

DEVELOPING AN INTERNATIONAL QUALITY OF CARE BENCHMARK FOR STRENGTHENING COMMUNITY LED MONITORING SYSTEM

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BACKGROUND

Community Led Monitoring (CLM) is a process whereby service users or local communities gather, analyze, and use information to support quality improvements of HIV services to increase uptake and retention of people in HIV services, and improve health outcomes for key populations. A key component of CLM success is ensuring that data are used for decision-making and that feedback from communities of people living with HIV and other key populations improves HIV outcomes. While there is major enthusiasm for CLM, community organizations and groups struggle to measure and assess the quality of their CLM processes. Currently, there are no universally established minimum standards to assess CLM feedback mechanisms.

DESCRIPTION

The **Sustainability of HIV Services for Key Population in Southeast Asia (SKPA-2)** program has reviewed its CLM tools, pilot programs, technical briefs, case studies, existing literature, and toolkits from other agencies to develop a Quality of Care (QoC) benchmark framework to measure CLM feedback mechanisms. A feedback mechanism refers to the process by which community feedback is collected, analyzed and shared back with communities. It is important that any data collected are appropriately analyzed, actioned, and reported back to ensure CLM is not just an exercise in data collection but also to increase accountability and transparency of the results.

The QoC benchmark framework covers three cycles within CLM where the Feedback Mechanisms can be reviewed including (1) Design, (2) Implementation, and (3) Monitoring and Evaluation (M&E) (Figure 1). We used our criteria to assess CLM initiatives in Bhutan, Mongolia, and Sri Lanka. For each country and category, scores between one and four were generated to assess strengths and gaps. Within each cycle, several steps were identified and different quality benchmarks of best practice were also identified (Table 1).

