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Learning Hub
Latin America and the Caribbean

CLM

Analysis of the Maturity
of Community-Led Monitoring

Community engagement

in the strengthening of HIV and tuberculosis health services in Latin America and the Caribbean, with an emphasis on Community-Led Monitoring in:

Colombia, Ecuador, Peru and Bolivia

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Analysis of the maturity of Community-Led Monitoring / Community participation in strengthening HIV and tuberculosis health services in Latin America and the Caribbean, with an emphasis on community-led monitoring in Colombia, Ecuador, Peru, and Bolivia, is a document prepared by the Regional Learning Platform for Communities and Civil Society in Latin America and the Caribbean (LAC Learning Hub).

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The Regional Learning Hub for Communities and Civil Society in Latin America and the Caribbean (LAC Learning Hub) is an initiative promoted by Vía Libre with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It is part of the Global Fund's interventions to support and strengthen community and civil society participation at all levels of its processes, a component of the Community Engagement Strategic Initiative (CE SI).

Contents

Acronyms

ALEP+PC	Positive Leadership Alliance – Key Populations
CAG	Community Advisory Group
CCM	Country Coordination Mechanism
CD4	CD4 lymphocytes
CE SI	Community Engagement Strategic Initiative
CLM	Community-Led Monitoring
CTO	Community Treatment Observatory
GC8	Grant Cycle 8
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIVAR	Antiretroviral Supply Monitoring Task Force
ITPC LATCA	International Treatment Preparedness Coalition – Latin America and the Caribbean
LAC	Latin America and the Caribbean
MINSA	Ministry of Health
PAHO	Pan American Health Organization
PrEP	Pre-Exposure Prophylaxis
SIS	Comprehensive Health Insurance
UNDP	United Nations Development Program
USD	United States Dollar
VL	Viral Load

1. Context and background

Health systems and community health systems are essential to achieving universal health coverage. They help ensure that everyone has safe, equitable access to prevention and treatment services. Within this framework, the Global Fund supports and includes communities at every stage of the HIV, tuberculosis, and malaria responses.

Following efforts to initiate and expand antiretroviral therapy in Latin America and the Caribbean, the Global Fund to Fight AIDS, Tuberculosis and Malaria has, over the past decade, focused on financing the delivery of HIV, tuberculosis, and malaria prevention services. These efforts include diagnostic strategies, referrals to health services, and, specifically for HIV, access to pre-exposure prophylaxis (PrEP). The GF has also invested in strengthening national health systems through **Community-Led Monitoring (CLM)**.

CLM is an accountability mechanism driven by a planned, structured process with direct participation from affected communities. It collects and analyzes data to enhance service access, quality, and impact. Supported by various funding sources, countries including **Guatemala**, **El Salvador**, **Honduras**, **Costa Rica, Colombia**, **Venezuela**, **Ecuador**, **Peru**, **Bolivia** and **Paraguay** have implemented community-led monitoring, though some refer to it locally as "citizen surveillance" or "citizen/community oversight".

Within this framework, the Regional Learning Platform for Communities and Civil Society in Latin America and the Caribbean, hosted by Vía Libre, aims to document and share CLM initiatives in selected countries throughout the region. This case study examines the maturity of four CLM initiatives, which were evaluated based on their duration (in years), implementation cycles, and demonstrated impact on strengthening systems and community systems. These initiatives are grouped into three distinct models.The first model — implemented by ITPC - LATCA, with Global Fund funding through the multi-country HIV grant Alianza Liderazgo en Positivo y Poblaciones Clave (ALEP + PC), spanning 2021-2025— prioritizes community leadership and implementation. The experiences from Ecuador and Bolivia follow this model.

The second model features the experience led by the Ancla Foundation in **Colombia,** which emerged from a health intervention establishing privately funded points of care.

The third model features GIVAR's long-standing efforts in Peru, where it has monitored antiretroviral supply challenges for 15 years. This initiative receives modest funding from local NGOs and short-term technical support from The Global Fund's Community Engagement Strategic Initiative (CE SI) to systematize findings and create dissemination tools.

This case study provides evidence of the contributions of CLM to the HIV response. It identifies sustainability options aligned with local financing dynamics and documents these experiences as a resource for designing similar citizen-led initiatives that enhance access to HIV prevention, antiretroviral treatment, and comprehensive care.

This study was made possible by the support and contributions of the experience coordinators in each country, ITPC LATCA, and other key informants who shared data on activities and results.

1 ALEP-PC (2024). Final Report on the First Cycle of Community-Led Monitoring (CLM) (Informe final de primer ciclo. Monitoreo liderado por la comunida (sic) (MLC), in Spanish). Available upon request at: . https://plataformalac.org/wp-content/uploads/2025/10/97A.-Informe-Regional-I-Ciclo-MLC.pdf

2. Introduction

Since its inception, the GF has promoted community engagement in designing, implementing, and evaluating grants that support responses to HIV, tuberculosis, and malaria. In recent years, the GF has strongly promoted the inclusion of response monitoring activities, particularly those led by communities, known as Community-Led Monitoring (CLM).

