

# MAPPING OF COMMUNITY OBSERVATORIES IN WEST AND CENTRAL AFRICA

## Context and rationale

Recognized as catalysts of change through community monitoring and accountability systems, the observatories have contributed since 2000 to building a new dimension of community involvement in the fight against the HIV/AIDS epidemic in general and in community health promotion in particular. As these mechanisms have different fields of observation and approaches, ITPC-WA has carried out a mapping of community observatories in West and Central Africa in order to facilitate the development of synergies and complementarities between the different models in the framework of Community Monitoring and Accountability.

## STUDY METHODOLOGY

The study sample was composed of civil society organizations developing observatories or community-based monitoring mechanisms operating in Central and West African countries.

Data was collected using a quantitative approach through semi-structured interviews using an online questionnaire. 23 out of 70 of the identified organizations completed the questionnaires in full, representing an effective participation rate of 33%.

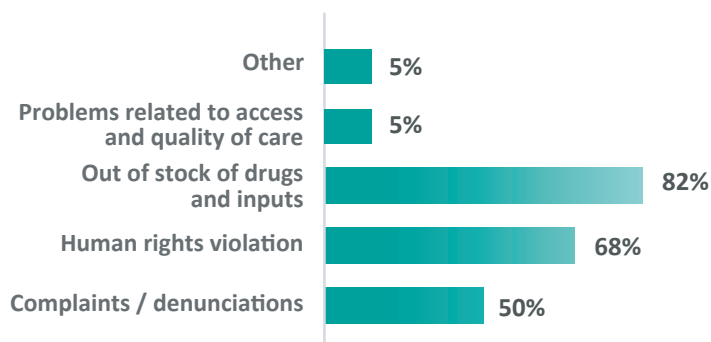
The data was analyzed using a quantitative approach (the flat sorting method or univariate method) and a qualitative approach (the comparative method). The mapping was based on the collection of GPS data from the various observatories' locations, the observatories' profiling data, the prioritization and classification method in order to select the relevant information to be highlighted.

## Results

### DATA COLLECTION AND MANAGEMENT SYSTEM

#### Type of collected data

► Graph 1: proportion (in %) of observatories according to data collected



The data collected by the various observatories primarily concern situations of stock-outs of medicines and inputs in health centers that are involved in the care of people living with HIV. In fact, 82%, that is 4 observatories out of 5, focus their observation activities on cases of stock-outs. Two-thirds (68%) are interested in cases of human rights violations in their data collection activities. Half (50%) collect complaints or denunciations they receive.

## Objectives of the study

Specifically, the objectives were to:

- To identify and analyze all existing community-based observatories in West and Central Africa in the field of HIV and health, as well as their mode of operation;
- To develop a database, which will help to reveal the profiles of community observatories in West and Central Africa;
- Develop an interactive map of community observatories in West and Central Africa.



23/70

of the identified organizations completed the questionnaires in full

33% participation rate

#### Collection strategy

The observatories use a variety of tools to collect data:

- Some organizations favor the dematerialization of tools by relying on electronic questionnaires via applications.
- Others use communication channels such as SMS, emails or phone calls, social networks, etc.

Two collection approaches are also used, between focus groups and surveys, depending on whether the data to be collected is quantitative or qualitative.

The frequency of collection depends on the type of data sought. For example, quantitative data is collected monthly while qualitative data is collected weekly.

In addition, the quality of the data collectors varies according to the objectives. The focal points on the sites ensure data collection at specific frequencies; the project teams ensure ad hoc data collection through field missions, while routine data collection is carried out by watchdogs on behalf of certain observatories. It should also be noted that data collection is sometimes done anonymously.

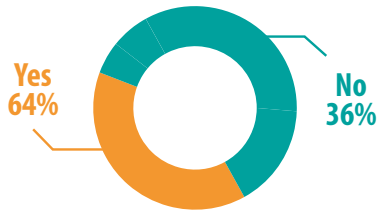
## Quality of Data Collected

The quality of the data collected was assessed through the following indicators:

### • The existence or availability of a monitoring protocol

Slightly more than a third of the observatories that participated in the study stated that they did not have a data collection protocol.

► **Graph 2: proportion (in %) of observatories according To the existence of a data collection protocol**



### • Periodicity of data collection and periodicity of supervision

The frequency of data collection varies according to the objectives of the observatories. Thus, half of the observatories collect data monthly.

They are also daily or weekly for a third. At times, these collections are ad hoc or occasional for urgent dysfunctions to be reported or immediate objectives to be achieved.

In most cases, supervisions are monthly. Very few of them are occasional or unannounced. They are rarely daily or weekly.

