CAPACITY BUILDING FRAMEWORK

Facilitating the effective implementation of the community – Led monitoring and Engagement Franmework

Introduction

Communities can play a catalytic role in improving health outcomes, service delivery, and overall quality of life and understanding of health within communities. The involvement of recipients of care—and other affected communities—in monitoring their health systems is essential. PEPFAR recognizes the importance of engaging communities in the development and implementation of its programming. As PEPFAR continues to confront the challenges of assuring retention on life-long ART in PLHIV who may not view themselves as sick, collaboration with communities and PLHIV is urgent and critical. This collaboration can help PEPFAR programs and facilities ensure they are providing quality services that beneficiaries want to utilize. Collaboration with community groups, CSOs and PLHIV or beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges and barriers with service uptake at the site and facility level to effective service and client outcomes at the site. Most importantly this collaboration identifies workable solutions to overcome barriers and ensure beneficiaries have access to services. One approach to this kind of collaboration has been variously referred to as Community Led Monitoring (CLM) among others.

The Sustainability Index Dashboard and Responsibility Matrix 2019 indicated poor performance, poor quality of services, poor health workers' attitudes, health and rights violations, and frequent stock-outs and/or shortages of diagnostics and treatment commodities. While HIV treatment and prevention coverage has steadily improved in Uganda, there are persistent shortcomings in the response. These include; high rates of loss to follow up (LTFU), limited uptake of high impact prevention services such as PrEP, high rates of discontinuation from the DREAMS program, limited access to 'friendly' services for HIV positive and HIV negative adolescents/youth, high rates of stigma and discrimination, poor provision of prevention and treatment services for KPs, low community/service recipients' participation in planning, monitoring and evaluation. Additionally, there is very poor viral load suppression among some groups (paediatrics, pregnant women adolescents, men > 25). As well community and social factors such as stigma, gender and sexuality discrimination, and other social barriers exist. PEPFAR and its IPs have made great progress to realize over 1.2 million on treatment and over 75% virally suppressed. However, there is still need to find the remaining 150,000 HIV infected individuals, link them to treatment and retain all those PLHIV on ART. There is also need to avert new infections especially among risk populations.

Background to the capacity building

Capacity building is a process for improving the ability of persons, groups, organisations or systems to address stakeholders' needs and, ultimately, perform better (Horton et al, 2003; LaFond & Brown, 2003; Goodman et al, 1998). For over a decade capacity building in HIV/TB and SRHR response has focused on clinical functions rather than communities to effectively engage with the health system. It has long been shown that the provision of public goods is directly linked to the information and the accountability structures for officials making decisions about those goods. PEPFAR and other HIV response partners have identified capabilities as an important dimension of building resilient and sustainable interventions in HIV/Tb and SRHR programs. To effectively strengthen country ownership, capacity building priorities must be generated with the leadership of key stakeholders in the country, building on existing. President's Emergency Plan for AIDS Relief-6-infrastructure, abilities and experience, recognizing the interdependence among multiple actors, systems, and levels, and responding to political and governmental realities

What is and why Community-led monitoring?

Addressing continuing challenges in the quality of and access to HIV/TB and SRHR services is inextricably linked to addressing this accountability deficit in the HIV response. Community-led monitoring offers an opportunity to address both. Community-led monitoring has identified key stakeholders and platforms of engagement to deliver effective HIV/TB and SRHR services to communities. But to be able to play the role of community led monitoring and engagement requires equipping communities with skills to undertake community monitoring assessments, engagement and tracking of changes. Community-Led Monitoring (CLM) is the systematic collection of data at the service delivery site by service recipients (persons living with; affected by and those at a high risk of HIV) who later compile, analyse and then use the findings to engage service providers and key decision makers within the service delivery chain. Another key to the concept of community led monitoring—separating it from other modes of quality improvement— is the full integration of evidence-based advocacy into a cycle that brings new information to the attention of decision makers and holds them accountable for acting on that information. It is expected that service recipients who collect, compile, analyse and use the data have the necessary capacity/skills; but since CLM is a new concept – it might be necessary to build capacity at different levels; hence the justification for this framework.

