



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Making community-led monitoring systems work for key and priority populations

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



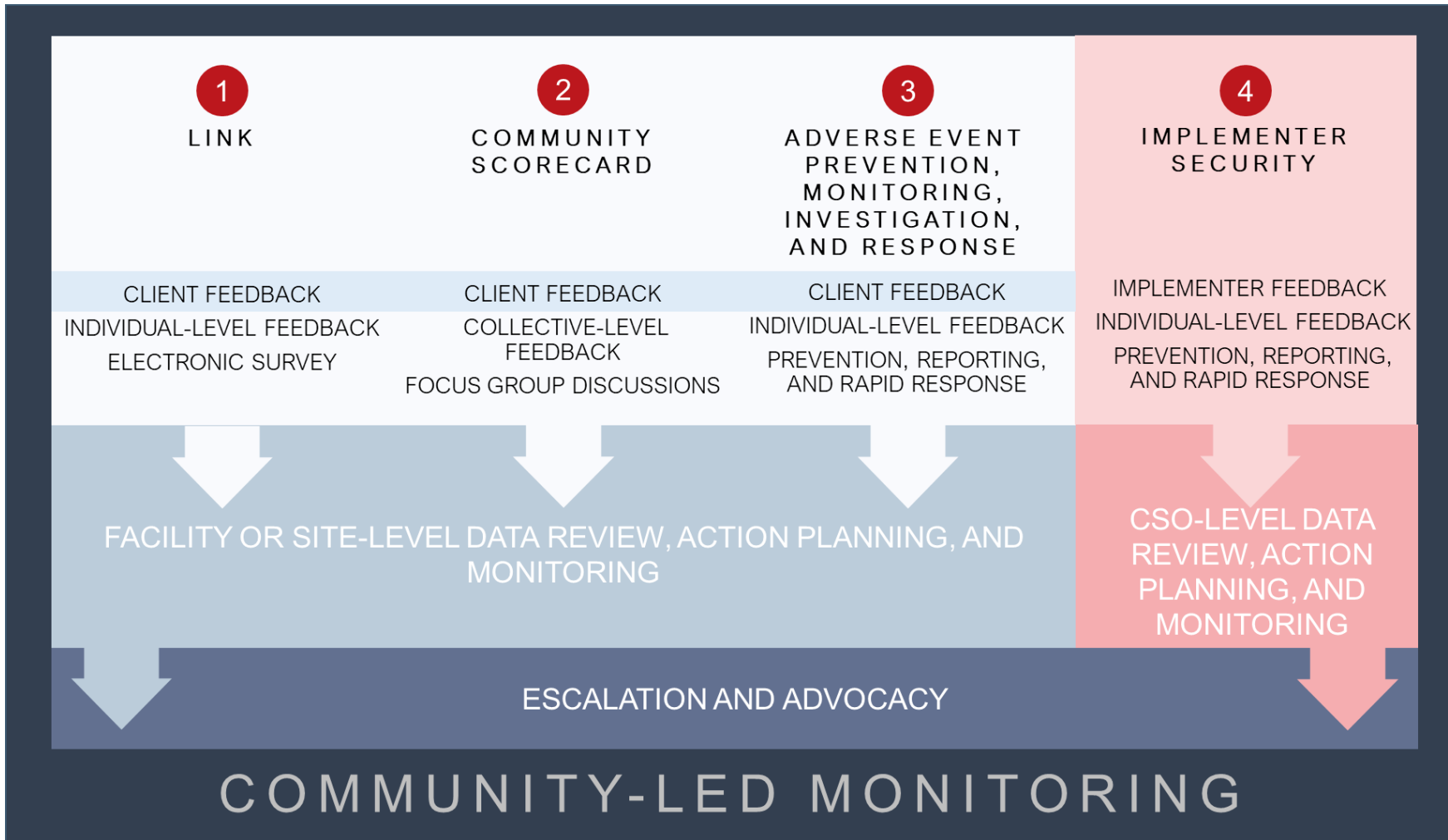
What are community-led monitoring systems?