Promoted by **ITPC**, **CLM** is defined as

"a process in which communities lead and implement monitoring activities for a set of specific HIV-related services provided by a health center in the areas of prevention, care, treatment, and viral suppression. The goal of this process is to generate evidence based on user perceptions and available data while fostering close collaboration with networks of people living with HIV, key populations, local organizations, and community-based treatment observatories". [1]

In this context, the CLM, actions promoted by ITPC and funded by the GF through the ALEP+PC, grant aimed to collect data to monitor improvements in the quality, access, and availability of HIV-related services. The focus was on identifying barriers to access and availability. This case study draws on experiences from Bolivia and Ecuador in implementing this model. Key features of the ITPC model include leadership by people living with HIV and cyclical monitoring processes.

In contrast, the citizen oversight activities in Peru and Colombia described in this study align with the definition of a *"mechanism for citizen engagement in public management oversight. These activities aim to monitor the efficiency, legality, and transparency of actions by public authorities and officials."* [2]

2 Propuesta Ciudadana (2011). Citizen Oversight for Compliance with Commitments (La Vigilancia Ciudadana para el Cumplimiento de los Compromisos, document in Spanish). Available at https://propuestaciudadana.org.pe/sites/default/files/publicaciones/archivos/La%20vigilancia%20ciudadana%20para%20el%20cumplimiento%20de%20los%20compromisos.pdf

This conceptual framework contextualizes the work of the Grupo Impulsor de Vigilancia del Abastecimiento de Antirretrovirales (GIVAR, Antiretroviral Supply Monitoring Group), a civil society collective comprising NGOs and community-based organizations. GIVAR conducts citizen-led monitoring primarily focused on the timely provision of antiretrovirals, while in recent years increasingly addressing broader aspects of comprehensive HIV care and related barriers, such as access to comprehensive health insurance and milk formula provision, among others.

On the other hand, the Ancla Foundation, a civil society organization, works to advance public health in Colombia and Latin America. It takes a comprehensive approach that incorporates a gender-sensitive and vulnerability-focused lens. Over the years, the Foundation has implemented initiatives to improve access to diagnosis and treatment for people living with HIV and tuberculosis. As part of its counseling, diagnostic, and health services linkage activities, it has developed a citizen monitoring program to track delays in accessing treatment following a positive diagnosis.

To document these experiences, from August to September of 2025, interviews were conducted with activity coordinators and other key stakeholders involved in implementing the CLM models in the four countries. Published reports and working papers produced by the organizations responsible for these initiatives were also reviewed.

3. Reference Framework

HIV Response in Countries of Interest

In recent years, new HIV cases have continued to increase in **Latin America**, particularly in the **Andean region**. According to PAHO, these infections rose by an estimated **9%** between **2010** and **2023**, reaching approximately **120,000 cases in 2023**. [3]

In the four analyzed countries - **Colombia**, **Ecuador**, **Bolivia** and **Peru**, the epidemic remains concentrated among men who have sex with men, transgender women, and sex workers..

These countries introduced antiretroviral therapy services integrated into comprehensive HIV care around 2002, supported by the first Global Fund grants. Over 20 years later, these countries now fund a substantial portion of antiretroviral procurement and care services through national resources.

Despite this progress, challenges in care and service delivery persist, including issues with drug supply, follow-up testing, stigma and discrimination, and punitive legal frameworks that criminalize vulnerable populations and hinder access.

In this context, reliable care data are essential to informing policy decisions through the CLM.

3 Pan American Health Organization. HIV/AIDS. Retrieved September 9, 2025, from https://www.paho.org/es/temas/vihsida?utm_source=chatgpt.com#:~:text=Se%20estima%20que%20el%20n%C3%BAmero,casos%20a%2015.000%20por%20a%C3%B1o

Community-Led Monitoring and Its Maturity

The Global Fund Strategy 2023–2028 prioritizes investments in the long-term capacity building of community organizations, networks, and groups. These investments strengthen linkages and improve continuity of services between community-led activities and formal healthcare delivery. The Strategy also supports CLM, through which communities evaluate the effectiveness, quality, accessibility, and acceptability of the health programs and services they receive. [4]

CLM aims to strengthen the adoption and implementation of community-led monitoring mechanisms in HIV, tuberculosis, and malaria programs, while also generating evidence to inform programmatic and financial decisions for improved health outcomes. CLM has proven effective in improving services for marginalized and vulnerable populations and in addressing health and human rights issues. [5]

