Promising practices in community engagement

CCABA
Children and HIV: Closing the Gap
Ending vertical transmission through community action

Friday July 20, 2012

What role can community organizations play to complement medical services to end vertical transmission?

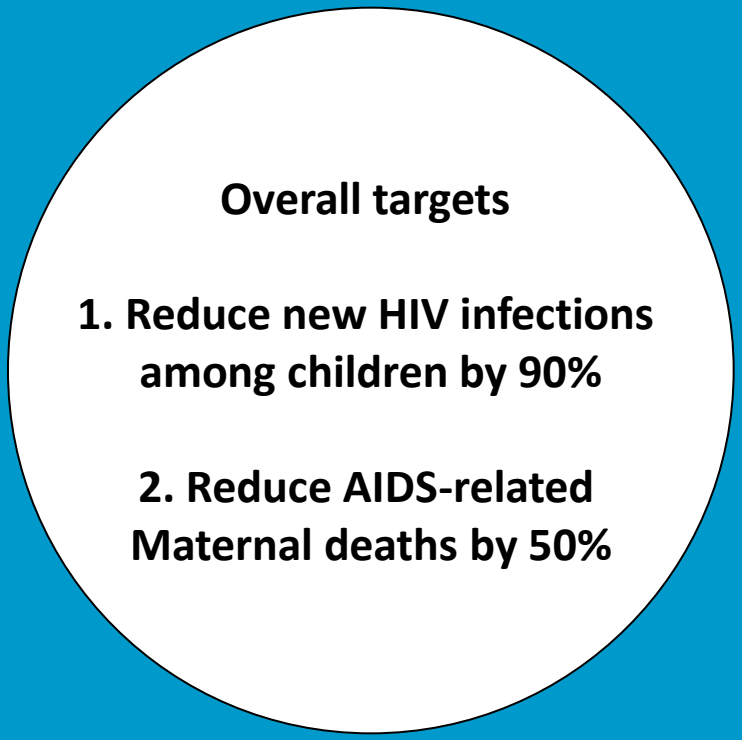
The Global Picture

State of the HIV epidemic among children <15 years, 2011

	Global	Sub-Saharan Africa
Number of children living with HIV	3.4 million	3.1 million
Number of children newly infected with HIV	330 000	300,000

