Catching up with the
Community-Led Accountability Working Group

Members of the Community-Led Accountability Working Group (CLAW) support civil society efforts across the global South to build high impact community-led monitoring programs.

CLAW was formally established in 2020, comprising ten members working across 20 countries in collaboration with national civil society PLHIV, key population, and advocacy consortia in order to establish and support high impact CLM programs. CLAW works side by side with CLM implementing partners on work plans and priorities that matter most to communities on the frontlines. Our approach redefines “technical assistance”—instead of a top-down, North-South, project-driven approach, our work is an alliance centered in solidarity, a shared willingness to learn and take risks together, South-South skill exchange and ongoing, collaborative approaches.
What is CLM?

Community-led monitoring (CLM) is an essential social accountability mechanism used by communities to watchdog the quality and accessibility of health services for HIV, TB and malaria, as well as newer pandemics such as COVID-19, and related health justice priorities such as access to sexual and reproductive health services. CLM empowers communities to develop solutions to problems identified through the systematic collection of data at health facilities and in communities. Through a five-step cycle, community monitors collect information at the facility and community level; translate their data into actionable insights; bring information to the attention of facility, government, and donor decision-makers; advocate for changes in policy and practice when facility level decision makers can’t—or won’t—resolve problems; and finally, monitor whether or not changes that have been promised to communities have actually been delivered. This cycle of accountability building is then repeated.

CLAW: Where We Work
Here are examples of CLAW members’ work:

### 1. Knowledge sharing: recent presentations on the power and impact CLM

| Data for Action - Developing a Multi-Country CLM Dashboard for Visualization, Reporting, and Program Management | Evaluation of Ritshidze Community-Led Monitoring Programme in South Africa | Barriers Impeding Care for People Living with HIV: Early Findings From Community-Led Monitoring in Haiti |
| Human rights violations against key populations in South Africa Public health facilities: Findings from the Ritshidze Community-led Monitoring Programme | Lessons Learned in Community-Led Monitoring: Early Evidence From Global Study Of The Implementation Landscape | CSS Walked So CLM Could Run: Examining the Community Led Monitoring Structure for Improved HIV Service Delivery |
| Understanding gaps in implementation of national HIV policies in South African public health facilities using Ritshidze community-led monitoring data | Lifting Up Key Populations Voices and Increasing Quality of HIV services in Malawi: Using Community Led Monitoring to Strengthen Services for Key Populations and People Living with HIV | Uniting Civil Society to Improve Accountability And Accessibility of HIV And Tuberculosis (TB) Service Delivery: Lessons Learned From Year One of Community-Led Monitoring Implementation in Uganda |
2. Essential CLM resources and tools

Community Evidence to Create Change, a multimedia toolkit, including a video, to help civil society roll out advocacy campaigns in order to correct problems uncovered by CLM, that cannot be resolved at the level of the health facility and require escalation.

Conflict of Interest in Community-Led Monitoring Programs provides technical guidance in how to build CLM programs that aren’t undermined by conflict of interest.

Best Practices in Community-Led Monitoring, assesses emerging findings from the state of the CLM implementation in the field, through an evidence based tool guiding CLM programs in best practices for implementing a CLM program, with practical tips on program governance, financing, data collection, reporting, analysis and advocacy.

Community-led Monitoring - Best Practices for Strengthening the Model calls for adherence to the minimum values and principles of effective CLM.
3. Advocating for effective CLM

- CLAW Community-led Monitoring data workshop: CLAW members carried out an intensive, four-day South-to-South skills sharing meeting August 18-22 among CLM implementers at the cutting edge of program development from Zimbabwe, Uganda, South Africa, Malawi and Haiti. Transfer of knowledge and expertise is an essential CLAW approach to building powerful CLM programs.

- July 29-30: CLAW members HEPS Uganda, Health GAP, amfAR and the O’Neill Institute carried activist skills building sessions during the Montreal AIDS Conference on how to use CLM data to advocate for change.

- August 29-September 1: CLAW members used a meeting organized by the Global Fund to Fight AIDS, Tuberculosis and Malaria, “Towards a Common Understanding of CLM,” to advocate for policy and governance approaches by all stakeholders that lead to strong, effective CLM with funding mechanisms that safeguard its independence. Alongside other consortia, we released a joint statement describing our values and principles and recommendations as CLM experts.

Holding duty bearers to account for the real gaps and problems faced by health service users is at the heart of effective CLM. From unacceptably low rates of retention in lifesaving HIV treatment programs, to human rights violations experienced by criminalized communities, to stock-outs of essential medicines, CLM is an intervention that is urgently needed, at scale, to shine a light on weaknesses in HIV, TB and malaria programs and to develop community-owned solutions to overcome those weaknesses.