### • Data Collection Monitoring Strategy

Supervision or monitoring mechanisms for data collection are carried out at the first level by the observatory's technical teams. A second level of monitoring is carried out by members of the community advisory group. Quality control of data collection can be achieved through opinion polls, reviews, comparisons and audits of collected data.

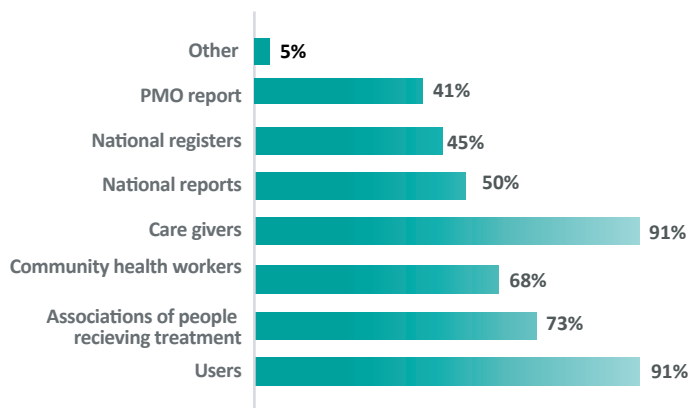
### • The data processing mechanism

The data collected is analyzed either by people outside the observatory, generally consultants, or the processing of the data collected is carried out by the dedicated staff of the observatory manually or using statistical and office software.

## Sources of information

In almost all the observatories interviewed, the data collected comes from users and healthcare personnel. Associations of people on treatment and community health workers are also consulted in the search for information.

► **Graph 3: proportion (in %) of observatories by information source**



## Usefulness of the data

The data collected by the observatories after analysis are used for advocacy purpose and the development of communication products. These data are also used for training and information activities through capacity building and awareness raising activities. In addition, the observatories use the data to develop policy and planning documents.

## Privacy Management

The confidentiality and anonymity management policy is based on coding (locked by a password or access code) and on limiting access to electronic and physical databases to dedicated personnel only.

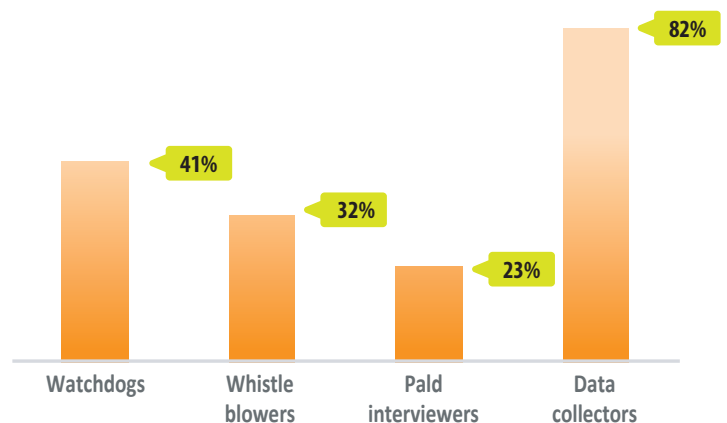
## Data Collection Challenges

The complexity or density of the information to be collected, the poor collaboration of certain service providers, the unavailability and demotivation of certain collection agents, the lack of materials and computer equipment, and the unavailability of service providers due to their mobility are all obstacles to the collection process, in addition of the dedicated staff's lack of knowledge of collection tools and techniques.

## Status of key informants

Data collection agents are the main informants of the different observatories: 82%, or four (4) out of five (5).

► **Graph 4: proportion (%) of observatories by key informant status**



## Data storage

Traditional forms of storage remain and consist of filing cabinets with locks and a classification scheme that makes it easy to find. Some organizations may also scan paper versions for an electronic version. Others acquire cloud spaces on Google DRIVE where their databases are housed.

## Key changes attributable to observatories

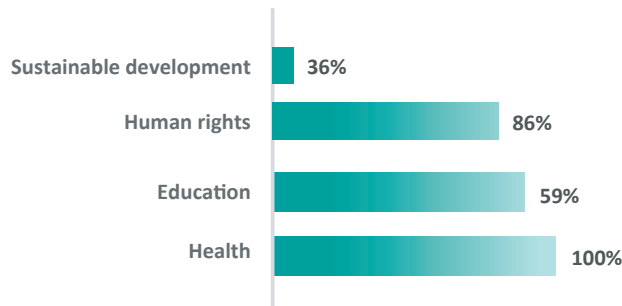
According to the observatories interviewed, many changes are attributable to their interventions, including the following:

- Reduction in stock-outs of drugs and inputs for biological tests;
- Reduction in turnaround time for viral load testing;
- The creation of networks of key actors for the prevention and management of GBV;
- Strengthening the capacity of health providers to provide quality care to PLWHIV;
- Reducing the number of violations of free health care and examination measures;
- The adoption of differentiated service delivery;
- Increased reporting of GBV cases by victims;
- Improved respect for the rights of MSM;
- etc.

