



Community Engagement Monitoring Tool Manual 2023

AUGUST 2023

Table of Contents

SECTION 1	PURPOSE OF COMMUNITY ENGAGEMENT TOOL MANUAL . . .	1
SECTION 2	PILOTING THE COMMUNITY ENGAGEMENT TOOL	2
SECTION 3	COMMUNITY ENGAGEMENT FRAMEWORK	3
3.1	Objectives of this framework are to	3
3.2	Levels and Areas of Engagement	4
SECTION 4	DATA COLLECTION PROCESSES	8
4.1	Pre-planning: Preparing the Country Teams for Data Collection	8
4.2	Step-down Training	9
4.3	Communicating with Stakeholders	9
4.4	Data Collection Tools: Introducing the CE Tool	10
SECTION 5	LIST OF CE TOOL TABS AND FUNCTIONS	11
TAB 1:	Instructions.	11
TAB 2 – TAB 4:	CE Policy, Program, and Community Indicators.	13
TAB 5:	Table of Explanations	14
TAB 6:	Scoring	15
TAB 7:	Example of Completed Framework	15
SECTION 6	HOW TO COMPLETE THE CE TOOL.	16
6.1	Importance of Data Sources	19
6.2	Frequently Asked Questions	19
6.3	How to conduct quality checks	21
SECTION 7	HELPFUL HINTS AND TIPS	22
7.1	During the Pre-planning Phase	22
7.2	During the Data Collection Phase	22
SECTION 8	DATA ANALYSIS AND COUNTRY REPORT WRITING	24
8.1	How to Analyze the Data	25
8.2	Country Reports	27
SECTION 8	ADVOCACY PLANS.	28

Glossary of Terms

Community engagement

Community engagement (CE) is a **structured, supported, meaningful and accountable process** that ensures that people living with HIV have a seat at the table and a voice in decision-making, planning, implementation, and monitoring and evaluation (M&E) to achieve access to quality HIV care for all

Data source

A data source is an **electronic or paper-based repository of data**, such as facility records, patient records, and ministry of health (MoH) meeting minutes

Denominator

The total **number of parts** that the whole is divided into

Differentiated service delivery

Differentiated service delivery (DSD) is a **recipient of care-centered approach** that simplifies and adapts HIV services to the preferences and needs of people living with HIV (PLHIV) rather than a one-size-fits-all approach

Indicator (program)

A number or percentage that **helps measure or “indicate”** the extent to which planned activities have been conducted or program achievements have been made (Source: WHO)

Numerator

A number represents a **part of a whole which includes a total of all the parts** that we have

Recipient of care

A recipient of care (RoC) is any individual who **receives HIV-related services**

Purpose of Community Engagement Tool Manual

This manual was developed to provide a framework on how to engage with communities. By measuring indicators, we can understand trends and the reasons behind RoC involvement in design and implementation of policies and programs, and not in M&E. Most importantly, we can create genuine opportunities for RoC and their advocates to participate in DSD activities and decision-making processes.

The purpose of this manual is to provide a step-by-step guide on how to utilize the community engagement tool during data collection and data analysis of the prescribed indicator set. This manual will highlight key processes related to data collection and data analysis. For more information on the background, development and principles of the CE tool, you can refer to Annex 1.

The primary objectives of the manual are:

- To provide a guide on the data collection processes across three levels: policy, program, and community
- To provide helpful hints and best practices that country partners can use during data collection
- To highlight procedures around data analysis and reporting

Piloting the Community Engagement Tool

In 2021, a 19-indicator CE tracking tool was finalized and piloted in the Democratic Republic of Congo (DRC) and Kenya, generating insightful results and interest in community engagement.

In 2022, small grants were disbursed across 20 community advocacy network (CAN) members, enabling them to collect data on the CE indicators and identify areas/levels where advocacy is needed. In 2023, the CE tool was revised based on learning and feedback from countries using the original tool. The number of indicators was not only reduced from **19 to 18 indicators**, but the number of country partners also increased from 20 to 22 (Table 1).

TABLE 1: List of Country Partners as of 2023

	COUNTRY	NATIONAL PLHIV NETWORK	
CAN MEMBROS	1	DRC	Union Congolaise des Organisations des PVVIH
	2	Kenya	National Empowerment Network of People living with HIV/AIDS in Kenya
	3	Malawi	Malawi Network of People living with HIV and AIDS
	4	Sierra Leone	Network of HIV Positives in Sierra Leone
	5	Uganda	National Forum of People Living with HIV/AIDS Networks in Uganda
	6	Zambia	Network of Zambian People Living with HIV/AIDS (NZP+)
	7	Zimbabwe	Zimbabwe National Network of People Living with HIV
	8	Liberia	Liberia Network of People Living with HIV and AIDS
	9	Tanzania	National Council of People Living with HIV/AIDS in Tanzania (NACOPHA)
	10	Mozambique	Civil Society Platform for Health in Mozambique
	11	Eswatini	Swaziland AIDS Support Organisation/ Swaziland Network of Young Positives/ Dream Alive
	12	Ethiopia	Network of Networks of HIV Positives in Ethiopia
	13	Côte d'Ivoire	Réseau Ivoirien des organisations de Personnes vivant avec le VIH (RIP+)
	14	Rwanda	Rwanda Network of People Living with HIV/AIDS
	15	Ghana	National Network of HIV Positives
	16	Nigeria	Network of People Living with HIV and AIDS in Nigeria
	17	Cameroon	Réseau Camerounais des Associations de Personnes vivant avec le VIH/SIDA
	18	Senegal	Réseau National des Associations de PVVIH
	19	Burundi	Réseau Burundais des Personnes Vivant avec le VIH/SIDA
	20	South Sudan	National Empowerment of Positive Women United
	21	South Africa	Treatment Action Campaign (TAC)
	22	Lesotho	Lesotho Network of People Living with HIV and AIDS

Community Engagement Framework

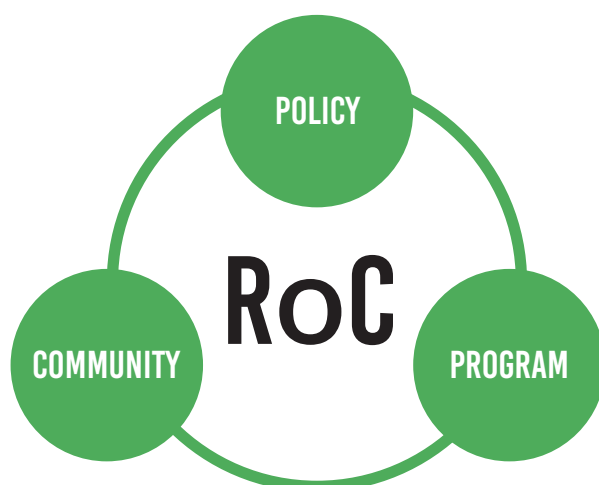
The purpose of this framework is to provide implementing partners with a clear, consistent approach to CE, including an understanding of the different forms and levels of engagement for RoC. The CE framework aims to provide guidance on when and how to undertake engagement activities, and outlines what steps and processes should be considered.

