



Government of Lesotho

# GUIDEBOOK: COMMUNITY-LED MONITORING

A GUIDEBOOK ON CONSOLIDATING THE IMPACT  
OF COMMUNITY-LED MONITORING IN LESOTHO





# GUIDEBOOK: COMMUNITY-LED MONITORING

A GUIDEBOOK ON CONSOLIDATING COMMUNITY-LED MONITORING IN LESOTHO

*This guidebook was developed for the Government of Lesotho and Ministry of Health, funded by a grant from the United States Department of State. The opinions, findings and conclusions stated herein are those of the authors and do not necessarily reflect those of the U.S. Government or United States Department of State.*



# PURPOSE OF THIS GUIDEBOOK

Over the past year, the Government of Lesotho (GoL) has embarked on an ambitious set of actions aimed at strengthening fiscal transparency and public sector performance for effective public services that deliver for all in Lesotho. This builds upon the commitment of the Government to "enhance accountability in the public sector through the establishment of a transparent system that defines and reports on the expected performance of all public officials and encourages social participation in evaluating the performance and delivery of services."

With the support of the Institute for State Effectiveness (ISE) and under the Fiscal Transparency and Innovation Fund (FTIF) provided by the United States, the GoL has used digital tools to improve tracking of government actions and budget performance. The Government is interested in exploring further how these tools and others can be used to increase accountability and engagement with citizens.

**This guidebook provides an overview of Community-led Monitoring (CLM) as a tool for strengthening accountability and citizen engagement, examples of how CLM is best used around the world, and opportunities to strengthen the impact of existing CLM practices in Lesotho.** CLM is a participatory approach used globally to improve service delivery while strengthening the relationship between service providers, including governments, and citizens by allowing communities to monitor and give collaborative feedback directly to providers on the services that affect their lives. This approach is already being implemented by different organizations in Lesotho at the most local levels. There is the potential to greatly scale the impact of this participatory approach in Lesotho by introducing tools to better coordinate CLM interventions in the country and integrate it with the Government's accountability agenda.

## BACKGROUND

### WHY COUNTRIES SHOULD ADOPT COMMUNITY-LED MONITORING

Community-Led Monitoring (CLM) is a widely used approach by development and humanitarian actors to strengthen transparency and participation in the communities they serve. CLM complements other monitoring and evaluation (M&E) tools to provide bottom-up accountability, helping to ensure that projects and interventions are doing what they say they will do and helping communities where they need support. CLM aims to:

- Engage communities, including marginalized groups, in oversight and monitoring of projects happening in their own villages and neighbourhoods
- Help service providers know what is really happening in local communities with their projects where otherwise it might be too resource-intensive to check up regularly

- Build evidence to inform project evaluation and design, policy reform, and advocacy at multiple levels
- Target scarce resources to fill geographic and sector gaps for greater impact
- Spread awareness of services within communities
- Recognize service users and community members as local experts of their own experience and key stakeholders in service delivery
- Give more voice to citizens in their own development processes, so they feel more ownership
- Create avenues for communication between citizens and their service providers, including Government, demonstrating responsiveness and ongoing engagement
- Builds incentives for M&E to be used to improve services and government performance

CLM approaches are frequently used by development partners, NGOs, and governments access and **improve access to and quality of services**, by helping service providers better understand from the community or user perspective what kinds of services are needed where and barriers to their access, and **deepen collaboration and trust** between service providers – whether they are governments, INGOs or civil society organizations (CSOs) – and communities.

## PRINCIPLES OF COMMUNITY-LED MONITORING IN PRACTICE

CLM approaches are most often used in the health and education sectors but are also used for water, sanitation and hygiene, , governance, infrastructure, and other projects. As the foundation of CLM, community members and/or community-based organizations (CBOs) provide qualitative and quantitative feedback on local services, programs and policies through a range of locally adapted tools. This feedback is then integrated into



### Examples of Community-Led Monitoring Techniques

Community Scorecards (CSC) – In a facilitated process, community members and program staff decide what is important to them about the services and define the indicators for monitoring, score the service against those indicators, and then work collaboratively to make suggestions on how to address those issues and develop an action plan. Community members then monitor progress against the plan and service providers share updates on uptake of feedback in community meetings.