## FUNCTIONING AND ORGANIZATIONAL CAPACITY

### Main areas of intervention

► Graph 5: proportion (in %) of observatories by area of intervention



All the observatories that participated in the study work in the field of health. Human rights and education are also areas of intervention for the majority of observatories.

### The quality of the staff members

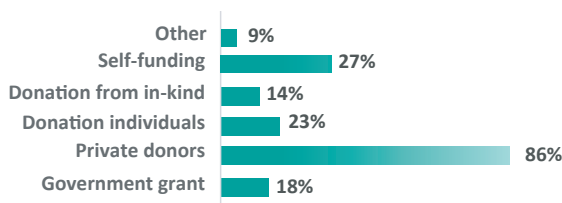
Regular staff evaluations are conducted according to the organizations' statements. The capacity building needs identified by the study reveal shortcomings in material resources that need to be addressed through the provision of computer equipment and materials. The acquisition of data collection and management software and capacity building in the use and operation of this software were mentioned by the respondents. In terms of technical capacities to be strengthened, some suggest deepening their knowledge of the different therapeutic schemes (ARVs), survey techniques and the use of the KOBO COLLECT application.

## CAPACITY TO MOBILIZE FINANCIAL RESOURCES

### Method of financing the observatory's activities

According to the observatories interviewed, their funding comes mainly from private donors. 27% would finance their activities with their own funds.

► Graph 8: proportion (in%) of the observatories according to their funding method



Approximately 60%, or three out of five observatories, state that they have a strategic orientation document for resource mobilization. However, they all encounter difficulties in mobilizing resources. The complexity of the procedures and requirements of certain donors, the mismatch between donor investment priorities and project investment needs, and the selective nature of eligibility criteria are all barriers to funding.

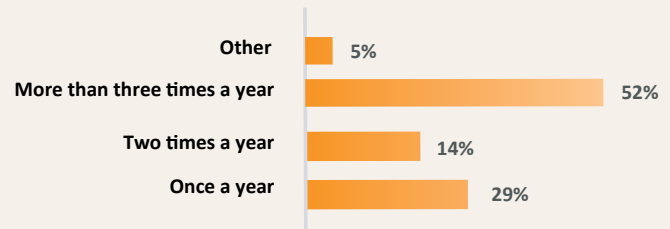
### Government Support

Slightly more than a third of observatories reported receiving support from the Government. Thus, about two out of three observatories do not receive any support from the Government. For those that do, this support is either technical or financial.

### Organizational capacity and governance

The study found that almost all of the organizations surveyed have boards of directors. However, an analysis of the frequency of the board meetings reveals shortcomings in the functioning of some boards.

► Graph 6: proportion (in %) of observatories by frequency of board meetings



All organizations reported holding coordination meetings. 55% reported holding coordination meetings at least three times a month and demonstrate a good culture of responsibility and accountability. Slightly more than a third hold bi-monthly meetings, however 9% of organizations hold almost no coordination meetings in a month.

► Graph 7: proportion (in %) of observatories according to the frequency of coordination meetings



## EXTERNAL RELATIONS/PARTNERSHIPS

### Network membership

91% of the organizations developing observation activities belong or are linked to networks. They join their strengths in advocacy and fundraising activities. The framework of collaboration in an alliance also allows them to ensure the coordination and monitoring-evaluation of community interventions.