According to ITPC, CLM is a unique model that trains and empowers communities to collect, analyze, and use data on barriers to health care access to drive the necessary actions to influence public policy and promote accountability. Through these actions, CLM seeks to spotlight challenges faced by people living with HIV by leveraging collected data. [6]

In many countries, the most marginalized populations and those most vulnerable to the HIV epidemic face significant barriers to accessing health services. These barriers include stigma and discrimination, as well as poverty-related obstacles, and gender- or sexual orientation-based violence. Therefore, strengthening the leadership, capacities, and meaningful engagement of those most affected in health service decision-making is essential. [7]

As the Global Fund has noted, community-based organizations are uniquely positioned to engage affected populations, respond rapidly to their needs, and reach and interact with the most vulnerable groups. This underscores the critical role of grassroots organizations and community members in leading monitoring processes.

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4 The Global Fund to Fight AIDS, Tuberculosis and Malaria. (March 14, 2024). Community Responses and Systems. https://www.theglobalfund.org/en/community-responses-and-systems/

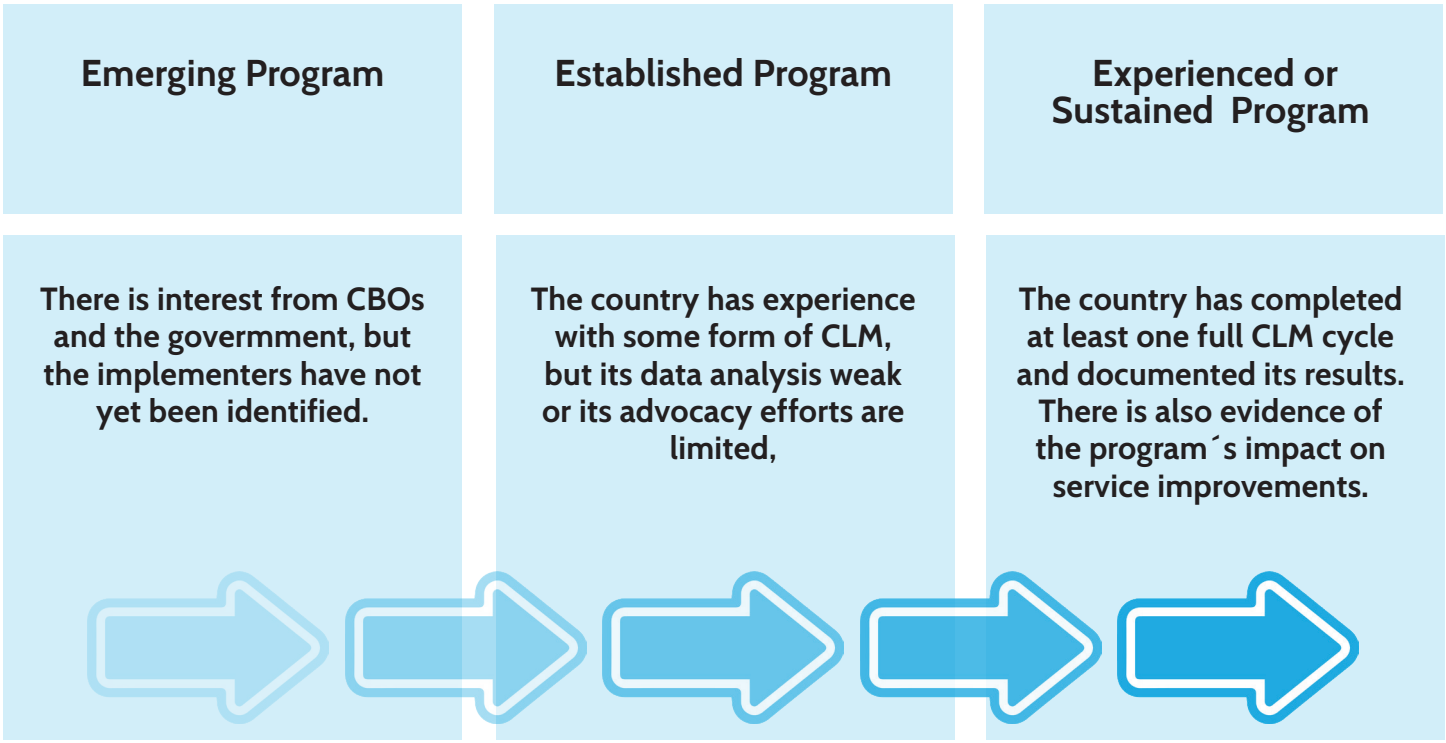
5 The Global Fund to Fight AIDS, Tuberculosis and Malaria. (May, 2020). Overview of community-led monitoring. https://plataformalac.org/wp-content/uploads/2022/04/core_css_overview_es.pdf

6 ITPC Global. (August 1, 2022). What is Community Led Monitoring? https://itpcglobal.org/resource/what-is-community-led-monitoring/?utm_source=chatgpt.com

7 The Global Fund to Fight AIDS, Tuberculosis and Malaria. (14 de marzo de 2024). Community Responses and Systems. Retrieved from https://www.theglobalfund.org/en/community-responses-and-systems/?utm_source=chatgpt.com

For many years, communities have established spaces for community-based or community-led monitoring. As depicted in Figure 1, many of these initiatives have attained varying levels of maturity.

