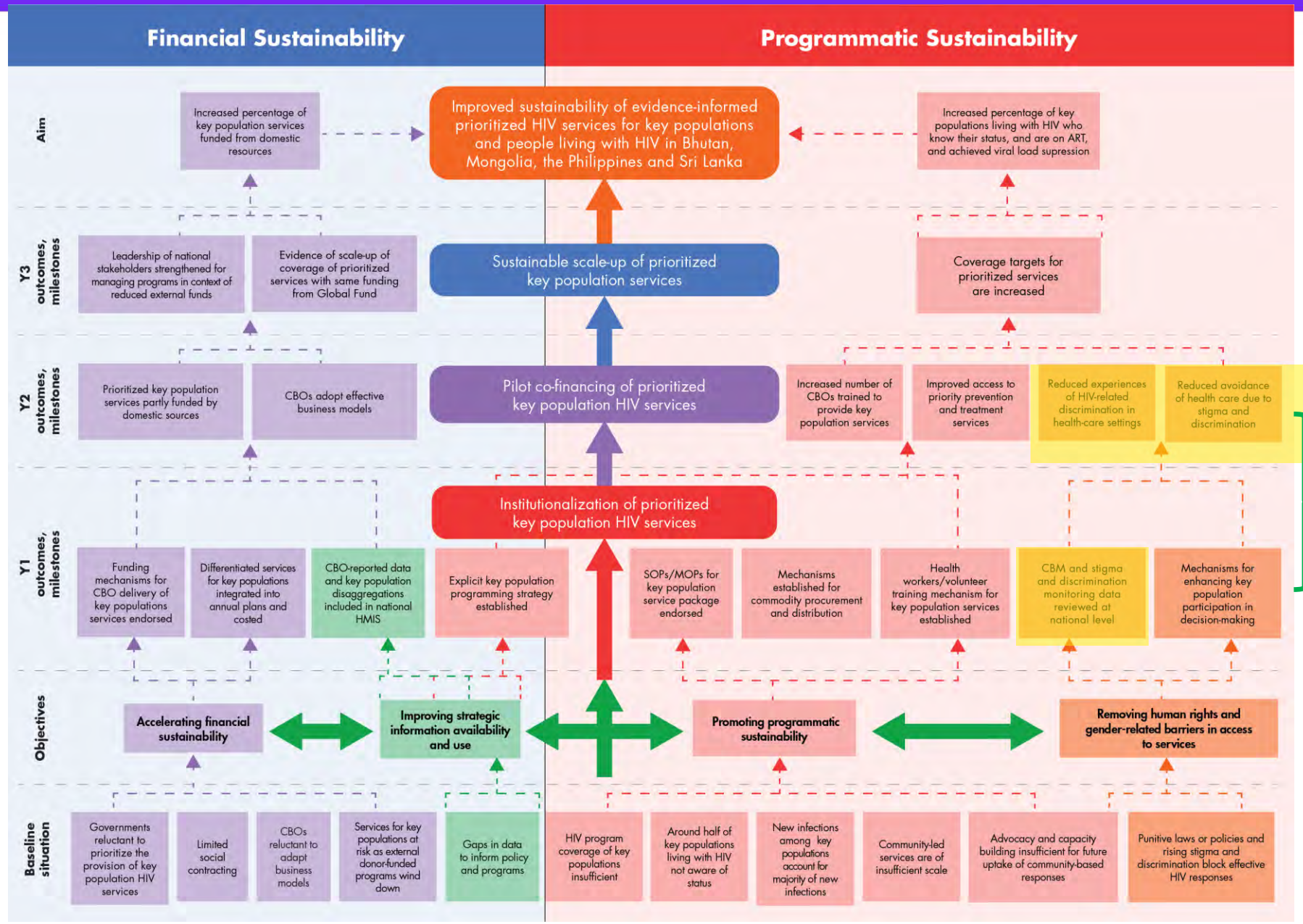
SKPA-2 Community-led Monitoring Toolkit

Working towards sustainable CLM of HIV Services

Presented by Dr Mike Merrigan, August 10th, 2022

CLM has central importance in the SKPA-2 Theory of Change

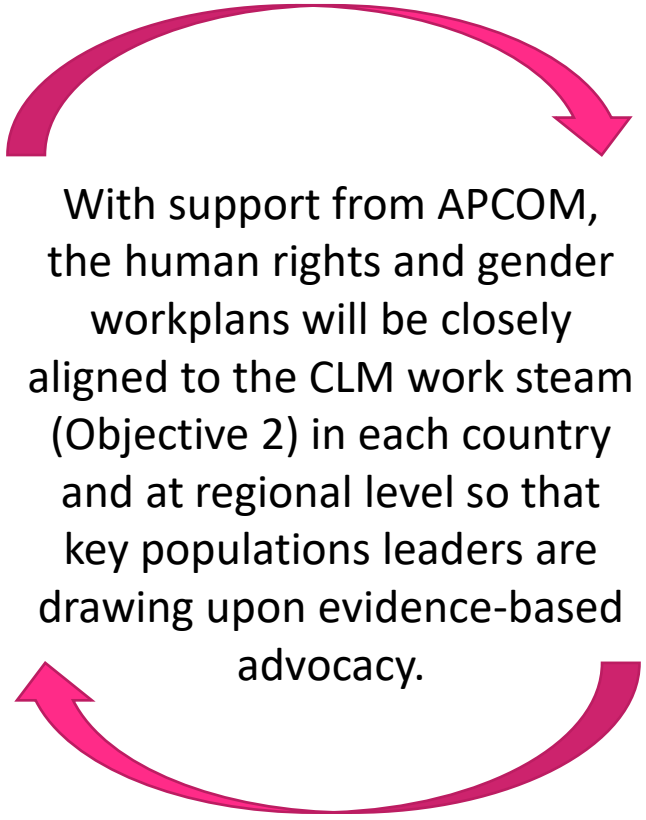


CLM has clear link to programmatic sustainability due to its expected contribution to improved utilisation of HIV services

CLM Contributes to both Objective 2 and Objective 4 in SKPA-2

Obj 2

Improved strategic information availability and use



With support from APCOM, the human rights and gender workplans will be closely aligned to the CLM work steam (Objective 2) in each country and at regional level so that key populations leaders are drawing upon evidence-based advocacy.

Obj 4

Remove human rights- and gender-related barriers to services

Performance framework Y3 Milestone:

CLM data used effectively to improve KP services at national and subnational levels