Rationale for the capacity building framework

This Capacity Building Framework describes the process undertaking capacity building sessions capable of improving the skills and competencies of individuals, communities and CSOs involved in monitoring PEPFAR Process in Uganda. Community-led monitoring requires financial resources and technical expertise, as essential for enabling and capacitating communities with knowledge of the key issues relevant to, and

processes for community monitoring. Rather than common top-down approaches where communities are simply consulted, in this community led monitoring and engagement framework, communities themselves drive the agenda and as such necessitates capacitating them with the requisite skills to undertake effecting community led monitoring and engagement. A strong capacity-building component ensures PLWH and KPs capacities are strengthened through the tailored trainings and capacity assessments that are part of the implementation process

Purpose of the capacity building framework

To provide for a high-level strategic framework for capacitating target communities and key stakeholders to deliver on the community led monitoring and engagement framework to improve HIV/TB and SRHR services and outcomes.

Specifically

1. The framework identifies key capacity building skills areas for service users and duty bearers within the Community - Led Monitoring and Engagement Framework
2. Provides a framework for building Capacity of Communities and Duty bearers within the HIV/TB and SRHR community led monitoring engagement framework
3. Provides illustrative approaches to monitor and communicate results on capacity building efforts by specific technical areas.

Who is targeted with this capacity building framework?

The following categories of people will be target with this capacity building framework; and the justification

1. **Community monitors** – these will be drawn from persons living with HIV and KPs and will be targeted for training in community led monitoring and engagement. They will be charged with regularly conducting community assessment of HIV/TB and SRHR services a way of generating service delivery issues as experienced by persons living with HIv and KPs. Community - Led Monitoring will focus on collecting quantitative and qualitative data and experiences of patients to reveal insights from communities about their experiences with HIV/TB and SRHR services and enage service providers and duty bearers to address issue identified facility, community, sub-national, national, and even international levels. These will be responsible for routine data collection together with the CBOs and other service recipients.
2. **National and district level PLH networks, NGOs, and CBOs** – there are organizations that will be responsible for national level advocacy, engagement and will also be responsible for guiding district level engagement

3. **Health facility staff and IPs** – there will be limited capacity building i.e. orientation of selected health facility staff and IP representatives for them to appreciate the concept of community led monitoring. This is intended to ensure that the exercise is viewed from the development side than fault finding exercise
4. **CLM Implementation team** (staff of ICWEA, HEPS Uganda and SMUG) – these will join community monitors, regional organizers and national level CSOs for their capacity building exercise. Their capacity building will also cover programme implementation, management, monitoring and evaluation
5. **National and district level stakeholders** – these will include Ministry of Health, National Steering Committee, Ministry of Gender, Labour and Social Development, Ministry of Finance, Planning and Economic Development**,** Uganda AIDS Commission, Country Coordinating Mechanism of Global Fund and any other ADP interested in CLM

Core capacities – pathways to change

Health rights and HIV/Tb and SRHR core packages of services; It is now widely recognised that HIV and human rights are inextricably linked. Human rights abuses are one of the drivers of the HIV epidemic and increase its impact. At the same time, HIV undermines progress in the realisation of human rights. Under international human rights laws and treaties, and international obligations such as the Universal Declaration of Human Rights and the 2030 Agenda for Sustainable Development, every person has a right to health and to access HIV, and other healthcare services. However, many people continue to face human rights-related barriers to essential and often lifesaving health services. These barriers arise from discriminatory laws and practices connected to people's health status, gender identity, sexual orientation and conduct. The people facing these barriers are often the most marginalised and stigmatised in society, and the most vulnerable to HIV. This makes protecting, promoting, respecting and fulfilling people's human rights essential to ensure they can access the health services they need, enabling an effective response to HIV and AIDS.

