COMMUNITY ENGAGEMENT FRAMEWORK

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The CQUIN Recipients of Care Engagement Working Group

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COMMUNITY ENGAGEMENT FRAMEWORK FOR DIFFERENTIATED SERVICE DELIVERY

1. Introduction

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** to identify and address common barriers and challenges and to co-create solutions for meaningful engagement of people living with HIV in DSD initiatives.

To date, CQUIN has organized and convened three in-person meetings and four virtual meetings for representatives of national networks of people living with HIV, non-governmental community-based organizations and other community stakeholders. The meeting participants identified several important realities, including: (1) recipients of care have limited awareness of the types of DSD models available in their respective countries; (2) demand creation for DSD can often be improved with input from recipients of care; and (3) People living with HIV and their advocates could benefit from sharing best practices and experiences amongst themselves, and from building the capabilities needed to influence national DSD programs. The group also reached a consensus to develop a **Community Engagement Framework and a monitoring tool** to be used by ministries of health in efforts to improve CE in DSD policy development, program design, planning, implementation, monitoring, and evaluation.

1.1 Why this Community Engagement Framework matters

The purpose of this framework is to provide ministries of health, policy makers, implementing partners, sponsors, funding agencies and other stakeholders with a clear, consistent approach to CE, including an understanding of the different forms and levels of engagement for recipients of care. The CE framework aims at providing guidance on when and how to undertake engagement activities and what steps and processes should be considered.

The document will be used to support ministries of health and their partners to engage people living with HIV in DSD policy development, program design, planning, implementation, monitoring, and evaluation.

1.2 What this framework will do

Objectives of this framework are to:

- Ensure people living with HIV's views are understood and considered when developing DSD guidelines, strategies, policies and during DSD implementation.
- Ensure the people living with HIV 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 people living with HIV and their advocates to get involved with, and have their say on DSD implementation
- 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.
- Enhance the coordination, planning, and promotion of community engagement activities.
- 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.

1.3 How this framework was developed

The CE framework was developed through a collaborative approach with representatives from national networks of people living with HIV, non-governmental community-based organizations and other community stakeholders, all forming the CQUIN recipients of care engagement working group. CQUIN supported and organized in-person and virtual meetings at group members convened and deliberated on the components and different levels of community engagement. Two members of the group (from Uganda and Malawi) were tasked to draft the initial CE framework.

During the in-person meeting, the group members defined meaningful CE and came up with core principles that were used to guide the framework development. Group members were divided into three groups and were tasked to discuss and present on what is CE at different levels (policy, program and community) and how people living with HIV and their advocates can be engaged in those levels.

2. Defining Key Terms

2.1 Community Engagement

The recipients of care Engagement working group came up with the following definition for meaningful CE in the context of DSD;

'***Meaningful CE is a structured, supported, meaningful and accountable process that ensures that people living with HIV 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'***.

2.2 Principles of Community Engagement

Developed from submissions during the recipients of care engagement working group meeting, and building on earlier documents and guidelines, these principles will guide MoH and stakeholders' approach to meaningful community engagement;

2.2.1 PEOPLE LIVING WITH HIV-centred

People living with HIV should be actively involved in their own health and welfare. They should take an active role in decisions about service delivery, treatment, self-education, and positive prevention[1]. People living with HIV have a right to participate in decisions that may have impact on their lives.

2.2.2 Meaningful

People living with HIV should participate in the development and monitoring of DSD-related policies at all levels. Genuine opportunities are those that enable people living with HIV and their advocates to participate in DSD activities and be informed on how their involvement will influence the decision-making process.

2.2.3 Consistent

Engagement of people living with HIV and their advocates should not be a "once-off" activity, but should be consistent throughout the different levels of DSD.

2.2.4 Transparent

Information about DSD should be easily and freely available and be communicated to people living with HIV to enable them to be fully informed when providing input and feedback for DSD activities. Ministries of Health should commit to consider people living with HIV feedback in an open and transparent manner. They should communicate openly about motives, resources and decision-making processes.

2.2.5 Structured

MoH and stakeholders should always consider and prioritize the expertise of recipients of care and national organizations representing people living with HIV when identifying health challenges and developing solutions.

2.2.6 Equity

MoH and stakeholders should actively engage with, and listen to the diverse range of needs and expectations of people living with HIV. They should share decision-making and initiative leadership and treat people living with HIV with integrity and respect.

2.2.7 Supported and Practical

Learning, development, and funding opportunities should be encouraged and supported for organisations of people living with HIV. By promoting these opportunities, MoH and stakeholders will continuously build the capacity of people living with HIV and their advocates to implement DSD activities by providing appropriate skills, knowledge, and financial support to plan for, manage and facilitate DSD activities.

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[1] UNAIDS POLICY BRIEF: The Greater Involvement of People Living with HIV (GIPA), 2007

2.2.8   Accountability

MoH and stakeholders should build processes that are responsive to feedback from people living with HIV and should be willing to change and adapt throughout the CE process.

2.2.9   Sustainability

MoH and stakeholders should continually reflect, assess, and communicate to maintain and deepen relationships for long-term engagement.