The CE tool highlights a list of indicators which will be used to support ministries of health and their partners to engage with people living with HIV regarding DSD policy development, program design, planning, implementation, and M&E.

3.1 Objectives of this framework are to

- Ensure the views of PLHIV are understood and considered when developing DSD guidelines, strategies, and policies, and during DSD implementation.
- Ensure PLHIV and their advocates have the opportunity to participate in the development of DSD models through inclusive and equitable engagement practices.
- Strengthen community forums by creating opportunities for PLHIV and their advocates to get involved with, and have their say on DSD implementation improved the relationship and level of trust between PLHIV and ministries of health and other stakeholders by ensuring that PLHIV and their advocates are informed about and involved in DSD program activities.
- Enhance the coordination, planning, and promotion of community engagement activities.
- Strengthen feedback and communication from the MoH and other stakeholders so that RoC and their advocates know when and how their input has been considered to inform decisions.

DIAGRAM 1: Indicators Collected Across Three Levels



3.2 Levels and Areas of Engagement

Data should be collected across the three levels, namely policy, program and community, and across the three areas of engagement, namely design, implementation, and M&E (Table 2). Below are key definitions of each level, followed by Table 3, which illustrates Examples of How to Engage and What to Engage in.

Policy level: Focuses on decisions, plans, and actions that are undertaken to achieve specific health goals within a community. At the policy level, RoC should play a direct role in shaping, implementing, and assessing DSD policy in their communities.

Program level: Refers to any health intervention that improves access to HIV treatment and care. At the program level, RoC should play a direct role in designing, implementing and, most importantly, monitoring and evaluating a program that meets the needs of the community.

Community level: Refers to any health intervention, education campaigns and/or community sensitization that community members lead and/or are involved in. At the community level, RoC should play a direct role with supporting DSD provision, being part of education learning sessions and demand creation.

TABLE 2: Areas and Levels of Engagement

AREAS AND LEVELS OF ENGAGEMENT	POLICY LEVEL	PROGRAMS LEVEL	COMMUNICATIONS LEVEL
DESIGN	What to Engage ✓ ✓	What to Engage ✓ ✓	What to Engage ✓ ✓
	How to Engage ✓ ✓	How to Engage ✓ ✓	How to Engage ✓ ✓
IMPLEMENTATION	What to Engage ✓ ✓	What to Engage ✓ ✓	What to Engage ✓ ✓
	How to Engage ✓ ✓	How to Engage ✓ ✓	How to Engage ✓ ✓
MONITORING & EVALUATION	What to Engage ✓ ✓	What to Engage ✓ ✓	What to Engage ✓ ✓
	How to Engage ✓ ✓	How to Engage ✓ ✓	How to Engage ✓ ✓

TABLE 3: Examples of How to Engage and What to Engage in

LEVELS OF ENGAGEMENT	POLICY LEVEL	PROGRAM LEVEL	COMMUNITY LEVEL
DESIGN	WHAT IS CE?		
	<p>Being part of:</p> <ul style="list-style-type: none"> * Problem identification, needs assessment and priority-setting * Provision of problem-solving strategies * Policy formulation and guideline development 	<p>Being part of:</p> <ul style="list-style-type: none"> * Conceptualization of program interventions * Development of implementation frameworks and processes 	<p>Being part of:</p> <ul style="list-style-type: none"> * Processes that ensure that the priorities among PLHIV are identified and prioritized * Formulation of operational/ implementation plans with community-driven DSD models * Needs assessment, planning, and design to identify the real needs of PLHIV
	HOW TO ENGAGE ROC/COMMUNITY?		
	<ul style="list-style-type: none"> * Consult with RoC leadership to facilitate information-sharing, that is DSD models to be included in DSD policy documents * Include PLHIV and their advocates in policy and guidelines formulation task teams and technical working groups * Include PLHIV and their advocates in policy validation exercises 	<ul style="list-style-type: none"> * Ensure PLHIV and their advocates participate (and are physically present) when DSD models are designed at program level * Involve PLHIV and their advocates in decision-making processes, that is prioritization of DSD models for implementation, and how success is defined and measured * Recognize PLHIV networks as key stakeholders in national DSD planning and assign them key responsibilities with an operational budget * Facilitate member participation among PLHIV and their advocates in the development of national guidelines and standard operating procedures * Use evidence and experience from PLHIV in the design of DSD models 	<ul style="list-style-type: none"> * Provide community-level platforms for eliciting views from PLHIV and preferences for DSD models * Ensure that PLHIV and their advocates are meaningfully engaged in thematic groups working on the community operational plans * Obtain feedback from the community on what they would like to see as end results/outcomes in DSD implementation
BEST PRACTICES/COUNTRY EXAMPLES			
<ul style="list-style-type: none"> * Côte d'Ivoire and Zambia: PLHIV engaged in different technical working groups * Côte d'Ivoire: PLHIV present/ submit their needs during Country Operational Plan guidance meetings 	<ul style="list-style-type: none"> * PLHIV/national networks of PLHIV representatives are engaged in guideline development, revisions/ updates in all network countries * In Zimbabwe, PLHIV assist to identify interventions for DSD * In Côte d'Ivoire, Zimbabwe, Zambia, Eswatini and Tanzania, PLHIV are part of design and validation of DSD models * In Ethiopia, PLHIV are involved in development of antiretroviral therapy training manuals 	<ul style="list-style-type: none"> * Uganda: Implementing partners have community advisory groups with PLHIV representatives and they are engaged in developing community-level operational plans 	

LEVELS OF ENGAGEMENT	POLICY LEVEL	PROGRAM LEVEL	COMMUNITY LEVEL
IMPLEMENTATION	WHAT IS CE?		
	<p>Being part of:</p> <ul style="list-style-type: none"> * Policy roll-out/dissemination planning * Policy communication and roll-out/dissemination * Budgeting and allocation of resources for policy implementation 	<p>Being part of:</p> <ul style="list-style-type: none"> * Delivery of services as co-partners/ service providers (community health workers, peer educators, antiretroviral therapy delivery, viral load/DSD champions and/or gatekeepers) * Health facility community oversight committees (for example, community advisory boards) * Participation in supportive supervision programs 	<p>Being part of:</p> <ul style="list-style-type: none"> * Capacity building initiatives to develop community skills * Adequately and appropriately resourced community-level implementation projects * DSD implementation at the community level
	HOW TO ENGAGE ROC/COMMUNITY?		
	<ul style="list-style-type: none"> * Allow national networks of PLHIV to lead actual roll-out of policies in communications and other dissemination forums * Ensure meaningful participation and visibility of national networks for PLHIV and their advocates * Develop simple, clear communication materials to facilitate explanation of policies and tools 	<ul style="list-style-type: none"> * PLHIV should participate in the delivery of services both as beneficiaries and service providers * Advocacy and engagement of duty-bearers * Invite PLHIV leaders to join regional/district health management teams and/or DSD coordinators on DSD supportive supervision visits 	<ul style="list-style-type: none"> * National networks of PLHIV should plan and implement community-related interventions * Peer educators and other PLHIV should receive ongoing health education * PLHIV should be involved in community sensitization and demand creation for DSD * PLHIV should support service provision during community outreach activities * PLHIV should help identify/ provide location/venue for community outreaches
	BEST PRACTICES/COUNTRY EXAMPLES		
	<ul style="list-style-type: none"> * In South Africa, the TAC simplifies policies/guidelines for PLHIV to better understand information. It also develops information, education and communication materials (for example, dolutegravir guidelines simplified for PLHIV to understand) 	<ul style="list-style-type: none"> * In Malawi and Tanzania, peer educators who are PLHIV are involved in service delivery and also participate in mentoring programs * In Uganda, health facility committees include PLHIV representatives 	<ul style="list-style-type: none"> * In Zambia, the Treatment Advocacy and Literacy Campaign and NZP+ provide treatment education to PLHIV * In Côte d'Ivoire, RIP+ provides education to increase demand for viral load coverage

