M&E of DSD

Community-led Monitoring

Implementation Experience by NACOPHA

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Outline

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- Defining CLM
- Methodology
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- Key Findings & Actions
- Future Plan

Background

- National Council of People Living with HIV in Tanzania (NACOPHA) is a not for profit national grassroots based organization of all individuals recognized through organized groups and Clusters of People living with HIV (PLHIV) in Tanzania Mainland. Found in 2003 and registered in 2005
- Present in all 184 District Councils with 666,023 (423,058 women and 242,964 men) registered PLHIV members; estimated to be 44% of the total PLHIV number in Tanzania (THIS, 2016/17). All members are on ART.
- Leads as a unified voice of PLHIV, coordinates efforts and contribution of PLHIV in the national response led by the Government of Tanzania
- NACOPHA implements **CLM** through a 5-years PEPFAR/USAID-funded project aiming to **increase adoption of** community HIV preventive, care, and treatment **services** among at-risk adolescents, young women and PLHIV in 65 high disease burden councils in Tanzania.
- NACOPHA realises that in order to improve quality and access of HIV services, it is important that PLHIV take active leadership role in monitoring HIV services provided at the community and facility levels.

Defining CLM

- A service users'-centered approach that **seeks to improve access and quality services to PLHIVs**
- It is an **inclusive and systematic** approach whereby **service users take leadership** role in collecting data, providing feedback, and tracking HIV service provision and improvements
- A process that helps recipients of care to **pinpoint** barriers to services, use evidence to engage health service providers/ Government on **needed changes** to improve accountability and quality of HIV services
- Approach that helps service users to **monitor** the **5-As** (Availability, Accessibility, Acceptability, Affordability and Appropriateness)

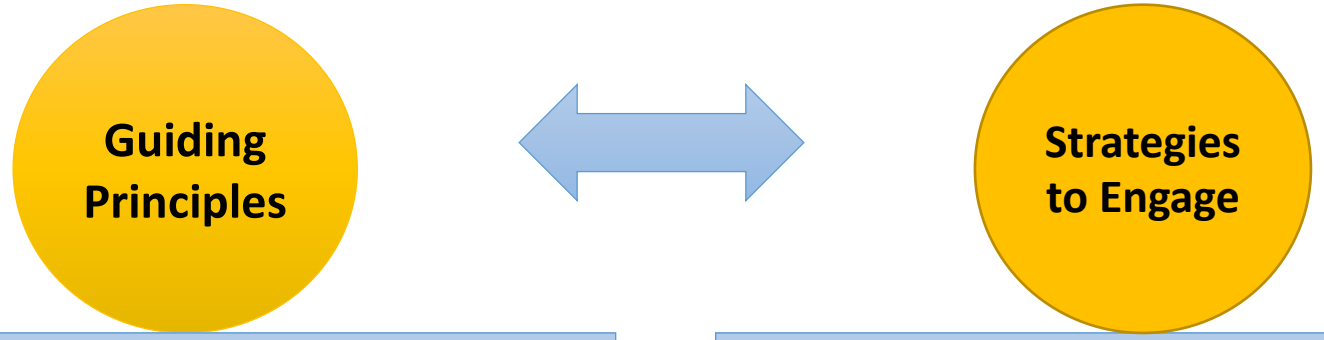
Objectives of CLM implementation

- To increase capacity of PLHIV to collect and analyse information related to access to HIV services at community and facility level in 65 councils of Tanzania.
- To support PLHIVs undertake effective engagement of health service providers in implementing actions that increase their access to quality HIV services in 65 councils of Tanzania
- To support PLHIV to effectively monitor implementation of recommendations from service users by HIV service providers at community and facility level in 65 councils of Tanzania
- To improve quality of HIV services reflected by user satisfaction and improved health facility results in 65 councils of Tanzania

What CLM Monitors – The 5 As

Availability	Accessibility	Acceptability	Affordability	Appropriateness
				
n Do the required health services, medicines, commodities and supplies exist? n If so, do they exist when they are needed and in adequate supply?	n Are there long travel distances or wait times? n Are hours of operation convenient? n Are referral processes along the care cascade smooth?	n Is there a high quality of care? n Are services provided free of stigma and discrimination? n Are the human rights of patients promoted and protected?	n Do services require out-of-pocket spending on behalf of the client? n Is the service delivery model(s) efficient? n What is the sustainability of the response?	n Are services tailored to the specific needs of key and vulnerable populations? n Are age and gender considered in service packages?

