**LFA Terms of References: Engagement of CLOs/CBOs for Service Delivery**

*July 2025*

**Background**

The Global Fund’s [Strategy (2023-2028)](https://www.theglobalfund.org/en/strategy/)1 emphasizes the importance of leveraging the experience and expertise of communities living with and affected by HIV, TB and malaria throughout the grant lifecycle. During grant implementation, the engagement of community-based and community-led organizations2 (CBO/CLO) is considered essential for ensuring Global Fund-supported activities advance the partnership’s strategic objectives and support the achievement of [global goals](https://sdgs.un.org/goals/goal3). As implementers, CBOs and CLOs have an unparalleled understanding of the needs of service beneficiaries, the challenges they face in accessing and using services, their preferences for service modalities and platforms, and the acceptability of different service delivery approaches. Therefore, CBOs/CLOs are well-placed to deliver comprehensive people-centered health services, particularly for key and vulnerable populations.

In Grant Cycle 7 (GC7), the Global Fund strongly encourages in-country partners to engage CBOs/CLOs as implementing partners to the extent possible in line with their comparative advantages guided by programmatic objectives, local contexts and the specific needs of the underserved, marginalized populations and that they: “explore all contracting approaches that may be applicable to their country context and the capacity of relevant organizations, including the use of innovative approaches, such as payment for results”.[[1]](#footnote-1)

Given the increased investment in community systems strengthening activities and the attention to CBOs and CLOs in grant implementation structures in GC7, this spot check TOR prioritizes a few key areas for LFA assurance activities that are not covered by the other related TORs (eg. Community-Led Monitoring)[[2]](#footnote-2) and focuses exclusively on community health workers like peers who deliver services at community and facility level in vertical programs compared to integrated community health workers who are part of the formal health system and HRH/CHW.

**Objectives**

* To assess the extent to which the policy and program support framework enables Community-Led Organizations (CLOs) and Community-Based Organizations (CBOs) to effectively contribute to service delivery;
* To review whether the investment under capacity building and leadership development in grants is optimally implemented, tailored to the needs and contexts, linked with program goals e.g. service delivery or monitoring and/or advocacy and enables meaningful engagement of communities in the health and social justice responses.
* To identify challenges and bottlenecks to effective implementation of programs leveraging CLOs and CBOs and to propose improvements to service delivery modalities and approaches.

**Scope**

The review focuses on the following five areas *[detailed scope to be agreed with the Country Team prior to commencing the review]*:

1. Supportive policy and strategy are in place enabling effective community systems and responses for service delivery from diverse communities.
2. Differentiated cadres of peers, roles and responsibilities and civil society organizations (CSO)-government facility linkages and coordination frameworks and SOPs in place.
3. Adequate contractual modalities for CLOs/CBOs including payment for results and activity-based contracting are in place.
4. Contributions of CLOs/CBOs in service delivery are measured through data systems and referral/linkage SOPs.
5. Capacity building and leadership development activities are leveraged for improved outcomes (effectiveness, quality and access) in service delivery.

**Review questions to be addressed in each area:**

1. **Supportive policy and strategy that enables effective community systems for service delivery**
* Is there a national policy (laws, regulations or policies) and/or strategy (national health strategies, community health strategy) for the operation of community service providers?
	+ Does it recognize the roles CBO **and** CLOs play in the response to HTM as part of the strategy?
	+ Does national policy/strategy define and provides a framework (incl. remuneration scheme, scope of work/service packages) for various cadres of peers, including those managed by non-governmental organizations?
	+ Are policy and registration restrictions in countries impeding certain community-type organizations i.e. transgender people and people who inject/use drugs, men who have sex with other men and male/female/transgender sex workers to register as service providers and delivery peer-to-peer support?
	+ As per national policy and/or guidelines, are service packages defined for CLOs/CBOs to implement?
	+ As per national policy and/or guidelines, are clear targets set for the delivery of service packages by CLOs/CBOs?
	+ Do national reporting systems capture the contributions of service delivery by CLOs/CBOs?
* *Supportive implementation framework***:**
	+ Does the program employ various community cadres (eg. HIV prevention peer educators, adherence support, TB active case finding, peer paralegal support, community volunteers for Malaria prevention/vector control campaigns)?
		- If so, does the program clearly define standard package of services to be delivered by community cadres?
		- If so, what types of payment modalities are used to remunerate these community cadres?
	+ Does the program have a Standard Operating Procedure to guide what services should be provided at facility vs. Community levels and provide considerations on pathways for linkage for services available at health facilities?
	+ Are the roles and responsibilities of community cadres formally recognized at health facilities where they operate (e.g. through a formal MoU, specific directive, etc.)?
* Is there a system in place at the PR/SRs/SSRs for recruitment, training, and supervision of community cadres?
* Does the program include joint planning between community and healthcare practitioners or facilities?
* Are there specific efforts to develop relationships between community and health facilities? (e.g. Involvement of clinicians in the recruitment and training of community cadres, involvement of CLOs/CBOs in training of healthcare workers on human rights, stigma reduction in healthcare settings)?
* Does activity reporting from community cadres link to activities conducted in health facilities? Is tracking of completed referrals and follow up of beneficiaries done effectively?

