



CLM: A Game-Changer in HIV Response

As Uganda accelerates efforts to end the HIV epidemic by 2030, community- and client-centered models are proving indispensable. While progress has been made, not all population groups and regions have benefited equally — particularly adolescent girls and young women (AGYW), children, and key populations.

“We cannot achieve the 2030 targets if these inequalities are not addressed,” said Jackie Makhoka, UNAIDS Uganda Country Director.





UNAIDS Applauds Community-Led Monitoring (CLM) Efforts in Uganda.

Community-Led Monitoring (CLM), implemented by ICWEA in partnership with the Coalition for Health Promotion and Social Development (HEPS-Uganda), and REACT, has emerged as a vital tool in identifying and addressing service delivery gaps. Since its rollout, CLM has driven key improvements — such as:

- Increased cervical cancer screening for women living with HIV
- Strengthened provision of PrEP and index testing
- Enhanced treatment literacy
- Expanded HIV retesting for pregnant and breastfeeding mothers.

“CLM has contributed significantly to making programs work for those they are meant to serve. The results we see today are a direct outcome of continuous feedback from service users and action by community monitors,” Makhoka emphasized.



Structural Milestones in 2024

Uganda has taken bold steps to institutionalize and scale up CLM this year:

- CLM tools revised: With leadership from civil society and the Ministry of Health, Uganda
- has updated its CLM tools for people living with HIV and key populations to reflect current realities.
- National CLM framework: TASO and CLM consortiums are leading the development of a
- unified framework harmonizing efforts across PEPFAR and Global Fund-supported programs.
- Workforce integration: A national job analysis is underway to formally recognize the roles of community monitors and regional coordinators in Uganda’s health system.

“These are critical steps as we talk about integrating and sustaining the HIV response through and beyond 2030,” said Makhoka. ***“Uganda continues to lead globally in CLM implementation — thanks to the tireless work of the consortium.”***

She further called for continued support to HEPS Uganda, ICWEA, and REACT, acknowledging their leadership in driving meaningful community engagement.

Listening to AGYW and Tackling Gender-Based Violence

Recent CLM data reveals persistent high HIV infection rates among AGYW. Makhoka emphasized the importance of understanding their realities and adapting programming accordingly.

“Why are infection rates still high among AGYW? What can be done differently? Monitoring the HIV response for this group — alongside efforts to address gender-based violence — is critical.”

She urged the strengthening of feedback mechanisms to improve GBV programming and uphold the sexual and reproductive health and rights of people living with HIV and key populations.

Towards Harmonization and Sustainability

Efforts are ongoing to align CLM implementation across Global Fund and PEPFAR-funded programs, reducing duplication and maximizing impact. Makhoka expressed satisfaction with Uganda’s work on the Sustainability Roadmap and called for civil society to remain at the center of decision-making.

“Only civil society can define how a sustained, community-led HIV response should look like — especially in Uganda’s current legal environment,” she stated.



UNAIDS reaffirmed its commitment to continue supporting CLM through the Technical Support Mechanism (TSM) and other resources.

“We cannot overlook the importance of addressing the legal and policy environment. This is fundamental to the success of the HIV response,” Makhoka concluded

CLM in Action: Real-Life Impact from the Field

Here are some recent success stories resulting from CLM interventions:

- **Cervical Cancer Treatment in Kayunga:** 15 out of 22 eligible women accessed LEEP treatment at Mukono General Hospital after CLM advocacy ensured machine functionality.
- **Improved Child Suppression in Lango and Acholi:** CLM monitors resolved issues with DOT documentation, staff training, and follow-ups, improving pediatric HIV care.
- **Rapid ARV Restocking in Katakwi:** After CLM flagged critical ART stockouts, TASO and district leadership restored supplies within 48 hours.
- **Staff Accountability in Soroti:** CLM feedback led the Soroti City Clerk to enhance staff attendance tracking at Princess Diana Health Centre IV.
- **Expanded Clinic Days in Itojo:** Following CLM recommendations, Itojo Hospital increased clinic days from two to four, reducing congestion and missed appointments for 2,200 clients. **Improved**
- **Viral Load Suppression in Ntungamo:** Kitwe HC IV introduced regular health talks, leading to better treatment literacy and improved viral suppression rates.

As Uganda advances its HIV response, CLM continues to demonstrate its value — ensuring that HIV programs are inclusive, accountable, and guided by the communities they serve.