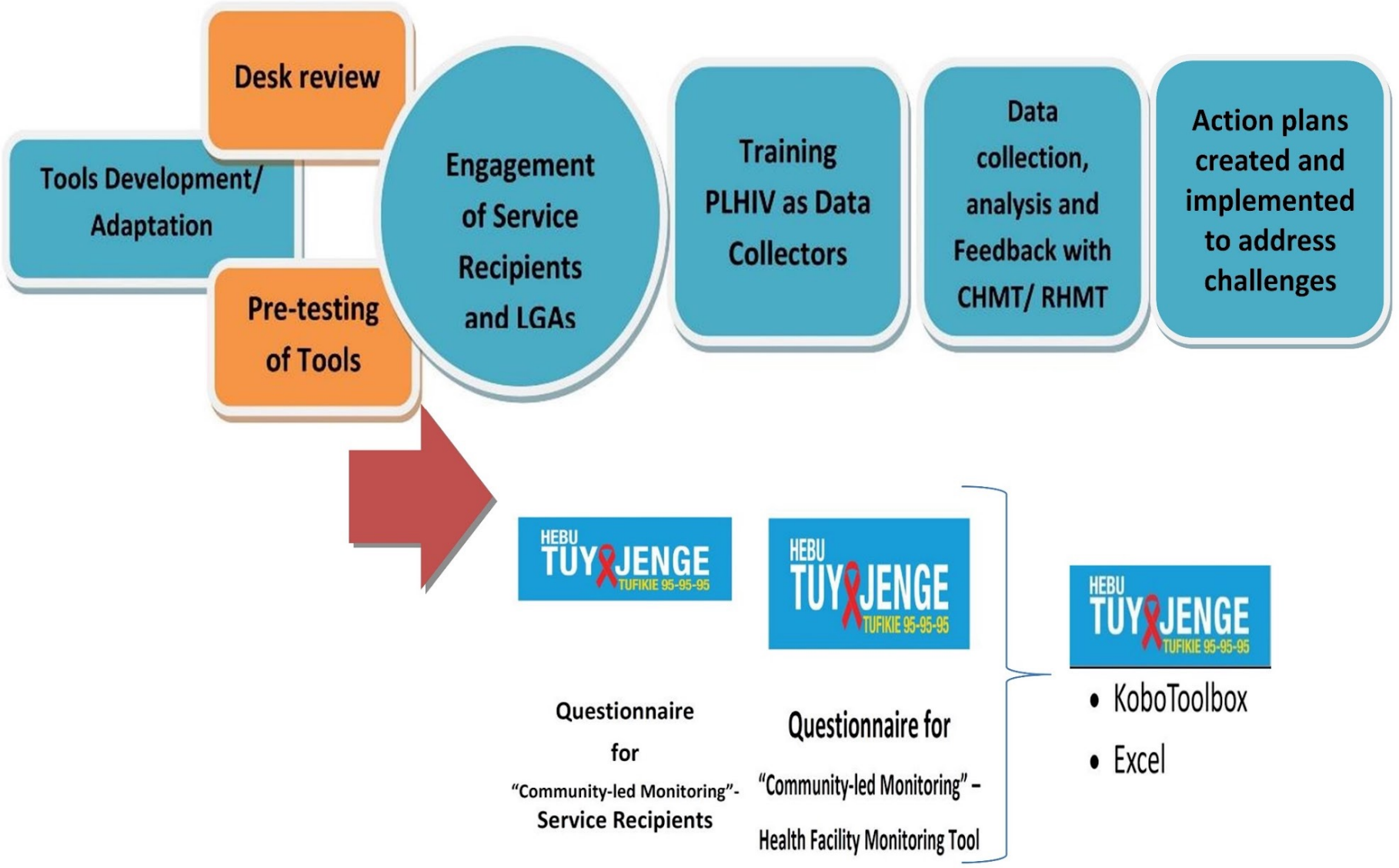
Guiding Principles and Strategies



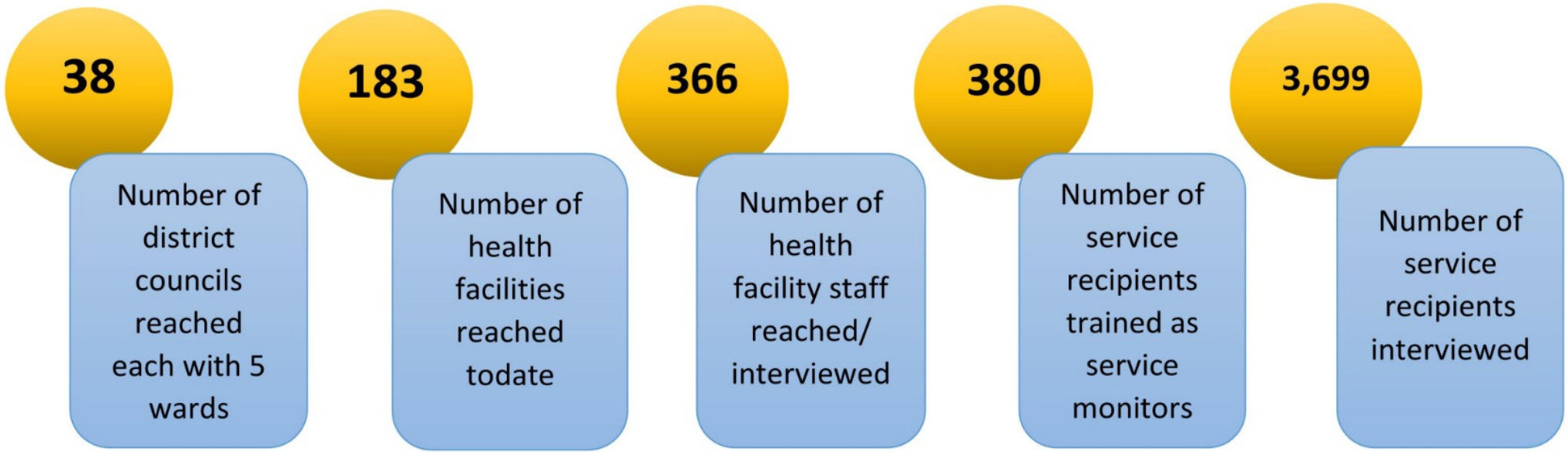
- Denver Principles 1983
- GIPA/ MIPA
- National Quality Improvement Framework
- Community Quality Improvement Framework
- Tanzania SDM Guidelines

- **Government** – Entry, feedback and advocacy meetings, interviews/ data collection and monitoring of promises
- **Community/ PLHIV** – Tools design, trainings, analysis, report writing, feedback and advocacy, reports validation, action planning, monitoring of promises
- **CSOs** – Trainings, reviews, advocacy

Approach/ Methodology



Our Coverage to date



- Piloted in 4 councils before scale up
- Data collection, analysis and reports prepared in 34 scale-up district councils
- Feedback sessions conducted at district council levels, MoH and with PEPFAR
- Monitoring of promised changes is ongoing in all 38 councils

Summary of Findings and Positive Actions Taken

Service Area	Findings	Actions
Missed Appointments	21.81% (n=2,910) of RoC reported missed CTC appointments; due to travels/ moving to other areas and travel costs due to distance to facilities	• Reminders are set through mobile texts and calls; Re-engagement through TAs and family treatment supporters
Turn-around time for HVL results	46% (n=2,749) of recipients interviewed received their HVL test results more than a month after testing	• Follow up with facilities and HVL testing points; MoH in a process to convert existing 142 Gene Xpert machines to perform HVL test; 43 already converted
PLHIV less involved in feedback/ comments on service provision		• 9 out of 10 facilities in Mbeya CC have set opinion boxes at CTCs level; and PLHIV involved in opening and reading

