

# Community Matters in DSD Programs

## Overview and Update



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**CQUIN 7<sup>th</sup> Annual Meeting**

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# What is DSD?

Differentiated service delivery is a recipient of care-centered approach that simplifies and adapts HIV services across the cascade, in ways that

**both**

serve the needs of PLHIV better

and

reduce unnecessary burdens on the health system.

# In Other Words...

D  
S  
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STRESS TO ROCS



RoC PERSPECTIVE



My husband is never going to come for a test at the clinic. He is working all day and it takes us two hours to get to our clinic. What about my previous partner, shouldn't he also have a test?

How can I test the children and husband of this woman living with HIV? They still have not come to the clinic and they live far away. Should I contact her previous partner?



HEALTHCARE WORKER (HCW) PERSPECTIVE

I'd like to have an HIV test, but I don't want to lose my place in the queue to see the doctor. I don't think I'll bother today.

How can I test all these clients in my outpatient department (OPD) for HIV? The queue is so long and I don't have time to provide quality testing. At best, I can test eight people today.



STRESS TO THE SYSTEM

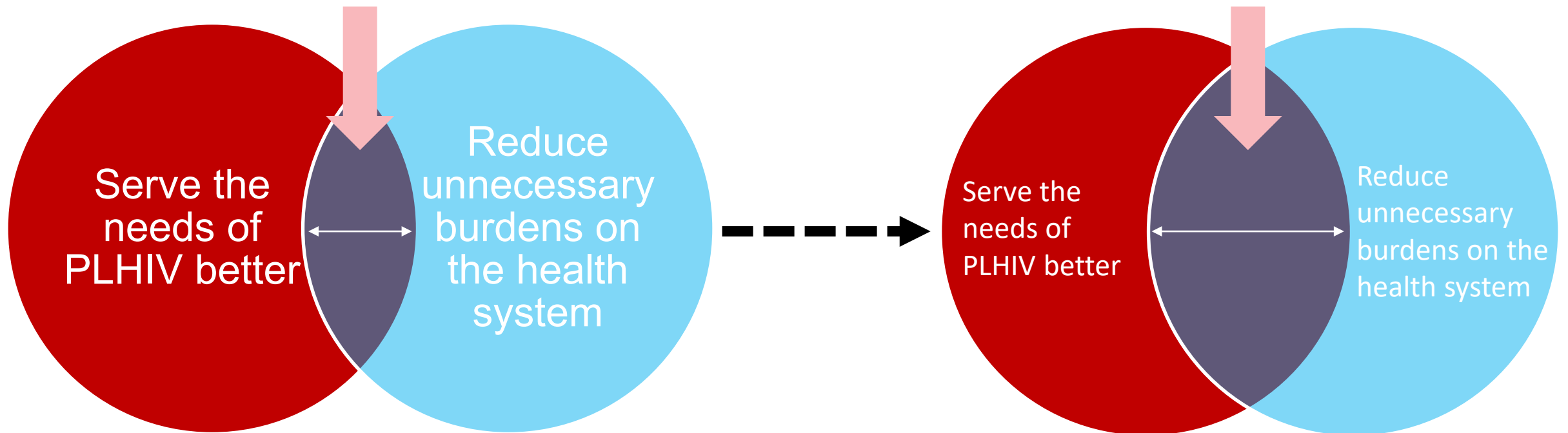
Adapted from: <http://www.differentiatedcare.org/Portals/0/adam/Content/DCwLmrNFcUuLU4jWitw4-0/File/DSD%20for%20HIV-%20A%20decision%20framework%20for%20HIV%20testing%20services.pdf>



# Are we good at *doing 2 things equally well?*

OVER TIME, THIS AREA OF OVERLAP SHOULD *INCREASE*

THIS AREA OF OVERLAP (and increase) RELIES HEAVILY ON *EFFECTIVE COMMUNITY ENGAGEMENT*



What precisely is  
***Community Engagement*** and  
how do we ***measure*** it?

Client-centered

Person-centered

People-centered

User-centered

Human-centered

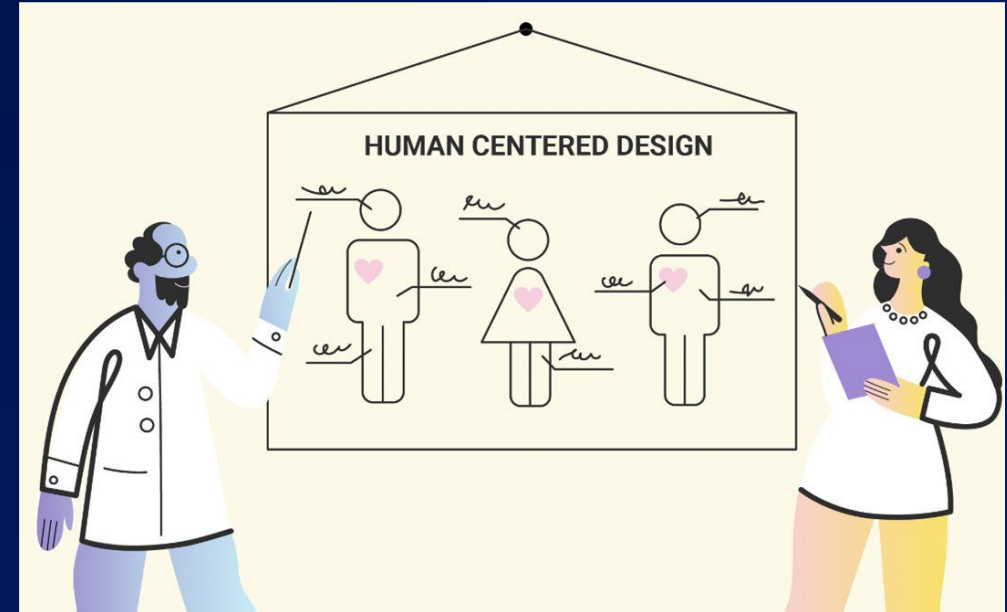


Often the user  
of the tool or  
the service is  
an  
afterthought?

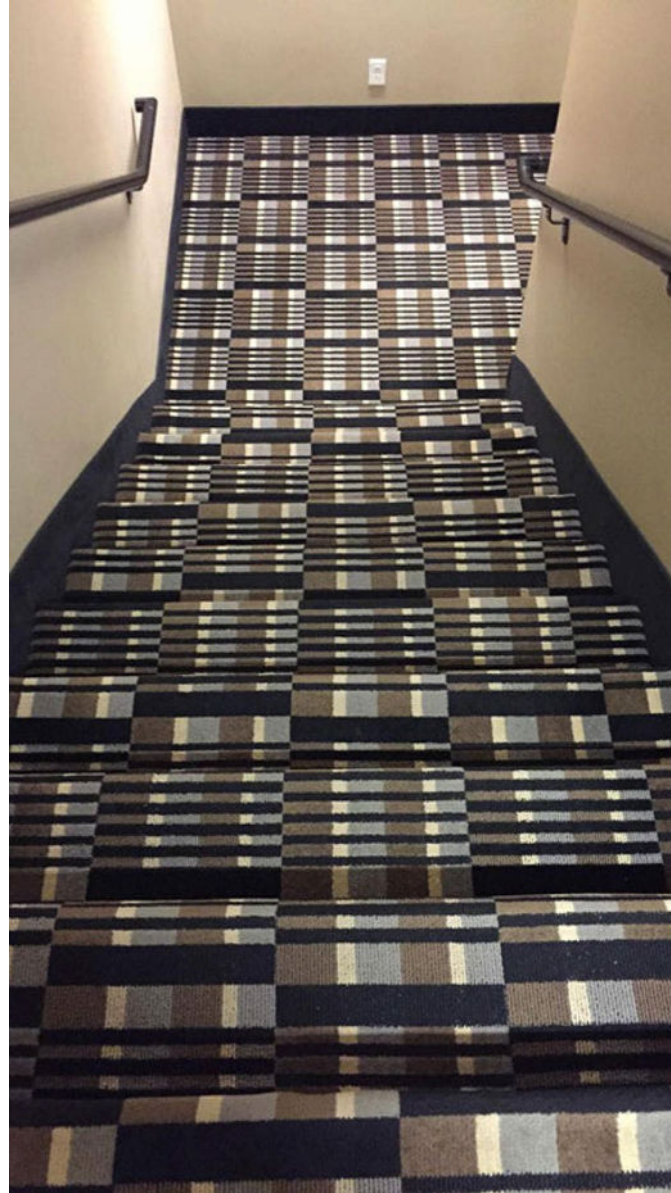
# Links to Human-Centered design

Good human-centered design focuses on 4 key areas:

