

## Terms of Reference

### Community Advisory Board (CAB): Guide for Establishment and Implementation

#### 1. Justification

Health service users and health service providers share the responsibility of developing a high-quality service delivery. Thus, a two-way perspective is necessary to realize and address critical issues, thereby meeting the high standards of care.

With community input, public health officials and service providers will be able to develop strategies to meet the needs of people who are affected by stigmatized diseases such as HIV/AIDS and educate their clients and the key population (KP) community as a whole on available health services, patient rights, and benefits. With clients and community representatives coming together for discussions on ensuring high standards of care, they will also have a platform to connect with their peers, and an opportunity to acquire new skills.

As a result, a Community Advisory Board is crucial in getting the community's opinions heard and creating a collaborative network where all stakeholders are involved in helping to develop accessible and high-quality health services free of stigma and discrimination.

#### 2. CAB

##### 2.1. CAB

The CAB is comprised of voluntary individuals who are living with HIV, affected by HIV, or members of key populations. The CAB operates as a bridge between the community and the health system, collecting the 'voice' of the community and providing valuable input to enhance the quality of HIV services.

##### 2.2. Goal

The overall goal of the CAB is to support meaningful integration of community perspective into the healthcare service provision system to improve service quality and reduce stigma and discrimination towards Key Populations and people living with HIV (PLHIV).

##### 2.3. Purpose

As service users, clients and potential clients are well positioned to assess the quality, appropriateness, and effectiveness of care services. In the pursuit of this mission, the CAB has the following objectives:

- To engage PLHIV, those affected by HIV and KPs in discussions about quality of care
- To provide input on quality-of-care issues that affect current and potential clients
- To inform and educate community members and their network about quality initiatives in the province

- To bring together community members through a variety of activities that support health promotion and encourage community involvement
- To generate community demand and awareness of health services
- To identify community representatives for quality improvement initiatives.
- To advocate for community voices in health program and service delivery

### **3. Guiding principles**

#### *3.1. Voluntariness*

Participation in the CAB must be voluntary and free from coercion, with each and all members fully understanding their roles and responsibilities, as well as being aware that this is unpaid work.

Each participant has the right to resign from the Board at any time, with a written notification to CAB Co-chairs.

#### *3.2. Confidentiality*

All participants are obligated to maintain confidentiality of their fellow members' HIV status and its related information. A signed confidentiality agreement could be obtained from each and all CAB members, if needed. Any written document indicating CAB members' names must not be shared outside the Board and correspondent authorities.

Precautions to avoid disclosure of HIV status and other personal information should be considered in all means of communication between the Board's members and with correspondent authorities. Direct contact to a member's household (e.g. by mail or phone), if necessary, must not be obtained without permission.

The Board may consider several methods to ensure confidentiality, including, but not limited to, the following:

- Holding meetings in locations not identified with HIV clinics or services
- Meeting minutes should use only initials or general terms to describe people
- Reinforcing confidentiality policies and expectations in all meetings

#### *3.3. Equity and equality*

It is the Board's policy not to discriminate in any of its functions on grounds of religion or beliefs, marital or parental status, socio-economic background, sexual orientation, age, gender identity or disability; in order to help create an environment which is both inclusive and supportive for the Board's members. This applies to all aspects of CAB's activities including the recruitment, selection, meetings, reporting and giving feedbacks.

#### *3.4. Legal responsibilities*

All CAB participants have the responsibility to respect and obey the national law. Unlawful activities are unacceptable in the context of CAB interactions.

#### 4. CAB membership

##### 4.1. Membership

- CAB consists of 10-20 members. Members can be PLHIV receiving prevention, care and treatment services at HIV treating facilities in the province; their family members; CBO members; and those belonging to key populations.
- At least 5 CAB members should be nominated by KP community members or CBOs. Percentage of KP-based members (PLHIV, PWID, SW, MSM, TG...) depends on local epidemiology.
- Members should reflect the diversity in aspects of geography, gender, age, ethnicity, and key population.
- There are 1 chair and 1 secretary. The selection of chairs will be identified through an official nomination process by the pCDC, the chair will be recruited through ballot vote by CAB members. Unless unexpected things happen, the chair will be re-voted by CAB members on annual basis. Secretary will be chosen on a voluntary basis and will be rotated semi-annually.

##### 4.2. Criteria for membership

- Have a passion for enhancing the health care service quality for PLHIV specifically and key populations generally.
- Be willing to share insights about their own and their peers' experiences in health care and ideas to improve quality of services at facilities/communities.
- Be a good listener, open to learning new things and new skills and to participate in CAB's activities to promote the mission of CAB.

##### 4.3. Recruitment

- Recruiting and retaining CAB members is an ongoing process. At the beginning, recruitment information will be delivered to targeted groups through HIV facilities, active CBO(s) and KP networks.
- Anyone interested in becoming a CAB member will fill out the form in the registration letter which also includes detailed information on what CAB is, and the member's function and benefits when joining the CAB. The pCDC will screen all applicants and organize a meeting to provide further detail about the CAB, its goal, member's roles and responsibilities, and benefits to all registered members. After the meeting, if interested applicants feel that the CAB can meet their expectations and they are willing to contribute their input on improving quality of care, and pCDC agrees that the applicants can meet required criteria, the eligible applicants will be invited to be official members of CAB.
- CAB members can be left in case they are no longer eligible for the required criteria or cannot meet the initially agreed goal of CAB. Any member leaving the group requires consensus from both the pCDC and the team leader.

