SKPA-2

COMMUNITY LED MONITORING

Advocating For Change

September 2025

SKPA-2 Learning Brief

HEALTH EQUITY MATTERS

INTRODUCTION

Community-Led Monitoring (CLM) is a social accountability mechanism that aims to collect and use information to advocate for improvements in HIV services for communities, with a focus on key populations and people living with HIV. CLM shifts the dynamic from HIV service providers monitoring service quality to monitoring that is led by the people who use HIV services.[1] CLM data are distinct from traditional data as they are community-driven and provide real-time insights on the quality of HIV services, which government or institutional data would not necessarily capture. This learning brief presents insights from 2024 and 2025 on the implementation of CLM with a focus on advocacy[2].

PROJECT OVERVIEW

CLM Countries & Key Populations

Bhutan

- Lesbian, gay, bisexual, and transgender+ including men who have sex with men
- People living with HIV
- People who use drugs & alcohol
- Sex workers

Mongolia

- Men who have sex with men
- Sex workers
- People living with HIV
- Transgender women
- Other (including clients of sex workers, people who use recreational or injection drugs)

Sri Lanka

- Men who have sex with men
- Sex workers
- Clients of sex workers
- Transgender women
- People who use recreational or injection drugs
- People living with HIV

1 SKPA-2: Community-led Monitoring of HIV Services Toolkit: A guide for Key Populations. August 2024. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/10/04034619/DIGITAL_SKPA-2_CLM_Toolkit_FINAL.pdf

2 For more information on the detailed data, they may be found on https://www.healthequitymatters.org.au/ and in our CLM Cross- Country Analysis Learning Brief, https://assets.healthequitymatters.org.au/wp-content/uploads/2025/03/06025841/SKPA-2-Cross-Country-Analysis-of-CLM-March-2025_FINAL.pdf .

AAAQ FRAMEWORK

SKPA-2 CLM uses the **AAAQ Framework** which encompasses the availability, accessibility, acceptability and quality of services (see Figure 1). The framework engages and empowers communities living with and affected by HIV to improve their health and to hold decision-makers and service providers accountable for HIV service delivery. After a health facility visit, clients from key populations complete a questionnaire to provide feedback on these four interconnected dimensions of HIV services.

Intended Audience

The **primary audience** includes CLM implementers, key population organizations, and HIV program implementers who are directly engaged in data collection, advocacy, and service improvements.

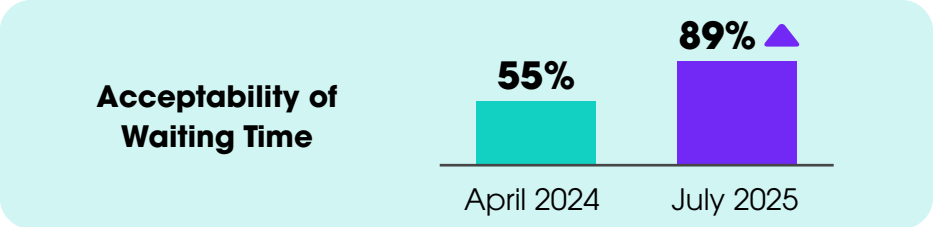
The **secondary audience** includes donors and UN agencies supporting HIV programming.

ADVOCATING FOR CHANGE THROUGH CLM

CLM data are analyzed on a regular basis by SKPA-2 project staff and trained key population organizations. The data and analysis are then shared with key stakeholders and used to inform recommendations for HIV service delivery improvements in each country. This process ensures that the data collection process leads to changes driven by key populations.

The examples cited illustrate how CLM data provide actionable insights into real-life challenges faced by marginalized communities and empower these communities through use of data to advocate for improvements in services.

- In **Bhutan**, CLM data revealed **gaps in service accessibility**, leading to **adjustments in operating hours** at HIV information and service centers in order to better serve key populations.
- In **Mongolia**, CLM data on **privacy and confidentiality breaches** led to the development and implementation of a **Quality Assurance checklist** which is now used in facilities to systematically monitor and improve client confidentiality.
- In **Sri Lanka**, CLM findings identified issues with long **waiting times** in clinics, prompting discussions and **improvements to the online appointment scheduling** system. As a result the acceptability of waiting times improved from 55% in April 2024 to 89% by July 2025.



