



Achieving Quality DSD: Recipient of Care Perspective

Lawrence Khonyongwa

Executive Director-Malawi Network of People living with HIV (MANET+)

26 June 2019



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Outline

- Introduction
- CQUIN Recipient of Care Community of Practice (CoP)
- CoP Membership
- Expected Results
- Defining Community Engagement
- Principles of Community Engagement
- Roles for RoC
- Bottlenecks to achieving RoC full potential
- Opportunities
- What we mean by Quality Service Delivery
- Recommendations
- Conclusion

Introduction

- The scale-up of high-quality differentiated service delivery (DSD) is a promising approach to improving both the quality and efficiency of HIV services
- CQUIN participants have identified community engagement as a pillar of successful DSD programs
- The participation of recipients of care (RoC) is critical to assuring both demand from recipients of care and supply of high-quality contextually appropriate services.



CQUIN Recipient of Care Community of Practice (CoP)

The overall goals of the CQUIN CoP are to contribute towards the scale up of high-quality DSD programs by:

- Exchanging best practices related to successful engagement with DSD policy makers;
- Identifying opportunities to co-create resources;
- Fostering demand for DSD services at the community-level;
- And working to strengthen networks of peers to promote ongoing cross-country learning.

CoP Membership

1. Cote d'Ivoire
2. Eswatini
3. Ethiopia
4. Kenya
5. Malawi
6. Mozambique
7. South Africa
8. Tanzania
9. Uganda
10. Zambia
11. Zimbabwe

Expected Results

- Improved quality care for recipients of care
- Increased patient-centered care
- Improved adherence, retention and viral suppression
- Reduced overcrowding at health facilities
- Enhanced RoC and provider satisfaction
- Improved efficiency in the health service delivery
- Expand the numbers on treatment in the context of plateauing resources
- Increased investment in community engagement activities (Demand creation, treatment education etc)
- Focus resources on the most needy recipients of care

Defining Community Engagement

This is a structured, supported, meaningful and accountable process that ensures that Recipients of Care have a seat and a voice in decision making, planning, implementation, monitoring, and evaluation in order to achieve access to quality HIV care for all

Principles of Community Engagement

- RoC-centred
- Meaningful
- Consistent
- Transparent
- Structured
- Equity
- Supported
- Practical
- Accountable

Roles for RoC

- **Policy**

- Meaningful participation in policies about DSD implementation
- Meaningful participation in defining 'quality' DSD services

- **Program design:**

- Meaningful participation in decisions about DSD model design
- Contribution to innovative new designs
- Ensuring that DSD models meet RoC needs

- **Program delivery:**

- RoC recognized and supported to provide health education, defaulter tracking and other services (more details on next slide)

- **Program monitoring and evaluation:**

- Meaningful participation in decisions about standards and indicators
- Meaningful participation in monitoring (data collection) and interpretation of results e.g. client satisfaction survey.

Roles for RoC

- When **expert RoC** have been involved in health education and defaulter tracing, their role has resulted in:
 - Increased demand for HIV prevention, testing and treatment services
 - Streamlined patient flow and service delivery
 - Accelerated retrieval of “missed appointments” and improved retention of patients in care
 - A strengthened functional referral system between facility and community
 - Increased male involvement in prevention of mother-to-child transmission (PMTCT)
- Their presence has reduced workload and stress for salaried HIV service providers through the performance of many additional tasks and by simply being “**an extra pair of hands.**”
- RoC are doing a lot of work for the greater community and their contribution needs to be adequately rewarded.

Bottlenecks to achieving RoC full potential

- RoC interventions are the least funded and are left to the decision of the community on voluntary basis.
- There are dwindling resources to national networks of RoC and community level structures.
- Donors and international NGOs bypass national networks and work directly with the communities without involving RoCs.
- There is a lack of incentives to community level volunteers for the work they do. e.g. paying US\$5 per month

Opportunities

- RoC could compliment health care workers in some community level interventions and ease the burden on Human Resource for Health.
- Investment in RoC can contribute to the achievement of Universal Health Coverage (UHC).
- Donors will come and go based on funding cycles, but RoC will always be there. Therefore, building their capacity is a big opportunity for sustainability.

What we mean by Quality Service Delivery

- Participation at all stages: Policy, Design and Monitoring and Evaluation
- One stop service centre
- Time spent accessing and receiving care
- Appropriate, timely and standardized feedback mechanisms.
- Reduced pill burden e.g. DTG and 3HP
- Health care worker professional practice

What we mean by Quality Service Delivery

- RoC satisfaction as measured by RoC and service providers prescribed parameters
- Attributes of quality integration with HIV/TB/NCDs/FP.
 - Health workers continue to work in their silos
- Quality of the health facilities including sanitation
- Human rights-based approaches in addressing quality of DSD. ethics, privacy, confidentiality, non discrimination.
- Respect the views of RoC (it takes two to tango)

What we mean by Quality Service Delivery

RoC need innovative DSD models for specific key populations and sub-groups including

- Prisoners
- Children
- LGBTIQ+
- Internally displaced people
- Refugees
- Resource constrained populations including those that live in island places or hard to reach areas.
- Agriculture and plantations based populations and mine workers
- Adolescent Girls and Young women

Recommendations

- Need to invest in RoC that are delivering services to communities. There is need for investment at the decentralized level where almost all care activities take place.
- This support has to be done in collaboration with National Networks of RoC.
- Training programmes need to be funded.
- There is need to increase the range of more innovative DSD models in which RoC are fully involved in developing.
- Standardization in payment of incentives
- Appropriate, timely and standardized feedback mechanism managed by RoC networks in collaboration with service providers e.g. toll free line or platforms.

Conclusion

Achieving quality standards in DSD requires the meaningful participation of RoC in all stages.



contributors

- | | | |
|-----|---------------|----------------------------|
| 1. | Cote d'Ivoire | Alain Somian |
| 2. | Eswatini | Gavin Khumalo |
| 3. | Ethiopia | Bayisa Chala Feyisa |
| 4. | Kenya | Nelson Juma Otwoma |
| 5. | Malawi | Lawrence Khonyongwa |
| 6. | Mozambique | Lourenco Sumbane |
| 7. | South Africa | Luckyboy Edison Mkhondwane |
| 8. | Tanzania | Mathew Kawogo |
| 9. | Uganda | Stella Kentutsi |
| 10. | Zambia | Felix Mwanza |
| 11. | Zimbabwe | Tonderai Mwareka |