Figure 1: QoC Benchmark Framework Cycle for Feedback Mechanism

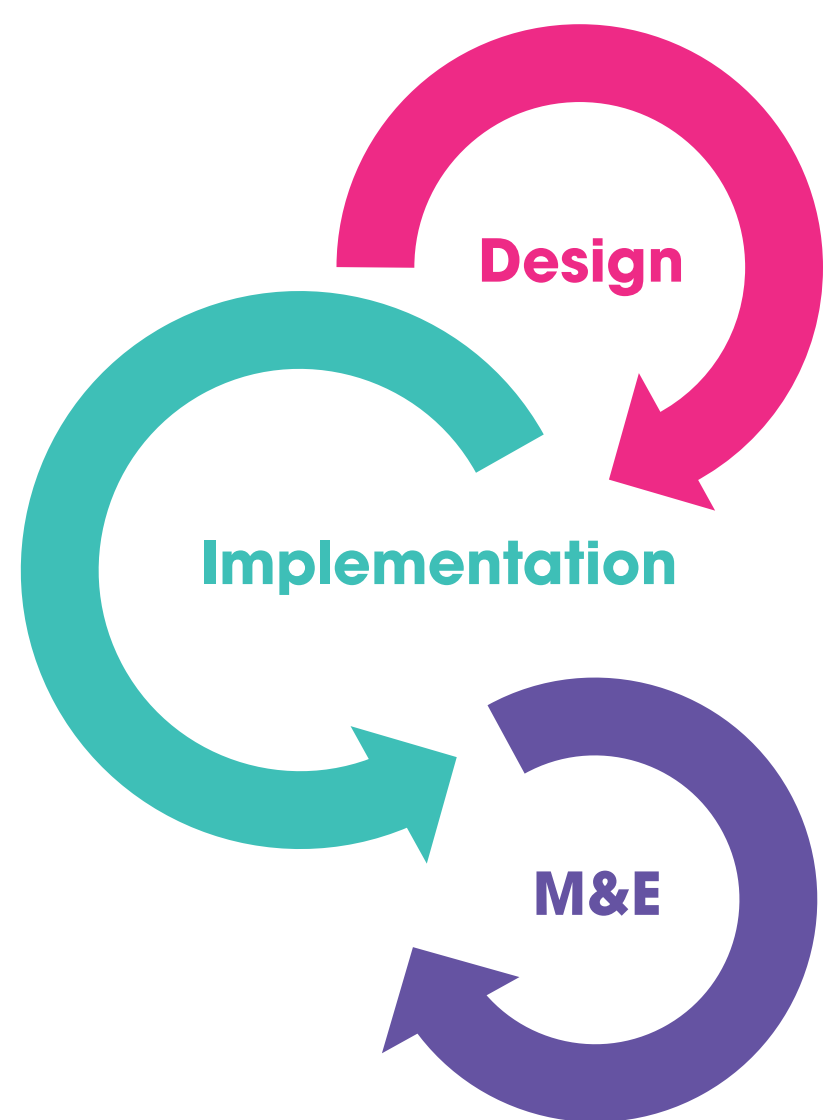


Table 1: Feedback Mechanism Cycles and Steps

| Feedback Mechanism | | |
|--|--|---|
| Cycle | Steps | |
| Design | Ensuring community leadership | |
| | Referral networks | |
| | Routinization | |
| | Duty of care | |
| | Confidentiality and data security | |
| Implementation | Collect and package data, generate reports, and respond to serious incidents | |
| | LEVELS | Identification |
| | | Follow-up |
| | | Response |
| | At individual level | At clinical / institutional level |
| | | At structural level |
| | | At individual level |
| | Monitor | At clinical / institutional level |
| | | At structural level |
| | M&E | Conduct dialogue about the findings to provide tailored actionable recommendations from CLM data with community partners, facility users, facility staff and other stakeholders |
| Engage in advocacy for improvements, based on ongoing monitoring | | |
| M&E | Biannual CLM process renewal and refinement | |

LESSON LEARNED

SKPA-2's QoC benchmarks identified and measured CLM programs against 78 benchmarks. Average scores for the three SKPA-2 countries participating in CLM have been reviewed and presented in Table 2.

The detailed benchmarks include:

- Design:** ensuring community leadership, referral networks, routinization, duty of care, confidentiality and data security.
- Implementation:** data collection, conducting dialogue on CLM findings, and engaging in advocacy for quality improvements.
 - Serious incident benchmarks: identification, follow-up, response (at individual, institutional, and structural levels) and monitoring.
- Monitoring & Evaluation:** process renewal and refinement, stakeholder feedback, and Capacity Building.

The benchmarks identified strengths and weaknesses of SKPA-2 CLM country systems to ensure they remain strong and responsive to key populations, and that client feedback could be analyzed and actioned. This process also helped us to realign workplan activities and identify areas for specialized technical assistance. Figure 2 illustrates the average scores across each cycle of CLM including Design, Implementation, and M&E, disaggregated by country.

OVERALL FINDINGS:

- Community leadership and confidentiality (including data security and mapping of referral service providers for serious incidents) were well documented across each country.
- Gaps were identified in documenting verified referral networks to ensure survivor-centered services, and lack of duty of care processes among implementors.
- Engagement in advocacy for improving services, and ongoing M&E and refinement was found to be weak or not well documented, indicating the need for increased attention to problem resolution and case management.

BHUTAN

- Bhutan has done a good job on defining and carrying out CLM on a routine basis with all key population organizations engaged in the process including capacity building, and developing individualized key population-specific action plans.
- A Feedback Mechanism Protocol in Bhutan at the time was not clearly linked to the CLM system. Bhutan should identify and update their Feedback Mechanism with clear linkages to CLM data collection and response.

MONGOLIA

- Mongolia's CLM system was particularly strong in the development of online data collection and management systems that outlined confidentiality of CLM data and data security through restricted access to the database by key CLM staff.
- Mongolia's serious incident follow-up systems and protocols were not well defined, and a protocol should be developed to improve access to referrals for relevant services.

SRI LANKA

- Sri Lanka's design phase of the CLM scored highest.
- Development of their Serious Incident Reporting and Response Protocol and adequately mapping referral networks was strongest. Their tools have since been utilized as best practice and used to support other SKPA-2 countries.
- While serious incident follow-up was strong in Sri Lanka, generalized feedback and processes with communities and health systems were not as well defined. CLM in Sri Lanka should develop more systematic mechanisms to feed back generalized data with both key population communities and selected health facilities.

CONCLUSION

SKPA-2's Quality of Care CLM benchmark tool provides a set of standards that programs can use for self-assessment to identify strengths and areas requiring improvement. The QoC benchmark when assessed among multiple countries may also provide a useful opportunity to identify best practice programs so that they may provide peer to peer support or be replicated new contexts.