Figure 1. Levels of Maturity of Community-Led Monitoring.



The cases examined in this study have reached an experienced level, having completed multiple cycles of data collection. They have influenced service delivery in several instances and driven regulatory reforms in one case

4. Methodological Aspects of the Study

The goal of this study is to improve the understanding of how community-led monitoring initiatives have evolved and become sustainable. The study contributes to capacity building among communities affected by HIV and tuberculosis by enabling them to integrate their experiences into interventions and identify good practices and lessons learned.

To this end, the study reviewed relevant documentation and conducted interviews with initiative coordinators and other key informants.

5. Findings

The results are presented by analytical category for comparison of CLM activities across the four countries.

5.1. Methodology for CLM data collection

Ecuador / Bolivia

The model developed by ITPC and implemented in Ecuador and Bolivia involves iterative data collection cycles. Implementation began in both countries in 2023, and at least three cycles have been completed to date. According to available reports, approximately 300 people participated in each cycle in both countries.

For active information gathering, data collectors (or interviewers) receive training to contact health facilities, secure authorizations, and interview users of health services. The data collection tools address key dimensions of HIV care services, including quality, accessibility, acceptability, and availability.

Reports from Ecuador and Bolivia indicate that the questions in the interviews and focus groups cover these dimensions, drawing on the experiences of the participants as they navigate health facilities and access their medications [8] , [9] ,[10] . Focus groups enabled a more open exploration of the care context for people living with HIV.

8 ITPC LATCA. (2023). (2023). Final Report of the First Cycle of Community-Led Monitoring (CLM). Available upon request https://plataformalac.org/wp-content/uploads/2025/10/97A.-Informe-Regional-I-Ciclo-MLC.pdf

9 ITPC LATCA. (2023). Final Report of the First Cycle of Community-Led Monitoring (CLM), Bolivia. Available upon request https://plataformalac.org/wp-content/uploads/2025/10/98A.-Bolivia_Informe-final-de-I-Ciclo-MLC.pdf

10 ITPC LATCA. (2023). Final report of the First Cycle of Community-Led Monitoring (CLM), Ecuador. Available upon request https://plataformalac.org/wp-content/uploads/2025/10/101A.-Ecuador_Informe-final-de-I-Ciclo-MLC.pdf

Data collectors maintain a logbook to record anecdotes or issues related to care delivery or the data collection process that are not captured by the survey.

Both **Ecuador** and **Bolivia** have established a **Community Treatment Observatory (CTO)** comprising civil society organizations —primarily those representing people living with HIV— as well as a **Community Advisory Group (CAG)** which also includes cooperating agencies such as the **Pan American Health Organization (PAHO)**, the **United Nations Development Program (UNDP)**, the **Office of the Ombudsman**, the **Country Coordinating Mechanisms (CCM)** and the entity within the **Ministry of Health** that is responsible for the national HIV response.

ITPC´s Experience in **Bolivia** and **Ecuador**

- Focuses on improving the quality, accessibility, acceptability, and availability of HIV care services.
- Implemented in Ecuador and Bolivia.
- Includes a formal space for discussing findings and planning advocacy actions or solutions to identified challenges.
- Ran from 2023 to 2025.
- Comprised three cycles of data collection.
- Funded by the Global Fund.

Colombia

In **Colombia,** the **Ancla Foundation** collects information from individuals seeking services at the Point of Care in the Urabá region of Antioquia through its **Centinela de Vida** program. After receiving a positive diagnosis, as well as viral load and CD4 count test results, the Ancla Foundation accompanies individuals in accessing health services and antiretroviral therapy. Throughout this process, the Foundation identifies and documents barriers that hinder timely access to treatment, then channels the cases to the appropriate entities. This work constitutes a post-hoc monitoring and advocacy process, implemented on a case-by-case basis.

Peru

In Peru, data collection remains largely passive. GIVAR has established three channels through which people living with HIV can submit complaints or grievances: WhatsApp, a website, and a dedicated phone app. A standard form is used to record the reason for the complaint, the hospital or health facility involved, and the user's contact information. According to GIVAR reports, the highest number of complaints was recorded in 2021 (366), followed by 2024 (335). Some years, such as 2014, had fewer than 60 complaints. GIVAR attributes the increase primarily to greater visibility of its work and issues related to the procurement and distribution of medicines.