Rationale for a new toolkit

Building on CLM lessons learned from SKPA-1

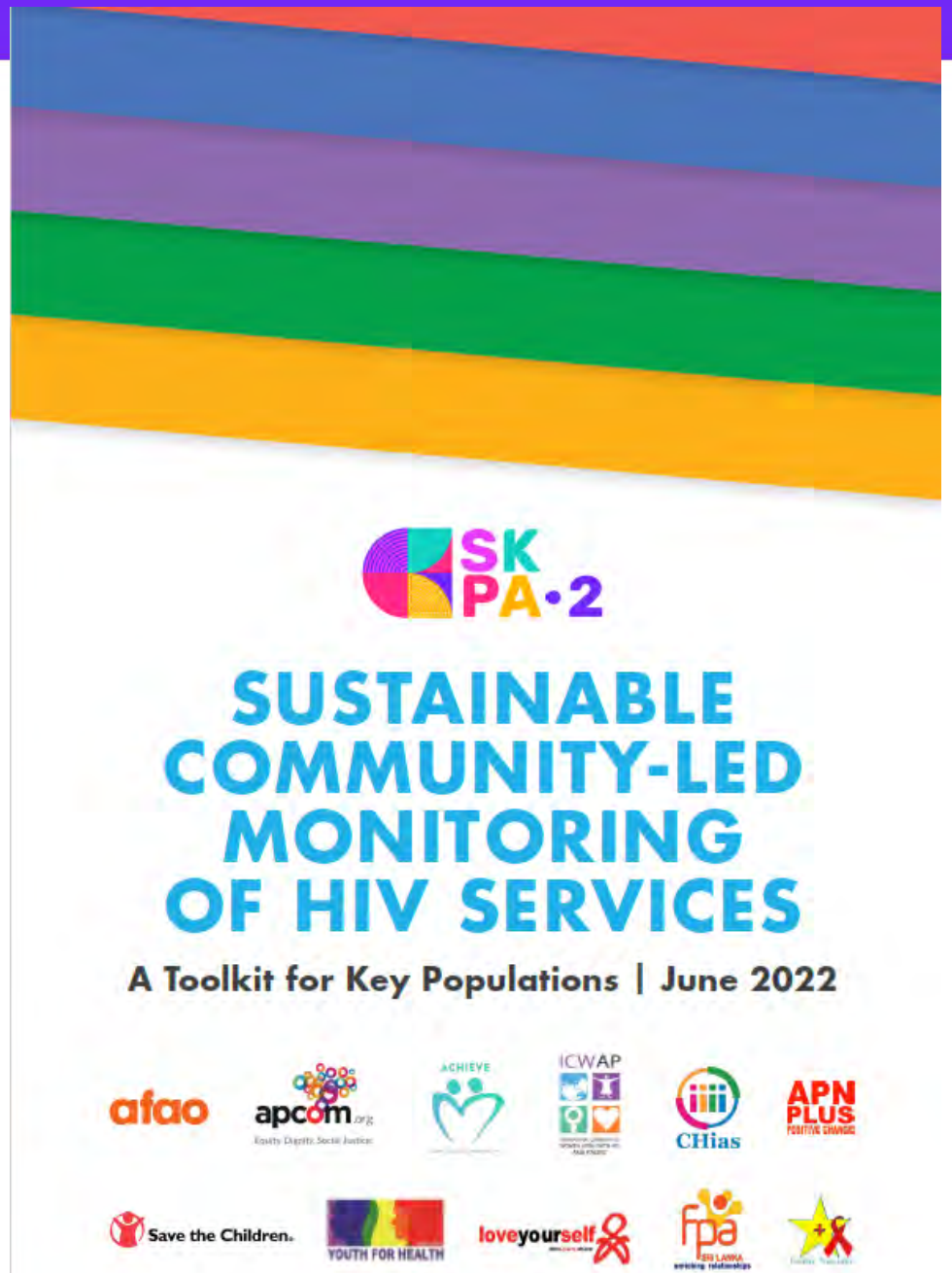
- Strengthen implementation of CLM across SKPA countries and reduce duplication with S&D monitoring
- Standardize methodology and indicators to enable cross country comparisons and learning
- Boost key population ownership of CLM by simplifying concepts, tools and promoting flexible implementation modes
- Build bridges between health authorities and key populations through processes that prioritise mutual respect and collaboration
- Facilitate evidence-based dialogue and agree on concrete plans of action aimed at improving HIV services for KP.

Key principles of CLM in SKPA-2

- CLM should **be led and owned by key population communities/community-based organizations**.
- CLM will only be **truly effective** if key local and **national stakeholders are involved throughout the process.**
- **Issues** monitored under CLM **are defined by affected communities themselves, regardless of who is funding**
- **CLM should be adapted** to the specific needs and barriers to HIV services faced by specific segments of KP/PLHIV
- CLM should be an **on-going process and a be based on a systematic and sustainable approach**, ensuring accountability and continued advocacy dialogue.

Populations targeted

- The primary focus of CLM activities **are Key Populations and People living with PLHIV**
  - Only individuals who **have recently used HIV services** in selected services should provide CLM feedback to limit recall bias and increase validity of results.
  - This toolkit does not include **KP who are not engaged in or disengaged from HIV services.**
