Project ACCLAIM: Community approaches towards access, uptake and retention in the MCH/PMTCT cascade

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Elizabeth Glaser Pediatric AIDS Foundation
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Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

ACCLAIM
Advancing Community Level Action for Improving MCH/PMTCT

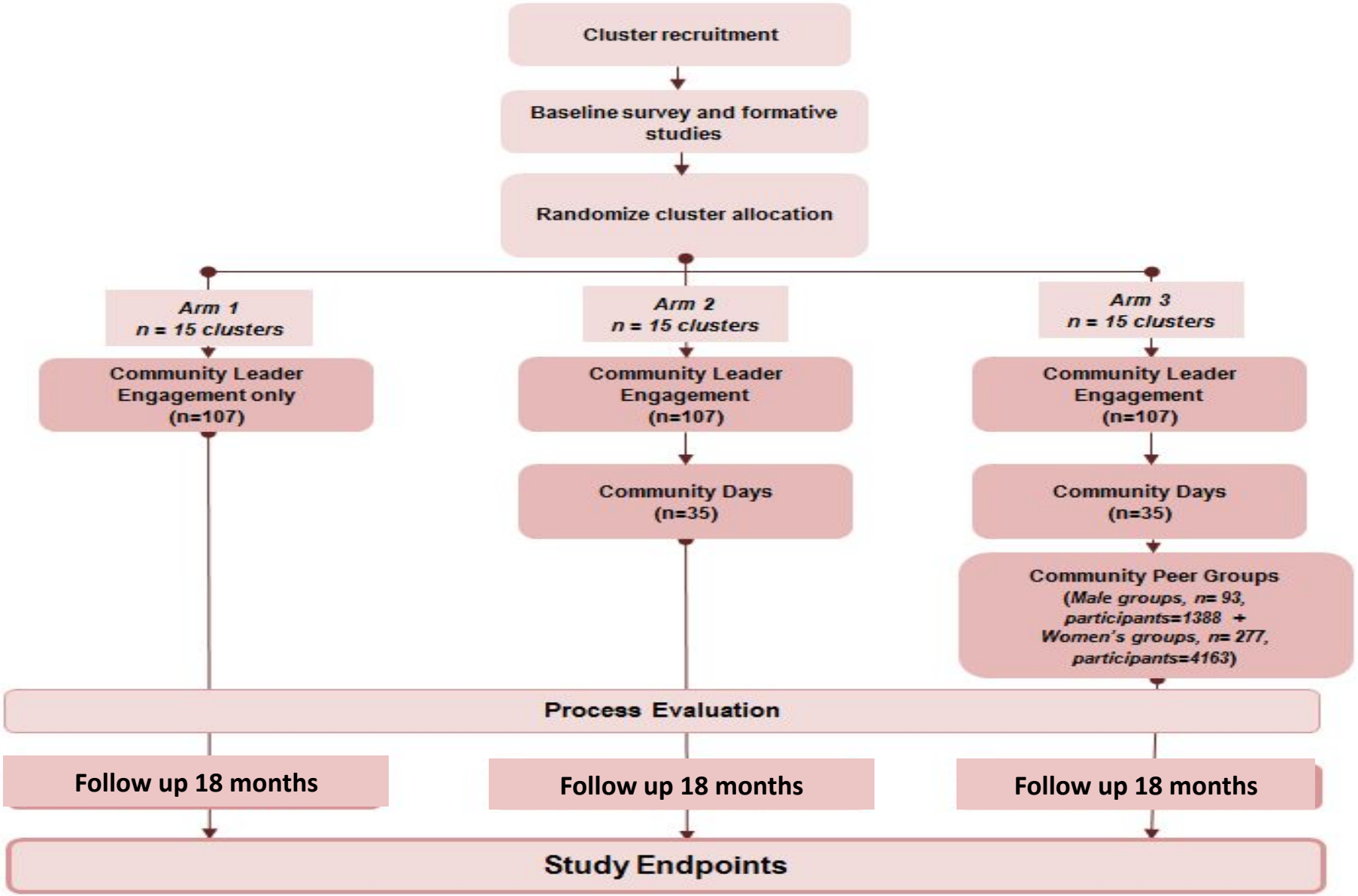
ACCLAIM Goal and Approaches

- **Goal:**
  - Increase community demand, uptake, and retention in MCH/ PMTCT services to improve country progress toward elimination of pediatric HIV
- **Impact:**
  - Intervention was done at community level — impact observed at facility level and in community attitudes
- **Innovative Approach:**
  - Based on building community engagement and support for maternal and child health, includes impact of HIV on families
  - Builds on earlier work showing that men are motivated by their role in the family— just being tested for HIV as the partner of a pregnant woman is not enough to engage men