1. **People** and their **context**.
2. Seek to **understand and solve** the right problems; the **root** problems.
3. Understand that everything is a **complex system with interconnected parts**.
4. Do small interventions. Continually develop prototypes, test and refine products and services to ensure that solutions truly **meet the needs of the user**.







**What  
happens  
when you  
forget the *user***





# Community Advocacy Network (CAN) Members

**CAN & CAN AG members**  
**CQUIN pre-meeting**  
Durban, South Africa  
December 2022



**CAN & CAN AG members**  
**CQUIN pre-meeting**  
Nairobi, Kenya  
March 2023

# Who are these people and where did they come from? CQUIN Community Advocacy Network (CAN) Members

Country	National PLHIV Network
1 DRC	UCOP+
2 Kenya	NEPHAK
3 Eswatini	SASO
4 Rwanda	RRP+
5 Ghana	National Network of HIV Positives
6 Cameroon	RECAP+
7 Senegal	Reseau National des Associations des Personnes vivant avec le VIH (RNP+)
8 Malawi	MANET+
9 Sierra Leone	NETHIPS
10 Uganda	NAFOPHANU
11 Zambia	NZP+
12 Zimbabwe	ZNNP+
13 Liberia	LibNEP
14 Tanzania	NACOPHA
15 Mozambique	PLASOC
16 Ethiopia	NEP+
17 CIV	RIP+
18 South Africa	Treatment Action Campaign
19 Nigeria	Network of People Living with HIV and AIDS in Nigeria
20 Burundi	Collective des Associations des personnes vivant avec le VIH/SIDA (CAPES+)
21 South Sudan	NEPHWU
22 Lesotho	LENEPWHA

Nominated  
Vetted  
Credible  
Representative

CAN Advisory Group

Country	Regional Network
Kenya	ISHTAR
Kenya	ICWEA
Uganda	AY+
Kenya	Jiansangu Bodies Unbound
Tanzania	AfricaNPUD



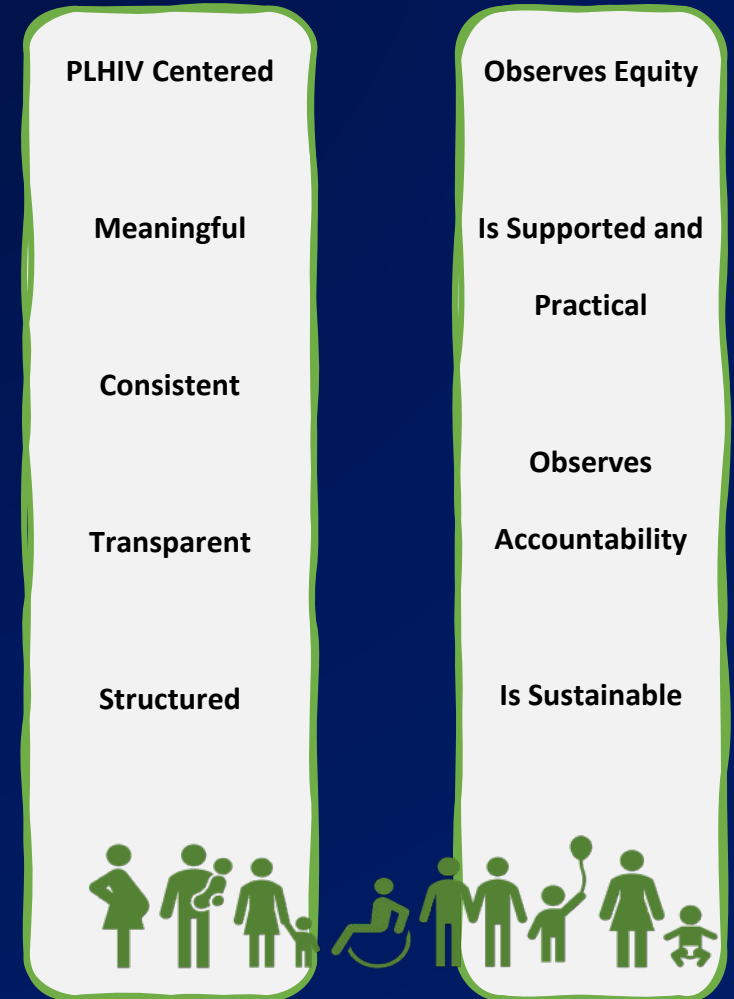
# Community Engagement is...

*“...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.”*

**2019 Monitoring Framework** from national networks of PLIVH (CAN members), in collaboration with CQUIN/ITPC

	Policy Level	Programmes Level	Community Level
Design	What to Engage in ✓ ✓	What to Engage in ✓ ✓	What to Engage in ✓ ✓
	How to Engage ✓ ✓	How to Engage ✓ ✓	How to Engage ✓ ✓
Implementation	What to Engage in ✓ ✓	What to Engage in ✓ ✓	What to Engage in ✓ ✓
	How to Engage ✓ ✓	How to Engage ✓ ✓	How to Engage ✓ ✓
Monitoring & Evaluation	What to Engage in ✓ ✓	What to Engage in ✓ ✓	What to Engage in ✓ ✓
	How to Engage ✓ ✓	How to Engage ✓ ✓	How to Engage ✓ ✓

