



Community Health Observatories



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

THE 5% INITIATIVE

The 5% Initiative was launched in 2011 and is France's indirect contribution to the Global Fund. Its mission: to support eligible countries - French-speaking countries in particular - to develop and implement Global Fund supported programs. The 5% Initiative's work takes three forms: tailored technical assistance, funding for catalytic and innovative project, developing pilot projects responding to strategic challenges. The 5% Initiative operates under the supervision of the French Ministry of Europe and Foreign Affairs (MEAE). Expertise France, the French public agency for international technical assistance, leads on strategic implementation of the 5% Initiative.

4
projects evaluated

7
countries reached
by the projects

7
implementation
partners

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Cross-cutting evaluation of long-term projects

The 5% Initiative releases three calls for proposals each year as part of its Projects Channel mechanism, from which around twenty projects are selected. All funded projects are subject to an external final evaluation. The 5% Initiative has put in place a thematic cross-cutting evaluation mechanism for projects, to capitalize on this comprehensive exercise. It enables both reporting on the use of MEAE funds, to highlight the 5% Initiative's interventions, and it draws out learning to improve interventions contributing to the fight against the three pandemics and to guide future activities.

KEY INFORMATION

about the "Community health observatories" evaluation

Total budget of projects

€2,968,193

THEMES EVALUATED:

- HIV: **2** projects
- Cross-cutting: **2** projects

4

projects evaluated

7

countries reached by the projects

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implementation partners

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Projects evaluated

Breakdown of projects by country and by project lead

MÉDECINS DU MONDE FRANCE
DEMOCRATIC REPUBLIC
OF CONGO
2013-2015

Strengthening and promoting the role of civil society in the coordination of the HIV / AIDS response financed by the Global Fund in North Kivu

PARTNERS
UCOP+, FOSI

CERADIS
BENIN AND NIGER
2014-2017

Strengthening and scaling up the community observatory and advocacy around implementing GF funding to demand quality of access to care and treatment for people living with HIV and vulnerable groups in Benin and Niger

PARTNERS
MVS, LASDEL

RAME
BURKINA FASO, NIGER AND GUINEA
2014-2017

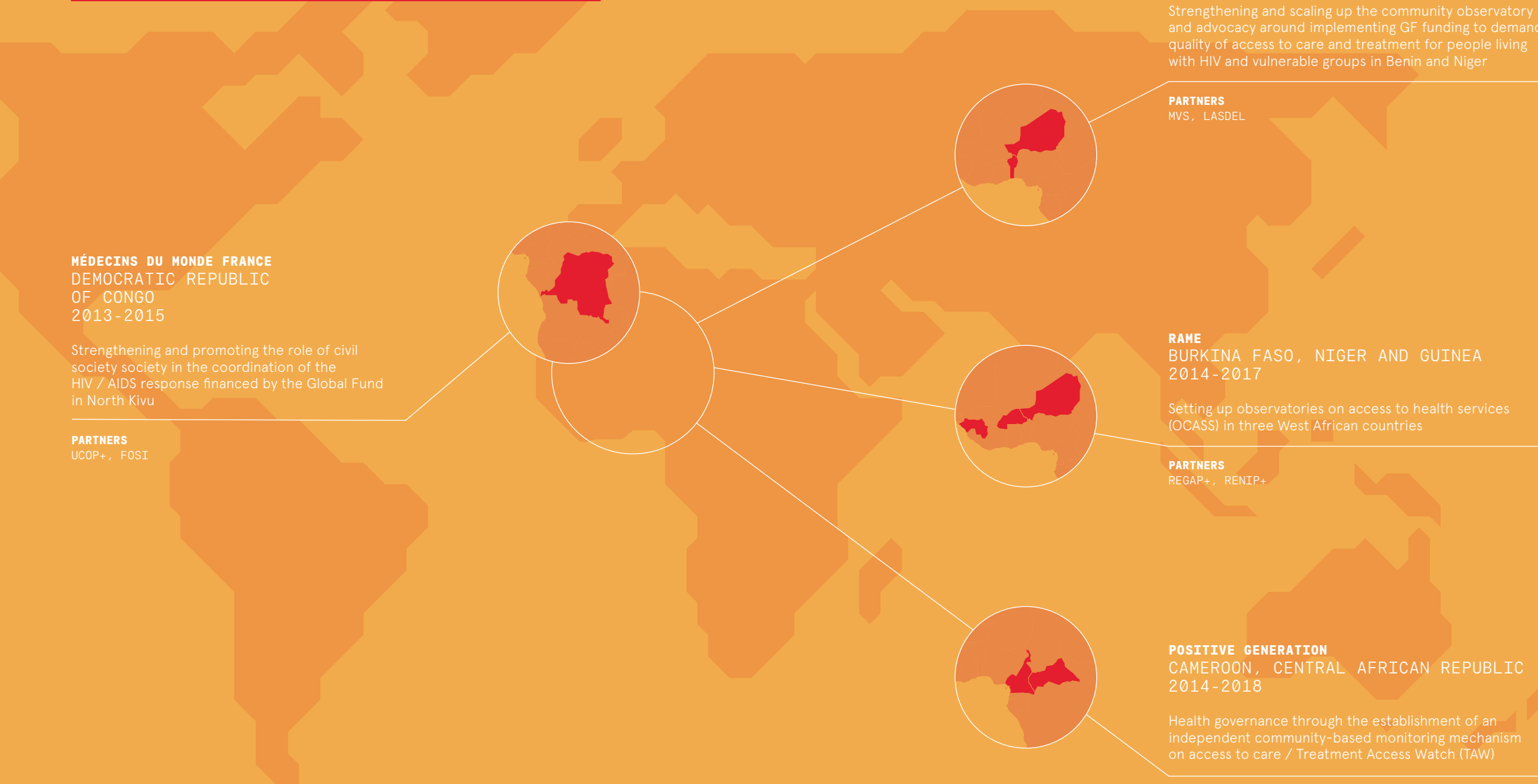
Setting up observatories on access to health services (OCASS) in three West African countries

