Legacy Brief

STRENGTHENING ACCOUNTABILITY:
SKPA-2's Community-Led Monitoring Approach

Documenting Our Approach, Achievements and Lessons Learned (2022-2025)

This document is one of a series of legacy briefs capturing key learnings, achievements, and approaches from the SKPA-2 program. This brief focuses on Community-Led Monitoring (CLM) programming for key populations in Sri Lanka, Bhutan, Mongolia and regionally.

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) program is designed to improve the sustainability of HIV services for key populations in Bhutan, Malaysia, Mongolia, the 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

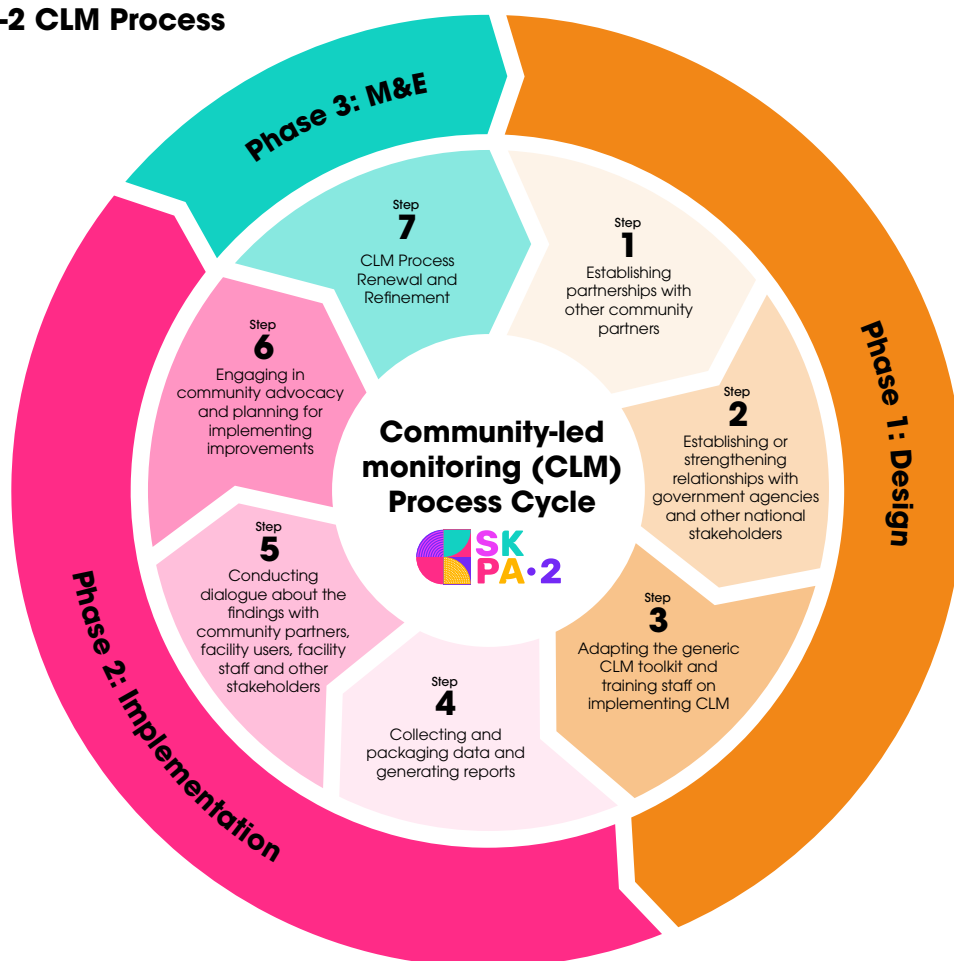4. Remove human rights- and gender-related barriers to services

BACKGROUND: WHY COMMUNITY-LED MONITORING?

Community-Led Monitoring (CLM) is an important component of community engagement in program and service delivery. It involves activities that are carried out by community members to assess the availability, accessibility, acceptability, and quality of the HIV and related health services they receive. CLM aims to collect and use information to advocate for improvements in HIV services for communities with a focus on key populations and people who are 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

Over the course of SKPA-2, CLM evolved from a pilot project into a system that now informs decision-making, resource allocation and health service reform locally and nationally.

Figure 1: SKPA-2 CLM Process

Phase 3: M&E

Phase 1: Design

Phase 2: Implementation

Step 7 — CLM Process Renewal and Refinement

Step 1 — Establishing partnerships with other community partners

Step 6 — Engaging in community advocacy and planning for implementing improvements

Step 2 — Establishing or strengthening relationships with government agencies and other national stakeholders

Community-led monitoring (CLM) Process Cycle

Step 5 — Conducting dialogue about the findings with community partners, facility users, facility staff and other stakeholders

Step 3 — Adapting the generic CLM toolkit and training staff on implementing CLM

Step 4 — Collecting and packaging data and generating reports

¹ https://assets.healthequitymatters.org.au/wp-content/uploads/2024/10/04034619/DIGITAL_SKPA-2_CLM_Toolkit_FINAL.pdf

OUR APPROACH

CLM under SKPA-2 has not just been about collecting data. It involved establishing a comprehensive system where communities continuously assess and improve the quality, accessibility and accountability of HIV services. SKPA-2's approach has combined digital innovation, national integration, and community leadership to turn data into action.