- New members will be interviewed and recruited as needed throughout the year to maintain membership. Both pCDC and CAB Chair must agree before a person is decided as CAB member officially.

## 5. Roles and responsibilities of CAB and pCDC

### 5.1. CAB member roles and responsibilities

The CAB is considered to be a bridge to close the gap between healthcare staff and the community. From the provider's side, the CAB acts as an advisory board to pCDC to improve the quality of healthcare services, implement new initiatives from pCDC or national programs. From the clients' perspective, CAB becomes the voice of the patients and community. To play the role of "community voices", all CAB members are responsible to:

- Attend regular CAB meetings and contribute to the content of each meeting and give feedback to strengthen CAB efforts.
- Participate in activities designed to improve quality of care and reduce stigma and discrimination at facilities
- Participate in trainings for health care staff to share insight, experience or expectations when receiving care
- Routinely collaborate with POC at facilities to support patients and staff, such as providing patients with counseling or information related to treatment, supporting facilities to deal with difficult cases if needed
- Receive client feedback through diverse channels such as hotline, comment boxes, exit interviews or focus group discussion...
- Review results of client feedback together with pCDC and other healthcare facilities (OPCs, PrEP service points, HTC points, STI treatment settings...) to develop a plan to improve the quality of services and reduce stigma and discrimination
- Inform and educate PLHIV and KP community about current and future initiatives within their province
- Bring issues that impact the quality of HIV care and prevention services to the attention of facilities and pCDC
- Review local guidelines and documents
- Coordinating and/or participating in community events, community dialogues or any other activity that advances the goals of 1) getting individuals to learn about their HIV status, 2) reducing the number of new infections, and 3) improving the health and quality of life of people living with HIV and KP members.
- Serve as community advocates in the facility setting and liaise between clients and the facility.
- Coordinate community-based approaches to support for continuous service quality improvement, i.e. community scorecards

In addition, all CABs are encouraged to engage in:



- Educating the larger community about issues and challenges related to HIV
- Support the implementation of national priorities such as finding cases for PrEP program, tracking lost-to-follow-up cases, supporting newly diagnosed clients.

*5.2. pCDC's roles and responsibilities*

- Regularly attend CAB meetings
- pCDC is responsible for providing support to the CAB including providing membership card, securing a meeting location, organizing trainings based on the needs of CAB members, and providing opportunities for CAB members to participate in activities and meetings at health facilities.
- pCDC will work with healthcare facilities to promote and enhance the purposes of CAB in their services.

*5.3. Chairpersons and secretary:*

*5.3.1. Chairperson*

- Be a liaison between CAB members and pCDC staff
- Responsible for finalizing meeting agenda of each meeting and developing workplan of CAB
- Make sure meetings happen as scheduled
- Represent the CAB when reporting findings to the pCDC each month
- Work closely with the pCDC to update CAB's activities as well as update on new initiatives or national focuses from the pCDC
- Represent the CAB in meetings with the pCDC and health facilities staff to discuss plans for using patient's feedback to improve quality of services.
- Select CAB members in partnership with pCDC

*5.3.2. Secretary*

- Support chairperson in scheduling meetings and notify all members about the schedule and agenda
- Support chairperson in preparing documents and other logistics for meetings
- Be in-charge of meeting minutes and send back to the chairperson for review and finalization
- Preparing monthly report to send to pCDC.

**6. Activities**

*6.1. Workplan*

Annually, the CAB will draft a workplan with clear goals and specific activities that it wants to accomplish. The workplan will include regular activities and the identified issues that it wants to address. It should clearly show what has to be done, when, and by whom. The CAB workplan should be aligned with the pCDC workplan. The CAB shall include all of its members when

developing the workplan. CAB chairman is responsible for monitoring the implementation of the workplan and making sure that all workplan activities are going on the right track.

### 6.2. Meetings

- The CAB will meet at least four times per year.
- Meeting participants will include CAB members and representatives from the pCDC and health facilities providing HIV services in the province
- Additional meetings will be held, if needed, to review ongoing work, discuss client feedback, etc.
- The CAB will conduct its business through consensus decision making or via voting in some instances (i.e. co-chair elections and/or selection of leadership).
- At each meeting, minutes must be recorded and disseminated to all members and relevant stakeholders.

### 6.3. Report

To keep track of what activities have been done and will be completed relative to the workplan, CAB should produce concise quarterly and annual reports. The CAB secretary, with support from the CAB chair, will be responsible for writing it. Regular meeting minutes will also be attached to the report as needed.

The report will not only focus on implemented activities, administrative issues, difficulties and recommendations.

These CAB reports will be briefly shared during CAB meetings and submitted to pCDC to promote transparency and to attain timely support and interventions from both pCDC, Department of Health (DOH), and other stakeholders when appropriate. pCDC will consider forwarding these reports to healthcare facilities or DOH as necessary.