PARTNERS
REGAP+, RENIP+

POSITIVE GENERATION
CAMEROON, CENTRAL AFRICAN REPUBLIC
2014-2018

Health governance through the establishment of an independent community-based monitoring mechanism on access to care / Treatment Access Watch (TAW)

PARTNER
ANJFAS



Introduction

By working closely with Country Coordinating Mechanisms, opening its board up to civil society organizations and encouraging dual track financing, the Global Fund has made multi-faceted governance one of its founding principles.

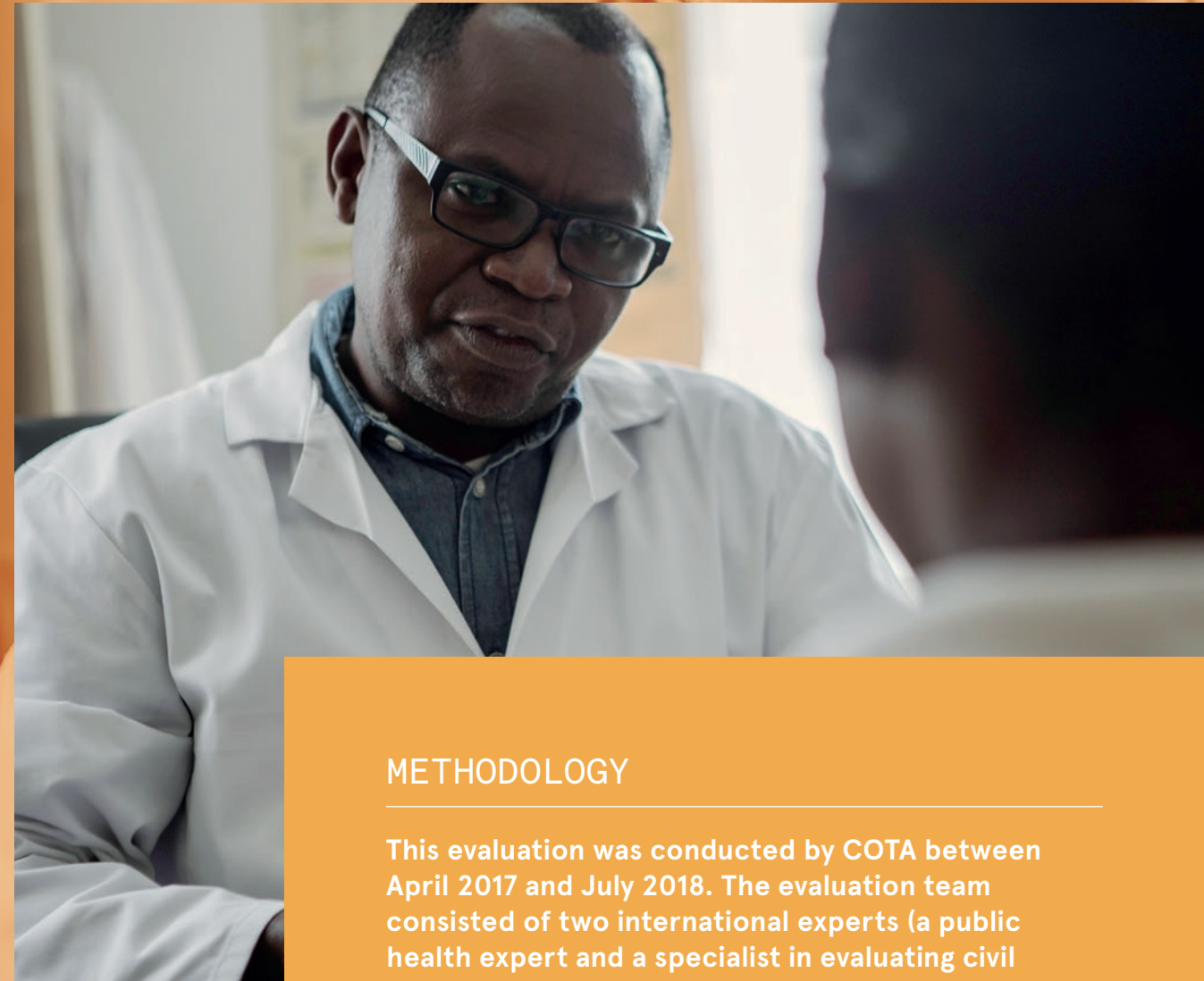
Given the importance of this issue and of the engagement of civil society at all levels of Global Fund activity and governance, the 5% Initiative launched a call for projects in 2013 to fund projects that complement Global Fund-financed activities aimed at strengthening national governance actors to improve coordination and monitoring of activities and funding.

