Program Evaluation of the "Increasing Access to Viral Load Services for PLHIV including KP-LHIV through Effective Community-Led Monitoring Pilot Project"

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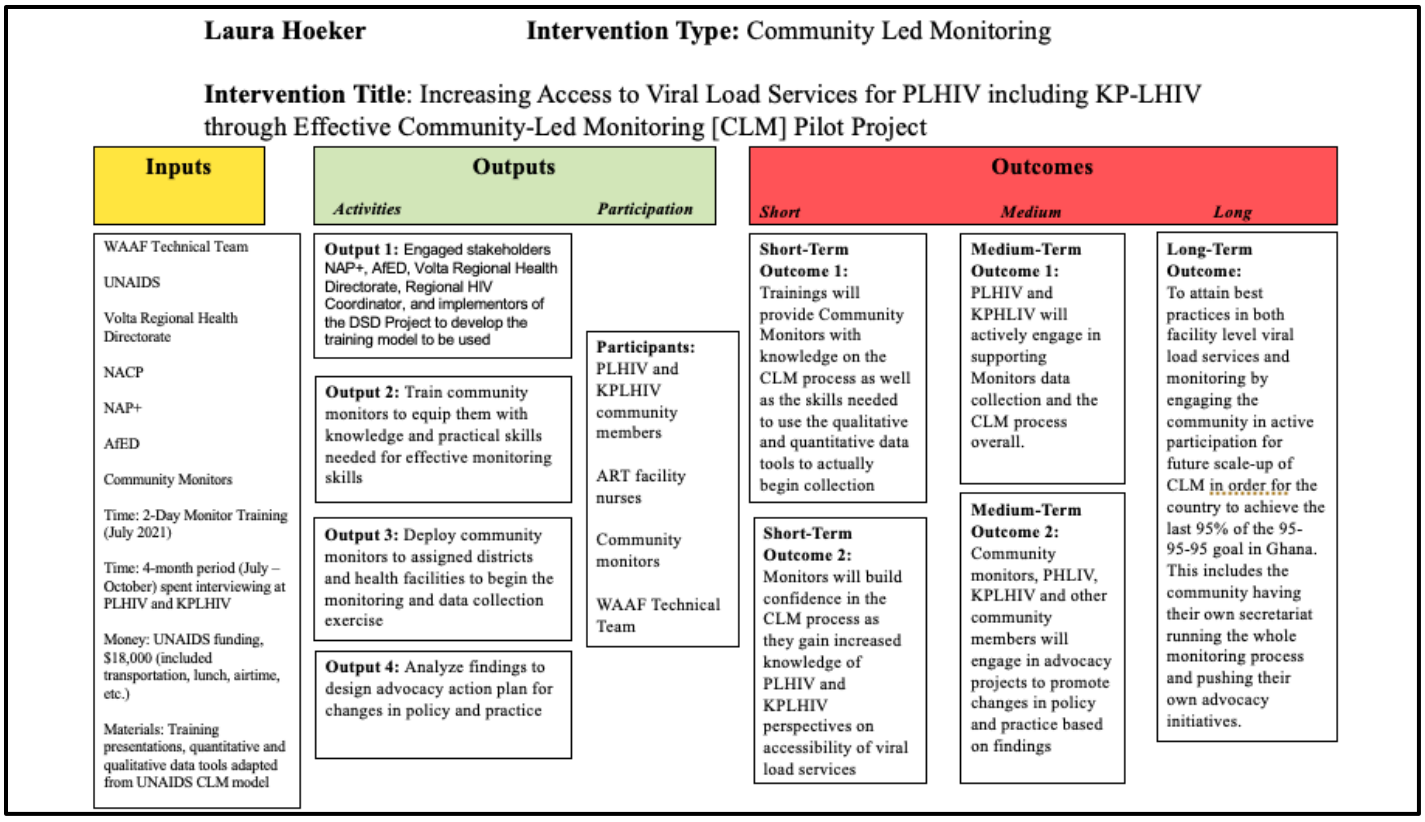
Background on the Program Under Evaluation

The following report details an external, formative evaluation of the UNAIDS, WAAF led project titled, "Increasing Access to Viral Load Services for PLHIV including KP-LHIV through Effective Community-Led Monitoring Pilot Project" which took place July 2021 – October 2021. Implementation occurred in three districts in the Volta Region of Ghana. Community Led Monitoring [CLM] is a component of UNAIDS larger Differentiated Services Delivery project, which was created to improve Ghana's progression to achieving the 95-95-95 targets. The CLM Pilot Project works to achieve the last of the 95 targets.