Citizen report cards (CRC) – Citizen groups help shape survey questions, which facilitators then administer to collect feedback from a diverse sample population on services and programs. The results of these surveys are widely shared through communications campaigns so that citizens can help hold government and service providers accountable.

Social audits (SA) – Community members observe and monitor local facilities and services and hold public meetings to report their findings, hear from government and service providers and identify solutions which they will in turn monitor and report on again.

these services to make changes and improvements. This **complements the data collected by M&E officers** who can only make intermittent visits to program sites. To be effective, feedback must also be solicited from marginalized groups in the community (such as women, youth, people with disabilities, migrants, the very poor, etc.) and critically, shared with the right decision-makers who take tangible steps to respond.

Like other M&E approaches, **CLM should be ongoing, with data collected and monitored at regular intervals** rather than as one-offs. Ideally, the process is **owned by communities from start to finish**. With the help of trained facilitators, communities or CBOs identify the key issues for a particular service and define the indicators to assess it, collect data, analyze it, help advocate for reform, and monitor follow up. CLM can be used for NGO or government programs but often **should be coordinated between government and service providers** to ensure that implementation and the policy that supports it responds to communities' feedback.

## GLOBAL EXAMPLES OF COMMUNITY-LED MONITORING

The following are examples of CLM used in a variety of contexts to inform Lesotho's approach to strengthening opportunities for citizen accountability and engagement.



### South Africa

*Community feedback on HIV/AIDS and public health services is shared with facilities and district health officials – with commitments for improvement documented and monitored by communities.*

Ritshidze is an HIV/AIDS and public health CLM project implemented across South Africa in partnership with national and international organizations and district governments. [Ritshidze](#), which means "Saving Our Lives" in the Tshivenda language, is supported by USAID, the CDC and UNAIDS. Community monitors, who are part of organizations for people living with HIV, collect feedback on local health clinics from both patients and facility managers. These surveys and interviews look at issues like wait times, safety and cleanliness, and prescription refill times and shortages. This data is featured in online dashboards, used by the Ritshidze team and community monitors and open to the public. Service users also propose solutions during community meetings.

Ritshidze team members then share this information directly with "duty bearers" (in this case, clinic staff who are mandated to encourage community participation) and ask and record commitments from clinics to rectify the problem. Ritshidze District Organizers also meet with district health officials on a quarterly basis to present the findings and record and disseminate district government commitments. National and international partners, who consult with District Organizers and the dashboard, then use the data and commitments to advocate at the provincial and national level. Ritshidze also provides guidance for how to organize and participate in an impactful public hearing. This includes engagement at health-focused forums like the "People's COP" organized by the US PEPFAR coordinator and the People's Commission of Inquiry into the Free State Health System.



## **Malawi**

*Community scorecard processes bringing service users and providers together have been so successful that they are now the primary accountability mechanism for the National Community Health Strategy.*

[CARE Malawi's Community Scorecard program](#) has become a model for CSC and adapted by programs globally, led by NGOs, governments and villages themselves. In Malawi it was used to collect feedback and take action on maternal and reproductive healthcare. To build buy-in of the service providers and account for their unique perspectives, both service providers and users conduct a scorecard in the CARE model. They jointly participate in action meetings, where they discuss the feedback collected and develop an action plan to address issues. These meetings bring together citizens, traditional leaders, service providers, and government officials. The action plans include important implementation information such as the lead actors/institutions, timelines, required resources, etc. With this public commitment, both community members and leaders from the facilities, government and community, are responsible for monitoring the resultant actions. These actions are followed up in subsequent scorecards and public meetings.

In Malawi, this model proved so successful that the government adopted the methodology themselves. In Ntcheu, the district government and health management team use CSCs to improve family planning services, working with CARE to streamline the methodology and [adapt](#) the process for government to take the lead. This success of government-led CSCs in Ntcheu led to the adoption of the CSC approach as the primary accountability mechanism for the government's [National Community Health Strategy](#) and increased national resources for national and sub-national family planning services.