This call aimed in particular to select projects that set out to improve or establish systems and channels of information on access to care to improve management of the three pandemics by Global Fund programs (strengthening monitoring and observation systems around access to care, improving consultation conditions...).

As part of this call for projects, four projects were selected under the community health observatories theme. The projects were subject to a cross-cutting evaluation, which is summarized here.

Glossary

Community health observatory: a health systems monitoring mechanism, based on community, local and citizen involvement, aimed at ensuring the correct application of public policies in terms of access to quality health services and leading to positive and sustainable change thanks to the feedback of information and data, the creation of consultation frameworks and the emergence of a sense of accountability among all stakeholders.



METHODOLOGY

This evaluation was conducted by COTA between April 2017 and July 2018. The evaluation team consisted of two international experts (a public health expert and a specialist in evaluating civil society support projects), supported by two regional experts (public health, civil society).

It involved:

- Evaluating each project on the ground individually to meet the 5% Initiative's accountability objectives;
- A cross-cutting analysis of the results, to draw lessons from the accumulated experience and to identify the best practices for community health observatories, with a view to learning and improving quality projects funded by the 5% Initiative.

Area 1 Relevance of community health observatories

Community observatory projects make it possible to monitor and strengthen the implementation of Global Fund grants through a dynamic evaluation of results by beneficiaries themselves.

Community observatories rely on users and beneficiaries of care access systems, in the spirit of the Alma Ata Declaration and the Bamako Initiative.

According to the evaluators, establishing mechanisms of this kind is relevant in the health and governance context of the countries targeted by these projects. In each of the countries, there continues to be many dysfunctional issues at all levels of the health pyramid and drug supply chain, particularly in relation to HIV/AIDS, tuberculosis and malaria - the Global Fund's priority funding areas. Observatories challenge the decision-makers involved, putting pressure on them to adopt and implement rapid corrective measures.

Observatories remain independent entities, whilst supporting national health policy and producing validated data that can guide decision-making. They are ambassadors of the legal framework regarding the rights and duties of users and health workers. For example, they track qualitative indicators such as the patient experience, drug cost perception or consultation time, which are not included in existing monitoring systems. The observatories evaluated have also been praised as being an important tool for advocacy and decision-making by all representatives from the pandemic response programs interviewed.