The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keep their Mothers Alive

Monitoring Framework for 2015



Reduce under-five deaths due to HIV by >50%

Prong 1
-50% reduction in HIV infections among reproductive age women

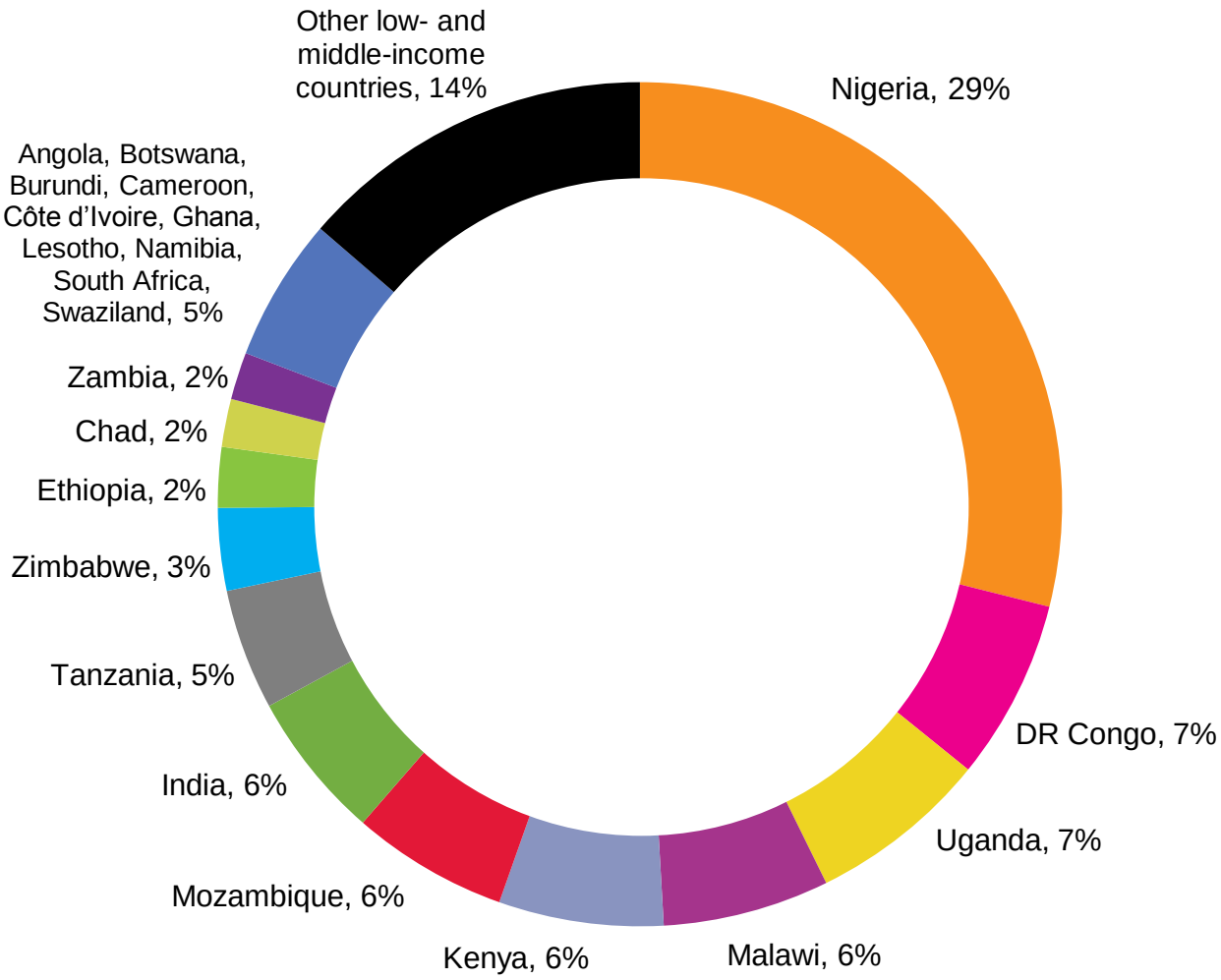
Prong 2
- 0% unmet need for family planning

Prong 3
- <5% MTCT rate
- 90% coverage of prophylaxis or therapy during pregnancy and
- 90% coverage during breastfeeding