Historically, citizen oversight in Peru has focused on ensuring the prompt delivery of antiretroviral therapy for people living with HIV. In recent years, however, complaints have also addressed incomplete or delayed deliveries, shortages of drugs for opportunistic infections, and lack of infant formula for HIV-exposed infants. Additionally, reports have included cases concerning access to Comprehensive Health Insurance and monitoring the availability of oral PrEP.

Depending on the nature of the issue reported by users, complaints are collected daily through multiple channels. Once a complaint is received, GIVAR volunteers request additional information, if necessary, to resolve the matter and ensure the timely provision of medicine and supplies.

Each case is verified with focal points at health facilities and subsequently shared with a working group composed of representatives from the Ministry of Health, the Social Security Office, the Office of Migration, the Superintendency of Health, and the Comprehensive Health Insurance Office. The working group serves as an advisory committee and coordinates responses to complaints and claims.

The **GIVAR** Experience in **Perú**

- Primarily focuse on providing antiretroviral treatment, though it has recently expanded to include other medical supplies and health insurance issues.
- Operates at the National Level.
- Functions as an informal platform involving the Ministry of Health, the Migration Directorate, the Health Superintendency, the Comprehensive Health Insurance Program, Social Security, and UNAIDS.
- It has been active since 2010.
- In addition to addressing reported cases, it contributed to the adoption of Supreme Decree No DS 002-2020-SA and Law No. 32154.
- Funded by **Sí, Da Vida** with support from other local NGOs.

5.2. Analysis, Systematization, and Presentation of Collected Data

As this is a regional initiative led by ITPC – LATCA, a regional team analyzes data collected in Bolivia and Ecuador. The team consolidates and systematizes the findings at the regional level, producing both country-specific reports and a regional report that aggregates data from all the surveys in the region.

The results are typically presented to the Community Advisory Group to jointly develop a roadmap for strengthening healthcare services across the four assessed areas. Recognizing that conditions at health facilities may differ from city to city, some data are also presented by health center to inform targeted improvement actions at the local level.

Regarding stigma and discrimination, the reports note that instances of stigmatizing behavior and mistreatment were reported during focus group discussions, particularly affecting sex workers and people who use drugs. Accordingly, the reports recommend raising awareness among healthcare personnel to foster stigma and discrimination free environments, and establishing clear reporting mechanisms that enable individuals to report mistreatment in health facilities.

In Peru, GIVAR compiles and systematizes reports on medicine shortages or supply disruptions every six months. However, during periods of acute shortages, documentation may be conducted over shorter intervals. This enables the use of the information in media campaigns or press releases, which increases public awareness. As mentioned previously, individual cases are referred to the working group for immediate follow-up.

In Colombia, Fundación Ancla documents positive cases referred to the health system. When delays or barriers arise within health facilities, the organization escalates the cases to local authorities and territorial entities.[11] Fundación Ancla conducts ad hoc meetings with these entities to address cases identified during follow-up and ensures that individuals diagnosed with HIV are enrolled in the health system and initiated on antiretroviral therapy

11 In this context, "territorial entities" refer to health service providers, healthcare providers, and insurance companies.

Fundación Ancla´s Experience in Urabá, Colombia

- Focused on adherence to antiretroviral treatment over time.
- District of Urabá, Antioquia, Colombia.
- Promotes advocacy opportunities with health authorities and other local authorities.
- Implemented since 2022.
- Achievements include consolidating the testing algorithm and strenghening referral channels.
- Initially funded by GSK; the program is currently sustained through the organization´s own resources.

5.3. Advocacy Activities

Advocacy activities are implemented in a similar way across the four countries.

In **Ecuador** and **Bolivia**, the Community Advisory Group typically analyzes the findings and determines the corresponding advocacy actions. It is also where commitments are made to take action in response to specific issues.

In **Peru** and **Colombia**, the organizations leading the monitoring process present individual cases to a designated working group.

It is important to note that the prioritized actions in each country involve not only state agencies, but also determine some actions to be carried out by community-based organizations.

Advocacy Area	Findings	Actions Taken
Ecuador		
Skills Development	Limited knowledge among members regarding self-care, human rights, and related issues.	Conducting capacity-building workshops on antiretroviral therapy and human rights, led to increased community engagement in CLM activities.
Human Rights	HIV testing was being required in some workplaces.	Information on human rights and the prohibition of mandatory HIV testing in the workplace was disseminated.
Infrastructure and Logistics	In Riobamba Province, delays were identified in processing CD4 and viral load (VL) samples.	The HIV Health Strategy intervened and addressed the legal barriers restricting sample transport, resolving the situation.
Policy Change	Revision of the HIV Law.	Through the joint efforts of civil society, cooperation agencies, and government stakeholders, a proposal to amend the HIV Law was developed and presented.