USING CLM DATA TO ADDRESS STIGMA, DISCRIMINATION AND HUMAN RIGHTS VIOLATIONS

One of the strongest contributions of CLM to advocacy is its ability to document and address discrimination, breaches of privacy breaches and human rights violations in HIV services. Examples include:

- In **Mongolia**, CLM data **identifying breaches of privacy and confidentiality** also resulted in **new employment contract clauses on confidentiality for staff and mandatory privacy training**.
- In **Bhutan**, CLM data was used to validate reports of stigma and discrimination and resulted in **additional health worker sensitization and dialogue** to address concerns.
- In **Sri Lanka**, CLM data highlighted **stigma and discrimination**, which informed follow-up of individual facilities and additional activities including **staff training on confidentiality and implementation of a new Code of Conduct** in selected government clinics.

> *Having data on marginalization and discrimination in my communities has contributed to HIV prevention programs, as well as community programs. And based on that data, we hope to do advocacy work and raise our voices for the loss of human rights in our community."*
>
> ***Program Coordinator, Key Population Organization, Sri Lanka***

CHALLENGES IN STAKEHOLDER ENGAGEMENT

Despite its value, CLM faces resistance from some key stakeholders, especially government agencies, due to concerns about data credibility.

- In **Bhutan**, government stakeholders questioned whether **community-collected data was biased** against health services. This was addressed through assurances that **rigorous research methodologies** were used.
- In **Mongolia**, due to their **experience of stigma**, many key population members hesitated to participate in CLM, fearing exposure. CLM demand generation and **community forums** helped to address these concerns and improve trust.
- In **Sri Lanka**, the **technological nature of CLM data-sharing** made it difficult for some stakeholders to understand the findings. **Easy to use data factsheets** were developed and used to improve understanding of CLM.

SUSTAINABILITY AND SYSTEMIC CHANGE

Ensuring that CLM findings lead to **systemic change** requires **integration into national HIV programs and policy frameworks**.

- **Mongolia** has successfully embedded CLM in the national HIV monitoring system, making it an official part of health planning. CLM findings also triggered the development of a national Confidentiality Protocol that is being institutionalized across health facilities.
- **Sri Lanka** has integrated CLM within the National HIV Program, ensuring that government representatives participate in CLM technical working group (TWG) meetings and follow-up. Facility-based CLM action plans are formally linked to oversight ensuring identified gaps are tracked and addressed at facility and national levels.
- **Bhutan** has integrated CLM into the national feedback system covering every health facility to ensure continuous feedback loops and long-term sustainability.

CRITICAL INSIGHTS AND KEY LESSONS

1. **CLM Strengthens Community Voices in Policy and Accountability.** CLM provides marginalized communities with evidence-based data to influence health policies and hold service providers accountable.
2. **Stakeholder Engagement and Trust-Building are Crucial.** Partnerships with government agencies and health institutions are necessary to ensure CLM data are viewed as credible and are used. A key lesson is that for CLM data to be effective, it must be trusted by decision-makers and embedded in national policy processes.
3. **Data Alone is Not Enough - Advocacy is Key.** Collecting and analyzing CLM data is only the first step. Effective advocacy strategies are required to translate data insights into policy changes.
4. **CLM should be a core element of national HIV responses.** For long-term sustainability, CLM should not be viewed as a separate initiative but as a core part of national HIV strategies that ensure community leadership.
5. **Sustainable CLM Requires Financial and Institutional Support.** To sustain CLM, countries need financial backing, national integration, and continuous community engagement.

RECOMMENDATIONS

For National Governments

- Integrate CLM into national HIV monitoring frameworks and systems to ensure sustainability.
- Train health workers on human rights and non-discriminatory practices using CLM data insights.
- Develop official mechanisms to address complaints and serious incidents raised through CLM, such as privacy breaches.

For Civil Society Organizations (CSOs) and CLM Implementers

- Build strong partnerships with government institutions to enhance credibility and impact
- Expand community engagement efforts to ensure diverse participation, especially among hard-to-reach populations.
- Use CLM not just as a data tool, but as an advocacy mechanism to push for policy reforms.

For Donors and Global Health Partners

- Ensure financial sustainability of CLM efforts beyond initial project cycles.
- Support knowledge-sharing across countries to enhance learning from successful CLM models.
- Advocate for global recognition of CLM as a standard practice in HIV program monitoring.

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) is a three and a half year program (1 July 2022 – 31 December 2025) funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria under Agreement No. QSA-H-AFAO and aimed at improving the sustainability of evidence-informed, prioritized HIV services for key populations in Bhutan, Malaysia, Mongolia, Philippines and Sri Lanka. The objectives of SKPA-2 are to: 1. Accelerate financial sustainability; 2. Improve strategic information availability and use; 3. Promote programmatic sustainability; and 4. Remove human rights- and gender related barriers to services.

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