Most significantly, realization that implementing partner’s reliance on low level, low cost community staff may not be the most effective and efficient way to improve retention on treatment. This was confirmed by an in-depth HRH analysis conducted at the interagency level which showed that fewer, slightly higher level counselors would be more effective than a larger number of lower qualified staff in certain cases. The results of this analysis are currently being shared with implementing partners and will impact COP19 HRH plans.

In one case, the results of the community tool, in conjunction with meetings with the provincial government, resulted in the replacement of one CBO that was not meeting expectations.

3.3.1.2 Community-led Monitoring for Patient Experience

Principles and best practices

PEPFAR recognizes the importance of engaging with communities in the development and implementation of its programming. PEPFAR teams must involve community groups and civil society organizations in all aspects of COP development and presentation in a manner consistent with applicable law and regulations (see Section 2.4). As PEPFAR continues to confront the challenges of assuring retention on life-long ART in patients who may not view themselves as sick, collaboration with communities and patients is urgent and critical. This collaboration can help PEPFAR programs and facilities ensure they are providing quality services that beneficiaries want to utilize. Collaboration with community groups, civil society organizations, and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers with service uptake at the site and facility level to effective service and client outcomes at the site. Most importantly this collaboration can identify workable solutions that overcome these barriers and ensure beneficiaries have access to these services. One approach to this kind of collaboration has been variously referred to as community monitoring, community observatories, community scorecarding and community watchdogging, among others. Groups such as South Africa’s Stop Stockouts Consortium (https://stockouts.org) and the International Treatment Preparedness Coalition’s Watch What Matter Community Observatories are well-known examples of these types of mechanisms that support communities to monitor quality service delivery at the facility level. Through a central initiative, PEPFAR has previously supported community score-carding efforts and a related toolkit (https://www.advancingpartners.org/community-scorecard-toolkit-
empowering-communities-and-health-care-providers-lead-change). At its foundation, community-led monitoring describes a technique initiated and implemented by community-based organizations and other civil society groups; networks of key populations, people living with HIV and other affected groups; or other entities that gathers quantitative and qualitative data and observations about components of HIV services, with a focus on getting input from recipients of treatment services. Through the use of quantitative and qualitative indicators, community monitoring initiatives have monitored a wide range of issues that are associated with effective and quality HIV service delivery. Community monitoring is especially important for gathering crucial information and observations regarding HIV service delivery from and about key populations and other underserved groups.

In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring platform in close collaboration with independent civil society organizations and host country governments. In countries where community-led monitoring may be unsafe, PEPFAR should encourage partnerships with regional and global networks to assist local beneficiaries in implementing systematic and robust monitoring activities. Community monitoring is an evolving area for PEPFAR; best practices will continue to emerge as PEPFAR studies existing community monitoring frameworks and implements its own. PEPFAR will continue to engage local and global community groups in the planning, implementation and refinement of these community monitoring platforms.

Community-led monitoring activities, though funded by PEPFAR, should be driven by independent and local community groups and civil society organizations. Civil society organizations participating in the COP strategic planning meetings will be asked to present the vision, principles, tenets and recommendations of community-led monitoring (for their country) during the meeting.

Emerging core principles include:

- The collective objective of community-led monitoring is to develop a shared understanding of the enablers and barriers to treatment retention in a manner that is productive, collaborative, respectful, and solutions-oriented
- Community-led monitoring must be conducted by independent and local organizations (PEPFAR Implementing partners who currently work on service delivery at the site level cannot meet this requirement for community-led monitoring)
PEPFAR Small Grants should be used as a first option in all OUs where these mechanisms are already available; OUs may propose funding for additional staff support to oversee this portfolio.

Monitoring data should reflect an ‘added value’ and not duplicate collection of routine data already available to PEPFAR through MER. ‘Added value’ monitoring data includes: information from beneficiaries about their experience with the health facility, information about barriers and enablers to access and retention in services etc.

Community-led monitoring can use SIMS tools as needed, though there is no expectation that data from community-led monitoring activities will reported to S/GAC through current PEPFAR reporting mechanisms. SIMS tools may be utilized for specific and select SIMS CEEs (or Standards) that assess patient-provider experience. SIMS tools are publicly available.

The scope and scale of community-led monitoring should be determined by community members for each OU (in consultation with PEPFAR in-country staff), but should be based on need. For example, focusing on a geographic area or limited number of sites, focusing on access to treatment services among men within a specific community etc.

Community-led monitoring mechanisms must be action-oriented. That is, it is not enough to simply collect patient reports or experiences, but there must be an associated follow-up process with the health facility that is overseen by USG staff, commitment to corrective public health action, and community advocacy to improve service outcomes.