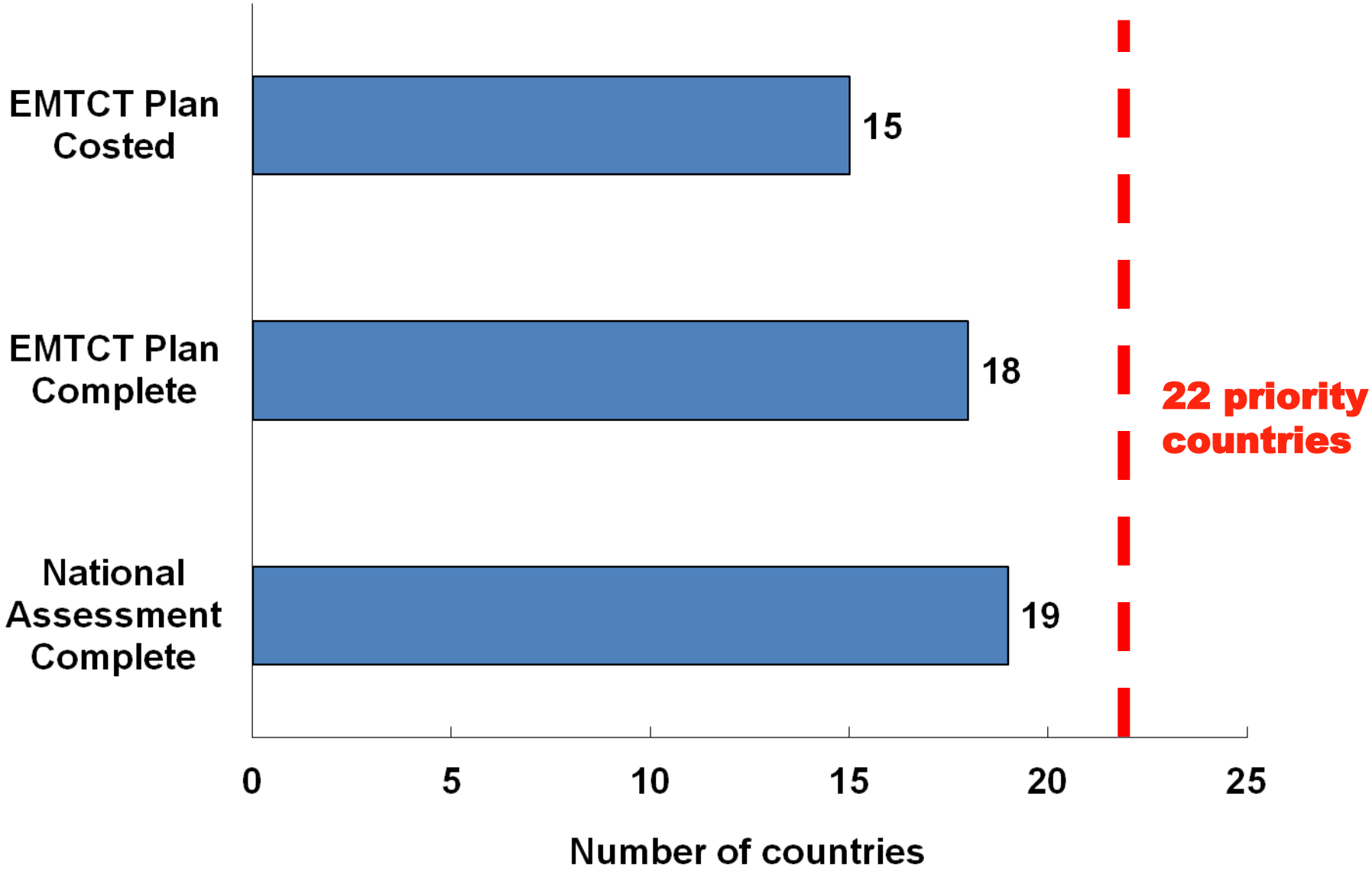
Prong 4
- 90% of pregnant women receive therapy for their own health
- Provide therapy to HIV-infected children

The 22 priority countries for the Global Plan represent 86% of the coverage gap in low- and middle-income countries

1. Angola
2. Botswana
3. Burundi
4. Cameroon
5. Chad
6. Côte d'Ivoire
7. DR Congo
8. Ethiopia
9. Ghana
10. India
11. Kenya
12. Lesotho
13. Malawi
14. Mozambique
15. Namibia
16. Nigeria
17. South Africa
18. Swaziland
19. Tanzania
20. Uganda
21. Zambia
22. Zimbabwe