Community-led monitoring systems:

- Are mechanisms to facilitate community members and networks of KP and other affected populations oversight and feedback on services and programs
- Are initiated and implemented by local CBOs and other CSOs, including networks of KPs, PLHIV, and other affected groups
- Can use a range of methods and tools to collect qualitative and quantitative feedback



EpiC's comprehensive approach to community-led monitoring systems



EpiC's community-led monitoring builds on existing community voices and targets key populations, AGYW, and PLHIV

Community-led monitoring alone is not a response to violence, stigma and discrimination

1. LINK: Individual client feedback survey and adverse event reporting

- Short and simple
- Tailored to clients
- Multiple data collection methods
- Attribute feedback to facility/services
- Attribute feedback to populations
- PEPFAR client complaint form
- Uses emojis 🥰👩🏻‍⚕️👨🏻‍🦱
- Uses Survey Monkey, but adaptable to other software
- Can be accessed from <https://research.net/r/link2020test>

2:12 72%
research.net/r/linkliberiapre

To be completed by patient

*** 3. How likely is it that you would recommend us to a friend or colleague?**

Not at all likely Extremely likely

0 1 2 3 4 5 6 7 8 9 10

*** 4. What most impacted your score above? Select up to 3 options.**

Availability of services

Confidentiality of health info

Staff friendliness and professionalism

Cleanliness

*** 5. How likely is it that you would return for your future sexual health or HIV service needs?**

Not likely

Neutral

Likely

LINK in Malawi



“I waited for too long and nearly turned back. I spent 4 hours to access the services.”

“Waiting time is too long and staff don’t pay attention to clients. They prioritize personal things other than clients”

“I wasn’t helped on time. Staff were doing personal things and would pass by me frequently without even asking why I was on the waiting bench for so long.”

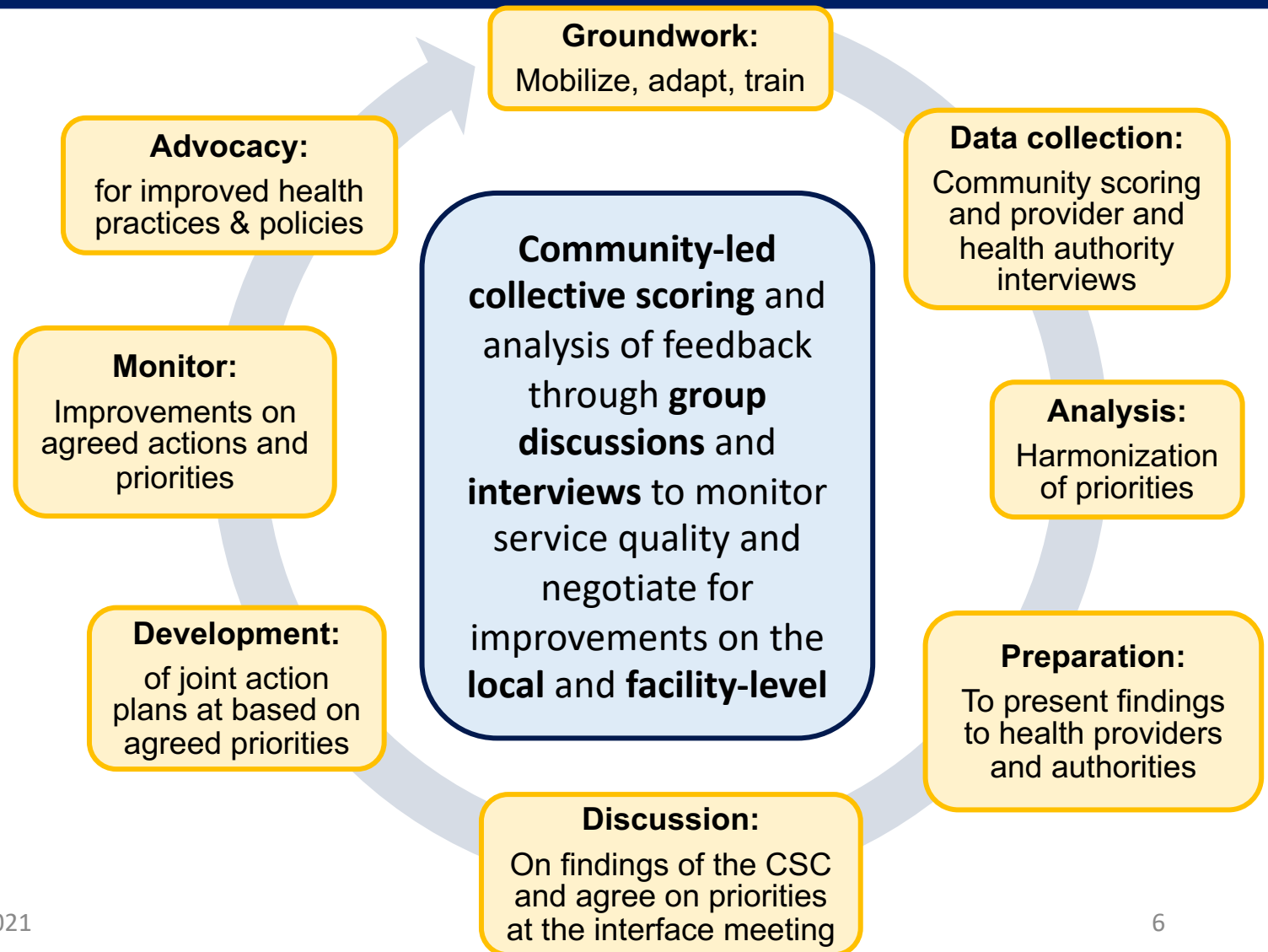
“Took too long”