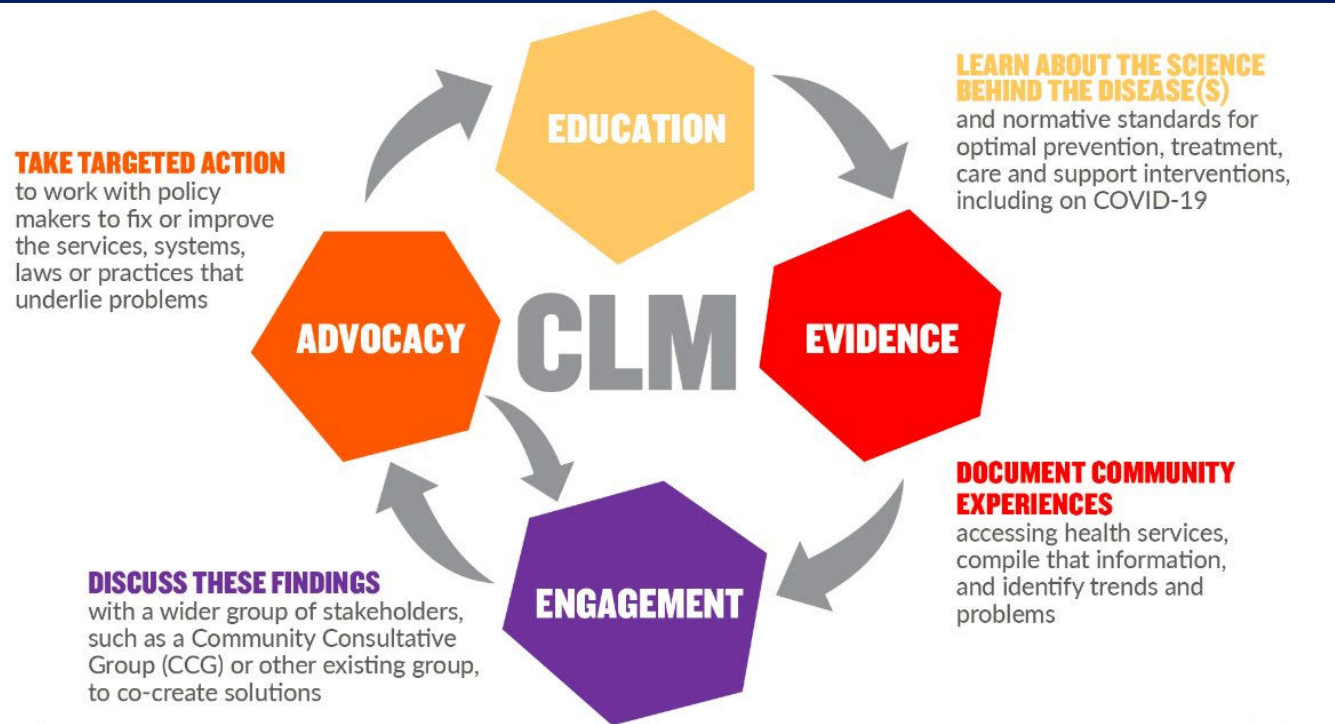
# Key Elements of CE in HIV



# Using CLM to Track Community Engagement in DSD

CLM is:

- “A science-based accountability innovation that puts communities first”
- Recurrent monitoring (not a one-off assessment)
- Data is shared with decision-makers and duty-bearers who have the power to make improvements and can be held accountable for action



ITPC's Community-led Monitoring Model

## STEPS:

1. **Communities developed** a framework for monitoring community engagement in DSD:

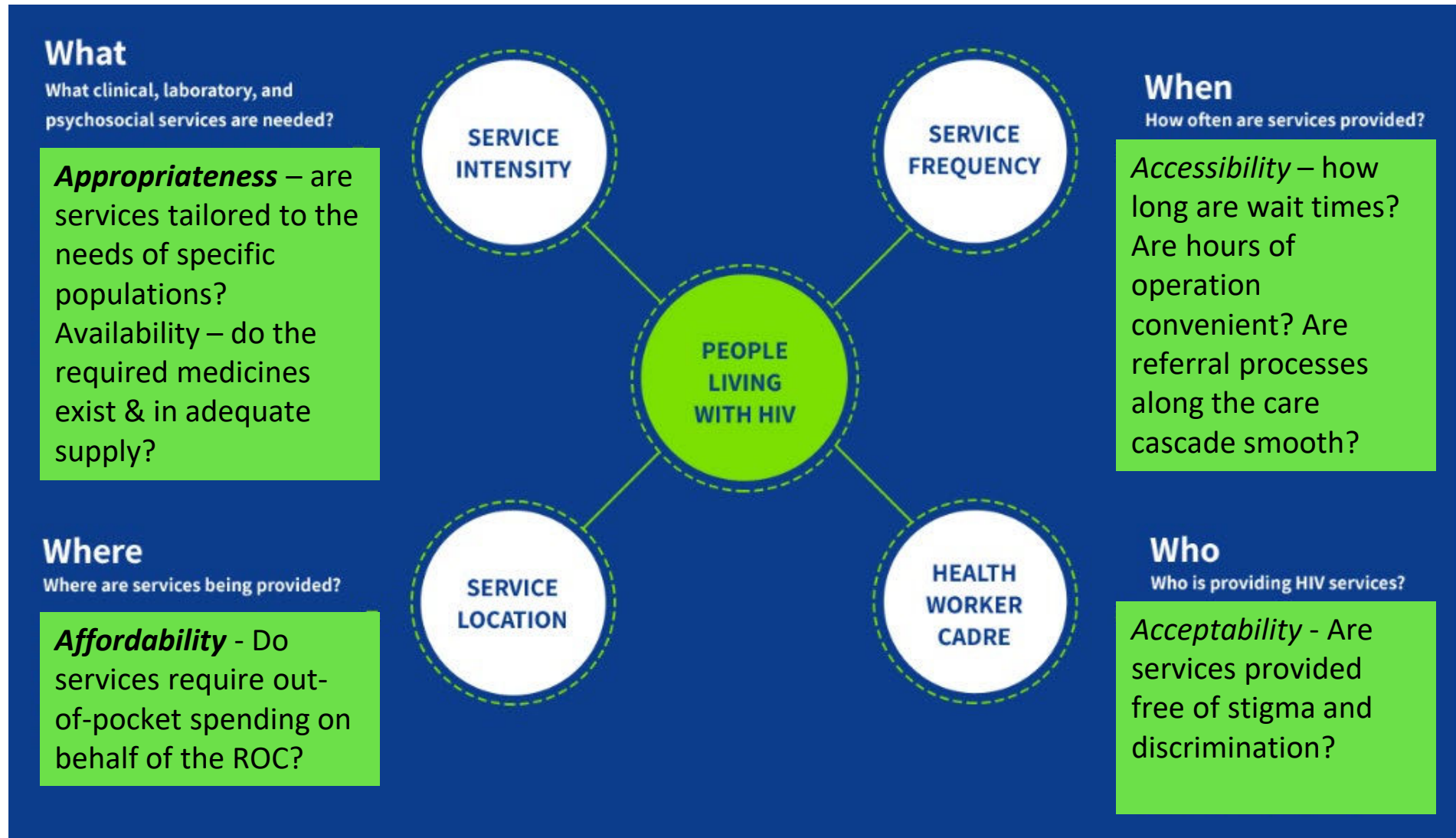
- Three **levels**: policy, programmatic, community
- Three **areas**: design, implementation, M&E

2. **Applied the CLM model:**

- indicator development
- data collection
- data analysis
- advocacy and engagement for redress

3. **Worked to effect Change:** Move CQUIN countries from **not involving communities in DSD and having no plans to engage them (red)** to **meaningful community engagement in implementation, evaluation, and oversight (green)**

# What can CLM monitor in the context of DSD?





# CE Rollout June 2019-October 2023

## LIST OF INDICATORS MEASURING COMMUNITY ENGAGEMENT

	POLICY LEVEL (6)	PROGRAM LEVEL (7)	COMMUNITY LEVEL (6)
DESIGN	<ol style="list-style-type: none"> <li>1. % of TWG on DSD where RoC participated</li> <li>2. % of policy validation exercises where RoC participated</li> <li>3. % of online DSD platforms that include RoC, policy makers, program implementers and health providers</li> </ol>	<ol style="list-style-type: none"> <li>1. % of meetings focused on DSD program design where RoC participated</li> <li>2. % of DSD planning meetings where RoC provided recommendations on prioritization of DSD models</li> </ol>	<ol style="list-style-type: none"> <li>1. # of community-level platforms established aimed at gathering RoC views on DSD models</li> <li>2. % of thematic working groups where RoC participated</li> </ol>
IMPLEMENTATION	<ol style="list-style-type: none"> <li>1. # of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments</li> </ol>	<ol style="list-style-type: none"> <li>1. % of DSD HF trainings that include RoC as planners and facilitators</li> <li>2. % of DSD supportive supervision visits that include RoC leaders</li> </ol>	<ol style="list-style-type: none"> <li>1. % of DSD sensitization/demand creation activities led by or actively involving RoC</li> <li>2. % of HF with DSD where RoC work as service providers</li> <li>3. # of trainings organized for peer educators and RoC</li> </ol>
MONITORING & EVALUATION	<ol style="list-style-type: none"> <li>1. % of M&amp;E meetings that include RoC</li> <li>2. % of impact assessment exercises where RoC participated</li> </ol>	<ol style="list-style-type: none"> <li>1. % of DSD M&amp;E tools development meetings where RoC participated</li> <li>2. % of DSD M&amp;E activities where RoC participated</li> <li>3. % of self assessments where RoC participated and led on community engagement domain</li> </ol>	<ol style="list-style-type: none"> <li>1. % of DSD facilities where community score cards and/or client satisfaction surveys are implemented</li> </ol>