LEVELS OF ENGAGEMENT	POLICY LEVEL	PROGRAM LEVEL	COMMUNITY LEVEL
M&E	WHAT IS CE?		
	<p>Being part of:</p> <ul style="list-style-type: none"> * Design and development of DSD performance measure/indicators and M&E tools * Social accountability/impact assessments 	<p>Being part of:</p> <ul style="list-style-type: none"> * M&E planning processes, to understand DSD program targets, program indicators, and timing of data collection, analysis and use to guide program decisions * Regular data reviews on the DSD interventions put in place * Multidisciplinary health facility quality improvement teams * Accountability and monitoring of interventions * Continuous monitoring of mentorship programs 	<p>Being part of:</p> <ul style="list-style-type: none"> * Defining indicators that will be understood at community level * Community-led M&E
	HOW TO ENGAGE ROC/COMMUNITY?		
	<ul style="list-style-type: none"> * Ensure that PLHIV are represented in discussions about goals, objectives, targets and indicators related to DSD * Facilitate people living with HIV/ community participation during impact assessment exercises * Share evaluation results with people living with HIV/ community representatives, including data about DSD coverage, quality, impact and budgets 	<ul style="list-style-type: none"> * PLHIV leadership should be invited to DSD data review meetings, as well as monthly, quarterly, biannual and annual reviews to share feedback on program implementation * PLHIV should participate in facility quality improvement committees/ teams * PLHIV leaders should participate in the scoring of the HIV Coverage, Quality, and Impact Network (CQUIN) national and sub-national DSD dashboards * Supportive supervision visits to service delivery sites * PLHIV can participate in M&E data collection, such as administering community scorecards and client satisfaction surveys 	<ul style="list-style-type: none"> * Administer community-led scorecard * Administer monitoring tools at the community level to give feedback on implementation
BEST PRACTICES/COUNTRY EXAMPLES			
<ul style="list-style-type: none"> * Tanzania has a social accountability monitoring tool; there are interventions to monitor implementation of HIV services 	<ul style="list-style-type: none"> * Tanzania and Zimbabwe: stigma index survey is conducted, NACOPHA monitors stigma indicators. In Côte d'Ivoire, implementing partners and RIP+ conduct provider satisfaction survey 	<ul style="list-style-type: none"> * In Zimbabwe and Côte d'Ivoire, ITPC supports a community treatment observatory to track and monitor services provided to PLHIV 	

Data Collection Processes

4.1 Pre-planning: Preparing the Country Teams for Data Collection

Country teams will need to identify a data supervisor and four to five field researchers who will be involved in the training and be responsible for data collection.

Once the data teams are established, the project lead will ensure that the data team attend the trainings and conduct step-down and/or refresher trainings.

TABLE 4: Roles and Responsibilities of Data Team

DATA SUPERVISOR	DATA COLLECTOR
Oversees that all the steps have been completed – data collection tracking sheets complete and submitted; data analysis forms complete and submitted	Familiarize and understand the indicators that are required for data collection
Keeps a record of all data tracking sheets	Ensure that all tracking sheets required for data collection have been properly completed
Supports the data collectors – ensures they are prepared and ready to answer any questions; helps to find and access data sources	Ensure that data is collected within the agreed time frame and submitted on time
Aggregates/consolidates data in one master tracking sheet across all DSD sites where data was collected	Cross-references data collection tracking sheets against source documents
Prepare country report	
Troubleshoots/escalates site challenges	



Before data teams implement, ensure that a plan is developed. This should include the sites that each data collector will be responsible for, time frames for data collection and a communication plan for all relevant stakeholders.

4.2 Step-down Training

A representative from each country team and data collectors are expected to attend the training. The training takes place over two days and country teams can attend on either day. The trainings are translated from English to French and Portuguese. The trainings cover the following:

- Community engagement framework – overview
- Review of CE framework and principles
- Why is this tool needed?
- CE framework monitoring tool
- M&E principles and data management
- Review of the CE monitoring tool
- Q&A session
- Advocacy: What now?
- Advocacy actions
- Target audiences



Once the data team is trained, teams should prepare for step-down training using the training resources as a guide. This should include conducting refresher trainings with the team or trainings with the data team that could attend the trainings.

4.3 Communicating with Stakeholders

Communication with ministries of health/national program officials is key to ensure that you gain access to sites and the relevant data that is required.

How to ensure buy-in of the ministries of health:

Before roll-out occurs, country teams should IDENTIFY who you will need to talk to to get the relevant data
BUILD relationships with all stakeholders
DEVELOP a clear vision and objectives of the CE roll-out process
ENSURE that all stakeholders are aware of your role, the list of facilities that you will be visiting as well as the timeline for data collection
ADDRESS concerns and bottlenecks raised by ministries of health and other stakeholders
LEVERAGE feedback
COMMUNICATE progress and present findings/results when the CE report is finalized
EMPHASIZE the value of this roll-out for the community and health services

4.4 Data Collection Tools: Introducing the CE Tool

The CE tool is presented in an excel format (refer to Table 5 for a breakdown of the tool). Data collectors are required to collect data on all 18 indicators across the three levels, namely community, program and policy. All indicators are quantitative:

- Quantitative = numerical; usually starts with “Number (#) of . . .” or “Percent (%) of . . .”; these are indicators that *we can count easily*
- Used to compare against baseline (that is, data captured before implementation of activities)

TABLE 5: Breakdown of indicators per level

	POLICY LEVEL (6 TOTAL)	PROGRAM LEVEL (6 TOTAL)	COMMUNITY LEVEL (6 TOTAL)
DESIGN	<p>% of technical working group (TWG) and task team (TT) meetings on DSD where RoC/community members participated during the reporting period</p> <p>% of policy validation exercises where RoC/community members participated</p> <p>% of online DSD TWG and TT platforms that include RoC/community members</p>	<p>% of meetings focused on DSD program design where RoC/community members participated</p> <p>% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models</p>	<p>% of thematic working group meetings where RoC/community members presented</p>
IMPLEMENTATION	<p>% of government-developed DSD policy communication materials that acknowledged input from national networks of PLHIV</p>	<p>% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants</p>	<p>% of DSD sensitization/demand creation activities led by or actively involving RoC/community members</p> <p>% of health facilities with DSD where RoC work as service providers</p> <p>% of peer educators who attended health education learning sessions</p> <p>% of RoC/community members who attended health education learning sessions</p>
M&E	<p>% of DSD-related M&E meetings that include RoC/community members</p> <p>% of DSD impact assessment/evaluations where RoC/community members participated</p>	<p>% of DSD M&E tools development meetings where RoC/community members participated</p> <p>% of DSD supportive supervision visits that include RoC/community members</p> <p>% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain</p>	<p>% of health facilities offering DSD services where community scorecards and/or RoC satisfaction surveys are implemented</p>