“Improve on time to start working”

2. Community score cards: Taking deeper dives

Purpose:

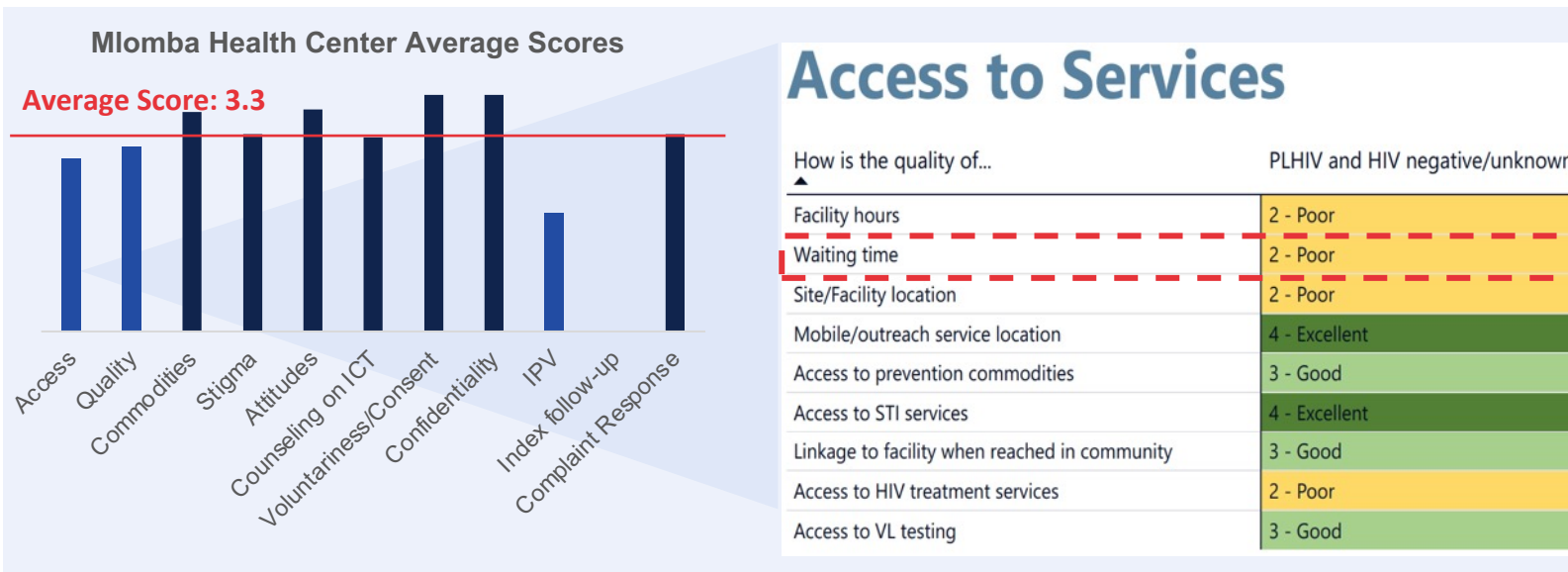
1. Provide an opportunity for community members to **monitor HIV services**
2. Provide a **deeper understanding of issues** reported
3. Provide the basis for **development of joint action plans** to address issues identified.