1 Standard Setting

SKPA-2 developed a common framework and process for CLM across countries, ensuring consistency while allowing and encouraging local adaptation. Specifically, SKPA-2:

- Designed and rolled out the CLM Toolkit[1], providing standard indicators, reporting formats, and feedback templates.

2 Institutionalizing Accountability from Key Populations

SKPA-2 integrated CLM into the national HIV program and response. Specifically, SKPA-2:

- Integrated CLM indicators and processes into National Strategic Plans and National M&E frameworks, and institutionalized CLM Technical Working Groups (TWG).

- Supported mechanisms for routine feedback loops between community groups, government and service providers, linking findings to facility-level improvements and policy review.

3 Driving Digital Transformation

To make CLM data visible and actionable, SKPA-2 invested in digital systems that enable real-time tracking and feedback. Specifically, SKPA-2:

- Developed online dashboard in Mongolia, a Power BI[1] CLM dashboard in Sri Lanka, and a bespoke national CLM digital platform in Bhutan.

- Enhanced partners' ability to analyze and use CLM data for program review and advocacy.

4 Linking Evidence to Action and Service Improvements

SKPA-2 ensured that CLM findings informed advocacy and service improvements. Specifically, SKPA-2:

- Introduced the Serious Incident Management System to record, escalate and respond to privacy breaches and cases of stigma and discrimination.

- Facilitated dialogues and review meetings that turned CLM findings into facility-level action plans and advocacy at national level.

The SKPA-2 CLM Toolkit outlines a three phase, seven step CLM process that is proven to elevate key population voices, assess real time feedback, advocate and result in improvement in the HIV response (Figure 1).

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[1]Power BI is Microsoft's data analytics and visualization tool used to consolidate data from multiple sources and generate interactive dashboards, enabling timely analysis and evidence-based decision-making.

ACHIEVEMENTS AND IMPACT

During SKPA-2, CLM has evolved from small-scale pilots into a structured, government-linked accountability system in Bhutan, Mongolia and Sri Lanka. Insights and data informed action plans and policy reforms, demonstrating that community-generated data can directly drive service improvements and systems change.

Between 2022 and 2025, more than **4,279** feedback forms were submitted by key population community members as service users.

Country Level Impact

Bhutan

- **Institutional integration:** CLM indicators were incorporated into the **National Strategic Plan for HIV 2023–2028**.

- **Service improvement:** Facilities adjusted opening hours and strengthened confidentiality procedures based on CLM findings.

- **Participation:** Over 1,348 CLM feedback forms from community members from five key population groups nationally were submitted.

Mongolia

- **National system adoption:** CLM has been embedded within the National HIV M&E Framework and is overseen by the National Centre for Communicable Disease (NCCD) TWG.

- **Policy influence:** CLM data informed the design of the Stigma-Free Health Services Framework and privacy-protection protocols that have been adopted nationally.

- **Participation:** Over 1,215 CLM feedback forms from community members from four key population groups nationally, covering 25 health facilities, were submitted.

Sri Lanka

- **Government partnership:** The National STD/AIDS Control Programme (NSACP) institutionalized the CLM TWG.

- **Service delivery changes:** Facility waiting times were reduced and Codes of Conduct introduced in several clinics.

- **Participation:** 1,716 CLM feedback forms from community members from five key population groups nationally, covering 47 clinics, were submitted.

Regional and System-Level Impact

- National governments now reference CLM findings in strategic plan reviews and grant applications.

- Serious incident reporting mechanisms have strengthened accountability related to stigma, discrimination and privacy breaches.

- Digital dashboards are enabling transparent access to CLM findings by government, community members, and partners.

These achievements demonstrate that CLM is not a parallel monitoring tool, but is a core accountability mechanism that can be institutionalized within national health systems.