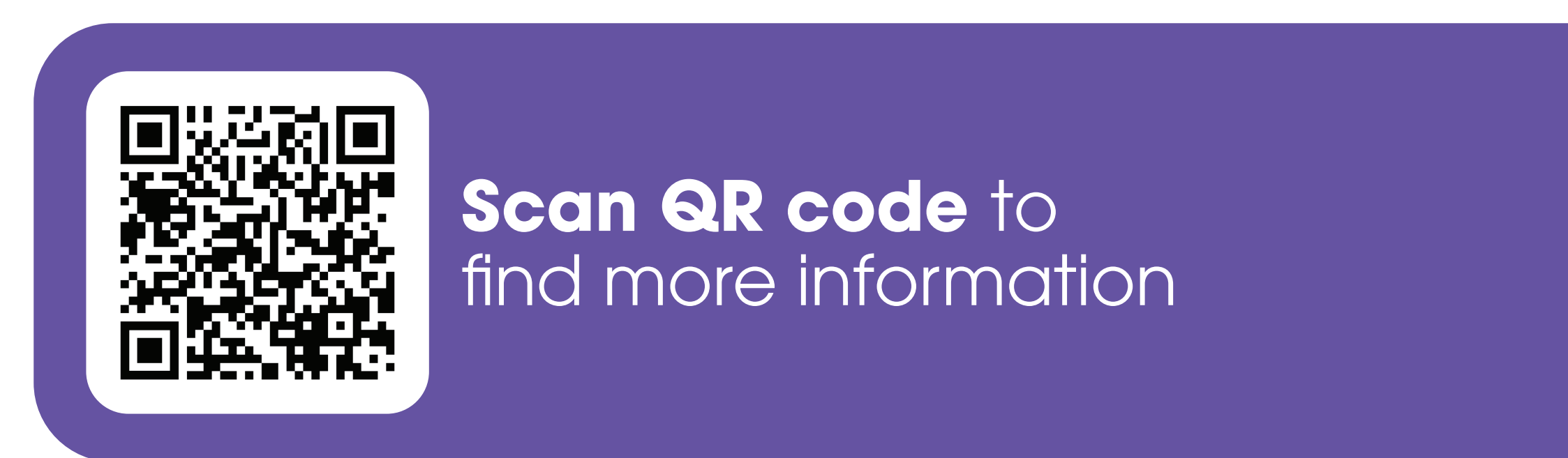
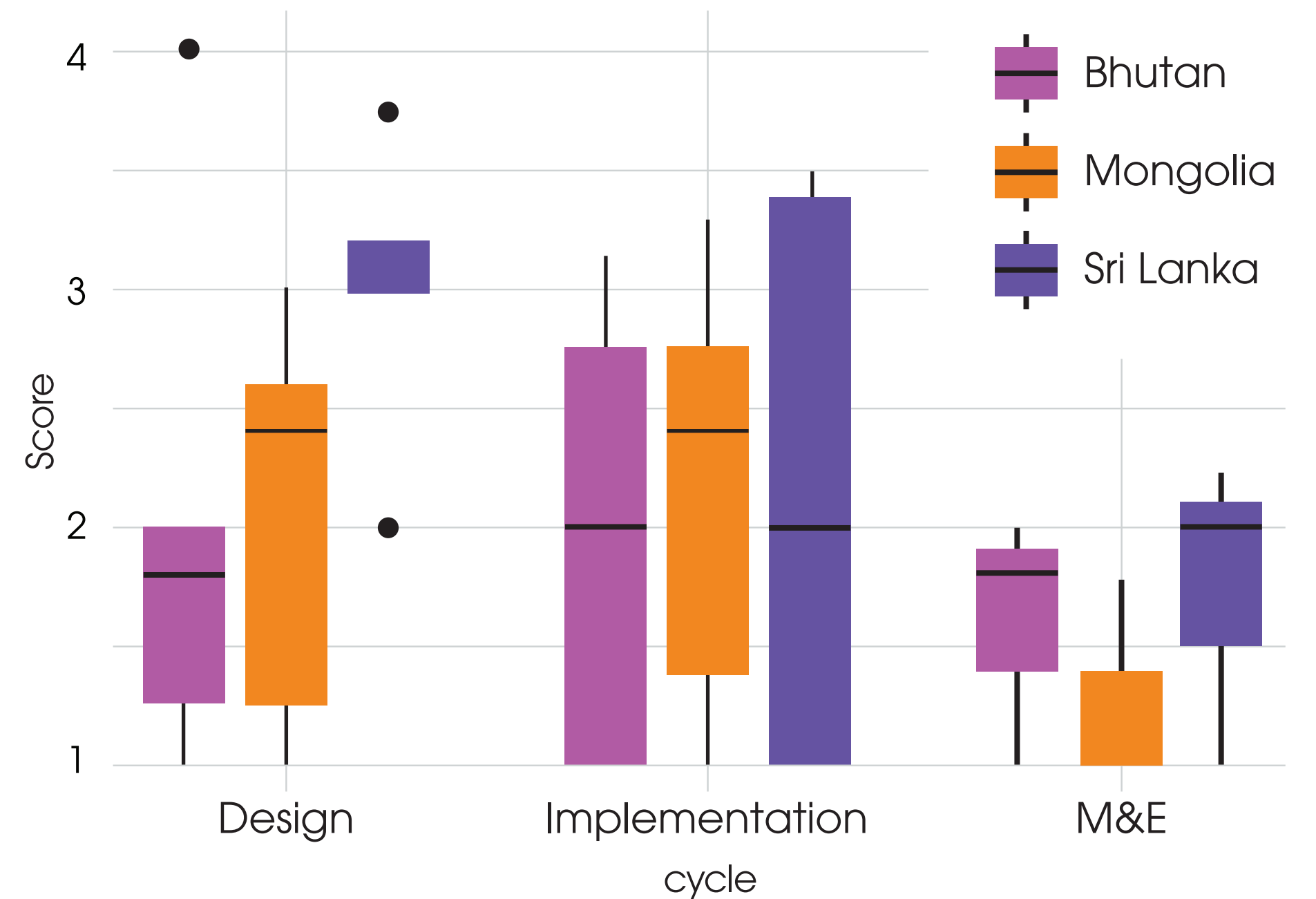
Utilizing a QoC Framework will ensure that CLM is community-led, catalyzes actions, and supports progress to ending AIDS by 2030.