Community score cards in Malawi

Discussion Questions		Score (0-4)	Reason for Score	Suggestion for Improvement
A	Access to Services			
1	How convenient are times of site/facility hours?			
2	How convenient are times of mobile services?			
3	How convenient is the location of the site/facility?			
4	How convenient are locations of mobile services if offered by the site/facility?			
5	How easily can you access HIV services (pre-exposure prophylaxis [PrEP], HIV testing, HIV treatment, viral load testing)?			

Not applicable	Needs Urgent Remediation	Needs Improvement	Meets Expectations	Surpasses Expectations
0	1	2	3	4
Not Available or Does Not Exist	Very poor	Poor	Good	Excellent



Feedback	Reason for Score	Suggested Improvement
Waiting time		
PLHIV and HIV negative/unknown	consultation may start early but laboratory and pharmacy staff always delay to start services leading to people waiting for long	Observe scheduled time to offer services
Linkage to facility		
PLHIV and HIV negative/unknown	When you get to the facility, they make you wait for people who come for refill to finish then they attend you if you have been referred for ART initiation	Follow first come first service

Community score cards in Malawi

Action plan

Issue/Gap	Action to be taken	Responsible person	Timeline	Supervisor	Status
Sometimes health workers move out of the clinic to do other work which makes clients wait for so long when assisted by providers from DHO.	<ul style="list-style-type: none"> Locum provider's coordinator will come up with duty roster which will be shared. They will also have meeting with the providers so that they stop going out doing other things while they are on duty at DIC 	ART Coordinator	1 st Sep. 2020	DIC Manager	Health workers were informed to not go out to do other things during clinic hours and prioritize attending to clients

Community score cards in Malawi

Summary of KII with staff from two health facilities

- Challenges faced by health facility staff:
 - KPs are mobile and they do not move with their health passport books leading to no reference to their treatment details
 - KPs miss appointments
 - Difficult to trace sexual partners of FSW, especially once-off customers
 - Poor adherence to STI medication and sometimes ART
 - Use of alcohol and drugs
 - They change names, provide physical address that is not true
 - Poor care for children of FSW
- Issues with stockout of STI drugs, lubricants, condom and syphilis test kits
- Acknowledgement of existence of stigma by untrained personnel and need for training; missing results for VL testing
- Responded to some concerns raised by KPs in the group discussions, including fact that ART is close to OPD and therefore it is not private/confidential. Staff responded that this was an infrastructural issue beyond service providers.

3. Establishing a system for adverse event prevention, monitoring, investigation, and timely response

Prevention:

- Train health care workers (HCW) on safe and ethical provision of care

Monitoring:

- Train HCW on identifying and responding to adverse events in the context of index testing (including violence) and other incidents of harm experienced by clients generally
- Provide multiple methods for and create an environment to facilitate reporting of adverse events and other incidents of harm and train peers to raise awareness

Investigation:

- Establish SOPs and protocols and designate appropriate personnel to investigate

Response:

- Have a plan to take remedial actions and link clients to appropriate services



Responding to adverse event in Malawi

Training for prevention and monitoring

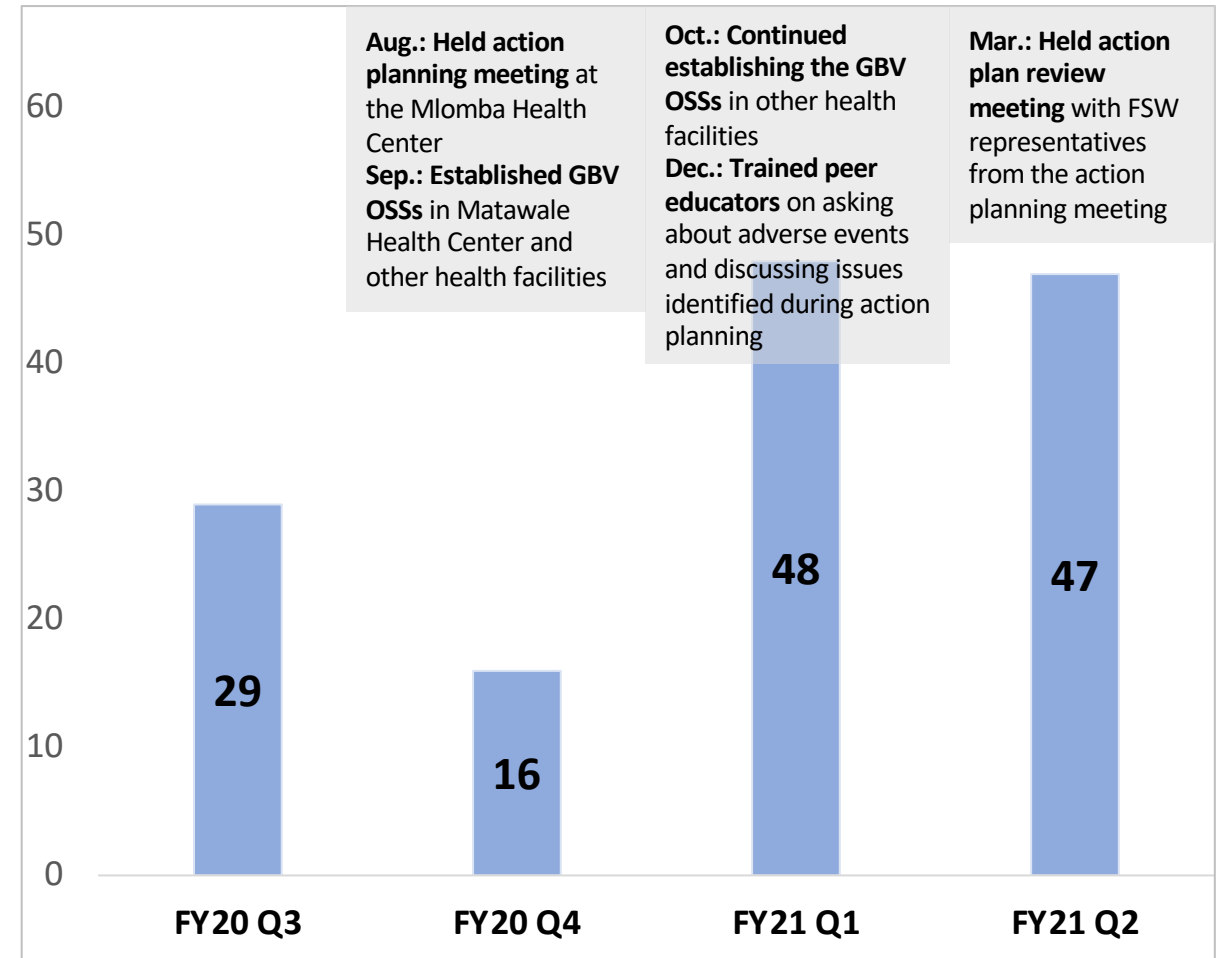
- FHI 360 staff were trained virtually to ask about and respond to IPV and other adverse events, raise awareness of adverse event response services, and document adverse events
- SOPs were updated to reflect new requirements and implementing partner HCWs and peers were trained, including those part of crisis response teams

Responding

- Due to the additional focus on violence and new tools to securely operate, along with CSC results related to abuses by uniformed personnel, a new action plan to sensitize military staff on KP members rights and report rights violations has been developed in Zomba

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Number of individuals who disclosed that they experienced violence within the past three months in Zomba



4. Implementer security: establishing a foundation for quality services

Implementer Security provides strategies to **prevent** security incidents experienced by service providers as well as methods for **monitoring** and **responding** to these incidents to continuously **improve** their security.

Improvement in security is necessary for improvement in client services.



Tool 2: Checklist of Safety and Security Strategies						
Strategy	Explanation	Yes	No	Somewhat	N/A	Notes/ score
A. Influencing public perception of the project/CSO						
<i>To be completed by both (1) the organization leading the project and/or the umbrella agency and (2) individual organizations implementing activities (with each organization filling out their own survey)</i>						
1	Does the organization take actions to be visible to the public, portraying a positive image?					
2	Does the organization deliver services to individuals who are not key population members?					
3	Does the organization create and disseminate noncontroversial project messaging?					noncontroversial messages are those that are unlikely to cause a dispute. For example, "We help ensure that the most vulnerable have access to HIV care" is less controversial than "We deliver condoms and lubricants to gay men." Messages can refer to spoken messages, printed materials, social media messages, and other media.
4	Does the organization have a designated member who answers social media inquiries with a unified tone?					
5	Does the organization have skills to interact with media safely?					
6	Does the organization have a designated member tasked with talking to the media?					
7	Subordinate to the individual designated to speak to the media trained or experienced in working with media?					
8	Does the project train media to report on COVID-19 cases in a way that limits stigmatization of individuals impacted by COVID-19 and does not scapegoat populations for the COVID-19 epidemic?					For example, if contact tracing is used in your setting, it will be important for media to avoid blaming a specific group that may then avoid testing or for whom such media attention may result in violence.
9	Does the organization have a designated member for talking to the authorities?					
10	Does your organization engage in activities that demonstrate a commitment to collective well-being during the COVID-19 pandemic to those beyond your beneficiaries?					Activities could include distributing accurate information on COVID-19 in a visible way, publicly sharing a commitment to the fight against COVID-19, and being a source of information to those attempting to navigate government and civil society programs for nutritional or financial support during COVID-19.
TOTALS						
SCORE PART A						#####
B. Cultivating and sensitizing external allies						
<i>(survey)</i>						
11	Does the organization engage with medical professional organizations that do not work directly for the project?					
12	Does the organization engage with religious leaders?					
13	Does the organization engage with UN agencies?					
14	Does the organization engage with embassies or foreign government doozers?					
15	Does the organization engage with law enforcement and/or the military?					
16	Does the organization engage with local authorities at the provincial or district level?					
17	AIDS coordinating bodies, or other national government ministries?					
18	Does the organization engage with lawyers or the judicial system?					
19	Does the organization partner with other allies such as scouts, youth-serving organizations, and organizations working against gender-based violence?					
20	Is the organization registered?					
21	Does the organization proactively engage with the media?					This could include media training.