- The secondary focus is **healthcare providers from targeted facilities, and HIV service managers at sub-national and national levels**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CLM: What to Monitor?

CLM Conceptual Framework for SKPA-2

Figure 2. Adapted AAAQ framework for the CLM toolkit

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CLM Conceptual Framework for SKPA-2: Link to toolkit indicators

Figure 2. Adapted AAAQ framework for the CLM toolkit

A.2. HIV Service availability

A.3. HIV Service accessibility

A.4. HIV Service acceptability

A.5. HIV Service quality

CLM Toolkit indicator

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Section A. CLM Key population CLM Indicators

Indicator #	Indicator short name	Indicator Long Name
A.1.	CLM Participation	Number of key population CLM client forms received
A.2.	HIV service availability	Number and percentage of HIV service visits where the services were rated as available
A.3.	HIV Service accessibility	Number and percentage of HIV service visits where the services were rated as accessible
A.4.	HIV service acceptability	Number and percentage of HIV service visits where the services were rated as acceptable
A.5.	HIV service quality	Number and percentage of HIV service visits where the services were rated as good quality
A.6.	HIV service satisfaction	Mean (overall) satisfaction score
A.7.	Prevalence of serious incidents	Number and percentage of key population HIV service visits where a serious incident is reported (stigma and discrimination, violence, harassment, etc.)
A.8.	Prevalence of stigma and discrimination	Number and percentage of key population HIV service visits where stigma and discrimination was reported