Relevance of observatories

Effects on access and quality

Impact on governance

Sustainability and replicability



COMMUNITY HEALTH OBSERVATORIES HAVE THREE CENTRAL ACTIVITIES:

- Collection of data on access and quality of health services in primary health care, HIV care, tuberculosis and / or malaria, whether it is a bottom up collection approach (users and health workers share information through a monitored phone line, for example), or top down (people recruited by the observatory carry out interviews during field visits).
- Sensitization of users and health workers on a variety of topics such as free treatment for patients for certain health conditions, the issue of discrimination, etc.
- Analyse, validate and feedback information at each level of the health pyramid through a predetermined dissemination framework (regular meetings with health authorities and / or simple online publication of results).

In addition, all observatories are run by civil society organizations who have experience in the HIV/AIDS response and in the response to other pandemics. They are legal entities and are recognized in their respective countries; most are integrated within the community throughout the country, which ensures their relevance.

Although the observatories evaluated have a common central structure (see box), there are nevertheless differences between them at each level: type of data collected according to the targeted diseases; type of data collectors (integrated in health centers and/or external); validation and feedback of information (local, regional consultation frameworks, etc.); production and dissemination of data; advocacy ("pressure / complaints", public demonstrations, contact with the authorities, media coverage...); educational talks with health users about their rights and duties.

Area 2 Effects on access and quality of care

“Before we were pointed out, a nurse said in front of everyone “that’s the one who’s sick” and that was really painful. Now that doesn’t happen any more.”

A user of Koudougou regional hospital in Burkina Faso / OCASS Observatory

Effects of the observatories evaluated have been positive in terms of service access and quality.

In the health facilities targeted by the various observatories, patient experience has been improved, with less stigmatization of patients and fewer queues. Availability of drugs (especially ARVs) and inputs has significantly improved - feedback of information regarding stock-outs has made it possible to organize redistribution of stock between facilities. Thanks to advocacy carried out by the OCASS observatory, led by RAME in Burkina Faso, it was for example possible to facilitate daily distribution of drugs on weekdays at the Centre Medical de Koudougou (Burkina Faso), compared to three times a week previously. In the same way, the work of observatories has enabled improvements in equipment provision and upkeep, which now happens more quickly, for example repairs to the CD4 count machine at the Poudrière de Niamey regional hospital, following action by OCASS. Some collectors also noted that providers are now more attentive and raise the issue if equipment is broken.

In general terms, the work of observatories has enabled providers and other partners working to combat pandemics to be more rigorous in monitoring the supply and quality of services.