ACCLAIM Design

- Cluster randomized trial with 3 intervention arms
- 18-month intervention period
- 45 population clusters across 3 countries - Swaziland, Uganda and Zimbabwe

Study Design Cont.



Testing Interventions at Three Levels

Synchronized key messages for all interventions = MCH/PMTCT

LEADERSHIP: *Empowerment and action* (Arms 1, 2, 3)

- Community Leaders Training, empowerment and mentorship
- Community Action Plans (CAPs)

COMMUNITY: *Opening the public dialogue* (Arms 2, 3)

- Community days
- Structured dialogues for men, women, adolescents

INDIVIDUAL: *Information and attitudes* (Arm 3)

- Peer groups for men
- ANC classes for women

Leadership Intervention

- 260 trained community leaders held over 12,000 dialogues and meetings in their communities
- Developed 45 CAPs
- Identified community resources to implement CAPs

Community Day Intervention

- Trained leaders engaged local stakeholders
- Led planning, and contributed community resources
- Over 65,000 community participants
- Community-based testing: over 21,000 people tested for HIV/ AIDS; those identified HIV-positive referred to local facilities
- Over 22,000 individuals received other health services

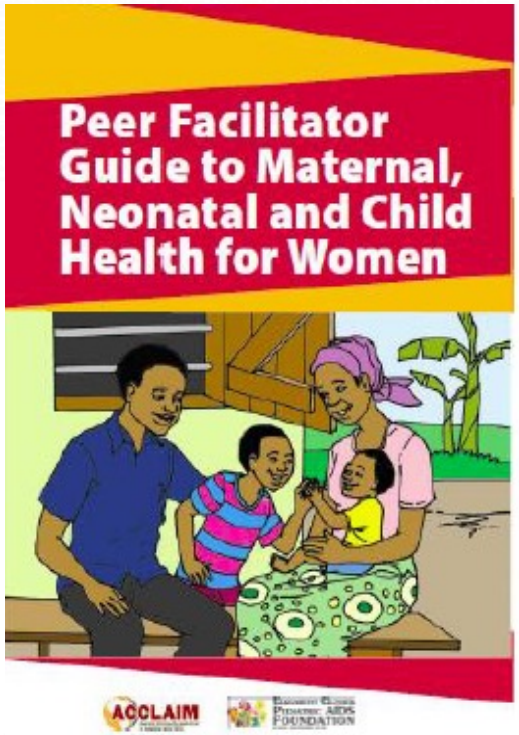
Opening the dialogue to change norms

- Structured dialogues are the most critical activity at a Community Day
- Engaged community in a new way:
  - Provide information
  - Open discussion about community norms, myths and misperceptions
  - Create a "buzz" in the community about controversial or previously hidden issues
- 38,117 participants (men and women, their families)
- Outcome: enhanced understanding of MNCH, PMTCT and gender issues