Section B. CLM serious incident follow-up Indicators

Indicator #	Indicator short name	Indicator Long Name
B.1.	Serious incident follow-up attempts	Number and percentage of serious incident reports followed up
B.2.	Successful follow-up of serious incidents	Number and percentage of serious incident reports where a successful contact was made for follow-up
B.3.	Accurate reporting of serious incidents	Number and percentage of serious incidents correctly recorded
B.4.	Referrals to services following a serious incident	Number and percentage of serious incidents referred to services
B.5.	Successful and timely resolution of serious incidents	Number and percentage of serious incidents resolved within 30* days

CLM: How to implement?

SKPA-2 CLM Process

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1. Establishing partnerships with community partners

A lead organization for implementation of CLM should be determined. Most often, this will be the organization that will have funding and staff available to organize and lead CLM

To make sure the CLM approach is owned by communities and covers the entire HIV service cascade, it is important that it does not become 'monopolized' by any one NGO or CSO.

Since the CLM model is focusing on HIV services delivered at health facilities serving different segments of KP, it is critical for the lead organization to establish strong partnerships with other community-based organizations or groups involved in HIV service delivery.

2. Establishing and strengthening partnerships with government agencies and other national stakeholders

Since CLM activities focus on health facilities, which usually are managed or operating under regulations defined by the government, it is critical to involve the government health authorities right from the beginning of the CLM process

CLM should be viewed and presented as an additional and complementarity source of valuable information for the government

It is important not only to engage health authorities at the central level, but also at the provincial/state or city level, to ensure CLM data and lessons learned are widely 'owned' and accepted

3. Adapting this toolkit and training staff on implementing CLM

This toolkit is generic. It must be reviewed and can be adapted to the country/province/city's needs and available resources

The adaptation of the generic CLM toolkit should be done through a multistakeholder participatory approach involving relevant governmental agencies and, if possible, a CLM steering committee or other.

Consider the development of a communication strategy to generate awareness among key populations about the CLM system

Organize, in collaboration with selected stakeholders, training for data collectors, supervisors, data analysts, and other support staff.

4. Collecting and packaging data and generating reports

When data collection tools are ready and staff trained, data collection can begin.

Monitoring CLM activities should be done on a regular basis to ensure that the system is functioning, especially during the first few weeks

Data collected will either be analyzed at the facility level, but if there is no capacity to do so it can be analyzed by the lead organization for CLM and reported back to health facilities and participating NGOs/CBOs on a regular basis

5. Conducting dialogue about the findings

Dialogue(s) can be organized as part of regular coordination, management or other types of meetings with community partners, stakeholders and with facility users.

During these meetings, the findings of the CLM activities can be presented, and actions addressing concerns can be discussed and planned.

Sometimes this can lead to a formalized quality improvement plan / action plan.

Sharing data/findings and recommendations as widely as possible is critical at this stage

6. Engaging in community advocacy

- While some issues/concerns will be solved at local level through regular dialogue, some will persist because they need to be solved at higher level
- Using findings/outcomes collected through CLM activities implemented by a coalition or alliance of partners, evidence-based advocacy activities can be developed to bring about positive change
- Form partnerships with the institutions targeted for change, ensuring they understand where the data presented comes from, and that it has been collected not to criticize but to constructively improve health service delivery

Other tools and resources available in the CLM toolkit

Annexes:

- Client Form and Client Follow up Form
- Sample informed consent form
- Template for CLM action plan
- Code of conduct for people involved in CLM

Ethical Considerations

- Voluntary participation
- Informed consent
- Confidentiality
- Anonymity
- Privacy
- Do not harm (do good)

Thank you!

Thanks to the Asia-Pacific Coalition on Male Sexual Health (APCOM), the Asia-Pacific Transgender Network (APTN), the Asia-Pacific Network of People living with HIV (APN+), the Asia-Pacific Network of Sex Workers, and the Philippine NGO Pinoy +.

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