National HIV/TB and SRHR service guidelines, Uganda has developed array of policies and national service standards that most communities are not k knowledgeable about and this undermines their demand for quality services. Part of the training will target providing simplified versions of priority policies and service guidelines

Country planning processes and COP mechanisms; effort will be taken to roient the communities on PEPFAR COP planning processes as a way of promoting effective engagement. In many of the countries most impacted by HIV, the US President's Emergency Plan for AIDS Relief (PEPFAR) is the single largest source of funding for the response. Programs funded by PEPFAR are a dominant source of funding for HIV treatment, prevention, care and health systems strengthening. Every year, PEPFAR engages in a planning process to create a Country/Regional

Operational Plan (COP/ROP) for each major country or region that receives funding. The resulting plan sets out the budget, targets, geographic focus, and expected impact of PEPFAR funding for the following fiscal year. Country and Regional Operational Plans dictate how billions of dollars in HIV funding from the U.S. government are allocated and spell out programmatic priorities. It is critical that affected communities and civil society advocates are authentically and meaningfully involved in the process in order to ensure that PEPFAR funding is used in accordance with community needs.

Grassroots evidence generation and advocacy; Grassroots advocates raise public awareness on issues so the general public can influence public perception, regulations, and public policy. Partners will work to capacitate communities (PLWH and KPs to undertake grassroots advocacy both to raise profile of community related HIV/TB and SRHR issues while also drawing attention of local level duty bearers to these issues for action. Grassroots advocacy lets citizens start powerful conversations around the issues they care about with their elected officials. By combining and channelling many voices around a single issue, improves chances of getting leaders to sit up and listen

Surveys and community surveys of services; communities will be taken through the community level monitoring tools that will be used for periodic service assessments.

Guiding Principles for Capacity Building

Use Evidence: Base capacity strengthening/building interventions on the best available evidence and practices. The Tripartite is committed to monitoring and evaluating its capacity strengthening practices, seeking feedback, documenting lessons and learning from successes (and failures) in order to increase their evidence base.

Emphasize Performance and Results: Capacity strengthening efforts must be closely linked to clearly defined results, with the aim of sustaining improvements over the long term. Feedback mechanisms must assess an intervention's quality and effectiveness and its relationship to the organization's and individuals' ability to deliver better services. Employ quantitative as well as qualitative measures to evaluate progress made in a certain direction.

Value Differences: From the start, appreciate the importance of context and culture. Context refers to the often complex, dynamic, unpredictable and difficult-to-control external forces that characterize many of the places where we work. Culture is the glue that binds an organization together—shared outlook, expectations, behaviours, attitudes and experiences. To achieve long-term impact, The Tripartite believes that capacity strengthening needs to be contextually and culturally appropriate and specific and take into account existing structures, systems and plans. One size does not fit all.

Focus on Relationships/partnerships: Relationships are at the centre of any successful capacity strengthening effort. No assessment tool, process or methodology can foster change in the absence of a relationship characterized by mutual trust, confidence and respect. Building these relationships requires compromise, humility and careful investments of time and attention. Promising more than can be delivered realistically is a sure-fire way to undermine the expected change process. Clarify expectations in the early stages of the relationship to set the stage for addressing the challenging and often difficult issues that may surface.