## **South Africa**

*Community-Led Monitoring is used to improve departments' M&E capacity and frontline services across ministries.*

Recognizing a lack of meaningful M&E within government departments and agencies, South Africa's Department of Planning, Monitoring and Evaluation (DPME) began implementing a [CLM pilot in 2013](#). South Africa's Cabinet identified that most M&E was being conducted to serve internal purposes and was not providing actionable feedback for frontline government officers to use to respond to issues in communities.

The pilot prioritized departments that had existing and/or mandated community-level engagement structures to monitor service delivery, such as the Police Service, the Social Security Agency, and the Department of Health. The DPME aimed to incrementally expand the rollout of the program, focusing on building buy-in among senior officials and local staff and learning while growing. Demand for CLM was generated by including mandates for it in the government's Medium Term Strategic Framework and also providing technical assistance for CLM to implementing ministries, offering them support to fulfill their M&E requirements. Over time, CLM has been institutionalized across ministries and DPME transitioned from an implementer to a "policy custodian", allowing individual departments to increase ownership.



## India



*Success and learning from the use of social audits over time has led to the Indian Government enshrining their use in the budget and using them across sectors.*

Social audits have a long history in India, where they were first introduced in Rajasthan State in the 1990s as part of the [National Rural Employment Guarantee](#) (NREGA) program. They were initially met with resistance from local elites, who resisted change to a long-standing practice of paying workers below minimum wage and campaigned for the audits to be shut down. In other states, they were overly top-down. Over time, the Ministry of Rural Development drafted the Bhilwara Framework, a set of guidelines based on the principles first outlined in Rajasthan and the lessons learned. Since then, social audits have become engrained tools for government implementation and monitoring. Their use has been expanded beyond NREGA and is now used by state governments to oversee issues such as food security, building construction, and juvenile crime. This has been accompanied by a line item dedicated to social audits in the government budget.



## West Africa

*Community Treatment Observatories regularly collect feedback from service users over time, providing local data that can be more robust than that of other national health surveys.*

[Community Treatment Observatories](#) (CTOs) are a systemic monitoring approach to regularly collect, monitor, and verify data about public health services (typically HIV/AIDS). In it, organized community members or services users collect data on relevant topics, enter it into a central database, analyze it, and use it to take action. Because this happens continuously and collates evidence over time, data from CTOs can be used to supplement (or may be even more comprehensive than) national health information systems. The data can be used to produce shadow reports for governments and inform advocacy strategies.

CTOs have had notable [success](#). In Sierra Leone, they helped lead to significant (80%+) testing increase in vulnerable groups and a 93% increase in anti-retroviral therapy (ART) uptake among young people. In countries like Zimbabwe and Malawi, CTOs have been integrated into national strategic plans for HIV/AIDS. Because CTOs provide coordinated, standardized and audited reporting that can be shared with key stakeholders and community organizations, they also encourage a [coalitional approach](#).

Ideally, CTOs have a community consultative group (CCG) that advises the CTO on its operations and data collection. CCGs are comprised of academic and technical experts, government partners and representatives from the community and key populations and can help CTOs integrate their data into government systems and advocate for change.



## Rwanda

*Citizen monitoring through Citizen Report Cards is a key part of the Government of Rwanda's accountability system and is reported directly to the President and Parliament.*

The Rwanda Governance Board (RGB) has used citizen report cards (CRCs) to survey citizens on service delivery since 2010. The survey/CRC is administered to over 10,000



households across all districts in Rwanda. Data is collected to measure satisfaction across many key economic, social and governance sectors, and is aligned with Rwanda's National Strategy for Transformation. The results are used to calculate an overall service [delivery satisfaction score](#) for the country and to establish a credible dataset that can inform policymaking. CRCs are supplemented by [community focus groups](#) on service delivery, which gather public, private, and community stakeholders to discuss planning and prioritization around district development plans.