List of CE Tool Tabs and Functions

The CE tool consists of seven tabs on Excel that **YOU CAN CLICK ON** to access the instructions, CE policy indicators, CE program indicators, CE community indicators, table of explanations, scoring, and an example of a completed framework

INSTRUCTIONS	CE POLICY INDICATORS	CE PROGRAM INDICATORS	CE COMMUNITY INDICATORS	TABLE OF EXPLANATIONS	SCORING	EXAMPLE COMPLETED FRAMEWORK
---------------------	-----------------------------	------------------------------	--------------------------------	------------------------------	----------------	------------------------------------


TAB 1: Instructions

The instructions tab consists of the table of contents with **HYPERLINKS** that you can click on to access any of the indicators, table of explanations, scoring, and an example of the completed framework. The **PURPLE COLOR CODE** indicates sheets that need to be filled in, while the **BLUE COLOR CODE** indicates the sheets that are for reference only.

TABLE OF CONTENTS

Click on the below to go to sheets:

CE POLICY INDICATORS	These indicator sheets list the policy, program and community indicators for you to fill in. Only fill in the cells highlighted in purple. Once filled in they will appear as blue.
CE PROGRAM INDICATORS	
CE COMMUNITY INDICATORS	
TABLE OF EXPLANATIONS	The table of explanations provides guidance on the meaning of each indicator. Please read before completing the tool!
SCORING	The scoring tab explains the colour-coding used to score your results.
EXAMPLE COMPLETED FRAMEWORK	Please refer to this example if you need guidance on how to fill in the indicators sheets.

 Indicates sheets that need to be filled in

 Indicates sheets that are for reference only

TAB 1: Instructions (continued)

It also includes **INFORMATION ON THE OBJECTIVES OF THE TOOL**, tips on what you need before you begin data collection and a reminder on data sources.

Objectives of the CE Framework

1. Ensure people living with HIV's views are understood and considered when developing DSD guidelines, strategies, policies and during DSD implementation.
2. Ensure people living with HIV and their advocates have the opportunity to participate in the development of DSD models through inclusive and equitable engagement practices
3. Strengthen community forums by creating opportunities for people living with HIV and their advocates to get involved with, and have their say in DSD implementation
4. Improve the relationship and level of trust between the people living with HIV and ministries of health and other stakeholders by ensuring that people living with HIV and their advocates are informed about and involved in DSD program activities.
5. Enhance the coordination, planning, and promotion of community engagement activities.
6. Strengthen feedback and communication from the Ministry of Health and other stakeholders so that recipients of care and their advocates know when and how their input has been considered to inform decisions.

Before you begin

Please review all of the tracking sheets so that you understand the indicators, indicator descriptions and related information that is needed to complete all three indicator sheets.

Identify and collect data sources.

Make sure to write / input your name, organization, country, email and telephone number on each tracking sheet in case there are questions later on about the data.

Review your country's DSD policy, strategy, and/or implementation plan and budget which will be helpful to read before completing the tracking sheets. You can attach a copy to your country report!

Important reminders about data sources

- * You only need data sources for the reporting period.
- * Each indicator is assigned a level of activity (national, sub-national or health facility level) so data entered is only from the assigned level.
- * You may need to send emails and/or make phone calls to specific people to be able to locate the data sources or confirm if they exist or not.

TAB 2 – TAB 4: CE Policy, Program, and Community Indicators

Tabs 2 to 4 consist of all indicators across all levels and areas of engagement. Below are snapshots of one indicator across the policy, program, and community levels. Pay attention to the columns **HIGHLIGHTED IN PURPLE (columns F to K)**, as they require completion.

TAB 2

POLICY LEVEL (6 INDICATORS)										
DESIGN OF DSD POLICY										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu	NUMERATOR: # of TWG and TT mtgs on DSD where RoC/ community members participated	DATA SOURCE(S) FOR NUMERATOR Type of data, source of data, date: month(s), year	DENOMINATOR: # of TWG and TT mtgs organized by the government where DSD discussed	DATA SOURCE(S) FOR DENOMINATOR Type of data, source of data, date: month(s), year	% RESULT (numerator divided by denominator x 100)
PLD.1	Consult with recipient of care (RoC)/community leadership to facilitate information-sharing re: differentiated service delivery (DSD) models described in DSD policy documents Include RoC/ community members in policy and guidelines formulation task teams (TT) and technical working groups (TWGs)	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period	To determine the %, count # of TWG and TT meetings where RoC/community members participated (numerator) divided by the total # of TWG and TT meetings organized by the government where DSD was discussed (denominator)	National only [do not include sub-national data]						#DIV/0!

TAB 3

PROGRAM LEVEL (6 INDICATORS)										
DESIGN OF DSD PROGRAM										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu	NUMERATOR: # of DSD program design mtgs where there is evidence that RoC/community members participated	DATA SOURCE(S) FOR NUMERATOR	DENOMINATOR: # of DSD program design mtgs organized by the government	DATA SOURCE(S) FOR DENOMINATOR	% RESULT (numerator divided by denominator x 100)
PRD.1	Ensure RoC/ community members participate (and are physically present) when DSD models are designed at program level	% of meetings focused on DSD program design where RoC/ community members participated	To determine the %, count the # of meetings on DSD program design where there is evidence that RoC/community members participated divided by the total # of DSD program design meetings organized by the government	National [do not include sub-national data]						#DIV/0!

TAB 4

COMMUNITY LEVEL (6 INDICATORS)										
COMMUNITY-LED DESIGN OF DSD ACTIVITIES										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu	NUMERATOR: # of thematic working group meetings where RoC/community presented	DATA SOURCE(S) FOR NUMERATOR	DENOMINATOR: # of thematic working group meetings organized	DATA SOURCE(S) FOR DENOMINATOR	% RESULT (numerator divided by denominator x 100)
CLD.2	Ensure that RoC/ community members are meaningfully engaged in thematic groups working on the community operational plans	% of thematic working group meetings where RoC/ community members presented	To determine the %, count the # of thematic working group meetings that RoC/community members presented divided by the total # of thematic working group meetings organized	Sub-national						#DIV/0!

TAB 5: Table of Explanations

The Table of Explanations tab includes an in-depth explanation of all indicators, illustrated by examples that you can use as a guide during data collection.

