



Impact of Community Engagement Advocacy Work on Quality Person Centered HIV Services

Case Study from Eswatini

Dream Alive Eswatini – Lindiwe
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Case Study Highlights

1. Aim & Objective of the Engagement
2. Resources Used (Human, Funds, Materials)
3. Engagement Activities
4. Outcomes from the Engagement
5. Challenges & Overall Reflections
6. Key messages

Aim & Objective of the Engagement

- The aim of the advocacy project was to improve meaningful engagement of people living with HIV, to strengthen their capacity to make empowering informed decisions and change between ROC, PLHIV and the service providers and decision-makers.
- To actively involve members of community of PLHIV in discussions, decision-making, and activities that will impact their collective well-being.
- To build substantiable strong and meaningful community engagement
- To further identify gaps and opportunities for leveraging community engagement gains to justify additional resources for continued advocacy and community engagement efforts









Scoring for Eswatini in CE in 2023

Average Country Score 2023

Indicators	2023
% of technical working group (TWG) and Task Team (TT) meetings on DSD Roc DSD where RoC/community members participated during the reporting period	
% of policy validation exercises where RoC/community members participated	
% of online DSD TWG and TT platforms that include RoC/community members	
% of DSD related to monitoring and (M&E) meetings that include RoC/community	
% of DSD impact assessment/evaluations where RoC/community members participated	
% of meetings focused on DSD program design where RoC/community members participated	
% of DSD planning meetings where RoC/community members provided recommendations on prioritizing of DSD models	
% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants.	
% of DSD M &E tools development meetings where RoC/community members participated	
% of DSD supportive supervision visits that include RoC/community members	

Scoring for Eswatini in CE in 2023

Average Country Score 2023 

Indicators	2023
% of CQUIN Capability Maturity Model self assessments conducted by MOH where RoC/community members participated and led on community engagement domain	
% of thematic working group meetings where RoC/community members presented	
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	
% of health facilities with DSD where RoC/ work as service providers	
% of health facilities offering DSD services where community score cards and /or RoC satisfaction survey are implemented	
% of govt-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	
% of peer educators who attended health education learning sessions	
% of RoC/ community members who attended health education learning sessions	

- **Priority 1 – Scored Red in 2023**

- % of health facilities offering DSD services where community score cards and/or ROC satisfaction surveys are implemented.

- **Priority 2 – Scored Orange**

- % of DSD sensitization/demand creation activities led by or actively involving RoC/community members

Resources used (Human, Funds, Materials)

FUNDS: Supported with funding \$5500 from ITPC

MATERIALS: Resources from ITPC – CE report,

- CLM presentation & DSD presentation
- Client satisfaction survey Questioners

HUMAN: ROC – support groups, organization for PLHIV/ROC, data collectors, MoH, Community Expert clients

RESOURCES: Transport reimbursements, refreshments, data collection stipend, facilitation fees

Engagement Activities



Meeting with UNAIDS



Meeting with MoH (DSD Coordinator), and CANGO (CLM Officer)



Meeting with ROC organizations and CCM Secretariate



Community dialogues with 9 support groups for people living with HIV



Client satisfactory survey conducted in 6 facilities (results still under analysis)

Support Group dialogues



Support group members during dialogue at Somntongo, Shiselweni region & Maphiveni, Lubombo Region



Outcomes from the Engagement

- After sensitization of ROC organizations on CE tool in a meeting organized by Country Coordination Mechanism (CCM):
 - ROC organization we able to advocate for inclusion in the implementation of CLM in the country.
 - For the first time the link to apply for the “CLM call for proposal 2024” was shared by CCM to ROC organizations.

Outcomes from the Engagement

- From the dialogue, ROC strongly indicated that they would want the Lavumisa Clinic to continue providing Outreach model at community level, as this has stopped because it was supported by a partner and project cycle has ended.
 - This has caused some ROCs to default on treatment as they do not have finances for transport fares. (Facility was engaged on this and indicated they will implement the outreach model as they were doing).
- A recipient of care was selected to join the Lavumisa clinic health committee.
- Some recipients of care who had defaulted after the Community Outreach was stopped have now re-engaged to care after conducting the community dialogues.

Challenges

- Low level of treatment literacy amongst ROC at community level.
- No feedback mechanism between facilities and communities.
- Unable to cascade advocacy activities in all the regions because of limited resources/funding and timeframe.

Overall Reflections

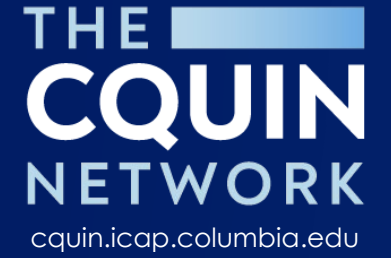
- Building capacity for communities through the CLM, will empower them for ownership and understanding of their epidemiology.
- A need of scaling up of treatment literacy amongst ROC/PLHIV groups in other regions.
- Training community ROC/PLHIV as trainers of trainers on Treatment literacy and DSD to cascade the training is important.
- Engaging community ROC/PLHIV on CLM as data collectors and capacitating them to be able to analyse and present the findings will bring ownership amongst ROC.
- There is a need to cascade more advocacy activities, dialogues, CLM, and increase engagement of ROC in all the regions.
- There is a need for more support in resources/funding to support Advocacy activities.

Key messages

- ❑ Investing in CE of ROC will contribute to quality-of-service delivery and sustainability as these are people based at community, and they are resources within their communities.
- ❑ Active community engagement participation is a strategy to improve service delivery of DSD models.
- ❑ Community engagement and greater participation can enable building of trust and acceptance by ROC on the DSD model which in turn will improve their quality of life for greater community resilience and sustainability.

Key Messages

- ❑ Community Engagement needs ROC at the forefront in the rolling out of DSD models
- ❑ A need for a feedback mechanism between facility and communities
- ❑ Use of already existing structurers at community level avoids duplication.



Thank You!