### Partnership with research institutes/centers

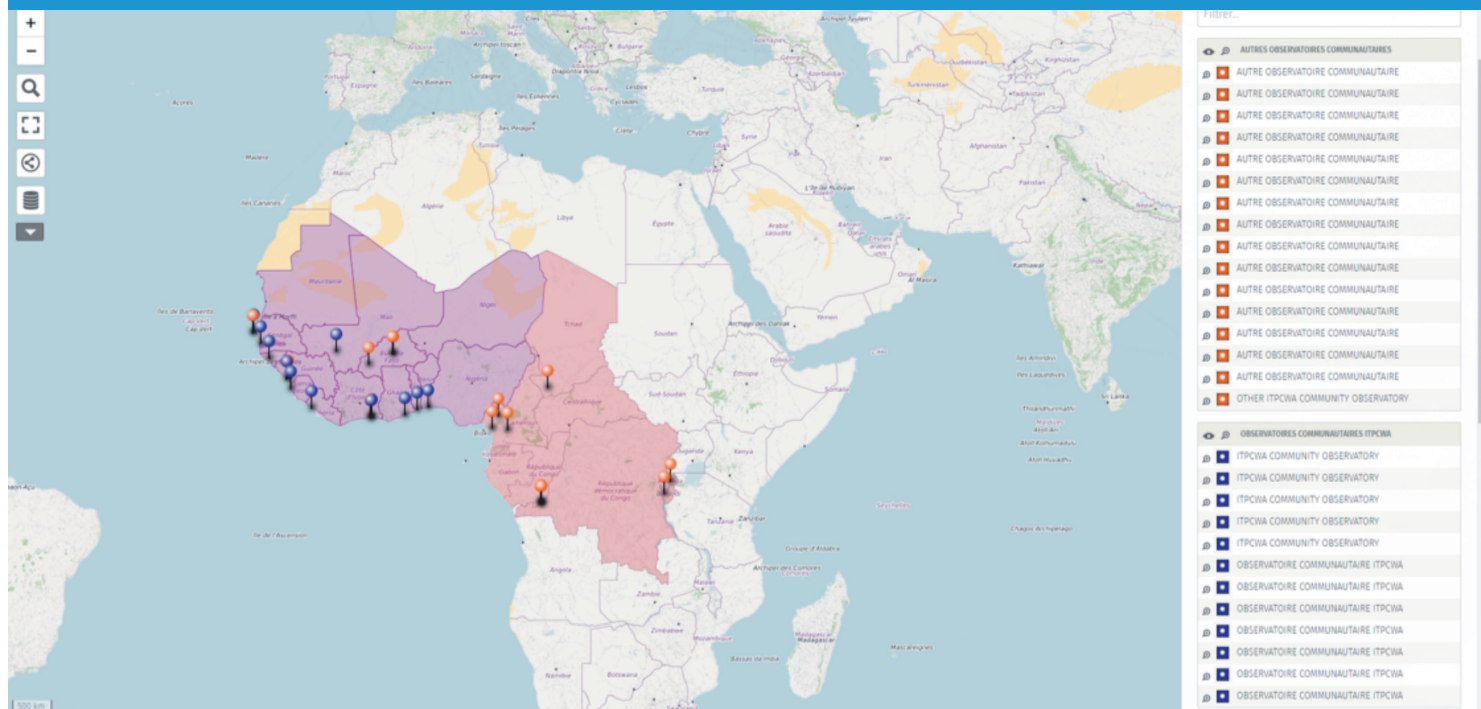


About three quarters of the observatories do not develop partnerships with research institutes or centers. In the cases where this link is created, collaboration is limited to requests for data processing and analysis

### Relationship with the Government

55% of the observatories have a simple approval or recognition. 23% have an agreement that defines the framework for collaboration with the Government. The other observatories operate without a framework agreement with the Government.

## MAPPING COMMUNITY-BASED HIV AND HEALTH OBSERVATORIES IN WEST AND CENTRAL AFRICA



SOURCE: Mapping community-based hiv and health observatories in west and central africa, ITPC-WA, 2020

Link to the interactive map of community observatories in West and Central Africa:

[https://umap.openstreetmap.fr/fr/map/carte-des-observatoires-communautaires-dans-le-dom\\_525290#6/13.315/-6.306](https://umap.openstreetmap.fr/fr/map/carte-des-observatoires-communautaires-dans-le-dom_525290#6/13.315/-6.306)

## CONCLUSION

The results of this study show that organizations hosting observatories develop diverse strategies for collecting data and information, processing these data and exploiting or using them.

Even if there is a global trend towards the dematerialization of data collection and management tools, traditional approaches and methods still remain.

In terms of governance, the observatories demonstrate a weak culture of transparency and accountability.

On the whole, they have acquired experience and know-how in the field of observation over time. However, the young observatories that are emerging require support and mentoring from the more experienced ones.

They rely heavily on funding from private donors. Some observatories recognize that the challenges they face are mainly related to the lack of technical capacity to identify potential donors and to prepare calls for proposals or funding requests. The support they receive from the government is more technical than financial.

Despite the difficulties they face, these community monitoring mechanisms initiate actions that bring added value to the daily lives of communities in terms of access to care, treatment and knowledge of their rights. Their actions are also well received by the health authorities who recognize these mechanisms by creating frameworks for collaboration, exchange and consultation. At the national level, some observatories have succeeded in obtaining financial commitments.

For these observatories, the fact that they are rooted in the community, the scope of their activities, and the availability of focal points both at the level of the health centers and at the level of the technical partners, strengthen their various activities. However, aware of their limitations, these observatories would like to strengthen their technical and organizational capacities in specific areas, including administrative management, coordination and capitalization of interventions, as well as resource mobilization techniques, advocacy, data processing and analysis techniques, and techniques for evaluating their activities.

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