Advocacy Area	Findings	Actions Taken
Bolivia		
Logistics and Infrastructure	Shortages or irregularities in the distribution of medicines.	The issue was raised within the CAG framework. Donations were processed, and formal complaints were submitted.
Skills Development	Limited knowledge of supply chain processes. Lack social media management.	Training provided to advocates on supply chain dynamics from a civil society perspective, emphasizing the roles of UNDP and the Global Fund. The Community Observatory has established dedicated social media channels to disseminate its work.
Policy Change	Outdated standards of care identified.	The Community Observatory is leading the revision of the National Standard of Care, the national standard of Car, which by 2025 there was 50% progress. Ongoing work to update the *Guideline for the Prevention of Perinatal and Maternal Transmission and the Guideline for Adolescent Care*.

Advocacy Area	Findings	Actions Taken
Peru		
Logistics and Infrastructure	Identification and resolution of interruptions in the supply of medicines, shortages, and delays in the procurement of antiretroviral drugs (ARVs).	Through coordination with the STI, HIV, and Viral Hepatitis Prevention and Control Directorate, the National Strategic Resources Supply Center, the Comprehensive Health Insurance (SIS); and other Ministry of Health agencies, reported cases are addressed and resolved.
Human Rights	Barriers to access to the Comprehensive Health Insurance (SIS) for Peruvians and migrants.	Collaborating with the SIS has accelerated the enrollment for people living with HIV. The National Migration Office helps migrants obtain identity documents and register with the SIS.
Policy Change	Barriers to access to the Comprehensive Health Insurance (SIS) for Peruvians and migrants.	Enactment of Supreme Decree No. 002-2020-SA, which ensures access to the SIS for people living with HIV or TB. Enactment of Law No. 32154, which allows non-resident foreigners diagnosed with HIV or TB to enroll in the SIS, enabling them to receive free treatment and care. Following a favorable first-instance ruling, a compliance lawsuit was filed to compel the Ministry of Health to provide antiretroviral medicines in a timely manner and in sufficient quantities.

Advocacy Area	Findings	Actions Taken
Colombia		
Human Rights	Delays in timely access to medication.	Through engagement with local governments and territorial entities, waiting times for treatment were reduced.
Policy Change	Limited compliance with the testing and diagnosis algorithm.	Evidence-based advocacy contributed to improving compliance with the national testing and diagnosis algorithm at both departmental and national levels.

6. Strengths and Weaknesses

Model / Country	Strengths	Weaknesses
ITPC (Bolivia and Ecuador)	· Cyclical model · Well planned · Regional support · Cross-country exchange of lessons learned · Formal advocacy platform (CAG)	· High operational costs. · Frameworks and tools are defined at the regional level, limiting adaptability to local contexts.
GIVAR (Peru)	· Cost-efficient · Strong positioning and consolidation	· Informal advocacy platform (working group). · Limited resource mobilization capacity.
ANCLA (Colombia)	· Close engagement with key populations · Responds promptly to identified needs	· Limited resource mobilization capacity. · Sustainability of grievance redress mechanisms remains fragile.

7. Challenges and Lessons Learned

The key challenges that were encountered during the implementation of the CLM initiative, as it moved toward consolidation, centered on the following:

Community strengthening and partnerships

- Sustaining CLM activities within a stronger community fabric not only accelerates the implementation of more complex monitoring systems but also enhances their maturity and long-term sustainability. This was particularly evident in Ecuador and Peru.

- By strengthening partnerships with civil society organizations, as well as with international cooperation and government entities such as PAHO, UNDP, the Ombudsman's Office, the Ministry of Health, and other local agencies, the CLM has positioned itself at both the national and regional levels.

Expansion and adaptation of the CLM

- CLM processes have had to expand, either formally or informally, in line with the initiatives' objectives. To ensure the continuity of antiretroviral treatment, related challenges such as shortages of other medical supplies, high health staff turnover, and gaps in insurance coverage and access to comprehensive care also needed to be addressed. These efforts have strengthened the initiative's position and contributed to building greater trust among health service users.

- In all participating countries, information generated through CLM has strengthened health systems. In Colombia, it has improved diagnostic algorithms and expedited access to treatment. In Peru, it has accelerated insurance enrollment for people living with HIV, regardless of migration status, thereby increasing access to care and treatment. In Ecuador, it has enhanced the processing of viral load and CD4 tests. In Bolivia, it has supported regulatory updates. However, there is a need for stronger integration of CLM data into routine decision-making, service design, and program planning.

Information management and systematization

- Information management practices have strengthened across all cases. In more spontaneous initiatives, such as those in Peru and Colombia, the initial focus of data collection and systematization was on recording contact information. Over time, these efforts expanded to include additional data from users and the health system, providing a deeper understanding of key challenges. In Ecuador and Bolivia, under the ITPC model, data collection and systematization tools were refined and increasingly tailored to local needs.