INDICATOR CODE	INDICATOR	INDICATOR DESCRIPTION	INDICATOR EXPLANATION
POLICY LEVEL			
PLD.1	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period	To determine the %, count # of TWG and TT meetings where RoC/ community members participated (numerator) divided by the total # of TWG and TT meetings organized by the government where DSD was discussed (denominator)	This indicator measures whether RoC/community members were included and participated in Technical Working Groups (TWG) or Task Teams (TT) meetings focused on DSD policy design. Types of TWG/TT are: TWG for National policy frameworks/guidelines; National listserv for TWG, TWG for National HIV Policy, TWG for National HIV Strategic Plan, TWG for Health Sector working groups among others. The frequency of when DSD policy TWG and TTs meet is country-specific.
	% of policy validation exercises where RoC/community members participated	To determine the %, count # of DSD-related policy validation meetings where RoC/community members participated divided by the total # of DSD-related policy validation meetings organized by the government	This indicator measures if RoC/community members participated in policy validation exercises such as, face-to-face or virtual meetings where DSD policies are reviewed, discussed, debated, critiqued, finalized, approved. DSD policies can be focused on HIV testing, HIV treatment and HIV prevention services for specific sub-populations. Meeting topics can policy include verifying and comparing policies against current government policies, harmonising with strategic plans, checking whether the policy can be implemented with available resources, and developing a monitoring and evaluation plan to evaluate the policy.
PLD.2	% of online DSD TWG and TT platforms that include RoC/ community members	To determine the %, count the # of online DSD TT and TWG platforms that include RoC/community members divided by the total # of online DSD TWG and TT platforms	This indicator measures the participation of RoC/community members in online platforms such as, WhatsApp groups, email listservs, social media accounts (e.g, Facebook, Twitter) that provides updates and an open forum for discussions on DSD policy.
PLI.1	% of govt-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	To determine the %, count # of DSD policy communication materials developed by government that acknowledged the contribution of the national network of PLHIV divided by the total # of govt-developed communication materials developed over the reporting period	This indicator measures the extent to which the RoC/community members were involved in / contributed to the development of government-sponsored, funded, published communication materials related to DSD policy. Examples of such communication materials can be booklets, pamphlets, flyers, newspaper articles, posters, radio messages, social media posts on government accounts, information posted on government websites.
PLME.1	% of DSD-related monitoring and evaluation (M&E) meetings that include RoC/community members	To determine the %, take the # of M&E meetings where RoC participated divided by the # of M&E meetings organized by the program	This indicator measures the extent to which RoC/community members were involved in / contributed feedback during meetings related to M&E of DSD policies. These meetings could include those related to DSD policy M&E plan design (e.g. setting goals, objectives, targets and indicators), DSD policy M&E plan implementation, discussing findings and results, dissemination meetings.
PLME.2	% of DSD impact assessment/ evaluations where RoC/community members participated	To determine the %, count the # of DSD impact assessment/ evaluations that included RoC/community members as members of the teams with a clearly defined role divided by the total # of DSD impact assessment/evaluations carried out [Note: DSD impact assessments/evaluations include: 1) CQUIN developed DSD Performance Reviews (DPRs); and 2) National Service Quality Assessments]	This indicator measures if RoC/community members served as team members conducting impact assessments or evaluations of DSD policy implementation at national level. Impact assessments or evaluations can address single or multiple issues, themes or topics. Impact assessments or evaluations can utilize surveys, questionnaires, interviews, focus group discussions and other appropriate data collection methods based on the agreed assessment or evaluation design.

TAB 6: Scoring

The Scoring tab indicates the 6 scoring levels and definitions. Color-coding is determined by the percentages which ranges from 0 – 100%. The color coding is automatically calculated within the results column (Column K) when you input the numerator and denominator.

Updated (2023): Community Engagement Framework

SCORING LEVELS & DEFINITIONS (DSD DASHBOARD 3.0)						
COLOR SCORE						
CE scoring descriptions	CANNOT SCORE DUE TO ANY OF THE FOLLOWING: 1. The activity is not planned. 2. The activity is planned but not implemented. 3. The activity was implemented during the last reporting period. 4. No data (i.e. data source is not defined, available, accessible).	RoC are not involved in the DSD activity and there are currently no plans to engage these groups	RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing	RoC are minimally engaged in the DSD activity	RoC are satisfactorily engaged in the DSD activity	RoC are meaningfully engaged in the DSD activity
% definition	0%	0-20%	21-40%	41-60%	61-80%	81-100%

TAB 7: Example of Completed Framework

An example of a completed framework has been included that you can use as a guide/reference during the data collection process.

NAME OF DATA COLLECTOR	AAAA BBBB
NAME OF ORGANIZATION	CCCC
COUNTRY	DDDD
EMAIL	abc@gmail.com
TELEPHONE	123456789
REPORTING PERIOD:	1 June 2022-31 May 2023

POLICY LEVEL (6 INDICATORS)										
DESIGN OF DSD POLICY										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu	NUMERATOR: # of TWG and TT mtgs on DSD where RoC/ community members participated	DATA SOURCE(S) FOR NUMERATOR Type of data, source of data, date: month(s), year	DENOMINATOR: # of TWG and TT mtgs organized by the government where DSD discussed	DATA SOURCE(S) FOR DENOMINATOR Type of data, source of data, date: month(s), year	% RESULT (numerator divided by denominator x 100)
PLD.1	Consult with recipient of care (RoC)/community leadership to facilitate information-sharing re: differentiated service delivery (DSD) models described in DSD policy documents Include RoC/ community members in policy and guidelines formulation task teams (TT) and technical working groups (TWGs)	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period	To determine the %, count # of TWG and TT meetings where RoC/ community members participated (numerator) divided by the total # of TWG and TT meetings organized by the government where DSD was discussed (denominator)	National only [do not include sub-national data]	Yes-data source confirmed and listed	5	TWG meeting organized by MoH to develop standard operating procedure on mechanism and pathways of linkage and referrals for PLHIV that set roles and responsibilities for Community-Based HIV Service. Providers, Implementing Partners, Healthcare Providers and CSOs. RoC representative participated in the Prevention TWG meeting organized by National Commission for AIDS	5	National program listserv for TWG meeting invitations; National DSD TWG meeting reports; National policy frameworks/ guidelines documents with list of contributors/ participants	100

How to Complete the CE Tool

Updated (2023): Community Engagement Framework DSD indicator tracking sheet

NAME OF DATA COLLECTOR	
NAME OF ORGANIZATION	
COUNTRY	
EMAIL	
TELEPHONE	
REPORTING PERIOD	



Data collectors need to input their name, organization, and contact details for data verification and quality checks



Select reporting period that you are required to collect the data from the drop-down menu

Cells will change from purple (incomplete) to blue (complete)

NAME OF DATA COLLECTOR	AAAA BBBB
NAME OF ORGANIZATION	CCCC
COUNTRY	DDDD
EMAIL	abc@gmail.com
TELEPHONE	123456789
REPORTING PERIOD	1 June 2022-31 May 2023



Data collectors should familiarize themselves with the reporting period before data collection begins.