Summary of Findings and Positive Actions Taken

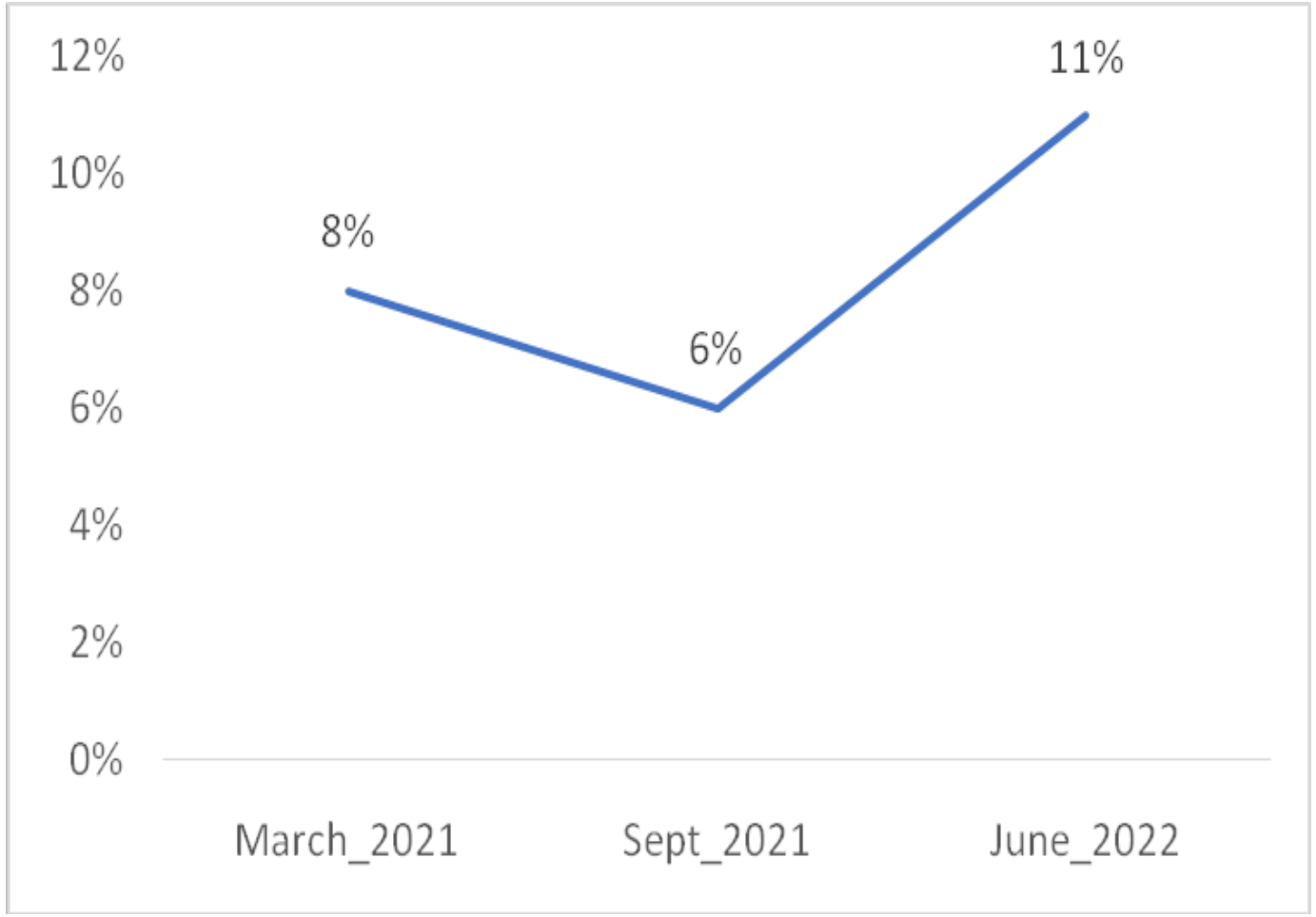
Service Area	Findings	Actions
Access to HTS	51% (n=2,984) access services within 2.5km	• 3 more facilities registered to provide CTC services; HTS outreach services established since Nov 2021
	76% (n=1,134) accessing from facilities within their wards; 19% outside their wards	
	5% (n=1,134) from outreach	
Availability, accessibility, and utilization of test and start services (ART initiation)	12.6% (n=2,904) reported challenges in ART uptake including side effects, ART stockout, long distance to facility, transport and unfriendly language from HWs.	• Supportive supervision conducted by CHMT in 12 CTCs to mentor HCWs on stigma and discrimination
Prevention	18% of 69 facilities reported PrEP stock out during Nov 2021 – June 2022	• Addressed following communication with MoH

