COMMUNITY LED MONITORING

Cross Country Analysis of CLM Using the AAAQ Framework

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SKPA-2 Learning Brief

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INTRODUCTION

Community-Led Monitoring (CLM) is a process whereby service users gather, analyze, and use data to inform quality improvements of HIV services, and thus increase uptake and retention. Ultimately, this improves health outcomes among key populations.

The Availability, Accessibility, Acceptability, and Quality (AAAQ) Framework engages and empowers communities of people living with and affected by HIV to improve their health and hold decision-makers and service providers accountable for HIV service delivery.

PROJECT OVERVIEW

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) is a three-year program (1 July 2022 - 30 June 2025) aimed at improving the sustainability of evidence-informed, prioritized HIV services for key populations in Bhutan, Mongolia, the Philippines, and Sri Lanka. The objectives of SKPA-2 are to:

1. Accelerate financial sustainability
2. Improve strategic information availability and use
3. Promote programmatic sustainability
4. Remove human rights- and gender-related barriers to services

CLM Countries & Key Populations

Bhutan

- Lesbian, Gay, Bisexual, Transgender+
- People living with HIV
- People who use drugs & alcohol
- Sex workers

Mongolia

- Men who have sex with men
- Sex workers
- Transgender people

Sri Lanka

- Men who have sex with men

AAAQ FRAMEWORK & PROCESS

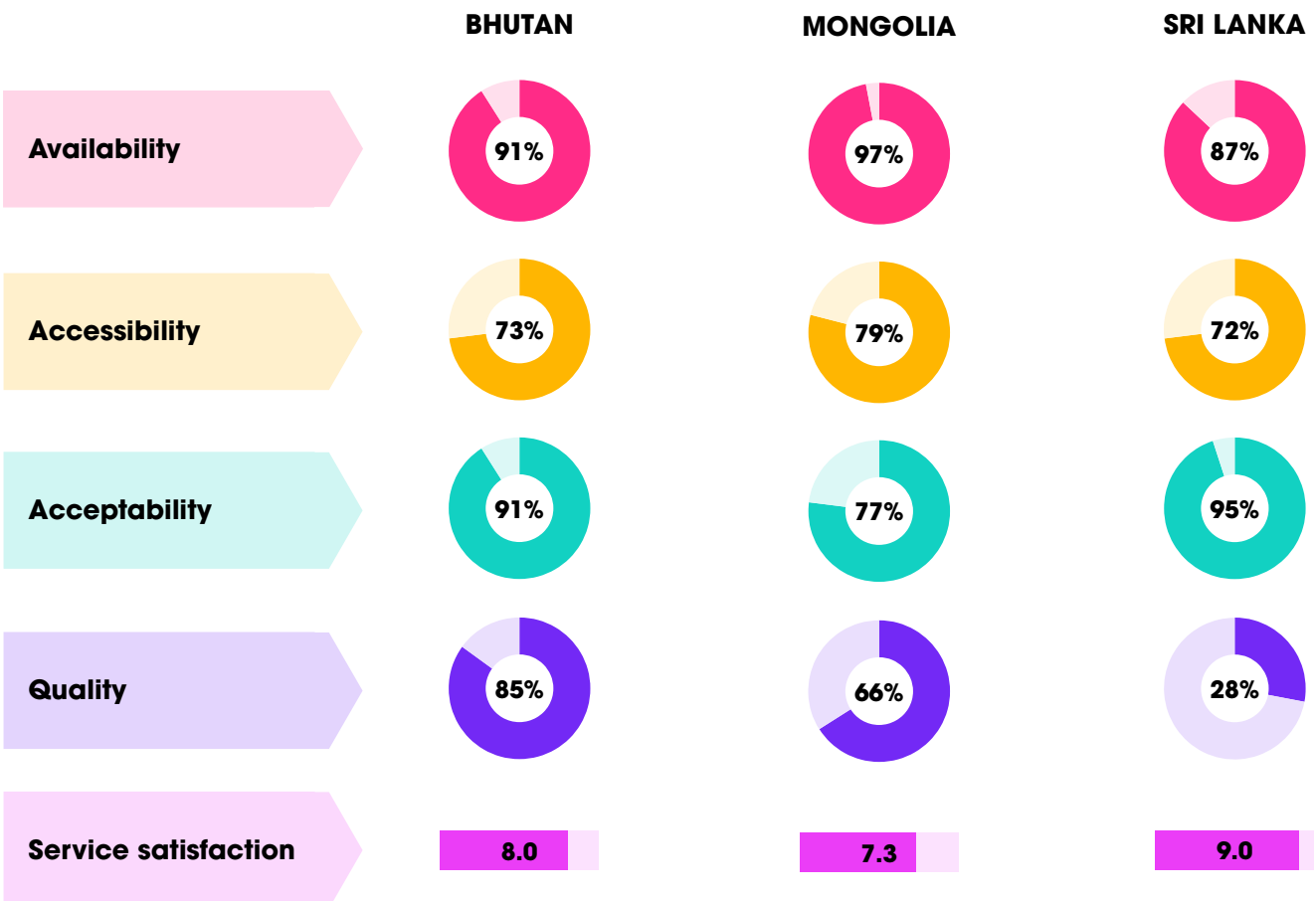
The SKPA-2 CLM process uses an adapted version of the AAAQ Framework. This framework uses four interconnected dimensions to assess HIV service quality. In each country, key population organizations were identified and trained in the CLM process and health facilities were selected for the pilot.