- 2019: **19–indicator Community Engagement (CE)** tracking tool finalized and piloted in the **DRC and Kenya**, generating insightful results and interest in community engagement
- 2022: Roll out by **19 members of the Community Advocacy Network (CAN)** in their respective countries. Information retroactively collected for the period of 1 June 2021 – 31 May 2022. Data collection between July–November 2022.
- 2023: Revamped the CE tool and rolled out in **22 countries (June 2023)**, based on country feedback about the **2022 exercise**
- **A supplement to the ICAP CQUIN dashboard**, completed by ministries, program implementers, and communities.

How have we done on  
***Community Engagement?***



# 2023 UPDATED INDICATOR TRACKING TOOL – A SNAPSHOT

POLICY LEVEL (6 INDICATORS)										
DESIGN OF DSD POLICY										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet <b>only</b> if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of TWG and TT mtgs on DSD where RoC/community members participated	DATA SOURCE(S) FOR NUMERATOR <i>Type of data, source of data, date: month(s), year</i>	DENOMINATOR: # of TWG and TT mtgs organized by the government where DSD discussed	DATA SOURCE(S) FOR DENOMINATOR <i>Type of data, source of data, date: month(s), year</i>	% RESULT (numerator divided by denominator x 100)
PLD.1	Consult with recipient of care (RoC)/community leadership to facilitate information-sharing re: differentiated service delivery (DSD) models described in DSD policy documents  Include RoC/community members in policy and guidelines formulation task teams (TT) and technical working groups (TWGs)	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period	To determine the %, count # of TWG and TT meetings where RoC/community members participated (numerator) divided by the total # of TWG and TT meetings organized by the government where DSD was discussed (denominator)	National only [do not include sub-national data]						#DIV/0!
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet <b>only</b> if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of TWG and TT mtgs on DSD where RoC/community members participated	DATA SOURCE(S) FOR NUMERATOR <i>Type of data, source of data, date: month(s), year</i>	DENOMINATOR: # of DSD policy validation mtgs organized by the government	DATA SOURCE(S) FOR DENOMINATOR <i>Type of data, source of data, date: month(s), year</i>	% RESULT (numerator divided by denominator x 100)
PLD.2	Include recipients of care (RoC)/community members in policy validation exercises	% of policy validation exercises where RoC/community members participated	To determine the %, count # of DSD-related policy validation meetings where RoC/community members participated divided by the total # of DSD-related policy validation meetings organized by the government	National						#DIV/0!
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet <b>only</b> if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of online DSD platforms that includes RoC/community members	DATA SOURCE(S) FOR NUMERATOR <i>Type of data, source of data, date: month(s), year</i>	DENOMINATOR: # of online DSD TWG and TT platforms	DATA SOURCE(S) FOR DENOMINATOR <i>Type of data, source of data, date: month(s), year</i>	% RESULT (numerator divided by denominator x 100)
PLD.3	Include RoC/community members in policy validation exercises	% of online DSD TWG and TT	To determine the %, count the # of online DSD TWG and TT platforms that includes RoC/community members	National [do not include sub-national data]						

INSTRUCTIONS

CE POLICY INDICATORS

CE PROGRAM INDICATORS

CE COMMUNITY INDICATORS

TABLE OF EXPLANATIONS

SCORING

EXAMPLE COMPLETED FRAMEWORK

+

# 2023 Community Engagement Tracking Tool – Scoring Levels & Definitions

Scoring Levels & Definitions					
0%	0-20%	21-40%	41-60%	61-80%	81-100%
<p>CANNOT SCORE DUE TO ANY OF THE FOLLOWING:</p> <ol style="list-style-type: none"> <li>1. The activity is not planned.</li> <li>2. No data (i.e. data source is not defined, available, accessible).</li> </ol>	<p>RoC are not involved in the DSD activity and there are currently no plans to engage these groups</p>	<p>RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing. "Activity planned in next reporting period"</p>	<p>RoC are minimally engaged in the DSD activity</p>	<p>RoC are satisfactorily engaged in the DSD activity</p>	<p>RoC are meaningfully engaged in the DSD activity</p>

\* When the activity was implemented during the previous reporting period, last year's scores are duplicated



## KEY FINDINGS – RANKING OF INDICATORS (2022-2023)

Scoring Levels & Definitions (DSD Dashboard 3.0)		Number of indicators (2022)	Number of indicators (2023)
<b>0-20%</b>	Recipients of care are not involved in the DSD activity and there are currently no plans to engage these groups OR the activity is not planned OR there is no data (i.e. data source is not defined, available, accessible).	<b>1</b>	<b>0</b>
<b>21-20%</b>	RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing.	<b>2</b>	<b>0</b>
<b>41-60%</b>	RoC are minimally engaged in the DSD activity	<b>6</b>	<b>2</b>
<b>61-80%</b>	RoC are satisfactorily engaged in the DSD activity	<b>5</b>	<b>10</b>
<b>81-100%</b>	RoC are meaningfully engaged in the DSD activity	<b>1</b>	<b>6</b>

# 2023 PRELIMINARY Analysis of the CE Tracking Tool (5 countries)

Scoring Levels & Definitions					
0%	0-20%	21-40%	41-60%	61-80%	81-100%
CANNOT SCORE DUE TO ANY OF THE FOLLOWING: 1. The activity is not planned. 2. No data (i.e. data source is not defined, available, accessible).	RoC are not involved in the DSD activity and there are currently no plans to engage these groups	RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing. "Activity planned in next reporting period"	RoC are minimally engaged in the DSD activity	RoC are satisfactorily engaged in the DSD activity	RoC are meaningfully engaged in the DSD activity

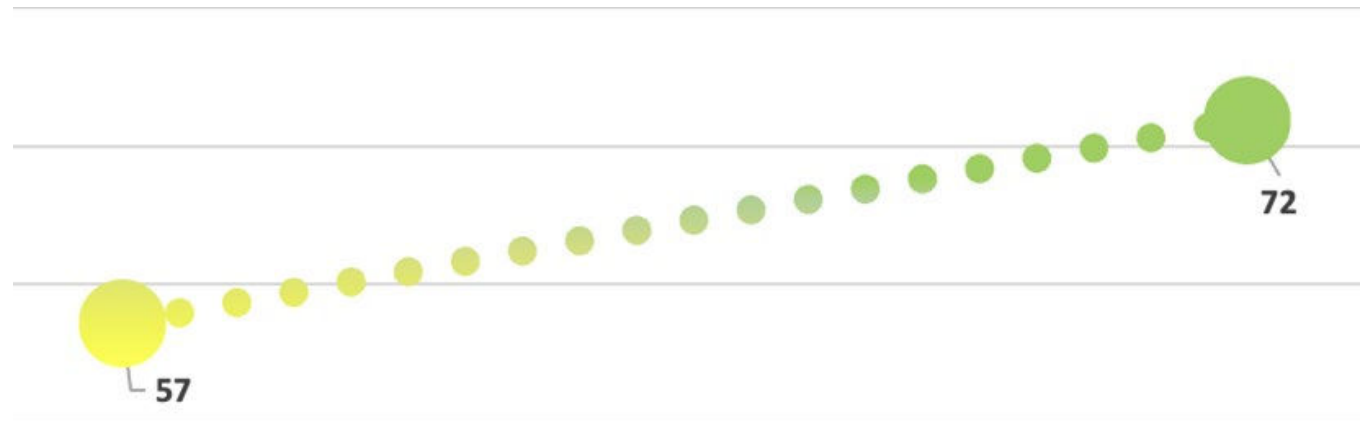
\* When the activity was implemented during the previous reporting period, last year's scores are duplicated