Each indicator is defined by a level of activity for data collection – either “national only” or “sub-national”. You should select the relevant sites that have implemented DSD models

Select the following from the dropdown menu to identify whether the activity has taken place or not:
YES: data source confirmed and listed
NO: activity conducted before reporting period
NO: activity will be conducted in next reporting period
NO: activity doesn't exist in my country
I DON'T KNOW: I couldn't find data to confirm

Complete the numerator, which should always be smaller or equal to the denominator

Complete the denominators, which should always be larger or equal to the numerator

POLICY LEVEL (6 INDICATORS)										
DESIGN OF DSD POLICY										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <small>Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu</small>	NUMERATOR: <small># of TWG and TT mtgs on DSD where RoC/ community members participated</small>	DATA SOURCE(S) FOR NUMERATOR <small>Type of data, source of data, date: month(s), year</small>	DENOMINATOR: <small># of TWG and TT mtgs organized by the government where DSD discussed</small>	DATA SOURCE(S) FOR DENOMINATOR <small>Type of data, source of data, date: month(s), year</small>	% RESULT <small>(numerator divided by denominator x 100)</small>
PLD.1	Consult with recipient of care (RoC)/community leadership to facilitate information-sharing re: differentiated service delivery (DSD) models described in DSD policy documents Include RoC/ community members in policy and guidelines formulation task teams (TT) and technical working groups (TWGs)	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period	To determine the %, count # of TWG and TT meetings where RoC/community members participated (numerator) divided by the total # of TWG and TT meetings organized by the government where DSD was discussed (denominator)	National only [do not include sub-national data]	Yes-data source confirmed and listed	5	TWG meeting organized by MoH to develop standard operating procedure on mechanism and pathways of linkage and referrals for PLHIV that set roles and responsibilities for Community-Based HIV Service. Providers, Implementing Partners, Healthcare Providers and CSOs. RoC representative participated in the Prevention TWG meeting organized by National Commission for AIDS	5	National program listserv for TWG meeting invitations; National DSD TWG meeting reports; National policy frameworks/ guidelines documents with list of contributors/ participants	100

NOTE
 You can refer to Tab 7 for an example of a fully completed CE framework

Specify the types of data sources (name of document, email from who, verbal confirmation from who/include names, position, department, organization). This means that you will need to include the name of the meeting and/or registers where applicable. For example, if the data source is M&E Data Review Meeting, then this is what needs to be captured as a data source for the numerator and/or denominator. Similarly, if the data source are registers, then you will need to specify the type of the register

The results will be automatically calculated as a proportion and expressed as a percentage. The color coding is automated according to the percentages and the scoring levels

Color coding is orange as the % is between 21-40% as per the scoring dashboard

COMMUNITY LEVEL (6 INDICATORS)										
COMMUNITY-LED DESIGN OF DSD ACTIVITIES										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu	NUMERATOR: # of thematic working group meetings where RoC/community presented	DATA SOURCE(S) FOR NUMERATOR	DENOMINATOR: # of thematic working group meetings organized	DATA SOURCE(S) FOR DENOMINATOR	% RESULT (numerator divided by denominator x 100)
CLD.2	Ensure that RoC/ community members are meaningfully engaged in thematic groups working on the community operational plans	% of thematic working group meetings where RoC/community members presented	To determine the %, count the # of thematic working group meetings that RoC/community members presented divided by the total # of thematic working group meetings organized	Sub-national	Yes-data source confirmed and listed	1	Meeting minutes in operational plans held on 31 July 2022	4	Quarterly invitations to Thematic Working Group Meetings	25
IMPLEMENTATION OF COMMUNITY DSD ACTIVITIES										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu	NUMERATOR: # of DSD sensitization / demand creation activities with active participation of RoC/community members	DATA SOURCE(S) FOR NUMERATOR	DENOMINATOR: # of DSD sensitization activities organized	DATA SOURCE(S) FOR DENOMINATOR	% RESULT (numerator divided by denominator x 100)
CLI.1	RoC/community members should be involved in community sensitization and demand creation for DSD	% of DSD sensitization/ demand creation activities led by or actively involving RoC/community members	To determine the %, count the # of DSD sensitization and/or demand creation activities with active participation from RoC/ community members divided by the total # of sensitization and/ or demand creation activities carried out	Health facility level	I don't know-I couldn't find data to confirm					#DIV/0!

When you select "No" OR "I do not know", you are not required to complete any further information. The cells will remain purple for column G-K and you will not be able to fill in those cells. The scoring in the last column will remain grey

6.1 Importance of Data Sources

During the data collection, all data sources should be included. It provides evidence for the following:

- Who holds the data?
- Does the data exist?
- Are these data sources easily accessible?

Data sources are important to:

ENSURE the credibility of data	REFER to later for any data verification, questions	UNDERSTAND who has the data you need	UNDERSTAND what data you can access	CONFIRM if the data exists
--	--	---	--	---

Examples of data sources are facility registers, minutes of meetings held, reports produced from meetings or workshops, register of participants in meetings/workshops, written record and phone calls with information from people such as DSD coordinators, MoH officials etc.

6.2 Frequently Asked Questions

Table 6 consists of a list of frequently asked questions (FAQs) and **Table 7** consists of questions that you can use in the field when asking RoC, MoH and other stakeholders questions about the indicators. These questions will help you to explain the quantitative results with qualitative information.

TABLE 6: Frequently Asked Questions

■ What are the <i>reasons for low engagement</i> across XXXX indicator?
■ What are the <i>reasons that RoC are not trained?</i> (Budget, lack of resources)?
■ Why is the information linked to indicator(s) [XX] <i>not being collected</i> at facilities?
■ Are <i>there future plans to monitor the indicators</i> that not currently being collected?
■ Will you be able to specify <i>how this will be done?</i>
■ What do you think the <i>biggest gaps for CE in DSD</i> are?
■ Do you think that your facility has <i>meaningful engagement from RoC?</i>
■ How can you ensure <i>meaningful engagement of RoC?</i>
■ How could you <i>engage RoC more in your community?</i>
■ What do you think the <i>reasons for strong engagement</i> in your community are?
■ What needs to be done to <i>improve CE?</i>

TABLE 7: List of Questions based on the Indicators

POLICY INDICATORS

- How many TWG and/or TT meetings on DSD policy design were organized at a national level between 1 June 2022 and 31 May 2023? In how many of those were RoC involved?
- How many national policy validation exercises on DSD policy were organized between 1 June 2022 and 31 May 2023? In how many of those were RoC involved/included/participated in?
- How many national TWG/TT online platforms that discuss DSD policy exist? In how many of those are RoC part of discussions on DSD policy?
- How many DSD policy communication materials did the government publish between 1 June 2022 and 31 May 2023? In how many of these materials were RoC/networks of PLHIV involved in the development?
- How many M&E meetings on DSD policy were organized at a national level between 1 June 2022 and 31 May 2023? In how many of those were RoC involved in/part of/contributed to?
- How many national impact assessments on DSD policy were conducted between 1 June 2022 and 31 May 2023? How many of them were RoC/community members involved in?