Data in each dimension were collected from clients in various settings (in the facility, exit interviews, community sites) and through various modalities (in person, telephone, computer- assisted).

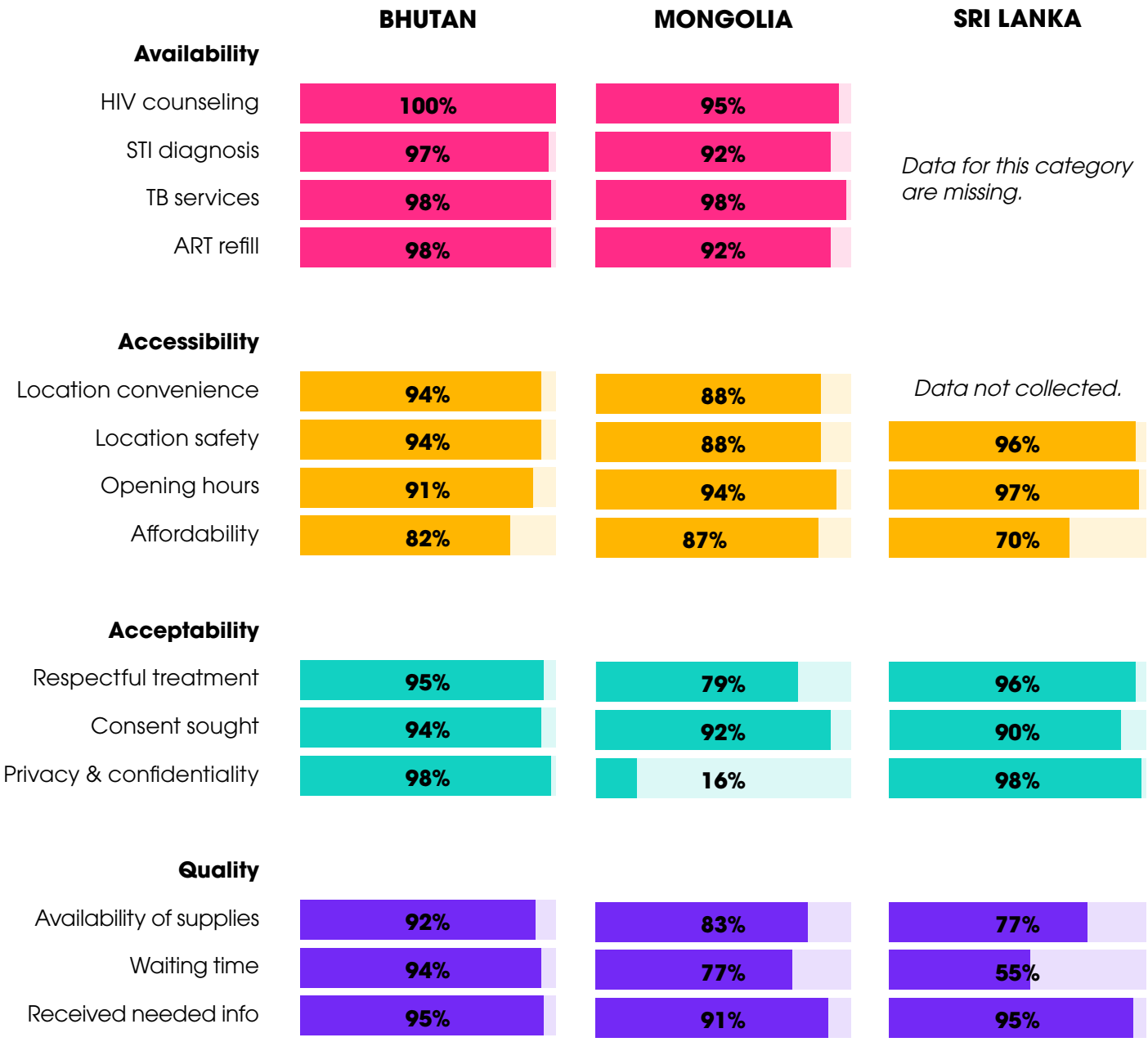
Project staff and key population organizations analyzed the data in results review meetings. Subsequent action planning meetings that also included select health facilities and National AIDS Control Programs developed recommendations for HIV service delivery improvements in each country.