The mission of the "Increasing Access to Viral Load Services for PLHIV including KP-LHIV through Effective Community-Led Monitoring Pilot Project" was to attain best practices in both facility level viral load services and initiate the community's active participation in the process (Alimo et al., 2021). To do so, the CLM Pilot Project's goal was to have capable and trained persons living with HIV [PLHIV] and key populations living with HIV [KP-LHIV] groups within the community. Establishing and maintaining a well-defined CLM process by community members intends to generate the needed evidence to initiate policy review or formulation for sustained advocacy work on HIV services across the care cascade. To work towards these, WAAF developed four objectives for the CLM Pilot Project. They were:

i. To identify any active CLM projects for possible collaboration including adaptation of existing CLM tools.
ii. To identify PLHIV and KP-LHIV community groups within the project geographical area with the requisite knowledge and interest in having their capacity built to act as CLM process implementers.
iii. To train these identified PLHIV and KP community groups in the UNAIDS defined CLM process definition.
iv. To have trained PLHIV and KP community groups implement the CLM process with backstopping and technical assistance from WAAF and UNAIDS.

Logic Model



Purpose

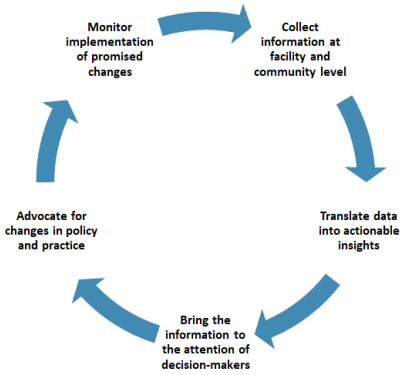
The purpose of this evaluation is to gain detailed, specific feedback from the project's stakeholders on WAAF's facilitation to improve future phases and use of the CLM model by WAAF.

Methods

The evaluation used purposive, nonprobability sampling to gain targeted and specific feedback from stakeholders involved in the CLM Pilot Project. These included UNAIDS on the donor level, the WAAF Technical Team on the facilitator level, the National Association of Persons Living with HIV [NAP+], Alliance for Equality and Diversity [AfED], and the Volta Region HIV Coordinator on the partner level, ART Unit nurses/hospital personnel from the participating hospitals on the community level, and the Community Monitors on the data collection level. Data was collected through emailed questionaries, key informant phone interviews, phone surveys, and a focus group. In the interim of data collection and data analysis, the project's objectives and outcomes within the logic model were compared against the progress reports written by the WAAF Technical Team to assess the completion of the program's objectives and maturity through the UNAIDS CLM Model provided in Figure 2.

Figure 2

UNAIDS CLM Cycle **(**PEPFAR Solutions, 2020)



Results

The final sample size was n = 21. Responses were transcribed on Microsoft Word and uploaded to ATLAS.ti, a qualitative data analysis and research software. These transcripts were then coded and analyzed in ATLAS.ti based on code list. The code manager and quotation manger features were then used to export the data into Microsoft Excel for further analysis and quantification. A total of 151 quotations were coded for. Survey data from the CMs were input into Microsoft Excel for analysis and quantification [Appendix A].

