

Cross-partner community-led monitoring initiative on an orphan and vulnerable children (OVC) project for Haitian migrants and their descendants in the Dominican Republic: Learnings and best practices



AUTHORS: Franklin Mármol Martínez¹, Carol Canales¹, Desiree Luis¹, Alison Koler², Daisy Kisiyombe²

¹ Pact, Building Resilience Project | Program, Santo Domingo, Dominican Republic; ² Pact, Global Health, Washington DC, United States

BACKGROUND

The USAID-funded Building Resilience project, is an OVC initiative in the Dominican Republic that focuses on Haitian migrants and Dominicans of Haitian descent, targeting households with at least one member living with HIV in the Dominican Republic as an inclusion criterion. This family-centered community-based project operates across six provinces and is implemented by four local sub-partners (NGOs) distributed across the country where the priority population are more condensed. The project offers tailored services through a comprehensive case management approach that addresses four domains: health, protection, education, and stability. "Community-led monitoring (CLM) is a technique initiated and implemented by local community-based organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups, or other community entities that gather quantitative and qualitative data about HIV services" (PEPFAR, 2021). The project designed a Community Led Monitoring (CLM) approach to add the voices of the priority population and community case workers (CCWs) to drive and influence service delivery priorities, quality, address services gaps relative to their needs, and aim for more sustainable solutions.

DESCRIPTION

The project implemented the CLM pilot from September to December 2023 which involved four key phases: 1) Introduction and Planning of CLM activities, 2) Formation of the Community Committee, 3) Discussion Groups/Interviews, and 4) Presentation of Results. To mitigate the inherent bias of a local sub-partner leading CLM in their project area, the CLM pilot was executed between sub-partners due to their knowledge and history of the project and experience with the priority population.

During the planning phase, key stakeholders and sub-partners' staff convened to discuss program objectives and schedule, sign confidentiality agreements, facilitate the selection of CLM committee participants, and provide the contact list of beneficiaries that would later be sampled for interviews. The CLM committee included: Two caregivers' beneficiaries, two adolescent beneficiaries, two CCWs delivering services to the beneficiaries from the project area, two supervisors, a Monitoring & Evaluation officer, and a project coordinator from the sub-partner supporting the CLM.

The CLM committee oversaw the development of the key indicators including how and when they would be implemented, as well as creating the invitation for beneficiaries to participate in the discussion groups. The

project organized the discussion groups/interviews phase into three groups: Caregivers, adolescents, and CCWs. The group conversation oriented the groups on the goal of the CLM, its importance and what was expected from them. CCWs filled in a written consent form that allowed them to speak freely with an option to be interviewed if preferred.

Members of the committee that were fluent in both creole and Spanish interviewed caregivers and adolescents. CLM facilitators presented the results to the CLM committee and key stakeholders from sub-partner staff. Included in the results were recommendations on sustainable solutions and discussions on corrective action plans. The project disseminated the results and action plan to potential stakeholders who may be impacted by these results such as beneficiaries, staff members of the organization receiving the CLM, clinical partners and specifically the province-level Technical Working Group. These spaces provide more insights into the results and can collaborate to make a more robust action plan. It also serves to expand the results to other organizations that could use this data and action plans. The last step involved monitoring the corrective action plan through tracking key indicators. Some indicators may have required immediate action, creating a CLM loop of a constant flow of information via data collection, analysis and interpretation, Dissemination and Advocacy, and Monitoring.



Community Case Worker providing their feedback by a CLM form.



CLM Committee discussing potential indicators.



CLM Committee discussing potential indicators.

LESSONS LEARNED

- The CLM pilot underscores the value of inclusive participation, adaptability to local contexts, inter-partner collaboration and learning, community-centric data gathering (particularly when working with a highly vulnerable population), and capacity building on areas such as data interpretation and problem-solving activities
- The pilots' 84% participation rate demonstrated that the beneficiaries are interested in sharing their experience and perspectives of the project and quality of services
- Partners' cross collaboration brought unique perspectives, enabling a better understanding of regional variations in challenges needs and the opportunity to share best practices across different project areas resulting in a dual learning experience, with a low cost and a short learning curve
- By involving beneficiaries and CCWs in CLM committees, valuable skills were developed, enhancing their ability to contribute actively to future community-led initiatives and ensuring that the information collected is closely tied to the priorities and concerns of the targeted population. This results in a greater sense of ownership that can lead to more sustainable projects with engaged communities
- Different modes of communication allow beneficiaries to respond in the way they feel most comfortable increasing the sample size e.g., multiple language options, telephone interviews versus face-to-face, handwritten forms and electronic version

CONCLUSIONS

The results presented demonstrated the importance of direct feedback to understand and work for better solutions. Implementing CLM efficiently and inclusively can strengthen subsequent activities by providing valuable information to enhance services. Applying CLM across all provinces is the next step in solidifying these findings and refining the methodology for future implementations. For example, a mixed data collection approach could be explored, including face-to-face interviews, telephone interviews, and suggestion boxes. Cross-partner CLMs will reduce implementation costs, improve execution time, and maintain high-quality data with a minimal learning curve.



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CLM Committee members, that includes caretakers, adolescents and community case workers.

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