Work is underway to improve CLM data collection tools and to conduct additional training and advocacy support for service providers and key populations.

RESULTS OVERVIEW: COUNTRY COMPARISON



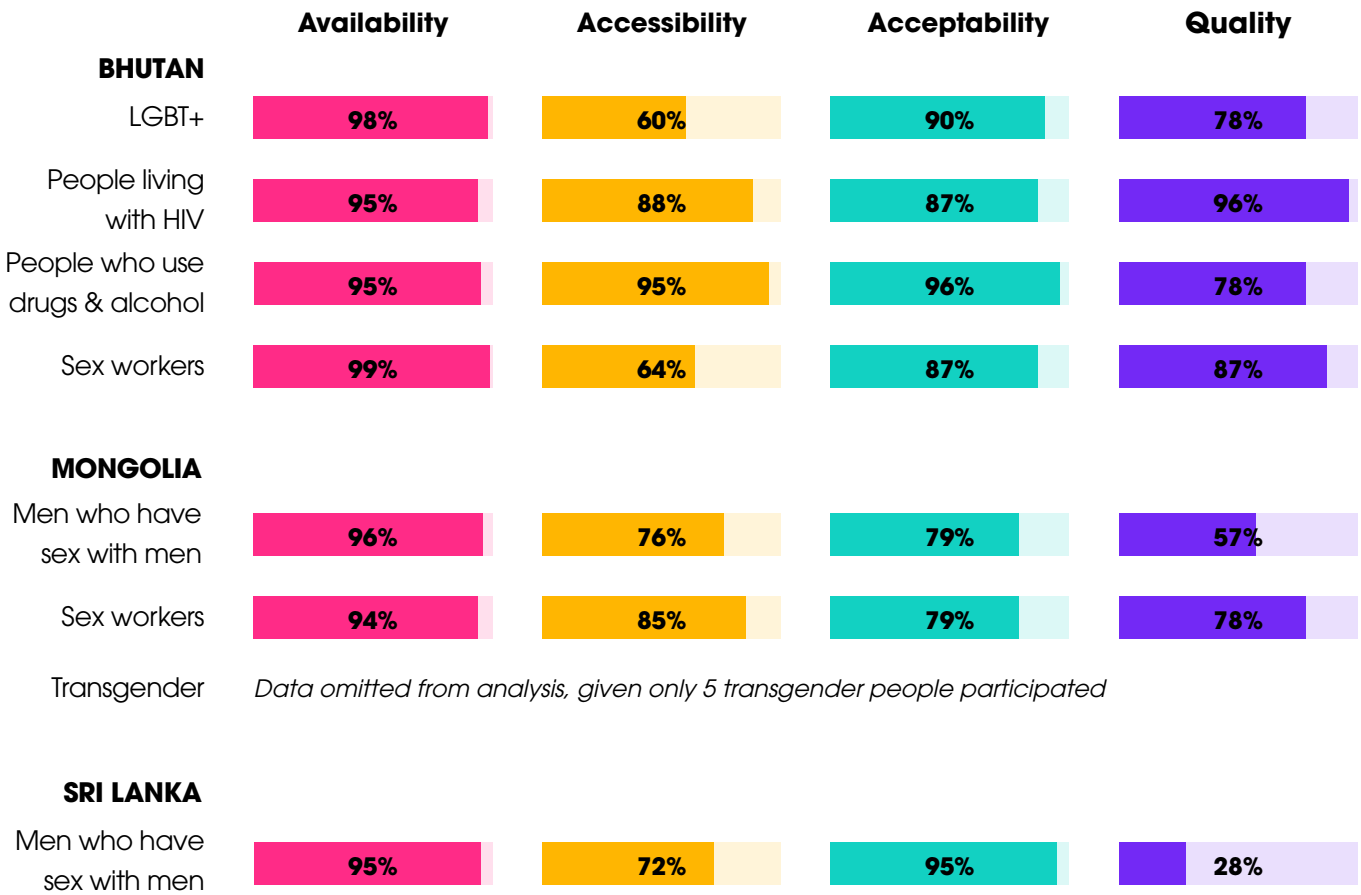
AAAQ SUB-CATEGORIES



Results In Depth

While the aggregate data from AAAQ offers an entry point for understanding what service improvements are needed, the real power is in the disaggregated data. Analyzing the data by sub- categories and specific key populations unmasks differential experiences of care that may be obscured by aggregate data. This reveals specific access barriers faced by various key populations and drives targeted solutions.

KEY POPULATIONS



CRITICAL INSIGHTS

Cross-referencing the disaggregated data can offer even more powerful insights and targeted service improvements. Some examples of the power of AAAQ analysis are below.

- In Bhutan, analysis revealed that while 82% of all CLM respondents reported that services were affordable, only 14% of transgender women said they were affordable. This offers specific insights into barriers to service uptake among specific key populations.
- AAAQ helps discern what is important to key populations. In Sri Lanka, service quality was ranked low (28%), with waiting time cited as the biggest contributor to that low score. But overall service satisfaction was 9.0, suggesting that waiting time did not have a significant effect on overall satisfaction with services.
- Disaggregating data by clinic type can help identify where specific improvements are most needed. For example, in Mongolia, CLM revealed that district health departments and private sector providers needed the most improvement. Directing resources to these facilities can help maximize impact.
- Data can also be used to identify positive deviants and learn from those examples. For instance, in Sri Lanka, Gampaha STD Clinic scored very high across all indicators. The project could consider organizing learning visits to this clinic so staff from other facilities can understand the factors that contribute to its success.