Table 1

Stakeholder Representation

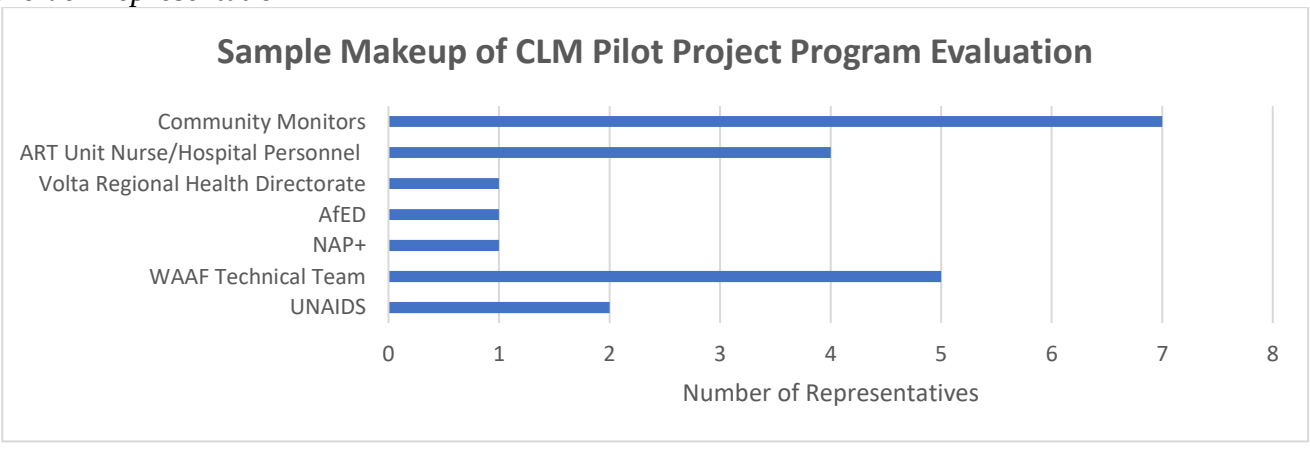
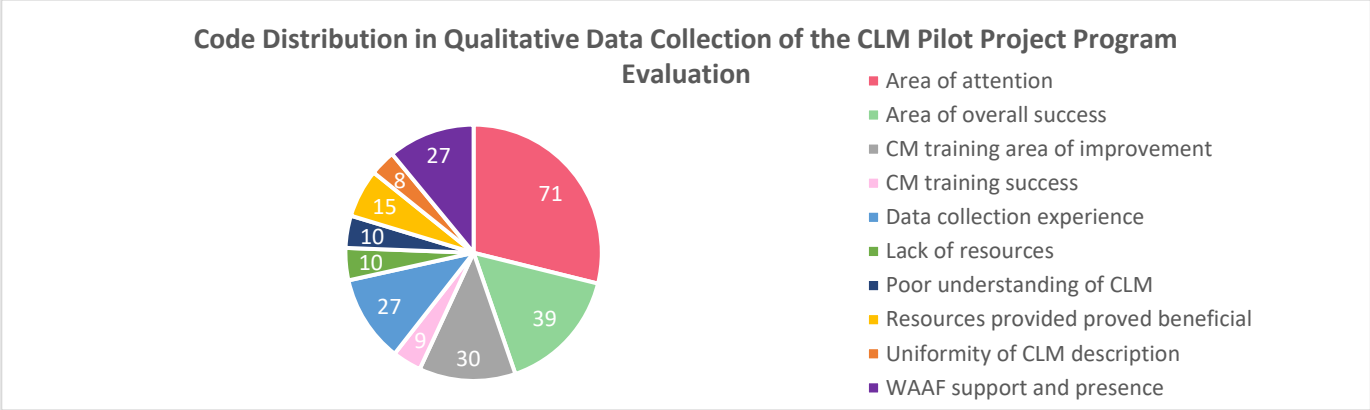


Table 2

ATLAS.ti Code Frequency



Upon detailed analysis of all data collected, the following key themes emerged: project preparation and restructuring of training, the CMs' effectiveness, and data collection and tools. Full quotations pertaining to these topics can be found in Appendix A.

Figure 3

Themes and Related Concerns

Theme	Concerns Identified by Stakeholders
Project Preparation and Restructuring Training	-Training content was not robust enough nor included all the necessary participants or enough follow-up
Community Monitor Effectiveness	-Some CMs lacked sufficient oral and written English literacy skills which impeded reach, response, and interview length (Range: 5 – 45-minute) -57% of CMs struggled to articulate what CLM is -The partners used to acquire CMs may not have been the most beneficial for the project's population of interest (KP-LHIV)
Data Collection and Data Tools	-Paper surveys proved inefficient in WAAF's ability to monitor data collection in a timely manner -Data collection activities created a burden for the nurses at implementing facilities

In addition to these central themes, comments were reflective of the lack of formal introduction of the project to the implementing facilities which delayed data collection, the positive experience stakeholders had with the WAAF technical team throughout implementation, lessons learned by stakeholders themselves through data collection, and the eagerness for CLM to expand and to continue to gather feedback from the community on areas of improvement within viral load services.