As of 2017, [RGB](#) is an independent institution, monitoring performance and service delivery of not only public institutions but also private businesses. It also prepares a [Governance Scorecard](#) annually measuring service delivery as well as rule of law, political and civil rights, inclusion, safety and security, human and social development, governance, and anti-corruption and accountability. The RGB also sends reports with recommendations directly to Parliament and the President and coordinates the Joint Action Development Fund. This suggests that the Government sees citizen perceptions on service delivery and governance as central to its accountability and planning functions.

## INNOVATIONS FOR COMMUNITY-LED MONITORING OF HEALTH SERVICES IN LESOTHO

Community scorecards and other CLM approaches are already being implemented in several districts of Lesotho to improve programs and services at local health facilities. The approach is **championed by some of Lesotho's key international development partners**, including UNICEF, PEPFAR, and The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). CLM in Lesotho is primarily focused on HIV/AIDS interventions. Working with Basotho CSOs, these programs **collaborate with different levels of government to integrate feedback** from citizens and communities into services and policies, including in individual government clinics, provincial medical centers, and at the Ministry of Health. The approach has helped raise awareness of health services, target specific populations (including Basotho youth who are most vulnerable to HIV/AIDS), increase trust in public health, strengthen communication between service users and facilities, and build ideas on how to expand uptake of health services.

Examples of organizations using innovative CLM tools in Lesotho are detailed below:

### **2tgether4SRHR, Sentebale and UNICEF**

UNICEF, the Government of Lesotho and the NGO Sentebale have partnered under the *2tgether4SRHR* program to use scorecards to improve youth health services and engagement. One of the drivers of high rates of HIV in Lesotho is that young people are not using the available services. To combat this, the Government introduced a set of minimum standards and an implementation guide for health services that are youth-friendly. Under the *2tgether4SRHS* program, youth are monitoring the implementation of these standards using scorecards across 44 health centers in 4 districts (Botha Bothe, Leribe, Mokhotlong, Thaba-Tseka). Peer educators mobilize other young people ages 10-24, especially vulnerable groups such as teen mothers, herd boys, youth with disabilities, and out-of-school youth. In addition to facilitating them to score services (either through

focus groups or individual interviews), the peer educators work with facilities to reach out to other youth, raise awareness, encourage youth to use services, and advocate for change at the facility level.

UNICEF has also been working with the Ministry of Health to make the feedback from *2gether4SRHR* available for policymaking. They have developed an online portal where data from facilities is uploaded. To expand the program further, these partners are working to enable live data inputs, where information on services is instantly uploaded to the online portal.

### **Ma'Box, Positive Vibes and The People's Matrix Association**

Since 2021, Positive Vibes and The People's Matrix Association have collaborated on a community monitoring program called [Ma'Box](#) at four health facilities in Maseru (The Matrix Drop-in Centre, Lesotho Planned Parenthood Association, Domiciliary Clinic Lifofaneng, and Paki Health Centre). Using Ma'Box tools, service users can anonymously upload feedback on their experience at the facilities through an online platform. They can do this at home or directly at the clinics on specific days with the assistance of Peer Navigators. Ma'Box focuses on access for HIV-related services and for LGBTQI community members, with questions around accessibility to medications, wait times, confidentiality, consent, and affordability. Matrix team members have worked with service users to analyze, synthesize, and share data from Ma'Box with the facilities and national actors including the Ministry of Health, PEPFAR, USAID, and the National AIDS Commission. A subsequent review of the program provided key data on who was using the program and provided ideas on how to expand its reach within the facilities and to the target population, increase the rate of feedback to service users, and reduce barriers to the tools' use given internet accessibility constraints.