AREA	INDICATORS (2022-2023)	Liberia	Rwanda	Uganda	Eswatini	CIV
POLICY LEVEL	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/community members participated during the reporting period	100	100	100	100	100
	% of policy validation exercises where RoC/community members participated	100	100	100	81	100
	% of online DSD TWG and TT platforms that include RoC/community members	50	81	100	81	0
	% of govt-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	100	100	0	67	100
	% of DSD-related monitoring and evaluation (M&E) meetings that include RoC/community members	81	100	100	100	100
	% of DSD impact assessment/evaluations where RoC/community members participated	50	100	100	0	100
PROGRAM LEVEL	% of meetings focused on DSD program design where RoC/community members participated	80	100	Not planned	100	100
	% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	80	100	100	21	100
	% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	100	100	21	21	0
	% of DSD M&E tools development meetings where RoC/community members participated	100	100	100	21	100
	% of DSD supportive supervision visits that include RoC/community members	81	33	100	21	100
	% of CQUIN Capability Maturity Model self assessments conducted by MOH where RoC/community members participated and led on community engagement domain	100	100	100	21	N/A
COMMUNITY LEVEL	% of thematic working group meetings where RoC/community members presented	100	100	64	21	100
	% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	100	100	93	21	100
	% of health facilities with DSD where RoC work as service providers	100	100	76	100	100
	% of peer educators who attended health education learning sessions	36	98	90	41	100
	% of RoC/community members who attended health education learning sessions	100	75	85	41	100
	% of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys are implemented	81	33	39	0	100

# 2023 KEY FINDINGS

- Communities are **more at ease with the CE tracking tool/data collection process** and data sources are more available (less reporting of data not available) – giving us more reliable data.
- **Roll-out is progressing** with a shift from 9 indicators with DSD activities not implemented to only one country having one activity which is not being implemented.
- **All countries were able to advocate for better community engagement** with the local authorities and duty bearers, contributing to increased community engagement.

Average CE Score grew from 57 in 2022 to 72 in 2023 (~26%)

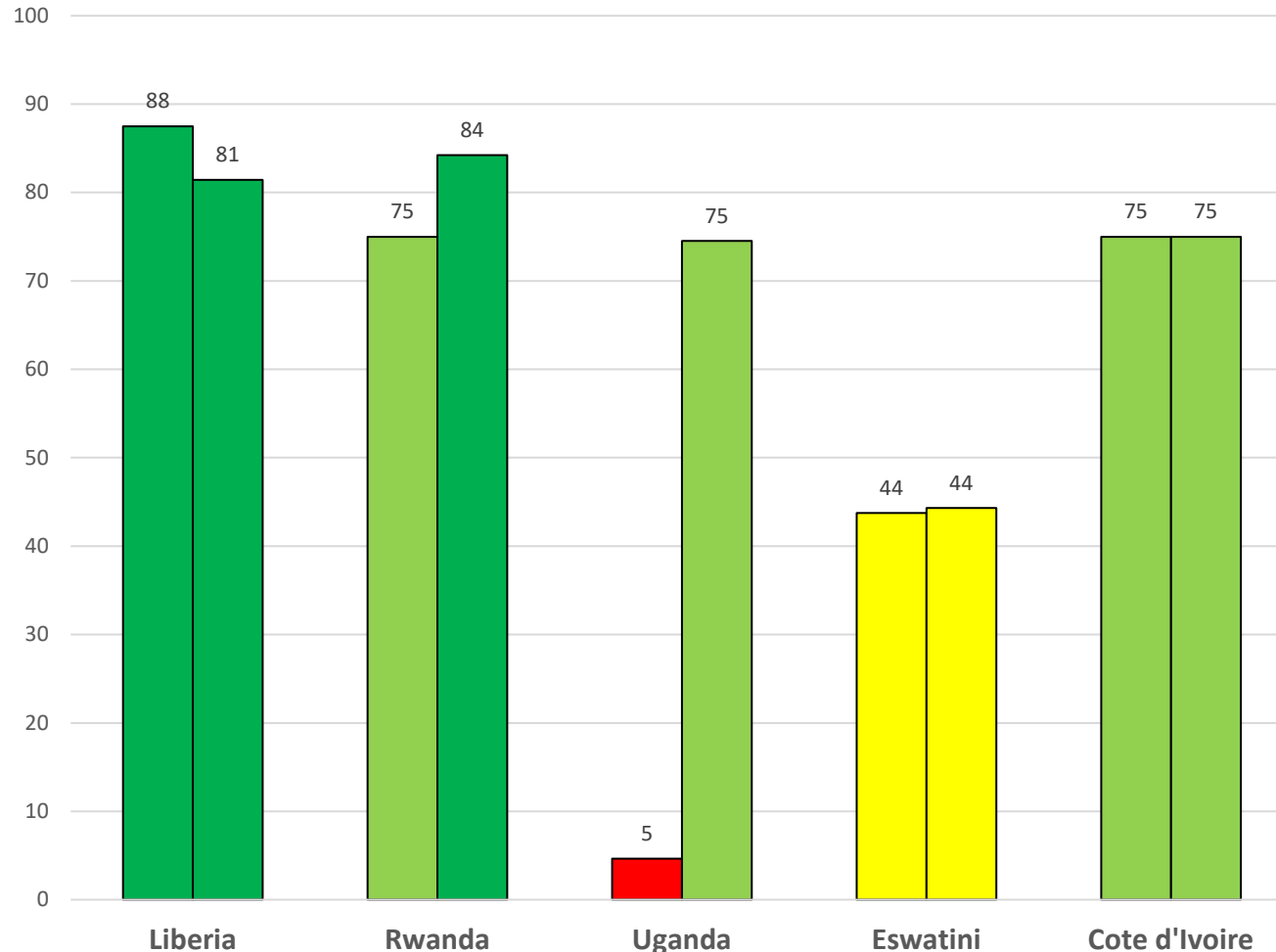


- CIV and Rwanda conducted **large scale community sensitizations (webinars & workshops)** that helped shift the **perspective** of communities and led to more engagement.
- **Quality of DSD-related activities is being addressed**, such as in Cote d'Ivoire, where they set up a community-led monitoring system & Rwanda that reviewed their approach to client satisfaction survey to have a standardized framework.

# 2023 CE Tracking Tool: Rise of Community Engagement in DSD roll-out

(sample 5 countries –preliminary analysis)

Average CE country scores between 2022 and 2023



## Some Points to Note:

- **Liberia:** some activities were not attended by communities (but they were invited).
- **Uganda:** shift from data not being accessible & activities not planned to DSD roll-out picking up with satisfactory levels of community engagement.
- **Eswatini:** six activities that scored zero are now known to be planned in the next reporting period.
- **Cote d'Ivoire:** main success is sustaining meaningful community engagement for eleven indicators.

