TRACKING COMMUNITY ENGAGEMENT FOR DSD IN [INSERT COUNTRY]

Results from a field rollout of the Community Engagement Tool (July – November 2022)

BACKGROUND

As countries work to achieve HIV epidemic control, the scale-up of high-quality differentiated service delivery (DSD) is a promising approach to improving both the quality and efficiency of HIV services. In response, ICAP at Columbia University launched the HIV Coverage, Quality, and Impact Network (CQUIN) in March 2017, with the support of the Bill & Melinda Gates Foundation. CQUIN is a learning network designed to accelerate DSD scale-up by fostering joint learning, south-to-south exchange, and targeted technical assistance for its member countries.

CQUIN network countries have identified **community engagement (CE)** as a pillar for successful DSD programs. The participation of people living with HIV, including recipients of care and their advocates, in the design, implementation, and evaluation of DSD initiatives is critical to assure both demand from people living with HIV and supply of high-quality, contextually appropriate services. CQUIN member countries also recognize that their efforts towards meaningful CE are sometimes suboptimal. The CQUIN project supported the formation of the **Recipients of Care Engagement Working Group,** and later, in collaboration with the African Society for Laboratory Medicine, the Community Advocacy Network (CAN). The CAN and the CAN advisory group seek to identify and address common barriers and challenges and to co-create solutions for meaningful engagement of people living with HIV in DSD initiative, at national and global levels. The CAN also reached consensus to develop a **Community Engagement Framework and a monitoring tool** to be used by PLHIV networks and communities in efforts to improve CE in DSD policy development, program design, planning, implementation, monitoring, and evaluation.

[INSERT SHORT PARAGRAPH ON ORGANISATION HERE]

This report presents the findings from the data collection and recommendations for further improving the tool and its use in countries.

METHODOLOGY & PROCESS

The CAN finalized a monitoring framework in 2020 which included indicators for each of the levels of CE in DSD – policy, program, community. Subsequently, a monitoring/indicator tracking tool was finalized in 2021 and virtual trainings were held with ROC organizations in two countries (English and French) that were selected to pilot the tool. In 2022, this tool was rolled out to additional countries in English, French and Portuguese.

[INSERT SHORT DESCRIPTION ON DATA COLLECTION PROCESS] – *Who were the data collectors, where did they go to find the data (Ministry of Health, health facilities etc)*

What were the key lessons learnt in rolling out the tool? Were there any indicators that were not relevant or useful to my country?

What were the main challenges encountered in rolling out the tool? What types of data were hard to access? Please indicate whether the scope of the data you gathered has a national coverage or whether it is a sampling and what factors contributed to the decision on the scope of the data.

DATA ANALYSIS & USE

At which of the three levels – policy, program, community – are communities most engaged in DSD? What and where are the biggest gaps in CE for DSD? What do you think are the reasons for the strong engagement and gaps?

Further analysis of numerical indicators. Please tick the most relevant response for the following indicators, from the tracking tool:

# of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments

There were no communication materials produced during the reporting period and this is a gap in DSD	*There were no communication materials produced during the reporting period, but the country already has sufficient communication materials*	*There were communication materials produced during the reporting period but not by RoC/with their full participation*	*There were no communication materials produced by RoC during the reporting period, but this is planned and discussions are ongoing*	*There were communication materials produced during the reporting period by RoC or with their full participation*

# of community-level platforms established aimed at gathering RoC views on DSD models

There were no community-level	*There were no community-level*	*There were community-level*	*There were no community-level*	*There were community-level*

platforms established during the reporting period and this is a gap in DSD	*platforms established during the reporting period, but the country already conducted these prior to the reporting period*	*platforms established during the reporting period but either (i) not enough were organized to ensure RoC views on DSD models were fully gathered (ii) the platforms were representative enough to ensure RoC views on DSD models were fully gathered*	*platforms established during the reporting period, but this is planned, and discussions are ongoing*	*platforms established during the reporting period that ensured RoC views on DSD models were fully gathered*

# of trainings organized for peer educators and RoC

There were trainings organized for peer educators and RoC during the reporting period and this is a gap in DSD	*There were no trainings organized for peer educators and RoC during the reporting period, but the country already conducted these prior to the reporting period*	*There were trainings organized for peer educators and RoC during the reporting period but the number of trainings was insufficient compared to the DSD plans*	*There were no trainings organized for peer educators and RoC during the reporting period but this is planned and discussions are ongoing*	*There were trainings organized for peer educators and RoC during the reporting period and the number of trainings was sufficient for the DSD plans*

How have you used the information collected? If not used yet, how do you plan to use the data?

RECOMMENDATIONS

Any suggestions on how the tool can be improved?

Based on your data and findings, what needs to be done to improve community engagement?

ANNEX I – List of indicators

Policy level (6 indicators)
1. % of TWG on DSD where RoC participated 2. % of policy validation exercises where RoC participated 3. % of online DSD platforms that include RoC, policy makers, program implementers and health providers 4. # of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments 5. % of M&E meetings that include RoC 6. % of impact assessment exercises where RoC participated
Program level (9 indicators)
1. % of meetings focused on DSD program design where RoC participated 2. % of DSD planning meetings where RoC provided recommendations on prioritization of DSD models 3. % of DSD HF trainings that include RoC as planners and facilitators 4. % of DSD supportive supervision visits that include RoC leaders 5. % of DSD M&E tools development meetings where RoC participated 6. % of DSD M&E activities where RoC participated 7. % of self assessments where RoC participated and led on community engagement domain
Community level (6 indicators)
1. # of community-level platforms established aimed at gathering RoC views on DSD models 2. % of thematic working groups where RoC participated 3. % of DSD sensitization/demand creation activities led by or actively involving RoC 4. % of HF with DSD where RoC work as service providers 5. # of trainings organized for peer educators and RoC 6. % of DSD facilities where community score cards and/or client satisfaction surveys are implemented