### **Mosepele Foundation**

Mosepele Foundation is one of several NGOs in Lesotho supported by PEPFAR to undertake CLM for HIV/AIDS-related programming. In 2023, they facilitated community monitoring at 18 health facilities in Maseru providing HIV and TB care. In consultative meetings, 161 service users from both the facility and community levels, mostly ages 25-34, met with service providers including staff and leadership from the facilities. Users shared feedback, and service providers were able to respond, providing explanation, acknowledging issues, and committing to changes. Key issues that arose included on wait times and understaffing at facilities, facility hours, staff attitudes, availability of medication, and access to information regarding services and testing. Staff noted the issues and suggested ways to address some of them but also highlighted that many were out of their control and required more advocacy at the national level. Some facilities also received praise, including for areas where other facilities needed improvements. The Mosepele Foundation followed up with additional rounds of feedback and is working with facilities to develop action plans based on the input.



### Other Organizations in Lesotho Using CLM Approaches in the Health Sector

These organizations include Help Lesotho, Red Cross Lesotho, Bacha Re Bacha, Young Christian Movement, She Hive Lesotho, Development for Peace Education and Skills Share – among others.

Through efforts across Lesotho, these various interventions are individually helping to improve health outcomes and build trust and awareness of HIV/AIDS and health services.

**With greater coordination, that impact could be amplified.** In consultations, NGOs, INGOs, and development partners conducting and supporting CLM in Lesotho have identified a need to coordinate their interventions and data, both amongst themselves and with Government. There have been calls to establish a regular coordination meeting to share updates and have a wider understanding of different efforts across the country. This initiative would be helpful in reducing duplication in programming and building stronger working relationships across organizations.

These actors also recognize a gap in connecting the data they collect locally to broader efforts across the country. The Government works with a wide range of partners to establish and meet goals for improving service delivery – and these CLM initiatives collect data on the kinds of improvements that would be the most impactful. Linking these efforts could help both the Government meet its priorities and CLM initiatives better respond to issues identified.

## TECHNICAL CONSIDERATIONS: COMMUNITY-LED MONITORING IN LESOTHO

### COORDINATING COMMUNITY FEEDBACK AND LINKING IT TO GOVERNMENT PRIORITIES FOR EXPANDED IMPACT

The Government of Lesotho collects data from a wide array of sources to measure progress against its development priorities. It uses this information to understand and address roadblocks in delivery, prioritize resources, hold ministries accountable, make policy decisions, and report to development partners and, importantly, its constituents.

**Feedback being collected from citizens through CLM initiatives represents an underutilized resource for data on the effectiveness of public services.** A mechanism to integrate this feedback with the Government's priorities would provide policymakers with channels to hear from citizens on their priorities and with more granular national data on service delivery and citizen needs across key sectors. **In turn, this would help the government achieve its dual objectives of improved performance in service delivery and increased citizen engagement and transparency.**

Integrating existing CLM mechanisms to Government priorities could also help CSOs and NGOs increase their impact by helping them to target their advocacy efforts. Linking CLM data to Government priorities would help disaggregate what level and what parts

of government are responsible for different issue areas, so they know to focus on local or district authorities, line ministries responsible for service delivery, or even the Office of the Prime Minister.

**Integrating citizen feedback data from CLM mechanisms would also help facilities themselves respond to problems** surfaced by community members. Many of the issues that emerge from monitoring are beyond individual facility's control. Administrators can take action to train staff on better patient service, add better signage, implement local awareness-raising campaigns, or introduce improvements around hours or communication. However, some of the most substantive issues are around staffing, availability of medicines, and timeliness of testing. These require policy action at the district or national level on funding, hiring, and procurement. A pathway to link these needs to Government feedback loops could help facilitate action.

## **LEVERAGING THE GOVERNMENT'S ACCOUNTABILITY DASHBOARD FOR UPTAKE OF CITIZEN FEEDBACK**

The Government Accountability Dashboard housed within the Office of the Prime Minister offers a platform to collect, analyze and integrate community-led data. This could be done in two steps:

### **1. Collect, consolidate and categorize CLM data**

With the buy-in of organizations supporting and leading CLM initiatives, feedback from communities can be collected and consolidated. Potentially in partnership with the Lesotho Council of NGOs (LCN), who has a mandate to coordinate and support NGOs across Lesotho, a mechanism would be developed that considers ease of submitting data (it may be easier for some organizations to share data digitally and for others on paper), privacy rights, and different forms of data. Based on available information on the Government's mandates, priorities and performance indicators – including those outlined in performance contracts and national planning documents – the data would then be organized according to relevant priorities. Government could help facilitate gathering relevant documents and create a taxonomy structure that allows for deeper analysis and localized insight.

