, officers use community-based monitoring tools to assess the extent of the problem. Then, data is collected by the community itself and sent to CBMS hosting organization.

## CORE ACHIEVEMENTS

- It helps monitoring and evaluation to diagnoses, plan and allocate resources.
- It empowers the community in problem identification
- It helps in decision making

## MAIN CHALLENGES

- Technology skills - most community members have difficulties in using technology
- Lack of training in CBM tools resulting in failure to bring out real issues affecting them.

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

Adequate planning before launching the tools and Capacity building is required.

# COMMUNITY BASED INTERVENTION TO REDUCE HEALTH INEQUALITIES FOR KEY POPULATIONS IN ZAMBIA

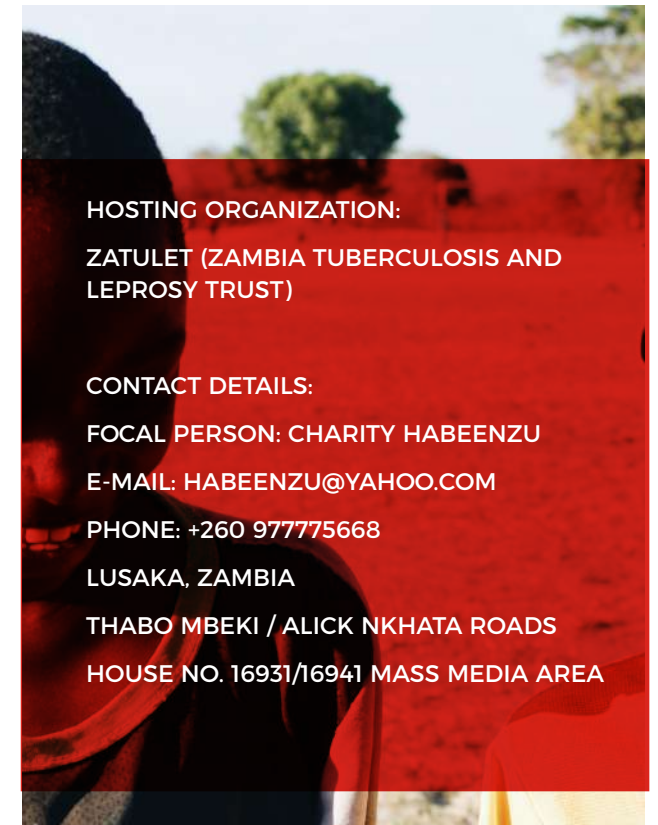
## CBM Objectives

Increase access and use of Comprehensive HIV services for LGBTI, Sex workers and Migrants

HOSTING ORGANIZATION:  
ZATULET (ZAMBIA TUBERCULOSIS AND  
LEPROSY TRUST)

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PHONE: +260 977775668

LUSAKA, ZAMBIA  
THABO MBEKI / ALICK NKHATA ROADS  
HOUSE NO. 16931/16941 MASS MEDIA AREA



## HOW CBM IS IMPLEMENTED

- Identify and address the key determinants of risky behaviors among Key Populations in selected provinces of Zambia
- Promote and increase access to high-impact HIV and other services by the LGBTI, Sex workers and Migrants
- Strengthen the capacity of local stakeholders to plan, monitor, evaluate and ensure the quality of interventions for key populations
- Conduct stigma Index for Key Populations

## COVERAGE OF CBMS

Provincial Level Coverage

## DATA COLLECTION AND UTILIZATION

ZANERELA+ works in collaboration with all the Target groups (Lesbian, Gay, Bi-sexual, Transgender Intersex, Sex workers and Migrants) who are trained as Peer Educators, who conduct community mobilization and Linkages to healthcare services. Each Peer Promoter is assigned a Unique Identification number, which they use to record their clients, other tools used are Client Registers, Referral and Classification Forms. The electronic Data Base is updated on a weekly, monthly, quarterly and Yearly basis, this helps the project to make decisions.

## CORE ACHIEVEMENTS

- We have managed to train Peer Promoters for Faith Communities, LGBTI, Sex workers and Migrants
- We have managed to train Health Care Providers in Public Health Facilities
- We have managed to influence Government to recognize and Plan for interventions for Key Populations in the National HIV/STI/TB and Malaria Strategic Framework (2017- 2021)

- More Public and Private health Facilities have started offering inclusive health services
- Increase access and use of Comprehensive HIV Prevention, Treatment Care and Support

## MAIN CHALLENGES

Key populations experience personal and structural barriers that interfere with their ability to access high-quality care, they also experience health care barriers due to isolation, insufficient social services, and a lack of culturally competent providers. At the same time, many health care providers (HCPs) experience various barriers to providing LGBT care and need to increase their cultural competence by improving awareness, receptivity, and knowledge., One personal barrier to quality care is stigmatization toward LGBT persons as expressed through HCP prejudices, beliefs, attitudes, and behaviors. Factors such as gender, race, and religious beliefs also influence attitudes to LGBT health care

## WHAT ELSE CAN BE DONE TO IMPROVE THE CBMS

- Scale up from selected Provinces and districts to a National program
- Reduce religious instigated Stigma and discrimination by involving apex faith bodies in the project
- Improve the knowledge, skills, and cultural competencies needed to provide quality LGBT care in the Health Care Providers Training Curricular
- Remove legal and structural bearers

## OUR PARTNERS



**Regional Platform**  
for Communication and Coordination  
on HIV/AIDS, Tuberculosis and Malaria  
For Anglophone Africa



## EANNASO

Arusha, Tanzania

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