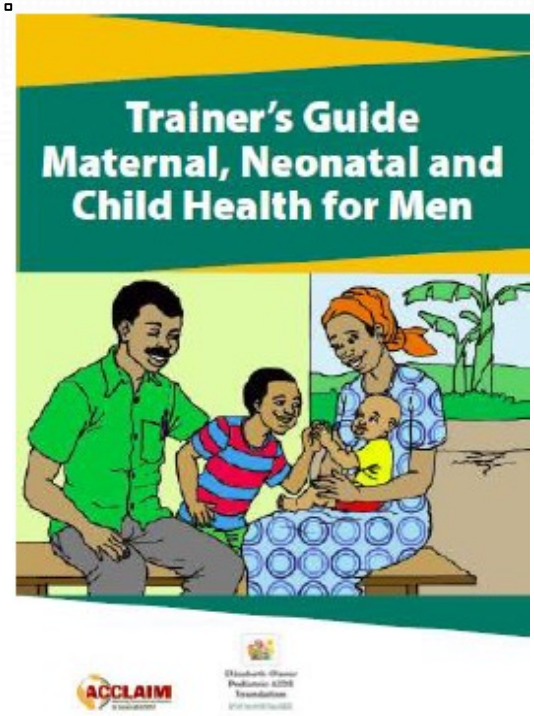
Youth conducting a dialogue

Individual Intervention: MCH classes

- Addressed MCH issues and gender norms in substantive way to improve healthy families
- Transformative experience for participants, especially for the men!



- 104 Peer facilitators trained
- 1813 Women participated
- 992 Men participated



ACCLAIM RESULTS

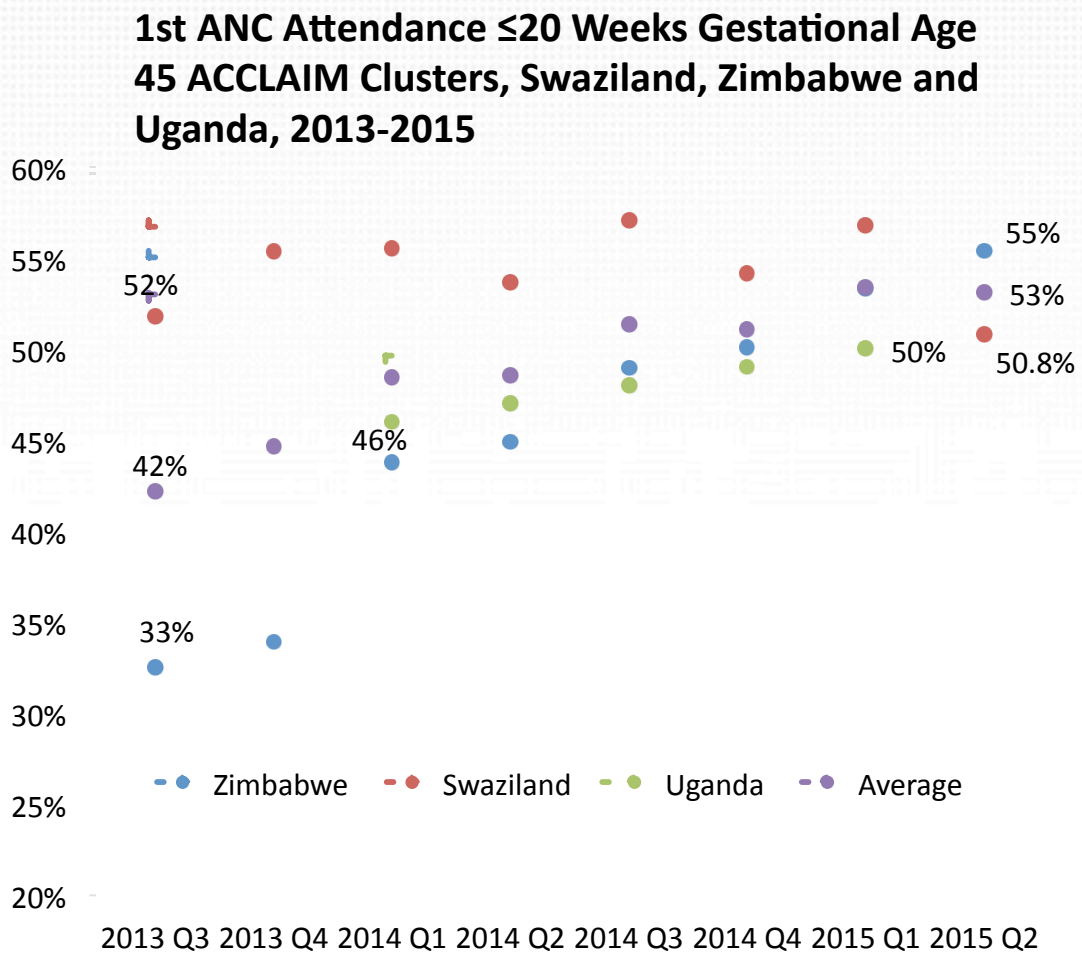
Primary Outcome: Improved retention in PMTCT and early infant HIV diagnosis at 8 weeks