Review of Objective and Logic Model

The four objectives and logic model of the CLM Pilot Project can be found on pages 5 – 6. Based on retrospective analysis of the project reports, all four of the project's objectives were achieved. When assessing the project's logic model, the short-term outcomes were also achieved. It would not be expected for the medium – term or long – term outcomes to be met in a pilot project. However, Medium – Outcome 1, "Community monitors, PHLIV, KPLHIV and other community members will engage in advocacy projects to promote changes in policy and practice based on findings," encapsulated a key component in the UNAIDS CLM cycle [Figure 2]. Not fulfilling this indicates that the project did not carry out full implementation of CLM model. Completing the full cycle through future pilot phases is necessary to tell the true success of the CLM model and understanding the power it has as a tool for monitoring viral load services.

Conclusion

Overall, implementation and facilitation of the WAAF led CLM Pilot Project went well. WAAF was able to equip Community Monitors with the basic skills necessary to collect data on viral load services in 11

health facilities. However, the evaluation highlighted domains in which further education and support is required. While findings suggest that CLM is a viable tool in the monitoring of viral load services, it cannot be said to be proven due to the project's short period of implementation which did not allow for the full CLM cycle to be completed. Additionally, the project's rapid planning and implementation caused for some pitfalls in terms of project organization, mobilization, and reach. Addressing these will improve WAAF's future facilitation of CLM and provide a clearer model to the community as capacity building around CLM continues.

Limitations

There are various limitations that exist within this evaluation. First, this was an external evaluation as the evaluator, who is the author of this report, was not previously connected to the program or to WAAF. This caused the evaluator to lack a high level of background knowledge and experience on the program prior to beginning this review. Additionally, the use of purposive, nonprobability sampling restricts the data assessed to only those who were directly contacted rather than including those who may have also been affected and/or impacted during implementation. Qualitative research was the main source of data collected and analyzed. As such, the questions asked during the evaluation's data collection were not discrete and responses were up to the participants interpretation and understanding. This created more difficulty in organizing, categorizing, and interpreting the data. Finally, this evaluation took place four months after the conclusion of the UNAIDS, WAAF led CLM Pilot Project's implementation. This time lapse may have impacted the recall memory of the participants and affected the thoroughness of their answers.

Recommendations

Recommendations from this evaluation are especially impactful due to the nature of pilot project and the opportunity WAAF is presented with to refine their role for future phases of facilitation. While the following recommendations relate directly to the UNAIDS, WAAF led CLM Pilot Project, they provide important insight for similar organizations to learn from and consider when using the CLM model:

- Early and formal engagement with all targeted partners is essential to determine an agreed upon timeframe of project completion that allows for the whole cycle of CLM to be completed.
- WAAF should collaborate with alternate partner organization who focus on key populations to best identify volunteers who can be trained as CMs.
    - There must be a strict set of requirements on what qualifies someone as a CM to ensure independent, efficient, and reliable data collection. This includes oral and written English language skills and familiarity with the local language in their assigned district to be able to translate when needed.
    - Community members who want to be involved with CLM but do not meet the requirements to participate as a data collector could be dubbed Community Mobilizers and assist with arranging safe spaces for client interviews and developing advocacy strategies based on the data collected. As CLM grows, different roles should be developed by the community and for the community. This will also empower the community and put them more in the lead.
- The initial training period must be extensive and include education on what viral load services are, why it is important, the HIV care cascade, interviewing and interpersonal skills, etc.
    - Ongoing and focused subsequent trainings for the CMs throughout the project are necessary to ensure their competence in the use of the data tools.
- Community partners and Models of Hope should have the opportunity to review and comment on survey indicators prior to the data tools being used.
- A CLM Coalition should be formed within each district to address localized concerns. This should be made up of a WAAF Technical Team member, the CMs in the assigned district, and the representative from the health facilities.
    - A joint-coalition meeting (virtual or in person), led by WAAF, should take place at the end of each quarter to assess the overall status of the project.
- Funding opportunities to equip CMs with tablets for data collection should be explored. Having the tablets will allow for CMs to submit data in real time and improve the WAAF Technical Team's ability to follow along with the progress of implementing and provide direction when seen fit.

Implications

Since the conclusion of this program evaluation, WAAF has begun the planning of the "CLM Pilot Project Phase 2". Some of the primary findings from this report are being considered by WAAF and partners as the project's proposal is being refined for scaleup. Moving forward, WAAF will also be able to apply the feedback from stakeholders within this report and the final recommendations generated by the evaluator to other projects that look to use community led monitoring as a tool. CLM can be applied to a wide variety of health services. As such, the insights gained from this evaluation are even more valuable as WAAF continues to develop projects that work to empower and equip the community to take their health services into their own hands.