- In Ecuador, CLM information and interim results have been systematically compiled to inform the design of the next grant cycle (GC7). The aim is to strengthen data collection mechanisms using free digital platforms and formal grievance response channels, such as the Community Advisory Group. This ensures that findings are incorporated into policy and decision-making processes.

Government and political environment

- Frequent changes in government institutions can slow the consolidation and maturation of CLM processes, as community-based organizations must rebuild relationships with new officials. In the analyzed cases, maintaining program continuity for at least two years helped mitigate the effects of turnover among government and local authorities. This trend was consistent across all countries and experiences reviewed.

- Time is a critical factor in consolidating and maturing CLM processes. Ongoing monitoring and advocacy activities increase recognition of CLM among health service users and stakeholders from civil society organizations, government counterparts, and international partners. This enables faster responses to grievances and necessary policy changes.

Sustainability

- CLM actions operate with very limited resources. Efforts have been made across all countries to ensure that data is recorded and systematized through free or low-cost platforms, which enables the continued implementation of activities. This pattern is consistent across experiences, regardless of the maturity or duration of each CLM initiative.

- In Peru, GIVAR receives limited financial support from Sí, Da Vida and other organizations which provide meeting spaces and staff time for activities such as data analysis, preparing statements and letters, and other tasks that require human resources. Member organizations within the collective cover the costs of technological tools and plan to maintain this financing model to ensure long-term sustainability. However, they remain open to applying for small projects or grants aimed at strengthening the skills of people living with HIV who contribute by submitting complaints. To address identified challenges and influence decision-making, GIVAR engages with an informal network of key stakeholders who respond to reports of supply shortages.

- Across all countries, there is strong confidence in the advocates' ability to sustain CLM, even in the absence of dedicated resources for these activities. Coordinators emphasized that people living with HIV, who have been involved in care delivery for a long time, are well positioned to continue data collection, reporting, and advocacy efforts on a voluntary basis, as has been the case with GIVAR.

- It is important to note that most of the cases de not foresee the use of public funding. However, the National HIV Health Strategy in Ecuador has considered this option, which is still pending approval.

Tips for advancing CLM inclusion in future grants

- Systematically document achievements, going beyond data colletion and reporting.
- Emphasize outcomes and changes resulting from CLM initiatives.
- Consolidate political support from civil society and goverment allies.
- Develop strategies to use CLM data as evidence for advocacy and for integrating community based services into health systems.
- Implement advocacy plans for service improvement.
- Exchange experiences with other countries in the region that are implementing CLM models.

8. Conclusions

The **CLM** processes analyzed have been strengthened and demonstrate a certain level of maturity in terms of rigorous data collection, systematization, and their potential to inform decisions that influence health systems. They have also positioned themselves as tools for advancing human rights and promoting equitable access to health services..

Methodological differences are evident across countries. In **Bolivia** and **Ecuador**, CLM follows an active, structured, and cyclical data collection model grounded in community-led methodologies, standardized at the regional level under ITPC´s guidance. In contrast, **Peru** and **Colombia**, employ more reactive models: in Peru, CLM primarily responds to complaints received through designated reporting channels, while in Colombia, it is triggered by entrapment cases identified during the process of linking people to services.

The level of coordination between civil society organizations and government agencies tends to be comparable across countries, though it is more formalized in Ecuador and Bolivia. In Peru and Colombia, specific strategic partnerships have facilitated progress on key healthcare issues.

Advocacy achievements in Ecuador and Bolivia are still at an early stage, as regulatory changes often take three to five years to materialize. In contrast, previous advocacy efforts in Peru have already yielded results, including automatic enrollment in the SIS, access to care for migrants, and the establishment of the State's responsibility to provide medicines.

These models have the potential to be replicated in other areas of public health, thereby reinforcing citizen and civil society participation. However, sustainability remains a major concern in all four countries, as ongoing efforts depend heavily on volunteer engagement and international cooperation.