Recommendation

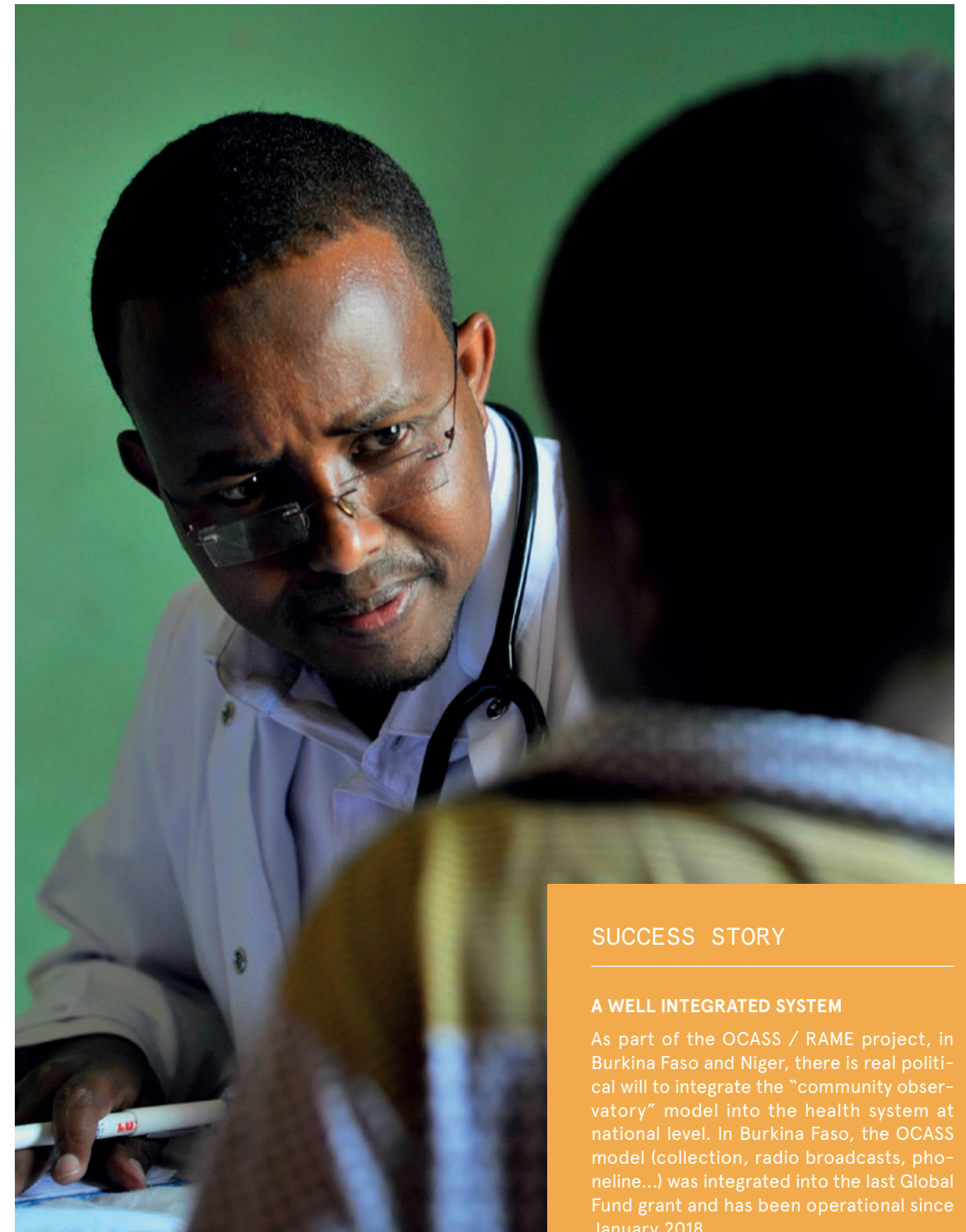
- Scale up the observatory mechanism to national level and establish monitoring of concrete changes, so that observatories can have an even greater impact on the quality of services. As part of this, take account of the many different sources of data collection which has become a necessity with regard to the current channels used by populations (social networks, radio stations and other newspapers).

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SUCCESS STORY

A WELL INTEGRATED SYSTEM

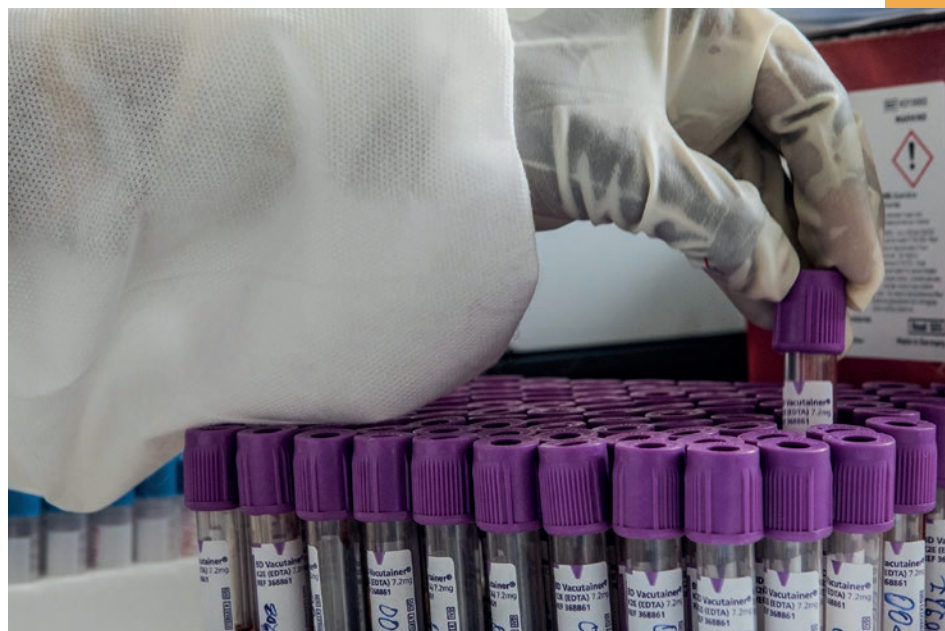
As part of the OCASS / RAME project, in Burkina Faso and Niger, there is real political will to integrate the “community observatory” model into the health system at national level. In Burkina Faso, the OCASS model (collection, radio broadcasts, phone-line...) was integrated into the last Global Fund grant and has been operational since January 2018.