References

PEPFAR Solutions. (2020, March 17). *Community–Led Monitoring Tools*. https://www.pepfarsolutions.org/resourcesandtools-2/2020/3/12/community-led-monitoring-implementation-tools

Alimo, D., Agabi, P., Sowah, P., & Mensah, S. (2021, October). *Progress report: UNAIDS, WAAF led Community led monitoring (CLM) project* [Unpublished manuscript]. West Africa AIDS Foundation.

Appendix A
Key Quotations from Qualitative Data Collection

Theme	Supporting Quotations
Project Preparation and Restructuring Training	"*The two days was way too short. We needed like two weeks… Too much in such little time was put into the training for them to really understand what this whole thing was about."* *"They [the nurses] were not in their [the community monitors] training, so they were not really capturing what we needed, and they saw it as a form of research assessing their work. So, the information gathered was positive and bias,"* *"You want them to monitor the quality of the service [viral load], but they [Community Monitors] don't even know what goes into it,"* *"Some facilities, didn't even allow them [Community Monitors] to gather data in the first month until they saw us come in and talk to them about it."* *"But if we can't have them [hospital representative or nurse] come to the training and join the training, we give them a letter or send a letter directly from WAAF to introduce ourselves, I guess, relying on the regional coordinator to have done that but he didn't do that,"* *"I think we need training on how to deal with different situations and populations and some people know a lot about their status, but others do not, so we need to learn and develop a skillset to learn different approaches,"*
Community Monitor Effectiveness	*"The language barrier and literacy of the clients was in issue in getting them to understand what we were asking,"* *"Sometimes it [the interviews] took longer to explain to people why certain questions are being asked and if the person did not understand English well, I would have to translate to English"* *"The issue in our facility is we don't allow any of this because of the stigma. They [the clients] don't want to know each other or talk, this is a private community it is a private. So, they don't like*

	people knowing about their problems and once you tell them that a person is coming, they don't want to talk," *"The monitors in…were not well educated, or able to express themselves properly in their writing and speech. So, the nurses had to assist them,"* *"They were not getting it [the data]. They themselves [the monitors], need to understand what goes into the whole process of viral load tests. And if they know the steps, they can ask follow up [questions],"* *"We should engage furthermore to see if really the groups that we engage with [NAP+, AfED] are the right ones get the right people [volunteers] to actually implement the programs within the community,"* *"Sometimes when you go through structures like AfED for instance to get people, they get you the people and the right people they know, but they may not be the right people who actually help the project achieve success,"*
Data Collection and Data Tools	*"They [the nurses] were not in their [the community monitors] training, so they were not really capturing what we needed, and they saw it as a form of research assessing their work,"* *"Some of the clients would get upset that they were not informed about why we were there and what we were collecting data on,"* *"There is little to no confidence from the clients in us when conducting the interviews,"* *"I think there should be a different assessment tool instead of allowing them [Community Monitors] to come into the facility. It took time away from what the clients were there to do and focus on,"* *"The whole concept [of CLM] is that the community members are doing their own thing and ideally, they should have come out with their indicators for the surveys on what they want to see,"*

	"We could have used Google Forms to collect the data. So, on a weekly basis, we would have monitored or even daily basis we would have monitored the kind of data they are entering, exactly how they were entering it, and then we could provide supports based on that," *"Some facilities, didn't even allow them [Community Monitors] to gather data in the first month until they saw us come in and talk to them about it."*
Stakeholder Takeaways from Data Collected During Implementation	*"One big thing I learned is that there is a difference in the number of samples collected and the number of results received,"* *"The numbers don't match with those who have received their samples which means that in between there are barriers and there is not just one, so we need to look at the whole thing if we want to achieve the third 95 then all those blockages in the middle to be cleared,"* *"The new thing I am learning is that we should ask, we should request to know the results of our viral load test and take responsibility. We should want to know how we are progressing, how our treatment is progressing,"* *"We decided we are going to form groups based on viral load suppression so we will be tracking viral load results and be tracking one another and learning from one another at least within our groups. If someone has progressed to suppression the will become a part of the community level treatment model,"*