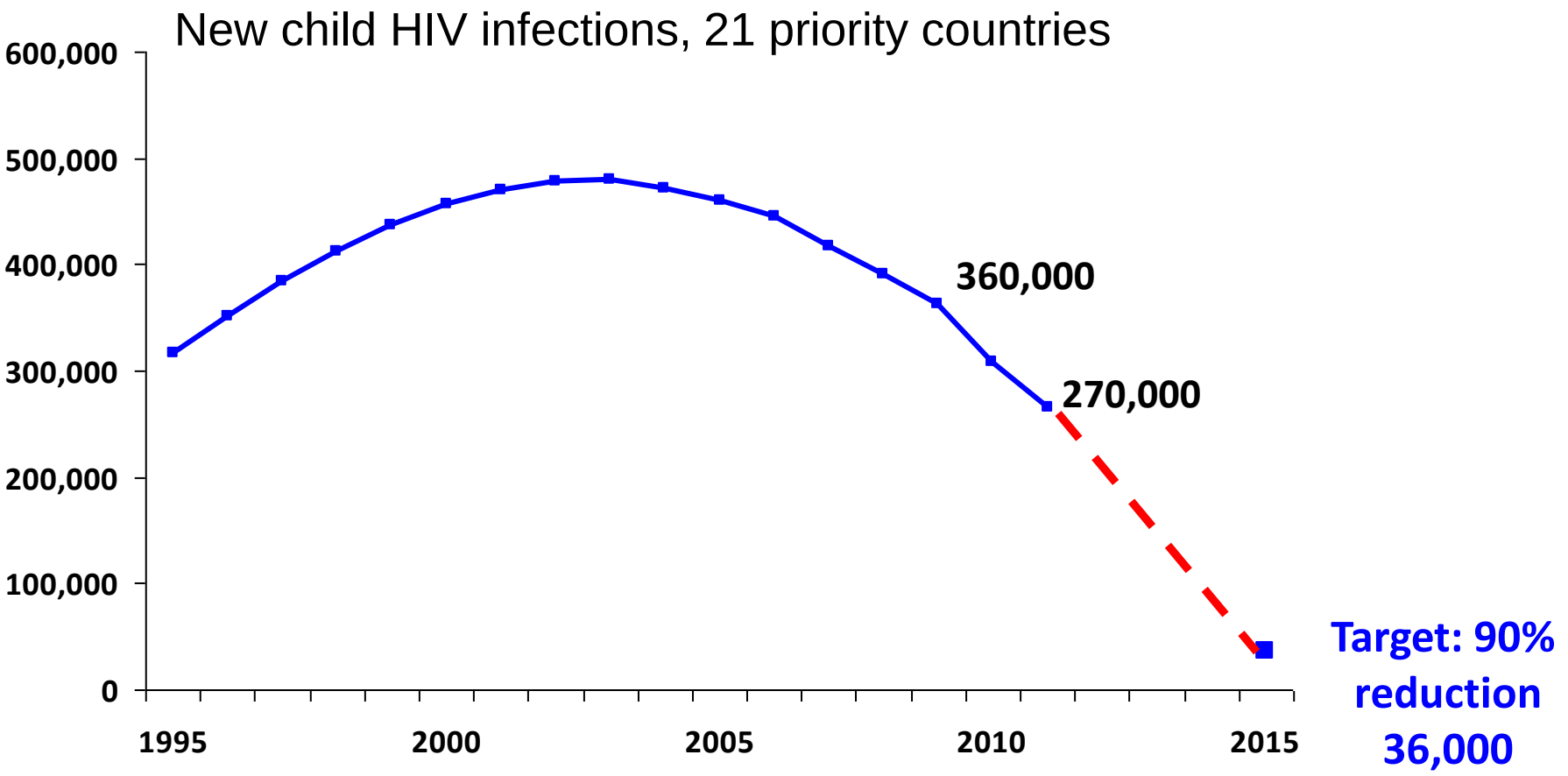


Priority country progress since June 2011



Are we on the right track?

New child infections are decreasing at a rapid pace



* Recent data not available for India

Rationale for the paper

- Limited guidance on community engagement specific to PMTCT

- Global Plan specifies the role of civil society and communities, and their accountability actions

Role of Communities and Civil Society

- Develop and implement community charters and similar accountability structures, and hold govt and others accountable
- Participate in design and implementation including monitoring and accountability
- Ensure participation of stakeholders
- Ensure that all community resources and assets are engaged
- Provide leadership, innovation, and solutions
- Unify global, regional and national civil society and activist groups in their advocacy