9. References

- The Global Fund to Fight AIDS, Tuberculosis and Malaria. (March 14, 2024). Community Responses and Systems. Retrieved from https://www.theglobalfund.org/en/community-responses-and-systems/
- LAC Platform (July 16, 2025) Strengthening Community-Led Monitoring: Maturity and Sustainability [Video]. YouTube https://youtu.be/Iqrv82uxGzk?si=U9lcJDeuUu3TxuEz
- ALEP-PC (2024). Final Report on the First Cycle of Community-Led Monitoring (CLM). (In spanish) Available upon request at: https://plataformalac.org/wp-content/uploads/2025/10/97A.-Informe-Regional-I-Ciclo-MLC.pdf
- ITPC LATCA. (2023). Final Report of the First Cycle of Community-Led Monitoring (CLM). Available upon request: https://plataformalac.org/wp-content/uploads/2025/10/97A.-Informe-Regional-I-Ciclo-MLC.pdf
- ITPC LATCA. (2023). Final Report of the First Cycle of Community-Led Monitoring (CLM), Bolivia Recuperado de https://plataformalac.org/wp-content/uploads/2025/10/101A.-Ecuador_Informe-final-de-I-Ciclo-MLC.pdf
- ITPC LATCA. (2023). Final report of the First Cycle of Community-Led Monitoring (CLM), Ecuador. Available upon request https://plataformalac.org/wp-content/uploads/2025/10/101A.-Ecuador_Informe-final-de-I-Ciclo-MLC.pdf
- Propuesta Ciudadana (2011). Citizen Oversight for Compliance with Commitments. (In spanish) https://propuestaciudadana.org.pe/sites/default/files/publicaciones/archivos/La%20vigilancia%20ciudadana%20para%20el%20cumplimiento%20de%20los%20compromisos.pdf
- Pan American Health Organization. (s. f.). HIV/AIDS. Retrieved September 9, 2025, from , Recuperado de https://www.paho.org/es/temas/vihsida#:~:text=Se%20estima%20que%20el%20n%C3%BAmero,casos%20a%2015.000%20por%20a%C3%B1o
- The Global Fund to Fight AIDS, Tuberculosis and Malaria. (May 2020). Overview of community-led monitoring. Available at: https://plataformalac.org/wp-content/uploads/2022/04/core_css_overview_es.pdf
- ITPC Global. (August 1, 2022). What is Community Led Monitoring? Retrieved from https://itpcglobal.org/resource/what-is-community-led-monitoring/?utm_source=chatgpt.com

ANNEX 1

Interview Guide for Case Study
(Implementers)

The following tool is designed for use during the data-gathering phase, specifically for interviews with individuals responsible for coordinating CLM activities.

Introduction and presentation:

- Create a welcoming environment to help the respondent feel comfortable sharing their experiences.
- If you plan to record the interview, ask for permission beforehand and assure the respondent that the recording will not be shared outside the research team.

> *"Good morning, my name is [interviewer's name]. I am collecting information on the CLM experience in [country name]. The insights from this valuable experience will be summarized in a short document and made available to other community-based organizations for reference."*

Ensure that all formal details about the initiative are recorded. Complete this information before the interview, if possible, and use the initial moments to confirm its accuracy with the respondent.

1. Name or title of the experience:

(Enter the official name of the initiative)

2. Responsible organization

Please provide the following information, which will accompany the case study:

Name of the organization	
Focal point/contact person	
Telephone number (area code)	
Email address	
Website	

3. Implementation period

When did the CLM activities start?	When did the CLM activities conclude?

4. In which location(s) or area(s) of the country were the CLM activities implemented?

(If the initiative was implemented in multiple sites, please provide details of the cities or regions involved and explain the rationale for their selection).

5. What was the main area of focus of the CLM activities in [country]?

6. Methodology

Please describe, in your own words, the methodology used to collect the data, including the timeline and main activities.

What data collection tools were used?

Could you explain the training processes conducted for data collectors, including their age range and the communities involved?

7. Data Analysis and Systematization

How was the data analysis plan developed? Please describe the process.

What were the main results of the analysis? Which findings were most significant?

8. Advocacy

What partnerships or collaborations were established to support advocacy efforts? Who were the main partners? How were advocacy priorities and actions agreed upon?

Which advocacy actions were prioritized? How were they implemented? How were they financed? What outcomes were achieved as a result?

9. Challenges and Lessons Learned

What challenges did you encounter, and how did you address them?

What key lessons emerged from this experience?

10. Sustainability

What measures are being considered to ensure the sustainability of CLM activities once the Global Fund grant implementation concludes in the country?

ANNEX 2 INFOGRAFÍAS CLM

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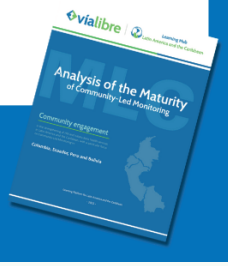
CLM

COMMUNITY-LED MONITORING

The MLC is an accountability mechanism that operates through a planned and structured process with the direct participation of affected individuals and communities in the oversight of public management: it collects information, analyzes it, and uses it to improve access to services, their quality, and their impact.

Its objective is to monitor the efficiency, legality, and transparency of the actions of authorities and officials of public entities.

ITPC focuses its definition in the context of the response to HIV: "it is a mechanism in which communities lead and carry out monitoring activities of the set of specific services provided by a health center linked to HIV, in the areas of prevention, care, treatment, and viral suppression; with the aim of obtaining evidence, based on the perceptions of users and available information, establishing close collaboration at all times with networks of people with HIV and key populations, local organizations, and local community treatment observatory groups."



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