Security Incident Log		
Question	How to Answer	Response
1	Security incident number	Begin with number 1 and continue; the numbering allows security incidents to be linked to one another (see question #14)
2	Date of incident	Type as YEAR-MONTH-DAY (e.g., 2019-02-17 for February 17, 2019) in order to organize this security event log by date
3	Time of incident	Specific time of day (if known), or more general (morning, afternoon, evening, night)
4	Perpetrator	If known and safe to list, or use a more general term such as "law enforcement officer"
5	Affected organization	Name of HIV program implementing partner (i.e., community-based organization's name)
6	Target	Specific person or type of staff, physical space (e.g., name of a specific hot spot), website, database, etc. Do not name individuals here unless you have their permission to do so.
7	Where incident occurred	Physical address, online, by phone, etc.
8	Believed motivation of aggressor (if known)	For example: intimidation, to stop programming, to deflect attention from other local issues
9	Description of security incident	For example: Facebook posts on project page said "paste specific message here," or peer educators were arrested without charge when distributing condoms to a group of MSM during a mobile HIV testing event

Data management

- Using project specific data collection tools
- Management team and Service providers from public health facilities trained and involved in data management and response to beneficiary feedback
- Information collected is aimed at improving access to care and quality of services thereby improving the figures reported under program indicators.

Lessons Learned

- CLM can result in client-centered service improvements!
- Feedback ranges from minor to big issues however, most of the feedback provided by community members centres around processes and house keeping issues which do not even require a lot of resources to improve and yet very vital
- Skills development of community members to negotiate for improvements is key:
 - To generate confidence in people who have been historically marginalized from decision making
 - To be able to speak the language of those who are taking decisions
- Having multiple ways to provide feedback allows for a wider representation of the community and more in depth understanding of service delivery issues and challenges
- Interface meetings between service providers and program beneficiaries provides a human face to the challenges and brings quick response to issues identified than sharing between project staff and public facility service providers

Lessons continued

- Need to be strategic about who is put forward as representatives and how much energy is demanded from the community
- Avoid the "blame game" between clients, facility staff and management when reviewing client feedback data
- CLM is an opportunity to train HCWs on asking about and responding to violence and create a shared understanding of responsibilities and accountability.
- Simultaneously addressing implementer and beneficiary well-being exhibits concern for both groups demonstrating how efforts to support one group also supports the other- and acknowledges that implementers are also often part of the community.
- Strengthening a system that can respond to index testing related adverse events revamps crisis/violence response efforts in a way that benefits all those experiencing abuse and reduces the potential for adverse events

Lessons Learned



LINK

- Keep it short for higher response rate
- Standardize measures but adapt survey for end users
- Make open-ended questions optional and instructive to avoid unimportant feedback like "good" or "it was fine". Rather ask, "What is one thing we could improve?"
- Use simple technologies that meet program and stakeholder context/needs
- Use WhatsApp group chat with the focal points at each facility using LINK to motivate implementation and troubleshoot issues
- Review data for irregularities to identify and correct errors

Access to the tools

CLM guide can be accessed on:

<https://www.fhi360.org/resource/community-led-monitoring-resources>



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobe Group.