# 2023 KEY FINDINGS – AVERAGE SCORES & PROGRESS MADE

## AVERAGE SCORES PER LEVEL OF ENGAGEMENT

LEVEL	AVERAGE SCORES		
	2022	2023	↑
POLICY	68%	83%	+15
PROGRAM	53%	70%	+17
COMMUNITY	64%	76%	+12

## AVERAGE SCORES PER STAGE OF DSD ROLL-OUT

STAGE	AVERAGE SCORES		
	2022	2023	↑
DESIGN	73%	82%	+9
IMPLEMENTATION	64%	74%	+10
M&E	44%	73%	+29

Scoring Levels & Definitions					
0%	0-20%	21-40%	41-60%	61-80%	81-100%
CANNOT SCORE DUE TO ANY OF THE FOLLOWING: 1. The activity is not planned. 2. No data (i.e. data source is not defined, available, accessible).	RoC are not involved in the DSD activity and there are currently no plans to engage these groups	RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing. "Activity planned in next reporting period"	RoC are minimally engaged in the DSD activity	RoC are satisfactorily engaged in the DSD activity	RoC are meaningfully engaged in the DSD activity

\* When the activity was implemented during the previous reporting period, last year's scores are duplicated



# Community Engagement Tracking Tool

*Examples of 2023 Advocacy Achievements*



## LIBERIA

LIBNEP+ advocacy led to the creation of 3 ARV dispensing community centers bringing Tx closer to communities.



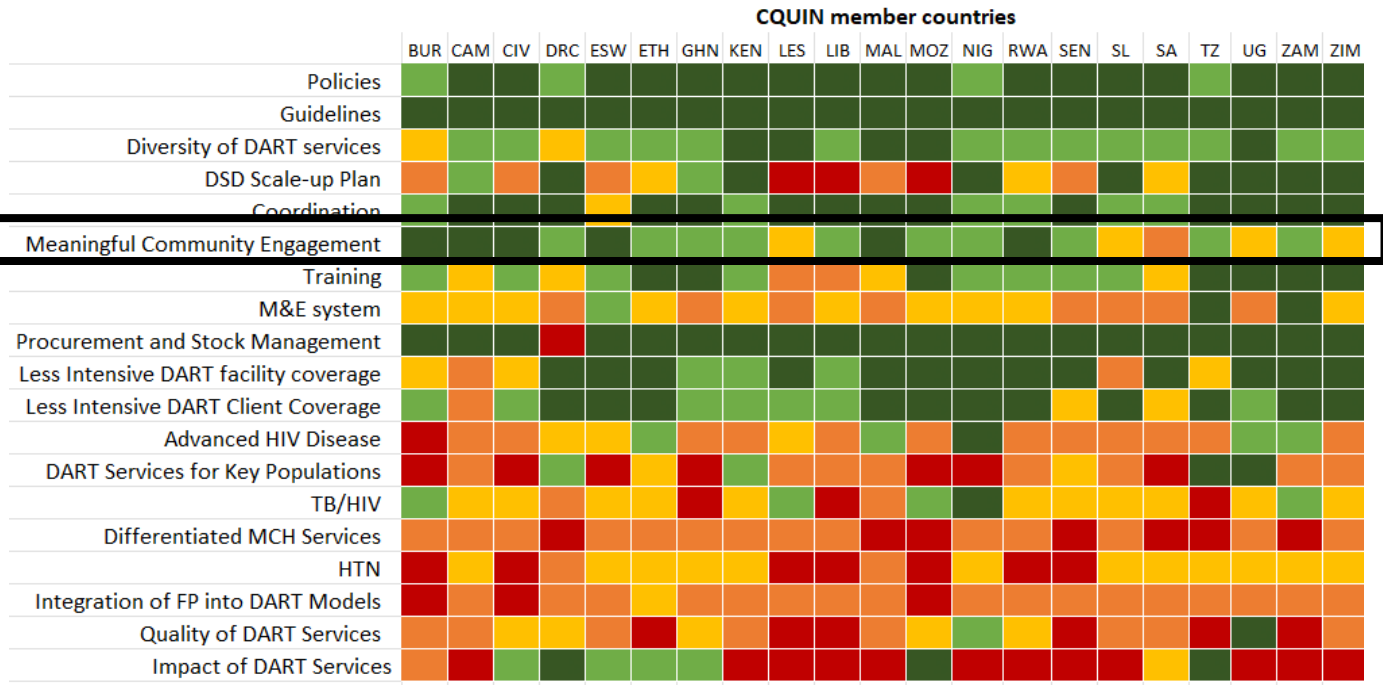
## RWANDA

RRP+ built capacity of 49 NGO and ROC representatives who then advocated for their right to be planners, facilitators and participants in DSD Health facilities trainings → 100% COMMUNITY ENGAGEMENT.

## EFFORTS ARE STILL REQUIRED

- **M&E of DSD** has once again the lowest level of community engagement (73%), especially on health facilities offering DSD services where community scorecards and/or RoC satisfaction surveys are implemented.
- At **program** level, the inclusion of Roc/community members as planners, facilitators, participants in health facility trainings is **still minimal** (48%).
- **Evidence** of results are still challenging to obtain (invitations, list of participants, meeting reports etc.) and data collection **still requires continued fostering of relationships** with duty bearers.
- Several indicators were reported as being implemented in previous period or planned for the next one which leads to the question – are activities being implemented regularly enough to ensure **quality DSD services**?
- **Bottlenecks include lack of funding**, for example to include more community representatives in DSD supervision visits and implement community scorecards more widely in Rwanda.
- Uganda and Eswatini note there is still a gap in terms of **sensitizing communities** on their **role in DSD and the relevance of community engagement**.

# 2023 Treatment Capability Maturity Model (CMM) results by country



# 2023 PRELIMINARY Analysis of the CE Tracking Tool (5 countries)

	Liberia	Rwanda	Uganda	Eswatini	CV
	100	100	100	100	100
	100	100	100	81	100
	50	81	100	81	0
	100	100	0	67	100
	81	100	100	100	100
	50	100	100	0	100
	80	100	Not planned	100	100
	80	100	100	21	100
	100	100	21	21	0
	100	100	100	21	100
	81	33	100	21	100
	100	100	100	21	N/A
	100	100	64	21	100
	100	100	93	21	100
	100	100	76	100	100
	36	98	90	41	100
	100	75	85	41	100
	81	33	39	0	100

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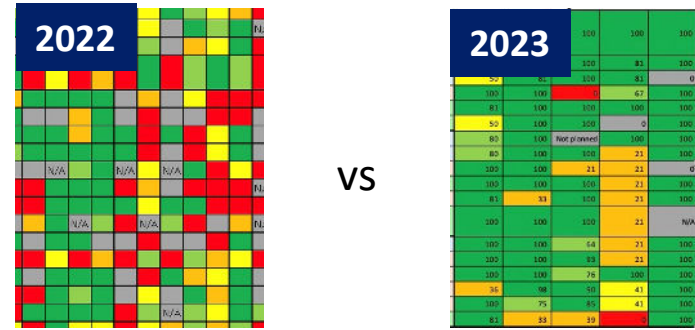
Not vastly different, though early to tell!

Using ***Community Engagement***  
to do the work!





# Community engagement is **not the work**



It is a *means* to the work!