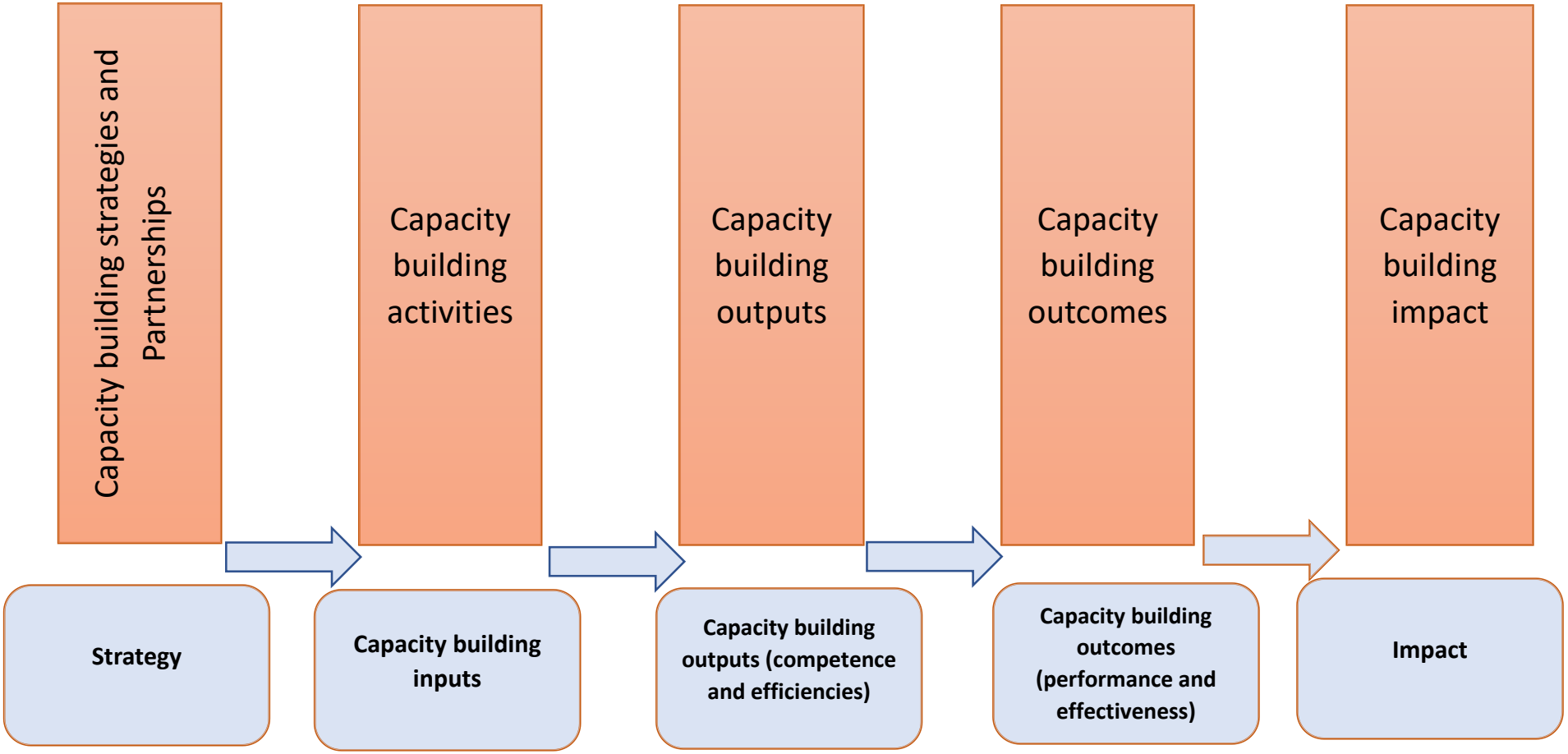
Partnerships are a fundamental component of an effective capacity building strategy because of their central role in establishing ownership, support, and sustainability of capacity building interventions. Partnerships supporting capacity building occur at multiple levels, from strategic national partnerships that prioritize a country-level plan for capacity building in CLM, to implementation partnerships that support specific capacity building activities in different technical program areas.

