

COMMUNITY ENGAGEMENT TOOL ROLLOUT - CAMEROON

Mr. Landom Shey, RECAP+, Executive Director

CQUIN 6th Annual Meeting

December 6 – 9, 2022 | Durban, South Africa



OUTLINE



👉 **INTRODUCTION**

👉 **DATA COLLECTION PROCESS**

👉 **KEY FINDINGS**

👉 **KEY CHALLENGES**

👉 **LESSONS LEARNT**

👉 **WAY FORWARD/ ADVOCACY**

👉 **CONCLUSIONS**

DATA COLLECTION PROCESS



- 👉 Kick off training of country actors
- 👉 Training of data collectors
- 👉 MEETING with National Aids Control Committee(NACC)
- 👉 MEETING with Department of Disease Control and Epidemics (DLMEP)
- 👉 MEETING with regional delegates ReCAP+
- 👉 Data analysis
- 👉 Engagement advocacy.

PRESENTATION OF RESULTS

	POLICY LEVEL INDICATORS	ASSIGNED INDICATORS (mark with an "X")
PL.D.I1	% of TWG on DSD where RoC participated	100%
PL.D.I2	% of policy validation exercises where RoC participated	N/A
PL.D.I3	% of online DSD platforms that include RoC, policy makers, program implementers and health providers	N/A
PL.I.I4	# of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments	N/A
PL.ME.I5	% of M&E meetings that include RoC	N/A
PL.ME.I6	% of impact assessment exercises where RoC participated	N/A
#	PROGRAM LEVEL INDICATORS	
PR.D.I1	% of meetings focused on DSD program design where RoC participated	100%
PR.D.I2	% of DSD planning meetings where RoC provided recommendations on prioritization of DSD models	N/A
PR.I.I3	% of RoC providing services to support DSD implementation	Cannot be determine (take this indicator out)
PR.I.I4	% of DSD HF trainings that include RoC as planners and facilitators	Cannot be determine
PR.I.I5	% of DSD supportive supervision visits that include RoC leaders	N/A
PR.ME.I6	% of DSD M&E tools development meetings where RoC participated	100%
PR.ME.I7	% of DSD M&E activities where RoC participated	100%
PR.ME.I8	% of self-assessments where RoC participated and led on community engagement domain	

PRESENTATION OF RESULTS (2/2)

	COMMUNITY LEVEL INDICATORS	
C.D.I1	# of community-level platforms established aimed at gathering RoC views on DSD models	N/A
C.D.I2	% of thematic working groups where RoC participated	100%
C.I.I3	% of DSD sensitization/demand creation activities led by or actively involving RoC	N/A
C.I.I4	% of HF with DSD where RoC work as service providers	Cannot be determined
C.I.I5	# of trainings organized for peer educators and RoC	Cannot be determined
C.ME.I6	% of DSD facilities where community score cards and/or client satisfaction surveys are implemented	N/A



KEY FINDINGS

- Looking back on the data synthesis table we notice that there are so many indicators that are blank or not applicable simple because the DSD program is still being set up and those activities do not exist.
- We equally noticed that other indicators have responses like cannot be determined. This information exists but cannot be captured on a national aggregate. DSD programs sometimes are provided by the Public, Private, Confessional and some international NGOs with no unifying data collection tool capture all of these indicators.
- There exist equally different partners and health facilities offering DSD services recruiting RoC service providers. Some of the RoC offer psycho social services in health facilities, community relay agent, mother/peer mentors. The ministry of health through the various Regional technical Group for the fight against HIV/Aids recruits and train some of the RoC distribute to HIV management centre across thr regions. The Cameroon Babtist Convention and the George Town University equally recruits RoC to work in treatment centers as psyco social agents and experts clients.
- Recipients of care are most engaged policy level, they are members of the thematic working groupfor DSD at the central level.
- If we had data on the community level it would have been the most engaged since we have so many health facilities recruiting RoC as community health workers, expert clients, mother mentors etc. We just need to restructure and further coordinate this sector by elaborating a common data collection tool with integrated DSD indicators to be used across the board.



KEY CHALLENGES

- The integration of DSD into other HIV/ADS services rendered it difficult to have data specifically for DSD.
- Inactive data collector. Some actors after the initial briefing on the tool abandoned the activity halfway simply because they were unable to get answers from their respondents most probably because DSD is relatively a new subject.
- Most of the respondents at the MOH were not easily available when solicited.
- Equally access to documentation as source of the indicator was a problem e.g annual report which may not be available for verification at that moment.

LESSONS LEARNT

- The application of the community engagement tracking tool serves as a teaching and learning exercise to most of the actors who participated into the exercise. The term of community engagement and a tracking tool to assess the level of engagement at all level was relatively new to some respondents.
- Recipients of care have limited awareness of the types of DSD models available in their health facilities and the country in general. For those who are engaged, they do not sufficiently document to realize their importance. Most RoC who are recruited to work as HIV Champions are members of HIV supports/ Associations. They don't most often document their activities and give feedback to their various groups.
- Communication amongst RoC, Support Groups/ associations and network of PLHIVs is critical to keep the wider community abreast of developments and discussions.
- DSD data collection tool, information, decision-making is not well structured to be captured at a point in time. We need a uniformed M/E tool with the community engagement indicators to be used across the board by all DSD actors.

WAY FORWARD/ ADVOCACY

For a better implementation of the community engagement tracking tool in general and DSD in particular, we plan:

- Through the various associations, networks of PLHIV to empower RoC and other advocate on community engagement.
- To conduct training workshops for recipients of care to build their capacities on the DSD models being practice in the country.
- Equally work along side with the Ministry of health to include Community engagement as a policy in HIV and DSD standard document e.g the National strategic plans for the fight against HIV.

CONCLUSIONS

From the above data findings one can easily conclude:

- The policy level is the most engaged with recipients of care. This is likely because the DSD program is still at its infancy and lacks data at the implementation level.
- If we had data on the implementation level it would have been the most engaged since we have so many health facilities recruiting RoC as community health workers, Expert client, Mothers mentors etc. We just need to restructure and further coordinate this program with a unified data collection tool bringing on board all DSD actors.
- The public, private, faith based or confessional sectors that are offering HIV/ DSD really need to be structured to integrate systematically recipients of care in the various activities.
- The RoC deserve to be on the discussion table at all levels. The greater Involvement of PLHIV

Thank you!