Area 3 Impact on health systems governance

Considering all three areas (observatory, organizational strengthening and advocacy) is essential to achieve maximum impact.

According to the evaluators, community observatories have an impact on improving the governance of health systems at different levels. At civil society level, for capacity-building projects in particular, they allow for renewal of organizational mandates and greater representativeness. In terms of healthcare providers, they contribute to greater transparency and streamlining in the management of health inputs. There are also improvements in communication between civil society organizations and health facilities. Finally, public authorities now show a concern for accountability and transparency, even though advocacy activity undertaken in the evaluated projects has had limited impact at this level.

This multi-stakeholder approach is key to the success of observatories, by concretely involving all stakeholders involved in the fight against the three pandemics. For example, observatory reports are generally validated by a steering committee that brings together many partners: representatives of national programs for the three diseases, the Ministry of Health and the CCM, CSOs, NGO partners and international organizations such as UNAIDS, etc.



Relevance of observatories

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Observatory projects have strengthened the links between civil society and national authorities, increasing accountability and the involvement of civil society in community access to quality care. Even in difficult political contexts, observatories increase the visibility of the lead organization as an essential social actor locally or nationally. Although observatories may receive criticism on the form or need for capacity building, they are seen as an important tool for advocacy and decision support by all health program representatives met by evaluators in each of the countries involved.

Observatories are tools that give visibility to things that aren't working and to the improvements made, and they provide evidence for advocacy. However the evaluators argue that without ethical health governance it will not be enough to change things in a sustainable way. It is therefore necessary to involve care providers more in observatories, through regular exchange frameworks, to bring about sustainable changes in their behaviour.

Moreover, the impact of observatories could be strengthened by implementing a real, longer-term and more structured advocacy plan that encourages more buy-in and ownership of people involved.

If observatories achieve sustainability and strengthen their advocacy work, they will be one of the central components of establishing strong and sustainable health systems. Careful monitoring of access to health services at the community level is indeed essential for health systems to develop and for progress to be sustained.

Recommendations

The impact of observatories on improving health systems governance can be significant if a number of conditions are met:

- Involvement and empowerment of care providers in the mechanisms.
- Implementation of a more structured and sustained advocacy plan.
- In addition to the actions of observatories, there is a need for organizational strengthening of the entire health system and the existence of real political will to actually bring about change.

GOOD PRACTICE

AN OBSERVATORY PARTNERSHIP / INSTITUTE OF RESEARCH

The observatory led by CeRADIS in Benin and in Niger set up a pilot mechanism: a partnership with the Lasdel research institute, which provided qualitative information substantiated and analyzed by ethno-anthropologists. This research, including dissertations written by students involved in the surveys, provides a documented analysis of the types of dysfunctional areas and the related mechanisms. This can feed evidence-based advocacy, making it stronger in the long-term, and can influence the development of indicators to monitor dysfunctional areas.

Area 4

Sustainability and replicability of observatories

“Educational talks are a plus for me, for patients and for the entire population. Patients know they are entitled to treatment for all three diseases and should not be charged for it. Now staff are paying attention more.”

An observer in the Central African Republic (TAW observatory)

The evaluation highlighted the following areas to promote the sustainability and replicability of community health observatories.

Data collectors who are affected by the issues and are integrated into health centers

The data produced by community observatories on access to care are gathered by data collectors integrated into health centers, for example as psycho-social counselors (health mediators trained to support patients) and / or external data collectors, for example volunteers from organizations of people living with HIV. Data can be supplemented by qualitative surveys, feedback from users or providers (known as “monitors” or “sentinelles”) or information collected from key spokespersons, such as journalists.

Evaluators have highlighted that the most relevant approach is to select data collectors affected by the diseases and / or integrated into health centers. The former are particularly aware of the consequences of drug stock-outs and more able to gather information on the experiences of their peers. Psycho-social counselors are used to mediate between users and health staff and have a long-standing commitment to improving access to care. Integrating them into health centers enables an observatory to penetrate the hospital environment and for data collection to be accepted by health workers and users. By relying on voluntary, unpaid and mobilized people in the context of their professional activity, observatories ensure their activities are sustainable beyond the funding for the project.