Community-led monitoring mechanisms must be routine. One-off assessments are not sufficient but must be routinized to ensure follow up and continuous improvement.

PEPFAR teams must ensure a process that allows for community and host country government development of the specific metrics, measures or tools to be used for community-led monitoring. Metrics or measures should be tailored to a given context, and address the needs and concerns of community members.

PEPFAR teams must ensure they are triangulating community monitoring findings with other PEPFAR data sources, including MER results and SIMS scores, and using these data as part of their Partner Management approach.

As part of a commitment to transparency and accountability, community-led monitoring findings should be made as accessible as possible (while ensuring safely and confidentiality) for use by all stakeholders (within the context of PEPFAR’s current Data Governance policies). Where possible and relevant, this may include sharing best-practices and monitoring tools with other country teams.
• Results from community-led monitoring must be presented safely by community members to in-country PEPFAR teams on a quarterly basis (either through a presentation or a report). In an environment that will foster honest and genuine discussion of results, including of negative outcomes. At a minimum, PEPFAR USG staff should share these findings with service delivery implementing partners on a quarterly basis. Community members should not be tasked with sharing findings with service delivery partners or host governments.

**Examples of success**

Some examples, past and present, of community monitoring activities with PEPFAR support include:

**Cameroon:** beginning in COP18 and continuing in COP19, PEPFAR Cameroon will support Treatment Access Watch (TAW), a well-respected national watchdog to scale up its monitoring of health facilities through “secret shoppers” and a hotline and mobile app for actual patients. PEPFAR will also build the capacity of the organization to improve their reporting of health facilities not in compliance with the new government policy and facilitate coordination between TAW and the GRC to ensure appropriate actions are taken to sanction those who violate the policy.

**South Africa:** In COP19, PEPFAR, SA is funding a coordinated community monitoring system led by PLHIV and KP organizations to monitor the state of service provision at PEPFAR supported sites and escalate issues including (but not limited to): poor performance, poor quality of services, poor health worker attitudes, health and rights violations, and stockouts/shortages of diagnostics and treatment. Widespread or repeating issues will be discussed at the convening body - Community Advisory Group - in order to attempt to generate systemic solutions.

**Haiti:** in COP 19, PEPFAR will support a CSO Observatory for HIV, including a network of investigators/ombudsman to investigate complaints, reduce stigmatization, and better utilize PLHIV and LGBT organizations in planning HIV programs

In **Uganda, Zimbabwe, India, Mozambique** and other contexts, under a previous central initiative, community scorecarding has been combined with a formal community-facility dialog process that utilizes a tracker to document agreed improvement plans, responsible parties for follow up action, and deadlines. The scorecard and subsequent trackers have focused on
addressing issues, like patient privacy, patient wait times, availability of commodities, user fees, and provider attitudes.

In Vietnam, a community advisory board launched in 2019 reviewed almost 150 patient feedback forms and made recommendations to health facilities. One example is that facilities initiated ID code usage after patients expressed discomfort with their names called on loudspeakers. Vietnam is considering the implementation of the community scorecard process to improve the quality of services offered.

In Ukraine, PEPFAR has been utilizing “secret shoppers” to visit and monitor sites. In September 2019, a secret shopper visited a treatment site to assess improvements to identified gaps in service delivery quality, including: Limited site working hours; a large pre-ART pool; non-residents and PLHIV without ID not being able to receive services; and long lists of mandatory examinations before ART initiation. Key performance improvements – including changes in site working hours (with the addition of afternoon shifts and Saturday hours); a pre-ART surge; simplification of patient pathways to ART initiation; and revisions to registration procedures for non-residents and PLHIV without ID, were confirmed through a CQI intervention in which a secret shopper was enlisted to assess these site-level improvements. In September 2019, a non-resident client, recently released from prison and with no ID presented at the treatment site at 5:00 PM; the result was that this client received HIV screening, confirmatory HIV testing, CD4 and VL testing, next-day ART initiation and TPT as prescribed. These performance improvement measures were reported for one municipality.

4.0 PARTNER PERFORMANCE MANAGEMENT

4.1 Principles and Expectations

Pursuant to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, “the Global AIDS Coordinator shall have primary responsibility for the oversight and coordination of all resources and international activities of the United States Government to combat the HIV/AIDS pandemic, including all programs, projects, and activities of the United States Government relating to the HIV/AIDS pandemic under the United States Leadership Against HIV/AIDS…Act”. It is critical to ensure programmatic performance of all U.S. taxpayer