- Nearly **11% increase** for the CL intervention ($p<0.05$).
  - In Uganda, this proportion increased by nearly 32%.
  - No additional effect for CDs and PGs
- Increase trend towards all infants attending 6 weeks well-child visit

Improved Demand: Gestational age at 1ST ANC reduced

More women attending ANC at or before 20 weeks gestation:

- 13% increase with the CL intervention ($p<0.05$)
- Additional effects for CDs and PGs interventions in Uganda and Zimbabwe, $p<0.05$.



Pregnant women completing at least four ANC visits:

- Significant increases for the CL in Uganda
- Additional effects from the CD and PG interventions, $p<0.05$

ACCLAIM Results Pending

Community KAPB: Were there changes in community knowledge, attitudes or behaviors?

- ACCLAIM sought to change community norms around MCH/PMTCT, as well as harmful gender norms

MCH Classes KAPB: Did the classes improve knowledge and attitudes of the men and women?

- Will be analyzed for magnitude of individual and group change

MCH Cohort: Did the MCH classes have an impact?

- Matched comparison of 220 women in each country who took MCH classes (Arm 3) to 220 women who did not (Arm 1)

Lessons Learned

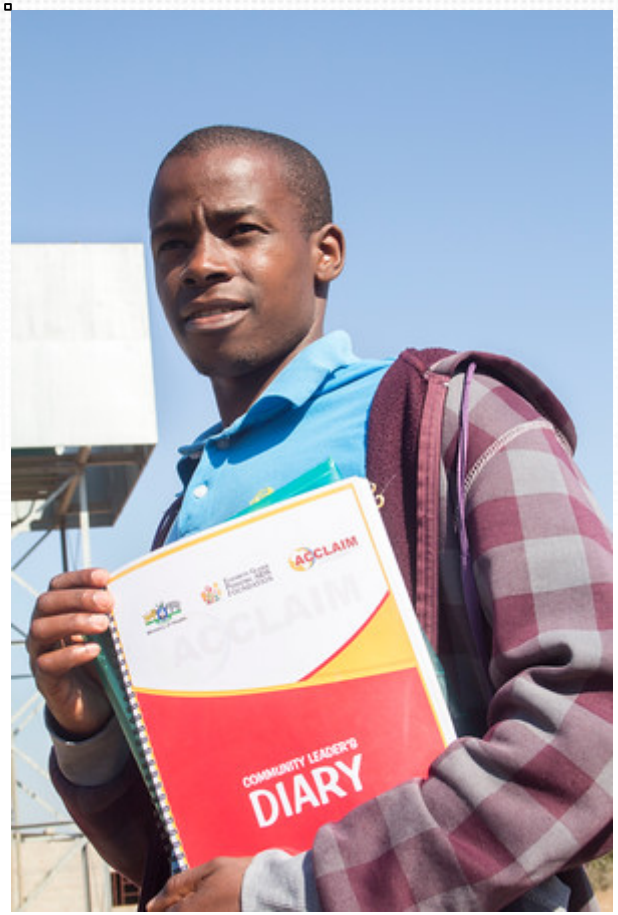
- Time for community entry and selection of community leaders was essential to success
- High levels of collaboration and coordination led to interventions owned by the community

- Community leaders were the key to empowering communities to take on health issues and community norms
- The three interventions allowed the community to engage fully and address myths, misperceptions and harmful gender norms
- Men in the community can become powerful advocates for family health

THANK YOU

ACCLAIM Global Management team:

- Mary Pat Kieffer, Project Director
- Daphne Mpofu, Associate Project Director
- Godfrey Woelk, Research Lead
- Becky Cathcart, SI&E Lead
- Thebisa Chaava, Community Engagement
- Sarah Aheron, Finance Lead



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Other Data Measures for the ACCLAIM Project