

HOW DATA DRIVES ADVOCACY: SUSTAINING COMMUNITY ENGAGEMENT AND RESPONSE IN DSD PROGRAMS

*Achieving Full Integration of Communities in Health Facility
Trainings and Improving Monitoring of Quality DSD Services*

*Case Study from **RWANDA***

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Case Study Highlights

1. Aim & Objective of the Advocacy Work

2. Advocacy Activities Undertaken

3. Results/Outcomes from the Advocacy

4. Overall Reflections & Key message(s)



Aim & Objective of the Advocacy Work

- ☐ To improve meaningful engagement of PLHIV in DSD policy development, program design, planning, implementation, monitoring, and evaluation
- ☐ To sustain strong and meaningful community engagement
- ☐ To identify potential opportunities for leveraging community engagement gains to justify additional resources for continued advocacy and community engagement efforts

Advocacy Activities Undertaken

- a) Trained by ITPC on Community Engagement (CE);
- b) Conducted Community Engagement (CE) Assessment, 2022 – 2023
- c) Community Engagement Advocacy focusing on 2 reported gaps in 2023:
 - 1. Priority 1: Improve active participation of ROC in supportive supervision above 33%.
 - 2. Priority 2: Improve the percentage of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys above 33%



Results – Rwanda CE Assessment 2022 - 2023

Policy level (6 indicators)

1. 100% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period;
2. 100% of policy validation exercises where RoC/community members participated
3. % of online DSD TWG and TT platforms that include RoC/community members [No-activity conducted before reporting period]
4. 100% of govt-developed DSD policy communication materials that acknowledged input from national networks of PLHIV;
5. 100% of DSD-related monitoring and evaluation (M&E) meetings that include RoC/community members;
6. 100% of DSD impact assessment/evaluations where RoC/community members participated

Program level (6 indicators)

1. 100% of meetings focused on DSD program design where RoC/community members participated;
2. 100% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models;
3. 100% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants;
4. 100% of DSD M&E tools development meetings where RoC/community members participated;
5. 33% of DSD supportive supervision visits that include RoC/community members
6. 100% of CQUIN Capability Maturity Model self assessments conducted by MOH where RoC/community members participated and led on community engagement domain

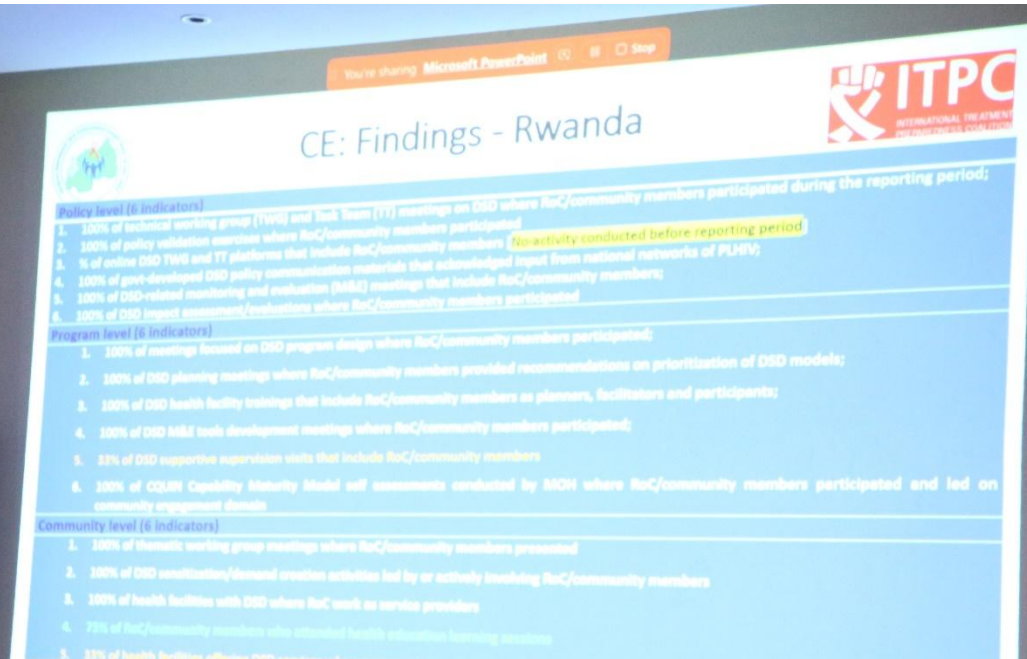
Community level (6 indicators)