DRIVING SERVICE IMPROVEMENTS

AAAQ has identified and/or catalyzed service improvements in each of the three pilot countries. Some examples are highlighted below.

ISSUE:

In Mongolia, only 50% of transgender women reported consent was sought for services, as compared to 92% overall.

ACTION:

Building health facility staff capacity for trans-inclusive service delivery has been identified as a need to improve this key population's experience of care.

ISSUE:

In Sri Lanka, affordability was revealed as a key barrier to services. This is driven, in part, by the economic situation in the country, which has made the cost of living a struggle for many.

ACTION:

Vocational trainings have been identified as a strategy for key populations to improve their ability to access HIV services.

ISSUE:

In Bhutan, availability of viral load testing was identified as a concern. Disaggregated facility-level data revealed that viral load testing is only available at select higher- level facilities.

ACTION:

One of the key population organizations is advocating to improve access to viral load testing in more facilities.

FUTURE DIRECTIONS

Several recommendations for improvement have echoed across all three countries.

- Build a stronger culture of data use to improve HIV service delivery. This includes embedding CLM into a routine system and developing a national dashboard for real-time action-planning.
- Adapt the AAAQ toolkit to the local context and ensure that the tools are field-tested and understood by community members.
- Cultivate buy-in and understanding of AAAQ and the CLM process through advocacy, dialogue, and training. Build capacity of health facility staff and key population organizations for implementation.
- Expand the AAAQ/CLM process to include additional key populations, with particular emphasis on transgender persons.
- Explore opportunities to integrate the AAAQ/CLM process across disease areas, including TB, to minimize duplication, improve efficiency of data collection, and catalyze more effective data for decision-making

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