PROGRAM INDICATORS

- How many DSD program design meetings were organized at a national level between 1 June 2022 and 31 May 2023? How many of those were RoC/community members involved in?
- How many DSD planning meetings were organized at a national level between 1 June 2022 and 31 May 2023? In how many of those did RoC/community members provide recommendations on DSD models?
- How many DSD health facilities trainings were conducted between 1 June 2022 and 31 May 2023? How many of those were RoC trainers, facilitators, planners, and/or participants?
- How many DSD M&E tool development meetings were organized at a national level between 1 June 2022 and 31 May 2023? In how many of those did RoC/community members participate?
- How many DSD supervision visits were conducted at health facility level between 1 June 2022 and 31 May 2023? How many of those did RoC/community members attend/participate in?
- How many CQUIN Maturity Model self-assessments were conducted between 1 June 2022 and 31 May 2023? How many of those did RoC/community members participate in or lead?

COMMUNITY INDICATORS

- How many thematic working group meetings were organized between 1 June 2022 and 31 May 2023? How many of these did RoC/community members participate/provide feedback in?
- How many DSD sensitization/demand creation activities were organized between 1 June 2022 and 31 May 2023? How many of these were led by or actively involved RoC/community members?
- How many DSD health facilities (including facilities that provide community-based services) were operational in the whole country between 1 June 2022 and 31 May 2023? In how many of these DSD health facilities did RoC/community members work as service providers?
- How many peer educators supported HIV and DSD service delivery between 1 June 2022 and 31 May 2023? How many of these peer educators attended health education learning sessions over the same period?
- How many RoC/community members supported HIV and DSD service delivery between 1 June 2022 and 31 May 2023? How many of these RoC/community members attended health education learning sessions over the same period?
- How many DSD health facilities (including facilities that provide community-based services) were operational in the whole country between 1 June 2022 and 31 May 2023? How many of these DSD health facilities implemented community scorecards and/or RoC satisfaction surveys?

Questions based on the Indicators

6.3 How to conduct quality checks

Quality checks should be conducted before you leave the site so that any gaps in the data is filled. **Table 6** is a quality checklist that you can use to verify the data.

- **Completeness:** Completeness relates to whether all required information is present in the dataset – *Is there data for all numerators and denominators? Have you entered a “0” where applicable?*
- **Validity:** Data is characterized as valid if it matches the rules specified for it – *Are there data sources for every indicator?*
- **Timeliness:** This relates to whether the information is up to date for the intended use – *Did you collect the data as specified by the reporting time period?*
- **Consistency:** The logical alignment of the title, purpose, problem, and research question – *Are all the results that you are reporting coherent, and are links clearly noted?* For example, if the TWG meetings are the same meetings that you report under the M&E meetings indicator, are you highlighting this link?

TABLE 6: Quality Checklist

ITEM	YES/NO
Is the data collected within the specified reporting period?	
Are the names and contact details of the data collectors completed?	
Are dropdowns for the activity occurring for the reporting period selected as “Yes”, “No” or “I don’t know”?	
Are all fields for numerators/denominators complete?	
Are the numerators smaller or equal to the denominators?	
Are the denominators larger or equal to the numerators?	
Do all indicators have data sources clearly listed for numerators and denominators?	
Are all proportions between 0–100%	
Is data completed across the policy level?	
Is data completed across the program level?	
Is data completed across the community level?	



The data collector should complete the checklist before they leave site and by the data supervisor as soon as the data sheets are submitted

Helpful Hints and Tips

Below are a list of helpful Tips and Hints that you can refer to during data collection. These tips and hints are based on feedback from country partners, best practices and lessons learnt during the 2022 CE Tool Roll-Out.

7.1 During the Pre-planning Phase

- Ensure the data team **attends all trainings/support meetings**
- Ensure the data team **attends all trainings/support meetings**
- **Familiarize yourself with the tool** – look at indicators ahead of time so that you are aware of what needs to be collected, develop questions for clarity and identify potential sources where you can find the data
- Data team should role-play interactions and interviews with MoH and have a question and answer session to address concerns, raise challenges, and troubleshoot before data collection begins
- **Identify all relevant stakeholders at the onset of the roll-out**, including MoH, communities, facility staff
- Stakeholders **should be aware** of the roll-out, period for data collection, and the level of assistance that is needed. Frequent communication will strengthen relationships with MoH and allow a smoother roll-out

7.2 During the Data Collection Phase

- Ensure that data is collected **within the prescribed time period** (for example, the implementation of the CE tool for 2023 is **1 June 2022 to 31 May 2023**)
- Ensure that your **sample is representative of all DSD facilities**. Alternatively, if there is a high volume of DSD facilities within your country, you can select a variety of facilities across different regions and districts that will provide a more solid snapshot of CE in the country
- Ensure **frequent communication and feedback sessions with data team** to track progress, and address misunderstanding and challenges
- Data supervisor should conduct **routine quality checks** with data collectors bi-weekly (refer to section 4 on Data Collection: Table 8)
- **Data Team should handle, review, edit, and analyze** the data in a consistent manner across all facility sites – this ensures quality results
- Keep a close eye on the difference between RoC participation and meaningful engagement. You need to identify the extent to which RoC play an active role in any decision-making around service delivery, treatment, and education. You need to verify that RoC are involved at all levels and areas of engagement such that their involvement has also influenced decision-making around DSD
- **Include RoC** during the data collection process so that challenges/gaps with service delivery are discussed and HIV peer-to-peer support groups are strengthened or created
- **Keep a record of all challenges and gaps such as access to sites, access to information, poor recording within source documents**, as this can potentially inform advocacy plans
- **Raise any challenges and issues** such as accessibility to source documents or poor recording to DSD coordinator, MoH officials, and other stakeholders immediately
- **Specify the names of the data sources** that you are referring to. This includes specifying the names of meeting registers that include RoC (for example, linkage to care meeting register – refer to section 5.1 on Data Sources)
- Ask additional questions to **understand why the results** are the way they are in order to inform data analysis (refer to section 5, Table 6 on FAQs)

Data Analysis and Country Report Writing

Data analysis requires that you review all the numbers reported for the indicators and come up with some conclusions. This step is trying to *make sense of the numbers and reflect on the process of data collection*. **Table 9** provides a list of questions that you can use to analyze your data.

TABLE 9: List of Questions for Data Analysis

DATA COLLECTION PROCESS
■ Was I able to get data for all of the indicators that I was assigned?
■ Which data exists but I couldn't access?
■ Which data did not exist because it will happen in the next reporting period?
■ Which data did not exist because it happened before this reporting period?
■ Which data did not exist because the activity does not exist in my country?
■ What relationships did I establish/need in order to collect data?
■ Was the data collection tool easy or difficult to use? How can the tool be improved?
CONCLUSIONS ABOUT CE FOR DSD
■ Which of the three levels – policy, program, community – are communities most engaged in DSD?
■ Which of the three areas (design, implementation, M&E) across the three levels are communities most engaged (or not) in DSD?
■ Compared to the results of the last reporting period, in which areas has CE improved and why? In which ones has there been a regression and why?
■ Based on the data, what and where are the biggest gaps in CE for DSD?
REFLECTION
■ After this initial data collection experience, are there any indicators that are not appropriate or relevant to understand CE around DSD in my country?
■ What would I do differently during the next data collection exercise?