# 2023 Treatment CMM Results by Country

**CQUIN member countries**

	BUR	CAM	CIV	DRC	ESW	ETH	GHN	KEN	LES	LIB	MAL	MOZ	NIG	RWA	SEN	SL	SA	TZ	UG	ZAM	ZIM	
Policies	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Guidelines	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Diversity of DART services	Yellow	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
DSD Scale-up Plan	Orange	Green	Orange	Green	Orange	Yellow	Green	Green	Red	Red	Orange	Red	Green	Yellow	Orange	Green	Yellow	Green	Green	Green	Green	Green
Coordination	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Meaningful Community Engagement	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	Orange	Green	Yellow	Green	Green	Yellow
Training	Green	Yellow	Green	Yellow	Green	Green	Green	Green	Orange	Orange	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Yellow
M&E system	Yellow	Yellow	Yellow	Orange	Green	Yellow	Orange	Yellow	Orange	Yellow	Orange	Yellow	Yellow	Yellow	Yellow	Orange	Orange	Orange	Orange	Orange	Orange	Yellow
Procurement and Stock Management	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Less Intensive DART facility coverage	Yellow	Orange	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Orange	Green	Yellow	Green	Green	Green
Less Intensive DART Client Coverage	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Advanced HIV Disease	Red	Orange	Orange	Yellow	Yellow	Green	Orange	Orange	Yellow	Orange	Green	Orange	Green	Orange	Orange	Orange	Orange	Orange	Orange	Green	Green	Orange
DART Services for Key Populations	Red	Orange	Red	Green	Red	Yellow	Red	Green	Orange	Orange	Orange	Red	Red	Orange	Yellow	Orange	Orange	Red	Green	Orange	Orange	Orange
TB/HIV	Green	Yellow	Orange	Yellow	Yellow	Red	Yellow	Green	Red	Red	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Green	Yellow	Yellow
Differentiated MCH Services	Orange	Orange	Red	Orange	Yellow	Yellow	Orange	Orange	Orange	Orange	Red	Red	Orange	Orange	Red	Orange	Red	Red	Orange	Red	Orange	Orange
HTN	Red	Yellow	Red	Orange	Yellow	Yellow	Yellow	Yellow	Red	Red	Orange	Red	Yellow	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Integration of FP into DART Models	Red	Orange	Red	Orange	Yellow	Orange	Orange	Orange	Orange	Orange	Orange	Red	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Quality of DART Services	Orange	Orange	Yellow	Yellow	Orange	Red	Yellow	Orange	Red	Red	Orange	Yellow	Green	Yellow	Red	Orange	Orange	Red	Green	Red	Red	Red
Impact of DART Services	Orange	Red	Green	Green	Green	Green	Green	Red	Red	Red	Red	Green	Red	Red	Red	Red	Yellow	Green	Red	Red	Red	Red

## The Work



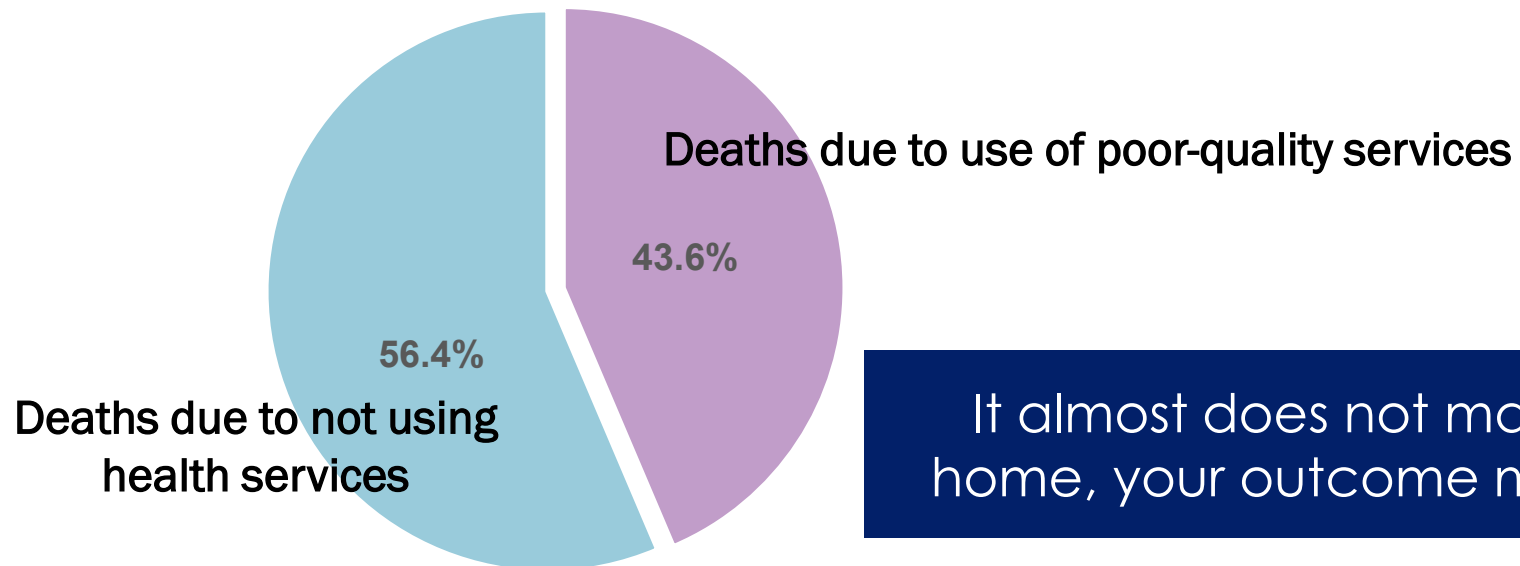
**Does not just happen!**

# QUALITY Is paramount for RoCs

A [2018 Lancet study](#) found that of the 812,987 deaths in Western sub-Saharan Africa that were related to health care, 354,744 (43.6%) were due to poor quality of services.

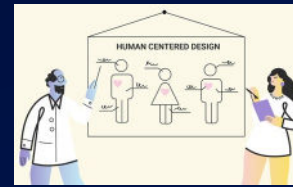
## IMPROVED ACCESS NOT AS IMPORTANT AS HIGH QUALITY

Avertable and amenable mortality and mortality related to non-utilization of services versus use of poor-quality services in Western sub-Saharan Africa (Kruk et al., 2018)



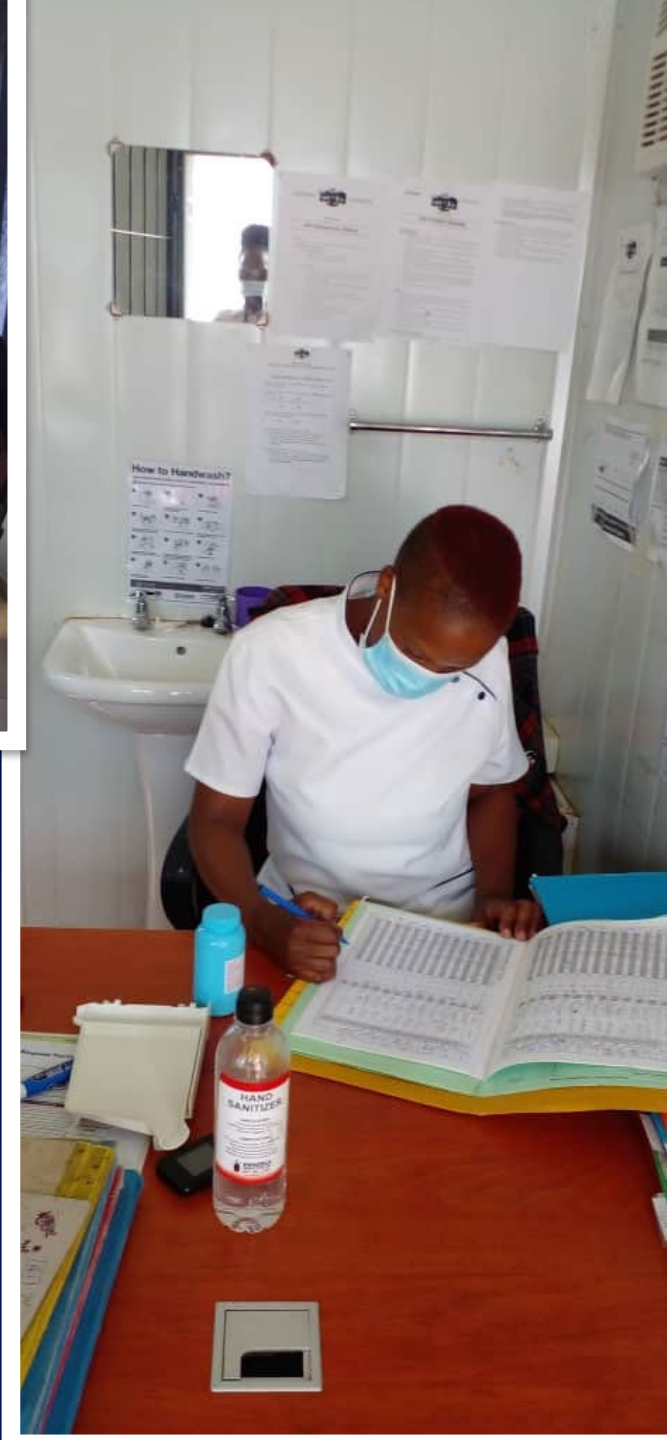
It almost does not matter if you stay at home, your outcome might be the same!