For detailed country-level analyses and dashboards, see the SKPA-2 CLM Toolkit (2024), CLM Advocacy Brief (2025), and Serious Incident Management Learning Brief (2025).
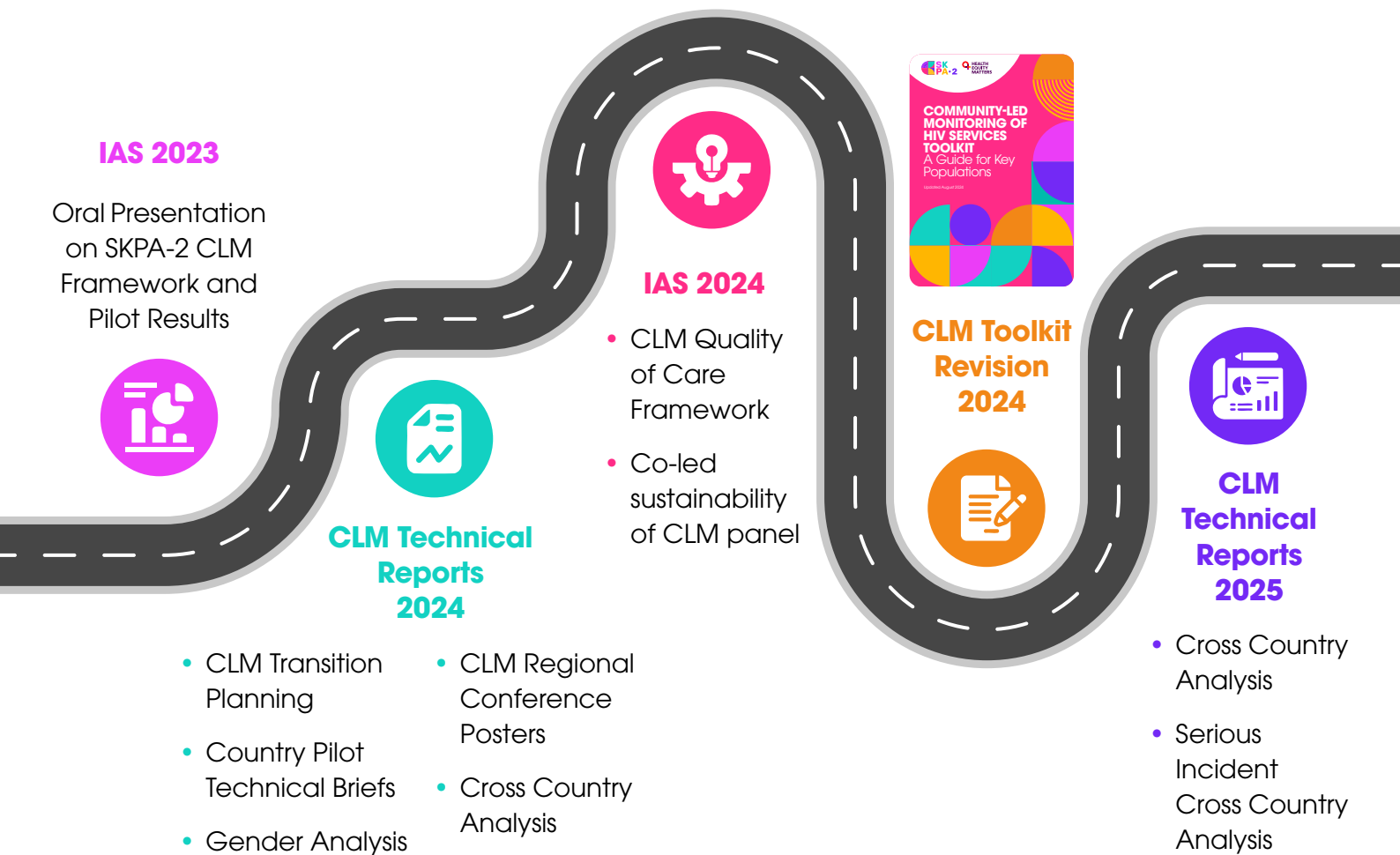
Technical and Thought Leadership

Health Equity Matters through SKPA-2 has become a recognized global leader in advancing CLM. Through implementation, documentation and evaluation of CLM, the program has helped shape how it is understood and practised across Asia and the Pacific, influencing frameworks, dialogue and global learning. Our thought leadership journey after pilot testing began in 2023 (Figure 2).

Figure 2: SKPA-2 Thought Leadership Journey

IAS 2023

Oral Presentation on SKPA-2 CLM Framework and Pilot Results

CLM Technical Reports 2024

- CLM Transition Planning
- Country Pilot Technical Briefs
- Gender Analysis
- CLM Regional Conference Posters
- Cross Country Analysis

IAS 2024

- CLM Quality of Care Framework
- Co-led sustainability of CLM panel

COMMUNITY-LED MONITORING OF HIV SERVICES TOOLKIT
A Guide for Key Populations

CLM Toolkit Revision 2024

CLM Technical Reports 2025

- Cross Country Analysis
- Serious Incident Cross Country Analysis

LESSONS LEARNED

- **Trust and credibility matter:** Government buy-in depends on rigorous data and sustained advocacy. Using a credible methodology was essential to convince officials that CLM findings could strengthen national systems rather than challenge them.

