

UNITING CIVIL SOCIETY TO IMPROVE ACCOUNTABILITY AND ACCESSIBILITY OF HIV AND TB SERVICE DELIVERY: LESSONS LEARNED FROM YEAR ONE OF COMMUNITY-LED MONITORING IMPLEMENTATION IN UGANDA.

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BACKGROUND

Community-led monitoring (CLM) is a social accountability model that aims to hold duty bearers and health facilities (HFs) accountable for improved quality of HIV and TB service delivery.

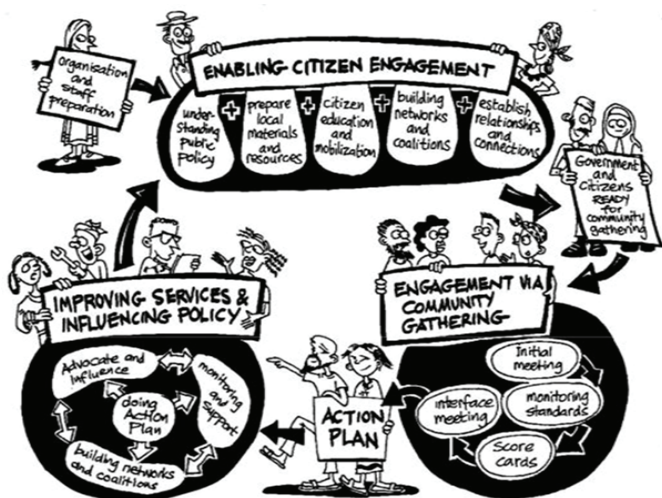
In Uganda, CLM is jointly implemented by International Community of Women Living with HIV East Africa (ICWEA), Coalition for Health Promotion and Social Development (HEPS), and Sexual Minorities Uganda (SMUG) covering 108 districts (85%) and 432 Health Facilities (HFs) in total.

THE CLM SCOPE

The CLM focused on PEPFAR supported sites across 440 health facilities in 110 districts covering 14 PEPFAR Implementing Mechanisms

METHODOLOGY

Using a set of standardized data collection tools, program monitors visited HFs to directly observe and collect qualitative and quantitative data.



DESCRIPTION

The first year of CLM implementation was evaluated in December 2021 to assess timeliness and completeness of program activities, and was guided by two evaluation questions:

- 1) Was the program implemented in accordance with the operational plan?
- 2) Did program implementation achieve any unexpected or unintended outcomes?

- a) Were any challenges or disruptions experienced over the course of the Project?
- b) Did the Project Team modify or innovate certain aspects of the structure and implementation in order to achieve the stated objectives?

To answer these questions, 25 stakeholders were interviewed (including CLM program staff, PEPFAR/CDC staff, CSO advocates and duty bearers).

LESSONS LEARNED

1. To optimize program governance, improvement is needed in efficiency of communication and coordination through inclusive leadership and decisionmaking
2. Greater emphasis must be placed on the quality (rather than quantity) of CLM data generated, and on building staff's analytical capabilities to provide evidence based insights in real time.
3. While the program's advocacy and accountability efforts are bearing fruit, establishing advocacy and accountability systems to routinely identify issues, develop solutions, and monitor progress is essential to achieve longterm impact, as is working with duty bearers to utilize program findings.

KEY CHALLENGES

1. Funds flow along a time consuming chain from PEPFAR HQ to US CDC HQ to UNAIDS HQ, to UNAIDS Country Office, to HEPS Uganda thereby leading to significant delays in project implementation.
2. There were delays in setting up a governance structure to oversee project implementation. Performance without oversight poses several risks.

Table 1. CLM Project operational plan and results of the fidelity assessment

Objectives	Activities	Timeline	Fidelity
Objective 1: To establish an independent community-led monitoring system	Activity 1.1: Convene Uganda's CLM Project Team and a technical support team	October 2020	Yellow
	Activity 1.2: Convene national civil society CLM Steering Committee, providing overall strategic oversight and governance to the implementation team. Steering Committee members will include representation from all sectors of the PLHIV movement in Uganda	October 2020 – September 2021	Green
	Activity 1.3: Develop CLM protocol describing criteria for site selection, the sites to be monitored, monitoring calendar, and the facility and non-facility-based tools to be used for monitoring	October 2020 – November 2020	Yellow
	Activity 1.4: Build electronic data collection platform	November 2020 – January 2021	Yellow
	Activity 1.5: Formalize relationships with duty bearers at national, district and local government levels	October 2020	Yellow
Objective 2: To carry out CLM at	Activity 2.1: Hire, train, and deploy national, district, and grassroots/field-based CLM staff for whom recruitment will have started during the Learning Phase	October 2020 – November 2020	Yellow

Green: Activity fully accomplished Yellow: Activity partially accomplished

CONCLUSION

Key learnings from the first year of program implementation provide valuable insights for CLM initiatives globally in terms of mobilizing civil society and affected communities; operationalizing governance and technical structures to scale-up CLM; and, orienting program activities toward national HIV/TB service delivery goals.

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