8.1 How to Analyze the Data

Once data collection is completed, all sheets should be submitted to the data supervisor so that all sheets are consolidated. Once consolidated, you can review the percentages that have been auto-populated within your tracking sheet. **Table 10 provides examples on how the scoring and color-coding can be used to establish the level of engagement across the various indicators.**

Using the questions in Table 9, you can analyse the percentages in Table 10

DATA COLLECTION PROCESS

- Was I able to get data for all of the indicators that I was assigned?
No
- Which data exists but I couldn't access?
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members
- Which data did not exist because it will happen in the next reporting period?
% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain
- Which data did not exist because it happened before this reporting period?
% of peer educators who attended health education learning sessions
- Which data did not exist because the activity does not exist in my country?
% of health facilities offering DSD services where community scorecards and/or RoC satisfaction surveys are implemented
- What relationships did I establish/need in order to collect data?
I had to establish relationships with the MoH, M&E officer, regional coordinators that are in charge of facilities so that I can access the facilities

CONCLUSIONS ABOUT CE FOR DSD

- Which of the three levels – policy, program, community – are communities most engaged in DSD?
Program and policy
- Which of the three areas (design, implementation, M&E) across the three levels are communities most engaged (or not) in DSD?

TABLE 10: Example of Analysis

INDICADOR	RESULTS
% of TWG and TT meetings on DSD where RoC/community members participated during the reporting period	100
% of policy validation exercises where RoC/community members participated	83
% of online DSD TWG and TT platforms that include RoC/community members	40
% of government-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	29
% of DSD-related M&E meetings that include RoC/community members	0
% of DSD impact assessment/evaluations where RoC/community members participated	60
% of meetings focused on DSD program design where RoC/community members participated	75
% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	67
% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	80
% of DSD M&E tools development meetings where RoC/community members participated	25
% of DSD supportive supervision visits that include RoC/community members	75

Most engagement: Design level across policy and program level. Least engaged: Design, implementation and M&E across policy, program and community

- Was the data collection tool easy or difficult to use? How can the tool be improved?

Yes, the tool was easier to use. My country struggled a bit with capturing the data. It can be improved by training us on Excel

- Compared to the results of the last reporting period, in which areas has CE improved and why? In which ones has there been a regression and why?

DSD health facility trainings that include RoC/community members has improved since the last reporting

period in part because of our NGO's advocacy. Percentage of health facilities with DSD where RoC work as service providers has regressed because of a change in global fund grant, the number of field workers was reduced.

- Based on the data, what and where are the biggest gaps in CE for DSD?

RoC participation in CQUIN Capability Maturity Model of MoH self-assessments; RoC involvement/participation in community sensitization and demand creation for DSD, peer educators attendance at health education sessions, and implementation of scorecards/RoC satisfaction surveys at health facilities offering DSD services

INDICADOR	RESULTS
% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain	0
% of thematic working group meetings where RoC/community members presented	25
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	0
% of health facilities with DSD where RoC work as service providers	25
% of peer educators who attended health education learning sessions	0
% of RoC/community members who attended health education learning sessions	40
% of health facilities offering DSD services where community scorecards and/or RoC satisfaction surveys are implemented	0

REFLECTION

- After this initial data collection experience, are there any indicators that are not appropriate or relevant to understand CE around DSD in my country?

Yes, the indicator on peer educators attending health learning sessions. In our country, RoC are not peer educators and we do not have peer educators

- What would I do differently during the next data collection exercise?

I will make sure that facilities are provided with a schedule for when data collectors will visit sites. Also, as a team, we will have more regular feedback sessions to track progress, complete quality checks and troubleshoot challenges

8.2 Country Reports

A meeting with the data team should be scheduled once the data sheets have been consolidated and scored. During this meeting, there should be agreement on the conclusions made, process and timeline for drafting the final report, and the advocacy plans that need to be developed. The report should be a maximum of 10 pages. The sections for the report are highlighted below:

- I. **BACKGROUND** – ITPC to provide explanation text on the project; countries to add paragraph(s) about your organization and role in the project using the revised monitoring tool
- II. **METHODOLOGY** – ITPC to provide explanation text on the tracking sheet and data analysis form; countries to add paragraph(s) on their specific process to collect and analyze data (that is, what data exists, what was accessed, who gave access to data, how was data reviewed, etc.); add paragraph on limitations/challenges to data collection
- III. **FINDINGS**
 - i. Indicator data (based on completed, submitted data sheets) – countries to present indicator data in a table; add paragraphs to explain the data for each of the three levels (policy, program, community) and three areas (design, implementation, M&E)
 - ii. Comparative data (based on data sheet submitted in previous reporting period and current one) – countries to note any improvements or regressions concerning indicators and indicate the reasons for the changes
- IV. **CONCLUSIONS** – countries to explain where and how CE is strong, where are the gaps based on the data (per the three levels and three areas where applicable)?
- V. **ADVOCACY** – countries to describe advocacy prioritization process from data analysis and conclusions, advocacy strategies/actions, advocacy targets, and results/outcomes
- VI. **RECOMMENDATIONS** – countries to include recommendations on where and how CE can be strengthened, gaps addressed from advocacy; countries to include recommendations on how the data collection process (including tools) can be improved, indicators to keep or take out

Advocacy Plans

Advocacy plans should be developed based on the level of engagement (low or minimal). These plans should be easy to implement and monitor and are not resource intensive. It should engage all stakeholders and set clear goals and expectations. It should include an action plan and clearly defined timelines. **Table 11 illustrates examples of advocacy plans based on the CE implementation in 2022.**

TABLE 11: Advocacy Plans

ADVOCACY PLAN	TARGET AUDIENCE	TIMELINE
<i>Advocate for the planning of timely impact assessments with strong CE</i>	National M&E TWG	Quarter 3: 30 September 2023
<i>Advocate for higher CE in existing impact assessments</i>	National M&E TWG	31 July 2023
<i>Advocate for CE in CQUIN Capability Maturity Model self-assessment exercises that are led by the MoH every year</i>	MoH, National AIDS Control Program (NACP)	Quarter 1: March 2024
<i>Advocate for the inclusion of community scorecards and/or client satisfaction surveys led by communities</i>	Head of health facilities, MoH, Country Coordinating Mechanisms (CCM)	October 2023
<i>Advocate for higher CE in M&E DSD activities</i>	National M&E TWG	December 2023
<i>Advocate for availability of data on CE in M&E DSD activities</i>	NACP, national M&E TWG	February 2023
<i>Advocate for higher CE regarding DSD supportive supervision visits</i>	NACP, head of health facilities	December 2023
<i>Advocate for higher levels of health facility trainings that include RoC</i>	MoH (minister, head of training department)	December 2023



To download this report from the ITPC website, click [here](#).