- **Turning data into change takes time:** Moving from findings to reforms requires continuous feedback, advocacy and investment. Sustained engagement is needed to ensure that data drive decisions.

- **Data analysis to advocacy is a skill gap:** Many communities and key-population organizations are still more comfortable as service providers than with advocacy. Focused mentoring and technical support remain critical to help them translate CLM evidence into advocacy.

- **Low consent of serious incident reporting and follow-up:** Fear of negative repercussions and weak protection mechanisms limit serious incident reporting and follow-up. Achieving change, especially addressing stigma, is a long-term process.

RECOMMENDATIONS FOR SUSTAINING AND SCALING ACCOUNTABILITY

As CLM transitions from pilot to program, consolidation, scale up and adaptation are essential. Some key aspects to ensure sustainability include:

- **Institutionalize CLM nationally:** Countries should embed CLM indicators and processes into their national systems and link CLM to national M&E and quality-of-care frameworks.

- **Invest in advocacy capacity:** Communities need ongoing support to translate CLM findings into reforms — data alone is not enough and sustained advocacy is required.

- **Scale to new contexts:** The model tested under SKPA-2 shows that CLM can work across diverse political and health systems and epidemics. It should be adapted and scaled in other countries and sectors.

- **Use CLM beyond HIV:** The CLM accountability model is relevant for other areas of health and emerging threats.

CONCLUSION

Community-led monitoring is transformative — it allows communities to lead, collect and information to advocate for change. By combining structured data collection with community advocacy, CLM has turned anecdotal and often disputed service quality issues into visible, trusted and actionable reforms.

We have seen:

- **Tangible change at facility and national levels:** reduced waiting times, new national policies, stronger confidentiality protocols, and more.

- **Sustainable policy and systems uptake:** integration into national strategic plans, M&E frameworks and governance mechanisms.

- **Communities drive accountability:** key population organizations equipped to hold providers and national HIV programs accountable to service users and influence decision-making.

Most importantly, this model is replicable. With focused investment, Health Equity Matters and its partners have shown that CLM can deliver significant change. When properly resourced and scaled up, CLM can anchor community accountability within the HIV response.

REFERENCES & TECHNICAL RESOURCES

- **SKPA-2 Community-Led Monitoring of HIV Services Toolkit**: A guide for Key Populations (August 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/10/04034619/DIGITAL_SKPA-2_CLM_Toolkit_FINAL.pdf

- **SKPA-2 CLM – Serious Incident Management and Response Learning Brief** (January 2025). Health Equity Matters https://assets.healthequitymatters.org.au/wp-content/uploads/2025/02/25222421/SKPA-2-CLM-Serious-Incident-Management-Learning-Brief_FINAL.pdf

- **SKPA-2 CLM – Cross-Country Analysis of CLM Using the AAAQ Framework Learning Brief** (March 2025). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2025/03/06025841/SKPA-2-Cross-Country-Analysis-of-CLM-March-2025_FINAL.pdf

- **SKPA-2 CLM – Advocacy for Stronger CLM Systems Learning Brief** (September 2025). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2025/09/04174116/OYO250901_SKPA-2-CLM-Advocacy_Final.pdf

- **SKPA-2 CLM Technical Brief: AAAQ Framework** (October 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/10/02002925/SKPA-2_CLM-Technical-Brief_AAAQ_Final.pdf

- **SKPA-2 CLM Technical Brief: Gender & Key Populations** (October 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/10/02002930/SKPA-2_CLM-technical-Brief_Gender_Final.pdf

- **SKPA-2 CLM – Poster: Developing an International Quality of Care (Poster 4)** (June 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/08/30003727/OYO240611_SKPA-2-Posters_PP_4_Developing-an-international-Quality-of-Care.pdf

- **SKPA-2 CLM – Pilot Project Technical Brief: Bhutan** (March 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/03/16053417/SKPA2-CLM-Pilot-Project-Technical-Brief_Bhutan_FINAL.pdf

- **SKPA-2 CLM – Pilot Brief: Sri Lanka** (March 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/03/16053417/SKPA2-CLM-Pilot-Brief-Sri-Lanka-FINAL.pdf

- **SKPA-2 CLM – Pilot Project Technical Brief: Mongolia** (March 2024). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2024/03/16053415/CLM-Pilot-Technical-Brief-Mongolia-FINAL.pdf

- **SKPA-2 CLM – Pilot to Scale-Up Transition Planning** (December 2023). Health Equity Matters. https://assets.healthequitymatters.org.au/wp-content/uploads/2023/12/16053337/SKPA2-CLM-Pilot-to-Scale-Up-Transition-Planning.pdf

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