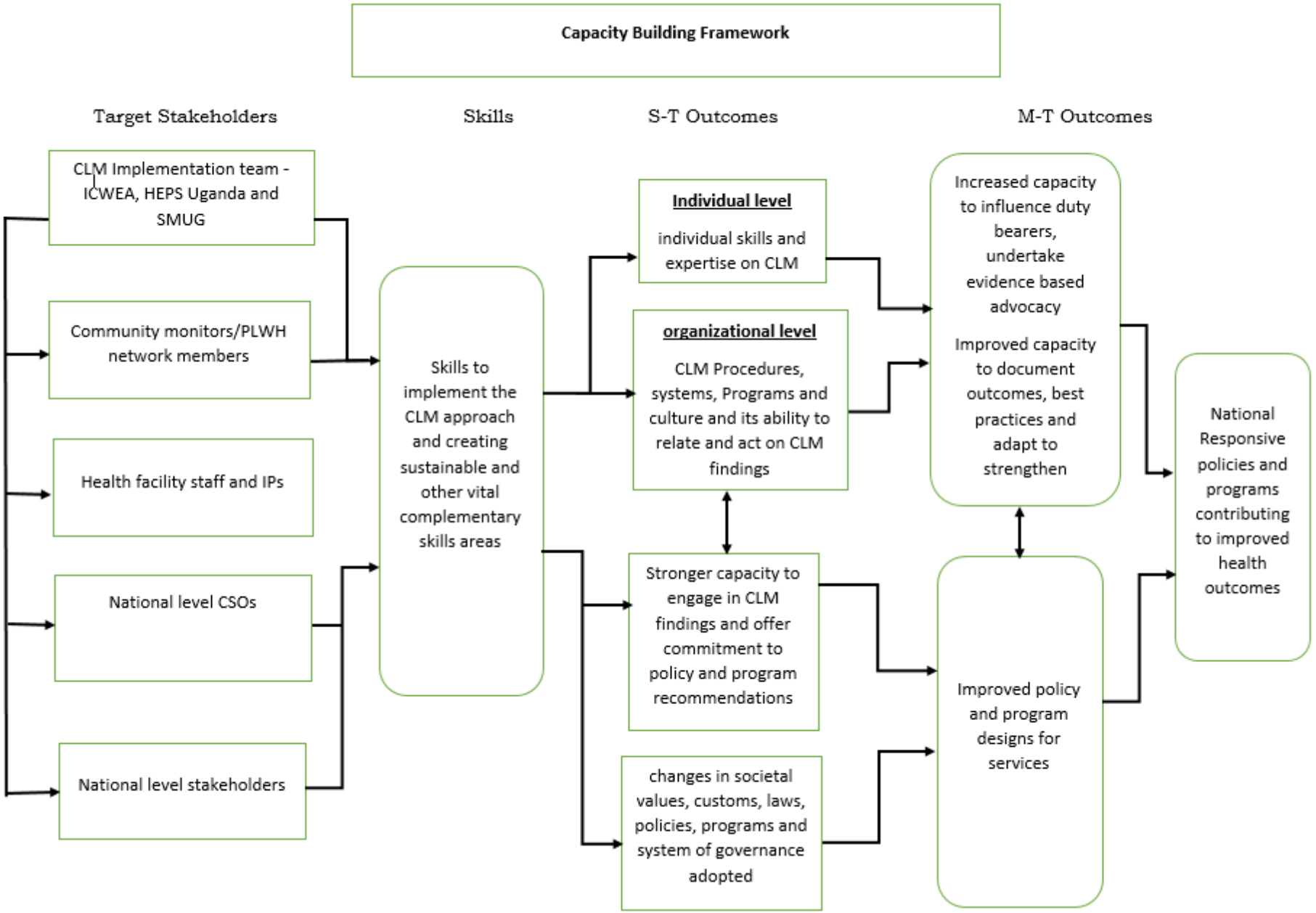
Partners in this initiative will include Health Gap, amfAR, Georgetown University and South-south technical training with Ritshidze project in South Africa

Collaborate: Employing participatory approaches is essential and fosters buy-in to interventions and results. To succeed, partners must drive the processes, including assessing their own strengths and weaknesses, defining their goals, shaping and implementing improvement plans, and monitoring and evaluating progress toward their critical capacity and performance outcomes. Our aim is to encourage, grow and strengthen ownership over the capacity strengthening process and outcomes.

CLM capacity building framework

Any capacity building activity should be driven by clearly defined objectives that state what the initiative is intended to achieve and how it will accomplish its objectives in the context of the development partner (PEPFAR), the national strategic plan, and the expected program outcomes. Partnerships will be pivotal to capacity building and will ensure that local institutions own and lead the capacity building processes.