RoC satisfaction with HIV services – July 2021 To June 2022

Satisfaction by recipients of care	Total respondents	Percentage
Initiation within 2 weeks	2,162	80%
Confidentiality	2,104	69%
Language of the health staff	2,226	73%
Post-HIV testing counseling services	1,881	62%
Pre-HIV testing counselling services	1,907	63%
Waiting time for HVL testing results	1,407	46%

RoC satisfaction with HIV services – July 2021 To June 2022

- Varying trend in levels of stigma experienced by recipient of care at facility



Challenges and Proposed Corrective Measures

Challenges

- Additional costs in bigger geographical areas health facilities (CTCs) at distance – stipend and travel for community service monitors
- Lack of centralized data system
- Delayed response on key issues raised by CLM
- Stigma persistence

Corrective measures

- Collaborate with social welfare and IPs to link PLHIV groups to IGA and GOT soft loans
- Develop a CLM data management system.
- Support community representatives to engage other key actors including the Parliament, Faith and Community leaders.
- Joint review community action plans, more feedback, and follow-up with CHMTs and RHMTs
- Engage CHMTs and service recipients to develop joint response plan, use of peer approach, education provided by PLHIV at facilities and outreach/ on-site orientation of facility staff to address stigma

Lessons

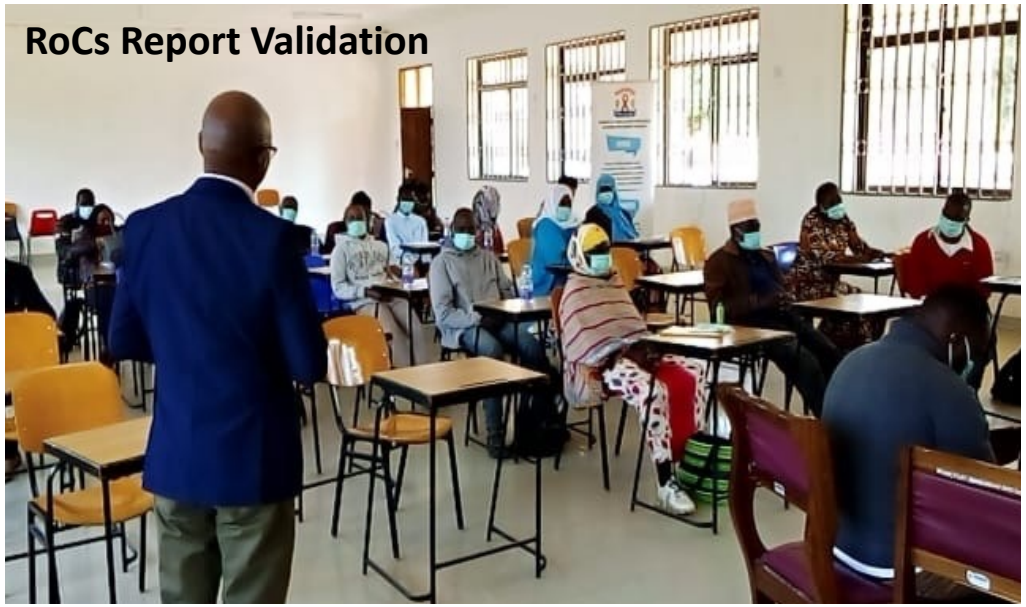
- CLM (feedback sessions) has helped facility staff to have a deeper understanding of specific service needs of recipients of care
- CLM has empowered recipients of care' capacity in engaging health staff at local government level
- Increased recognition of the important role of users of services in service delivery
- The best monitoring approach that can help to fill the vacuum between service delivery and user satisfaction

Going Forward

- Use CLM lessons and findings to strengthen participation into PEPFAR, TNCM and government quarterly review sessions
- Work with MoH to integrate CLM in monitoring and evaluation of DSD models; This includes:
  - ✓ Integration into the Unified Community (data) System for wider impact and quality improvement
  - ✓ Review/ updating the NQIF, CQIM, SDM guidelines, strategies and plans
  - ✓ Recognition and support to PLHIV to work closely with health facilities as well as monitoring quality of services delivered by specific DSD models
- Use CLM findings to empower the community structures on evidence based advocacy

Engaging RoCs for CLM Tools Development

RoCs Report Validation



Presenting Key Findings & Planning with LGA

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Thank you!