3.   Engaging recipients of care and their advocates

Engaging people living with HIV and their advocates in DSD policy development, program design, planning, implementation, monitoring, and evaluation

Levels of Engagement	Policy level	Program Level	Community Level
	What is Community Engagement?		
	Being part of: • Problem identification, needs assessment and priority-setting • Provision of problem solving strategies • Policy formulation and guideline development	Being part of: • Conceptualization of program interventions • Development of implementation frameworks and processes	Being part of: • Processes that ensure that people living with HIV priorities 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 people living with HIV
	How to engage recipients of care/community?		
Design	• Consult with recipients of care leadership to facilitate information-sharing re: DSD models to be included in DSD policy documents • Include people living with HIV and their advocates in policy and guidelines formulation task teams and TWGs	• Ensure people living with HIV and their advocates participate (and are physically present) when DSD models are designed at program level • Involve people living with HIV and their advocates in decision making processes re: prioritization of DSD models for implementation and how success is defined and measured	• Provide community-level platforms for eliciting people living with HIV views and preferences for DSD models • Ensure that people living with HIV and their advocates are meaningfully engaged in thematic groups working on the community operational plans

Levels of Engagement	Policy level	Program Level	Community Level
	• Include people living with HIV and their advocates in policy validation exercises	• Recognize people living with HIV networks as key stakeholders in national DSD planning and assign them key responsibilities with an operational budget • Facilitate people living with HIV and their advocates member participation in development of national guidelines and standard operating procedures • Use people living with HIV evidence and experience the design of DSD models	• Obtain feedback from the community on what they would like to see as end results/outcomes in DSD implementation
	Best practices/country examples		
	• Cote d'Ivoire, Zambia; people living with HIV engaged in different programs & TWGs • Cote d'Ivoire: people living with HIV present/submit their needs during Country Operational Plan (COP) guidance meetings	• People living with HIV/national networks of PLHV representatives are engaged in guidelines development, revisions/updates in all network countries • In Zimbabwe, people living with HIV assist to identify interventions for DSD • In Cote d'Ivoire, Zimbabwe, Zambia, Eswatini & Tanzania, people living with HIV are part of design and validation of DSD models • In Ethiopia, people living with HIV are involved in development of ART training manuals	• Uganda: Implementing Partners (IPs) have community advisory groups with people living with HIV representatives and they are engaged in developing community level operational plans
Implementation	**What is Community Engagement?**		

Levels of Engagement	Policy level	Program Level	Community Level
	Being part of: • Policy roll-out/dissemination planning • Policy communication and roll-out/dissemination • Budgeting and allocation of resources for policy implementation	Being part of: • Delivery of services as co-partners/service providers (CHW, peer educators, ART delivery, VL/DSD champions and/or gate-keepers) • Health facility community oversight committees (*e.g.*, community advisory boards) • Participation in supportive supervision programs	Being part of: • Capacity building initiatives to develop community skills • Adequately and appropriately-resourced community level implementation projects • DSD implementation at the community level
	How to engage recipients of care/community?		
	• Allow national networks of people living with HIV to lead actual roll-out of policies in communications and other dissemination forums • Ensure meaningful participation and visibility of national networks for people living with HIV and their advocates • Develop simple, clear communication materials to facilitate explanation of policies and tools	• People living with HIV should participate in the delivery of services both as beneficiaries and service providers • Advocacy and engagement of duty bearers • Invite people living with HIV leaders to join regional/district health management teams and/or DSD Coordinators on DSD supportive supervision visits	• National networks of people living with HIV should plan and implement community related interventions • Peer educators and other people living with HIVs should receive ongoing health education • People living with HIV should be involved in community sensitization and demand creation for DSD • People living with HIV should support service provision during community outreach activities

Levels of Engagement	Policy level	Program Level	Community Level
			• People living with HIV should help identify/provide location/venue for community outreaches
	<td colspan="3" align="center">**Best practices/country examples**</td>		
	• In South Africa, TAC simplifies policies/guidelines for people living with HIV to better understand information. They also develop IEC materials (*e.g.,* DTG guidelines simplified for people living with HIV to understand)	• In Malawi and Tanzania, peer educators who are people living with HIV are involved in service delivery and also participate in mentoring programs • In Uganda, Health facility committees include people living with HIV representatives	• In Zambia, TALC and NZP+ provides treatment education to people living with HIV • In Cote d'Ivoire, RIP+ provides education to increase demand for VL coverage
Monitoring and Evaluation	<td colspan="3" align="center">**What is Community Engagement?**</td>		
	Being part of: • Design and development of DSD performance measure/indicators and M&E tools • Social accountability/impact assessments	Being part of: • 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	Being part of: • Defining indicators that will be understood at community level • Community-led monitoring and evaluation.

Levels of Engagement	Policy level	Program Level	Community Level
		• Continuous monitoring of mentorship programs	
	How to engage recipients of care/community?		
	• Ensure that people living with HIV are represented in discussions about goals, objectives, targets and indicators related to DSD	• People living with HIV leadership should be invited to DSD data review meetings and monthly, quarterly, biannual and annual reviews to share feedback on program implementation	• Administer community-led score card
	• Facilitate people living with HIV/community participation during impact assessment exercises	• People living with HIV should participate in facility quality improvement committees/teams	• Administer monitoring tool at the community level to give feedback on implementation
	• Share evaluation results with people living with HIV/community representatives, including data about DSD coverage, quality, impact and budgets	• People living with HIV leaders should participate in the scoring of the CQUIN national and sub-national DSD dashboards	
		• Supportive supervision	
		• People living with HIV can participate in M&E data collection, such as administering community score cards and client satisfaction surveys	
	Best practices/country examples		
	• Tanzania has a social accountability monitoring tool, there are interventions to monitor implementation of HIV services	• TZ, Zim: stigma index survey, NACOPHA monitors stigma indicators. In Cote d'Ivoire IPs & RPI+ conduct provider satisfaction survey	• In Zimbabwe and Cote d'Ivoire, ITPC supports a community treatment observatory to track and monitor services provided to people living with HIV

This document is still work in progress, the recipients of care engagement working group will highly appreciate your inputs. Please provide feedback/inputs to;

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