

Community- led monitoring: CSO Experience

Conversations on Community-led Monitoring: An introduction

Name: Elkanah Y. Taylor

Organization : Center for Democratic Governance (CDG)



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The Center for Democratic Governance - DCG

- **About the CDG**
- The Center for Democratic Governance is a think-tank non-for profit, non-partisan research civil society organization that provides reliable data on citizens' experiences and evaluations of democracy, governance, and quality of social services they access. The CDG conducts face-face interviews in the language of the respondents' choice.
- With seven years of existence, CDG has done extensive research in many sectors including democracy, governance, health legal framework, et.

Background and context

Methodology adopted for CLM Initiative

- The CDG's CLM initiative began with the following:
- We conducted a PLHIV and stakeholder community participatory process to identify the scope and scale of community-led monitoring.
- Held meetings with County Health Teams and Facility Managers in the three counties where 17 facilities is currently being monitored to inform and engage on CLM and secure commitment to corrective public health action and community advocacy to improve service outcomes.
- CDG has established a monitoring mechanism by assigning Monitors who visit all 17 Facilities twice week to collect monitoring data routinely by conducting face-face interviews with clients and facility Managers.
- Our method for data collection is by way of survey; using tabs to collect data electronically.

Background and context

What was the rationale/country context that led to this programme?

In Liberia, there are over 40,000 people living with HIV. The virus led to an increase number of people getting sick and dying;

Persistent increase of the issue of stigma and discrimination that has the propensity of preventing People living with HIV from showing up to access treatment.

To help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers related to HIV service uptake and retention at the community and facility level

What was the objective?

What were you aiming to achieve?

The Community-led Monitoring project currently implemented by the CDG covers four main goals. These goals include:

- Use community monitoring systems to identify barriers to the effective application of the WHO guidelines on quality HIV services delivery at PEPFAR sites and adoption of PEPFAR minimum program requirements.
- Develop tools for data sharing with providers, community and PLHIV;
- Establish a platform for disseminating findings to decision-makers including regional and district health service providers and civil society networks; and d) establish a follow-up mechanism and ensure duty bearers take appropriate action to address and mitigate barriers that affect delivery of quality HIV services.

Who was involved? Where?

Partners

- The CDG intervention is supported by the USG through the United States Agency for International Development (USAID)
- Our other partners include FHI360/EPIC Project in Liberia, Stop Aids in Liberia (SAIL), Lesbian & Gay Association of Liberia, (LEGAL), Bassa Women Development Association (BAWODA) & Liberian Youth Network (LIYONET); Ministry of Health through the National AIDS Control Program (MOH/NACP), UNAIDS, WHO, GHSC-PSM Chemonics, County Health Team (CHT), Liberia Network of Persons Living with HIV (LibNEP+), etc.
- Populations/communities

What was done and how?

Geographic focus – community/subnational/national level?

- We have our focus on three counties in Liberia for now. The counties include: Grand Bassa, Margibi and Montserrado counties.
- We are monitoring two facilities each in Grand Bassa and Margibi counties and 13 in Montserrado.
- We have recommended to include an additional Nimba county with additional facility. Nimba is one of the largest counties in term of population.

Results?

- **Findings**
- According to our research, it is taking longer than usual to receive viral load results due to either the lack of availability of viral load machines at the facility or issue with power outage to process large number of tests mainly from facilities without viral load machines.
- The issue of HIV commodity stock out came up as facility Managers are reporting increase in the percentage of HIV commodities stock out at the facilities.
- There was also an increase in percentage of those who say they have to wait a longer time for their ARV refill before leaving the facilities.
- On the other hand, clients are saying they don't have to pay any fees for services they receive at the facilities.
- Transportation issue prevent clients from visiting facilities for ARV Refill.

Key learnings

What the three key learnings from this case that are relevant to CSO and community stakeholders

- The issue of Stigma and Discrimination remains a major issue for attending to treatment and association especially for newly infested People Living with HIV.
- According to Facilitators in line with our findings, clients feel more encourage to visit the facilities for HIV refill when there is availability of food supplies.

Challenges

Challenges

- Tools development – The tools development process has been going through revision. This caused our facility monitoring process at the facility to pause for a while in order to get the tools to the standard that best suit the issues at the facilities.
- More females PLHIV visit the facilities than males