**3. Adequate contractual modalities for CLOs/CBOs**

* What contractual modalities do PR/SRs currently use for CLOs/CBOs, eg. Service provider agreements, SR/SSR contracts, payment for results?
* Does the PR/SRs have a procurement system that allows for different maturity of CLOs/CBOs to be selected as part of the implementation arrangements?
* *In grants where there is limited no. of CLOs in the implementation structures*: What are the key barriers/disincentives to contracting CLOs, eg. a requirement for having a registered Bank account, a requirement for having a registered office address?

**4. Measuring contributions of CLOs/CBOs in service delivery**

* Is data from CLOs/CBOs service providers fed into provincial/district level health information systems (eg. Health facilities include data on referrals by CHWs and/or community volunteers)?
* As part of regular program monitoring, do PR/SRs capture contributions from CLOs/CBOs in key service delivery areas of the programs? Does the reporting tool capture coverage data disaggregated by CLOs/CBOs (eg. clients reached through CLOs/CBOs demand generation activities, case notification contributed by community referrals)
	+ If it does, does the program regularly analyse the data and apply measures for improvement?

**5. Capacity Building and Leadership Development**

* Are capacity gaps of community-led and community-based organizations systematically mapped through an assessment prior to or during grant implementation?
* Are capacity building and leadership development-related activities implemented in line with national standards or guidelines?
* If such standards and/or guidelines do not exist, has the program put in place a robust capacity building curriculum which;
	+ Focuses on core capacities and competencies required for CLOs/CBOs to deliver services?
	+ Differentiates based on the maturity of organizations (eg. small-size, medium size, non-registered, lower/higher financial management capacity)?
	+ Combines technical, programmatic, governance, financial and project management, sustainability planning, M&E and learning?
		- Particularly for CLOs and CBOs delivering HIV-related services to key populations, does the capacity building activity focus on security of implementers and beneficiaries in line with the GF implementation guidance on security?[[3]](#footnote-3)
		- Does it include most up-to-date technical and programmatic areas related to the services that CLOs/CBOs deliver? (eg. HIV prevention)?
		- Are training packages, including refresher training and supportive supervision, provided consistently over the course of grant implementation?
* Are CLOs/CBOs selected to benefit from capacity building and leadership development activities based on a set of criteria, including transparency and inclusiveness?
* Does the PR measure the outcomes and impact of capacity building and leadership development activities for CLOs and CBOs as part of the overall M&E framework
	+ Outcomes, eg. improvement in service coverage and quality as a result of better capacitated CLOs/CBOs, or;
	+ Impact, e.g. sustainability of organizations through mobilization of additional funding, amongst others
* *In portfolios where CLOs, including KP-led organizations are not included in the implementation arrangements*: does the PR provide onboarding training, support and supervision, mentorship, coaching and reporting to strengthen the grant management capacity of CLOs, including KP-led organizations?

**Methodology:**

* Desk review of alignment to national strategic plans and normative technical guidance in relation to effective programs to reduce human rights-related barriers.
* Desk review of relevant PR/SR grant documents detailing the overall programs to reduce human rights-related barriers.
* Desk review of similar activities undertaken by other entities, funded from domestic resources or other donors.
* Desk review of key communication and training materials eg. developed as part of legal literacy campaigns, statements, etc.
* Interview of implementers and clients or recipients, using a variety of methods adapted to the context and sensitivities of the services.
* Interviews with clients/beneficiaries, i.e. people living with and affected by the 3 diseases, key, vulnerable and underserved populations
* Targeted site visits to implementation sites.

**Output/Deliverables and timing of deliverables:**

The report should address each of the points listed under the scope of review, as per the Global Fund request, and supplemented with other relevant information. It should include without limitation:

1. A detailed description and analysis of issues/risks identified. The LFA should comment on the context and possible root causes of the issues identified, providing background information as necessary and prioritise the list of issues in an executive summary according to their significance.
2. Recommendations for addressing issues identified. Recommendations should be:
* Detailed – with all the relevant information included
* Specific and contextualised
* Time-bound
* Prioritized based on the level of risk
* Identifying the main entity responsible for implementation

**Service Delivery**:

This task should be undertaken by the LFA Programmatic/M&E Expert who is accountable for the technical content of this report. S/he can be supported, as needed, by other LFA team members in the planning and during the verification. The LoE for this task, including report writing, depends on which elements of the ToR and the number and location of service delivery sites included in the review, as agreed between the Country Team and the LFA.

*Should the review identify clear evidence of fraud, the LFA should ensure it uses the GF communication protocol to inform the GF Secretariat and the OIG to allow consideration of evidence collection and other issues relevant to a possible criminal investigation.*

1. Annex 2: Guide to Engaging Community-based and Community-led Organizations in Grant Implementation. Principal Recipient Handbook for Grant-Making: 2023 – 2025 Allocation Period (GC7), August 2023 [↑](#footnote-ref-1)
2. [<https://www.theglobalfund.org/media/13745/lfa_review-implementation-community-led-monitoring_tor_en.docx>](https://www.theglobalfund.org/media/13745/lfa_review-implementation-community-led-monitoring_tor_en.docx) [↑](#footnote-ref-2)
3. Security toolkit: Protecting implementers and improving program outcomes. Guidance and tools to strengthen security in Global Fund supported key population programs (<https://www.civilsocietyhealth.org/website/wp-content/uploads/2022/12/2022_Security-Toolkit-EN_v04-1.pdf> ) [↑](#footnote-ref-3)