RoC's experience of the  
quality of the service  
is a *proxy* for  
**how much the end user  
was considered** from the  
start to the end.



**Oh yes, the user!**  
**Let's accommodate**





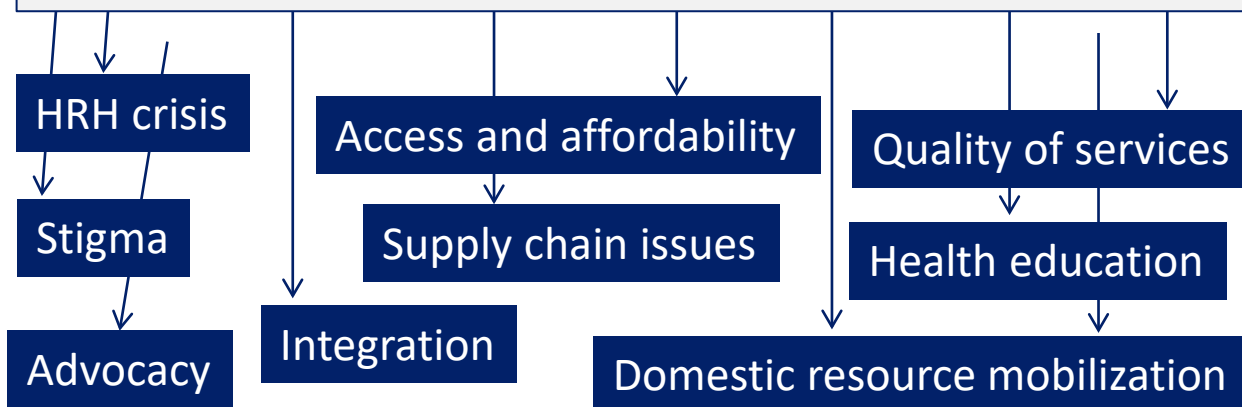
Why is CE not happening  
at the scale we need?



# Questions for Consideration

How can we **better leverage DSD** as a *neutral entry point* for tackling persistent and systemic issues?

How can we further explore the utility of DSD **beyond clinical outcomes?**



# The Work



**Does *not* just happen!**

# Barriers to *Effective Community Engagement* in DSD

- **External funding dependence:**
  - **How do we incentivize governments to pay for community accountability innovations?**
    - *The framing of community engagement is not solution-oriented enough*
    - *CLM when applied to DSD can help alleviate this*
- **Human resources problem:**
  - **How can we address the declining and inadequate funding for human resources for health?**
    - *Addressing inefficiencies through better management can contribute to relieving this constraint*
    - *DSD models should improve efficiency within the health system*
- **No funding for communities to do the work after “meetings”:**
  - **CE without funding is unrealistic**
    - *Community engagement requires funding to effect change*
    - *The final phase of all CLM models is advocacy*
    - *Need to mobilize resources and political will to enact and sustain community empowerment initiatives*

# Recommendations from CAN members

## Effective Community Engagement in DSD requires:

- An **expanded treatment education for PLHIV and capacity building** for health care workers
- Recipients of Care through their networks need to be **resourced, capacitated and empowered.**
- DSD scale up need to be rolled out **alongside other initiatives** i.e. U=U sessions, stigma reduction messages and; management of TB and other NCDs.
- Scale up of DSD initiatives need **predictable and sustainable availability** of commodities.
- As more and more recipients of care embrace different models of DSD, they will be to **be educated on how, when and how to manage and seek care for HIV co-infections and comorbidities, including non-communicable diseases (NCDs).**
- Providers in Care and HIV program managers need to **embrace CLM** as an accountability mechanism to gather feedback from recipients of care.



## Effective DSD @ Scale Means...

- Robust **MONITORING** by **COMMUNITIES** to monitor quality and access of services along the HIV cascade, for health
- A more nuanced understanding how to scale/improve **QUALITY** (not just #s)
- Building community **SYSTEMS** (often hidden in HSS)
- Truly supporting the shift to **more** community-led & provided services
- **Funding** community-led advocacy

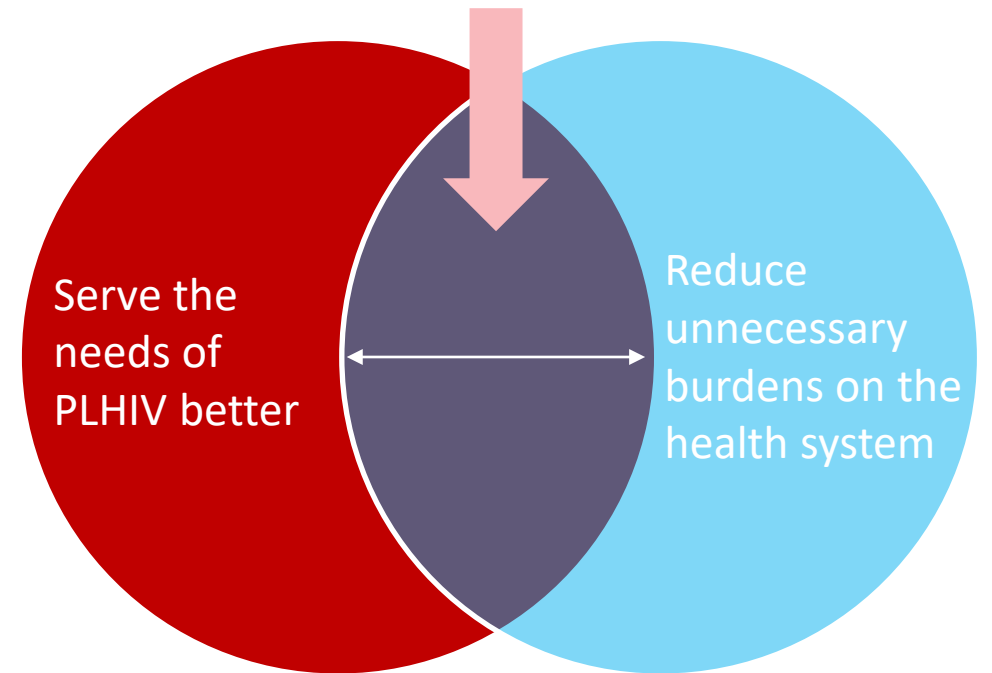


# KEY TAKEAWAYS

Gains are *fragile* and must be maintained for DSD to be effective at Scale

DSD offers:

- an opportunity to **build effective systems and processes** that work for *all* recipients of care.
- DSD offers a **neutral entry point** for often highly political discussions and decision-making.



*Like for this guy, time will show which area was priority!*



Thank you!