1. 100% of thematic working group meetings where RoC/community members presented
2. 100% of DSD sensitization/demand creation activities led by or actively involving RoC/community members
3. 100% of health facilities with DSD where RoC work as service providers
4. 75% of RoC/community members who attended health education learning sessions
5. 33% of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys are implemented



Community Engagement Advocacy

October 4, 2024, Grand Legacy Hotel, Kigali, Rwanda



Results/Outcomes from the Advocacy Work

Policy-Level Commitment: Rwanda achieved high CE scores (100%) in 2022, reflecting strong government commitment to community inclusion in DSD frameworks.

Identification of Gaps in Peer Educator Training: RRP+ identified deficiencies in regular training for peer educators on DSD models, leading to diminished community engagement.

Community-Led Advocacy for Enhanced Training: In response to identified gaps, RRP+ conducted extensive community sensitizations, resulting in communities advocating for comprehensive training. Consequently, all DSD health facility trainings incorporated Recipients of Care (RoCs) in 2023.



Results/Outcomes from the Advocacy Work

Expansion of Community Monitoring Tools: Despite progress, 2023 assessments indicated low implementation of community scorecards and RoC satisfaction surveys in DSD health facilities. Building on these findings, RRP+ led an advocacy campaign emphasizing the principle of “Nothing about us without us,” targeting key stakeholders. This initiative led to peer educators monitoring service quality in 109 health facilities, increasing coverage from 33% in 2023 to 53% in 2024.

Strategic Use of Data-Driven Advocacy: Rwanda's strategic application of data-driven advocacy and collaboration with diverse partners effectively addressed CE gaps in Monitoring & Evaluation (M&E), sustaining progress at both policy and implementation levels.

Prioritization of Community-Led Monitoring: RRP+ has prioritized advocacy to expand community-led monitoring across all DSD healthcare centers nationwide, reinforcing the integration of community perspectives in healthcare delivery.



Overall Reflections & Key message(s)

- ❑ Rwanda's experience demonstrates that meaningful community engagement (CE) in Differentiated Service Delivery (DSD) is achievable when backed by political will, structured advocacy, and community-led actions.
- ❑ Integrating Recipients of Care (RoCs) in training and monitoring activities is not only a best practice but a necessary strategy to improve service quality and accountability in HIV response.
- ❑ Sustained gaps in monitoring tools—such as scorecards and satisfaction surveys—underscore the need to institutionalize community-led monitoring (CLM) across all service delivery points.
- ❑ Strategic partnerships between civil society, government, and donors create a powerful enabling environment to operationalize the principle: “Nothing about us without us.”

Key message(s)

- ❑ Communities are not just beneficiaries—they are experts and implementers in the HIV response.
- ❑ Training and capacitating peer educators is foundational to improving DSD outcomes.
- ❑ Systematic inclusion of RoCs in monitoring and evaluation drives accountability and quality improvement.
- ❑ Evidence-based advocacy can catalyze structural changes and expand community-led practices.

Recommendations

- ❑ **Institutionalize Regular Training for Peer Providers:** Ensure that all peer providers are routinely trained on evolving DSD models to improve community understanding, ownership, and engagement.
- ❑ **Scale Up Community-Led Monitoring:** Expand implementation of community scorecards and satisfaction surveys to reach 100% of DSD facilities by 2025.
- ❑ **Formalize the Role of Communities in M&E Frameworks:** Embed RoCs and community actors into national monitoring and supervision structures for DSD services.
- ❑ **Strengthen Feedback Loops Between Facilities and Communities:** Ensure that findings from community monitoring directly inform service improvements and facility-level action plans.
- ❑ **Invest in Sustainable Partnerships:** Promote long-term collaboration between civil society, government agencies, and donors to institutionalize CE in national HIV strategies.
- ❑ **Localization of funding:** Coping with the current global cuts of aid, CSOs need to be empowered to take the lead in HIV responses



Thank You!



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