This database alone would be an enormous resource for Government, civil society and development partners and facilitate wider coordination at the national level. It would paint a wider picture of how services are perceived, where they are reaching target populations, and different constraints preventing people from using them. It would also make it easier to identify duplication in services and geographies by multiple agencies (i.e., multiple agencies working in the same town or providing the same kinds of care).

### **2. Integrate CLM data with the Government's existing monitoring tools**

This data is only useful if it is referenced and applied. Linking this database with the Government Accountability Dashboard housed within the Office of the Prime Minister will make it easier to read and use, allowing policymakers to access the specific information that is helpful to them, where it is most helpful. A page could be built within the Dashboard that houses this information and cross-links it with specific key performance

indicators from the NSDP or performance contracts. When a government officer goes to review metrics of their performance, the metrics would include the feedback coming from communities. Officials could then review ideas on practical solutions to accelerate or improve those metrics jointly identified by service users and providers – who are closest to the issues. This would maximize the impact of reforms by applying interventions that citizens themselves have identified, demonstrating that Government is listening and addressing the delivery issues. It also incentivizes government actors to respond to citizens' priorities by linking community feedback to their own performance evaluations.

## **FURTHER OPPORTUNITIES FOR CLM IN LESOTHO**

There are several other opportunities for the Government of Lesotho to build on existing CLM and accountability tools:

- Feedback from community – once integrated into Government M&E and performance metrics – could be used to help define Ministry key performance indicators to make them more fit for purpose for service delivery and citizen needs.
- This approach would provide the basic infrastructure to encourage expanding CLM beyond HIV/AIDS services to other health services, such as basic care, immunization, pre- and post-natal care – as well as to other sectors.
- Integration of these tools would reveal the different kinds of CLM approaches being used across Lesotho and be used to help develop national standards that all organizations facilitating CLM could be trained to use (and even allow the Government to implement itself), as has been done in Malawi, India and Rwanda.

## **CONCLUSION**

This guidebook has provided an overview of Community-Led Monitoring (CLM) as a tool for strengthening accountability and citizen engagement, examples of how CLM is best used around the world, and opportunities to strengthen the impact of existing CLM practices in Lesotho. CLM is a participatory approach used globally to improve service delivery while strengthening the relationship between service providers, including governments, and citizens by allowing communities to monitor and give collaborative feedback directly to providers on the services that affect their lives. This approach is already being implemented by different organizations in Lesotho at the most local levels. There is the potential to greatly scale the impact of this participatory approach in Lesotho by introducing tools to better coordinate CLM interventions in the country and integrate it with the Government's accountability agenda.

In addition to the technical considerations outlined above, this guidebook has introduced several overall lessons for the design and use of CLM mechanisms in Lesotho more generally:

- CLM techniques work most effectively when jointly designed, developed and implemented by government and civil society with communities. It is important for roles, responsibilities and standards in the use of CLM to be clearly defined.

- CLM can lead to immediate responses at the local level, by sharing feedback with local service delivery teams, but can also be used to advocate for district and national policy change.
- Repeated surveying of local perspectives using CLM techniques can be more a comprehensive data collection mechanism than other, top-down national health information systems. However, it is important that feedback is actionable and linked to credible pathways for change, as not to raise citizen expectations by collecting information then doing nothing.
- CLM approaches disburse the responsibility of monitoring and action on service delivery, taking some burden off officials and engaging citizens as equal partners in assessing Government performance. (This helps reduce the “us vs. them” problem in service delivery.)
- Engaging target populations as active users of CLM can also increase their use of services.
- Development of a system for community feedback can be incremental, and strong systems often “start small,” such as the CLM system used in South Africa. As the CLM systems grow, it can be integrated into existing government accountability systems: having a budget line for CLM activities helps ensure their use.





Government of Lesotho