Capacity Building Framework
Target Stakeholders
Skills
S-T Outcomes
M-T Outcomes
CLM Implementation team - ICWEA, HEPS Uganda and SMUG
Community monitors/PLWH network members
Health facility staff and IPs
National level CSOs
National level stakeholders
Skills to implement the CLM approach and creating sustainable and other vital complementary skills areas
Individual level
individual skills and expertise on CLM
organizational level
CLM Procedures, systems, Programs and culture and its ability to relate and act on CLM findings
Stronger capacity to engage in CLM findings and offer commitment to policy and program recommendations
changes in societal values, customs, laws, policies, programs and system of governance adopted
Increased capacity to influence duty bearers, undertake evidence based advocacy
Improved capacity to document outcomes, best practices and adapt to strengthen
Improved policy and program designs for services
National Responsive policies and programs contributing to improved health outcomes

Guidance for the implementation team – reference to the framework above

All individuals at whatever level that will be organizing capacity building activities should ensure the following;

- Capacity building strategies are very clear, well elaborated and take into account the capacity building guiding principles
- The list of activities to implement the strategies must be clear, well elaborated and take into account the capacity building guiding principles
- All the interventions must have well-articulated outputs, outcomes and the likely long run impact

Capacity Building strategies, Ownership and mechanisms for skills transfer

- Capacity Building strategies
    - Training (training manual)
    - Coaching and mentorship (mentorship plan manual)
    - Placement within the CLM partners and collaborators
- Ownership and mechanisms for skills transfer
    - Zoning
    - Capacity strengthening for Zonal CLM Champions
- Capacity building technical assistance

Strategies for improving individual capacity in CLM Programming

Individual level capacity building activities should improve the performance of staff according to specific and defined competencies. This capacity building needs to be looked at are in the context of the organization(s) in which the individuals work, and refers to all staff required to plan, implement, monitor and evaluate the CLM program. At individual level, the capacity building will include training, mentorship, support supervision and coaching; where possible placement will be proposed.

How the Tripartite will implement the capacity building interventions?

There will be national, sub-national and national level capacity building interventions. At the moment, PEPFAR has over 15 implementing mechanisms in Uganda; but we intend to work with 13 mechanisms – and the capacity building interventions will follow the plan below;

1. **National level trainings** – these will be for national level CSOs including the Tripartite, Community Monitors and Regional Organisers. The scope and coverage will depend on the capacity needs assessment report plus the available resources
2. **Sub-national level training** – these will be for health workers from selected sites, selected IP staff and community representatives. The scope and coverage will depend on the capacity needs assessment report plus the available resources
3. **Community level capacity strengthening** – the Tripartite will select sub national CSOs to join the CLM Program and capacity strengthening here will be through one day orientation followed by mentorship and coaching.

Monitoring and Evaluating Capacity Building Strategies

This guidance will provide an outline of basic information recommended for documenting the planning, implementation and measurement of progress in developing capacity of CSOs and service respondents to efficiently and effectively carry out routine, ongoing monitoring of the quality and accessibility of HIV treatment and prevention services. Capacity development strategies and interventions should be informed by agreed-upon priorities with local and national partners, sufficient baseline performance information on existing workforce, organizational, and systems level capacity and performance, and targeted assessments of needs where appropriate.

Monitoring Capacity Building

Illustrative indicators for monitoring capacity building

- # of workers trained (technical skills)
- # of national/local organizations provided with minimum package of technical & management capacity development assistance
- # of organizational systems/tools/processes improved
- # trained in managerial skills

Evaluating Capacity Building

Key questions for capacity building evaluations may include:

- Have capacity building outputs for individual, organizational, and systems contributed to improved performance contributing to health impact?
- What combination of capacity building activities (individual, organizational, system) and what specific interventions are most effective in improving performance? At what levels of the health system?
- Have partnerships supporting capacity building in country been effective, and resulted in change over time in the roles of local and national partners?
- Has program quality been maintained as national and local partners take on increased roles and responsibilities?
- What is the impact on program costs of capacity building over time (short, medium, long-term)?

Evaluation plans for capacity building activities should include:

- Integration of the evaluation plan at project/program design stage where possible
- Baselines (taken prior to project inception preferred)
- Limited number of relevant evaluation questions linked to decisions or processes
- Qualitative and/or quantitative methods that generate the most credible evidence given available resources
- Effective participation of local partners and stakeholders in design and implementation of the evaluation
- Demonstration of accountability for priority program areas through external evaluations
- Transparent and timely sharing of findings