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Adapting tools to fit the capacity of organizations leading an observatory

When an observatory is being developed in a country that is not the country of origin, it is important to have a strong baseline study of the implementation area and effective consultation enabling the observatory lead in the new country to participate in adapting strategies and tools. Feedback from Positive Generation’s observatory which has been operating in Cameroon for several years, and is recognized for the quality of its data collection and analysis, has been very useful to successfully implement the observatory in the Central African Republic. ANJFAS (the Central African partner) has simplified the data analysis procedures used by Positive Generation and reduced the frequency of report publication, which enabled it to become quickly operational. Adapting the approach in this way has proved to be relevant in the context of an organization that does not yet have the capacity to carry about detailed analysis.

Recommendations

- Strengthen the performance of observatories in terms of data collection, reliability of analysis and speed of reporting.
- Strengthen training and supervision of data collectors through a structured plan including an initial and ongoing training sessions, coaching post-training in situ combining theoretical and practical scenarios.
- Depending on the resources available, consider using mobile technology and data capture software, which saves valuable time when it comes to issuing alerts and promotes standardization of collection protocols, which is necessary to improve the accuracy of analysis.
- Organize, establish and / or integrate exchange frameworks, both at health facility level with health workers and with health authorities.



GOOD PRACTICE

EDUCATIONAL TALKS TO BUILD SUSTAINABLE AWARENESS OF USERS ON THEIR RIGHTS AND DUTIES

Educational talks are meetings with health users organized within the framework of certain projects. They are run by CSO members trained to inform users about their rights, such as access to health services, but also about their duties, such as respecting health providers or the cleanliness of health facilities. These talks can also address different health education topics, such as monitoring pregnant women living with HIV. Through these meetings, users have become aware of their rights to a better quality of care.

These talks are therefore both an opportunity to instil commitment from citizens to improving their health system - whether they are directly involved in the collection process or simply make changes to their behaviour - and a means of increasing the visibility and legitimacy of observatories.

Conclusion

Through their systems to collect, analyse and disseminate information, to carry out advocacy and to sound the alarm, the observatories evaluated make it possible, to effectively and efficiently combat (even if only occasionally) stock-outs of medication and inputs for biological monitoring, to sensitize certain decision-makers and to report cases of discrimination. In general terms, the work of observatories has enabled providers and other partners working to combat pandemics to be more rigorous in monitoring the supply and quality of services.

SUCCESS STORY

Following the Médecins du Monde project, the “Community Observatory” concept was adopted by the Country Coordinating Mechanism General Assembly for Global Fund grants in the Democratic Republic of Congo and has since been an integral part of country proposals to the Global Fund as part of a concept note, which has since been accepted.



WAY FORWARD

Community observatories continue to receive support from the 5% Initiative. Some of the evaluated projects received new funding to continue or expand their observatory and new observatories have been established. A significant collective learning exercise was also conducted in 2018/2019 with organizations leading observatories, in order to document practices and promote the emergence of new observatories. This exercise resulted in the production of a publication and practical guides (available on the 5% Initiative website), as well as presentations including to the Global Fund and at the International Conference on AIDS in Africa in 2019 (ICASA).

ACRONYMS AND ABBREVIATIONS

APS	Psycho-social assistants
ARV	Antiretroviral medication
CCM	Country Coordinating Mechanism
GF	Global Fund
MEAE	Ministère de l'Europe et des Affaires Etrangères
WHO	World Health Organization
OCASS	Observatoires communautaires sur l'accès aux services de santé
CSO	Civil Society Organization
PG	Positive Generation (Cameroon)
PLHIV	People living with HIV
RAME	Réseau d'accès aux médicaments essentiels (Burkina Faso)
CAR	Central African Republic
DRC	Democratic Republic of Congo
REGAP+	Réseau guinéen des personnes affectées par le VIH
RENIP+	Réseau nigérien des personnes vivant avec le VIH
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
TAW	Treatment Access Watch
UCOP+	Union congolaise des personnes vivant avec le VIH



This cross-cutting evaluation was carried out by Stéphane Vancutsem and Sylvie Sargueil (COTA) between April 2017 and July 2018.

It was coordinated at Expertise France by Elsa Goujon-Migue, Monitoring and Evaluation Officer in the Health Department.

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official viewpoint of Expertise France.

The full cross-cutting evaluation report, as well as the evaluation reports of the projects concerned, are available from the 5% Initiative and are published on their website.

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