Table 2. Feedback Mechanism Ranking by Country

| Feedback Mechanism | | COUNTRY Score Review <small>*as of Nov 2023</small> | | | |
|--|--|---|----------|-----------|------|
| Cycle | Steps | Bhutan | Mongolia | Sri Lanka | |
| Design | Ensuring community leadership | 2 | 2.6 | 3 | |
| | Referral networks | 1.25 | 1.25 | 3.75 | |
| | Routinization | 4 | 3 | 3 | |
| | Duty of care | 1 | 1 | 2 | |
| | Confidentiality and data security | 1.8 | 2.8 | 3.2 | |
| Implementation | Collect and package data, generate reports, and respond to serious incidents | 3 | 2.5 | 3.5 | |
| | LEVELS | Identification | 2.66 | 3.17 | 3.5 |
| | | Follow-up | 2.86 | 3.29 | 3.43 |
| | | Response | 1.86 | 2 | 2.71 |
| | At individual level | At clinical / institutional level | 2.56 | 2.44 | 3.33 |
| | | At structural level | 2 | 1.75 | 2 |
| | | At individual level | 1 | 1 | 1 |
| | Monitor | At clinical / institutional level | 1 | 1 | 1 |
| | | At structural level | 3.14 | 2.42 | 1 |
| | M&E | Conduct dialogue about the findings to provide tailored actionable recommendations from CLM data with community partners, facility users, facility staff and other stakeholders | 1 | 3 | 1 |
| Engage in advocacy for improvements, based on ongoing monitoring | | 1.63 | 1.5 | 1.88 | |
| M&E - Process Renewal & Refinement | | 1.8 | 1.8 | 2.2 | |
| M&E | M&E - Stakeholder Feedback | 2 | 1 | 2 | |
| | M&E - Capacity Building | 1 | 1 | 1 | |

| Criteria Review | Score (average) |
|--------------------|-----------------|
| In Place | 3.5 - 4 |
| Mostly in place | 2.5 - 3.5 |
| Partially in place | 1.5 - 2.5 |
| Not in place | 0 - 1.5 |

Figure 2: CLM Quality of Care Scores Distribution by CLM Cycle Disaggregated by Country



For more information about the poster please contact:

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