Methods

- Literature review
- Interviews with key informants

Definition of Community Engagement

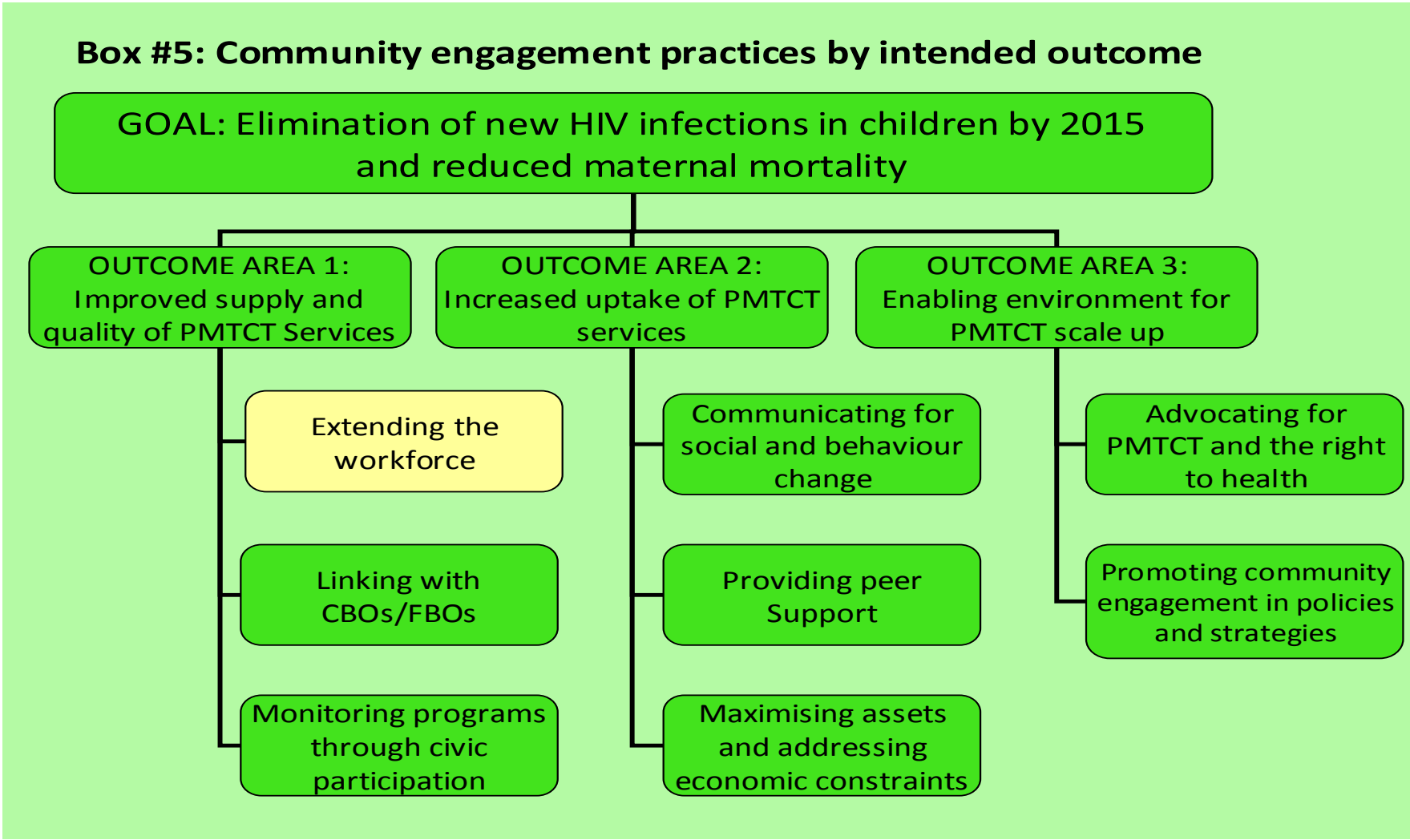
Box #4: Spectrum of Community Engagement

PARTICIPATION	MOBILISATION	EMPOWERMENT
Communities are engaged as passive or active recipients of health services.	Communities are engaged to support health programmes through direction or facilitation by health professionals.	Communities are engaged through a capacity building process to plan, implement and/or evaluate activities on a sustained basis to improve their health.

Emerging Classification: Outcome Areas

- OA1: Improving the supply of comprehensive quality PMTCT services
- OA2: Increased uptake of PMTCT services
- OA3: Enabling environment for PMTCT scale up

Emerging Classification: Outcome Areas

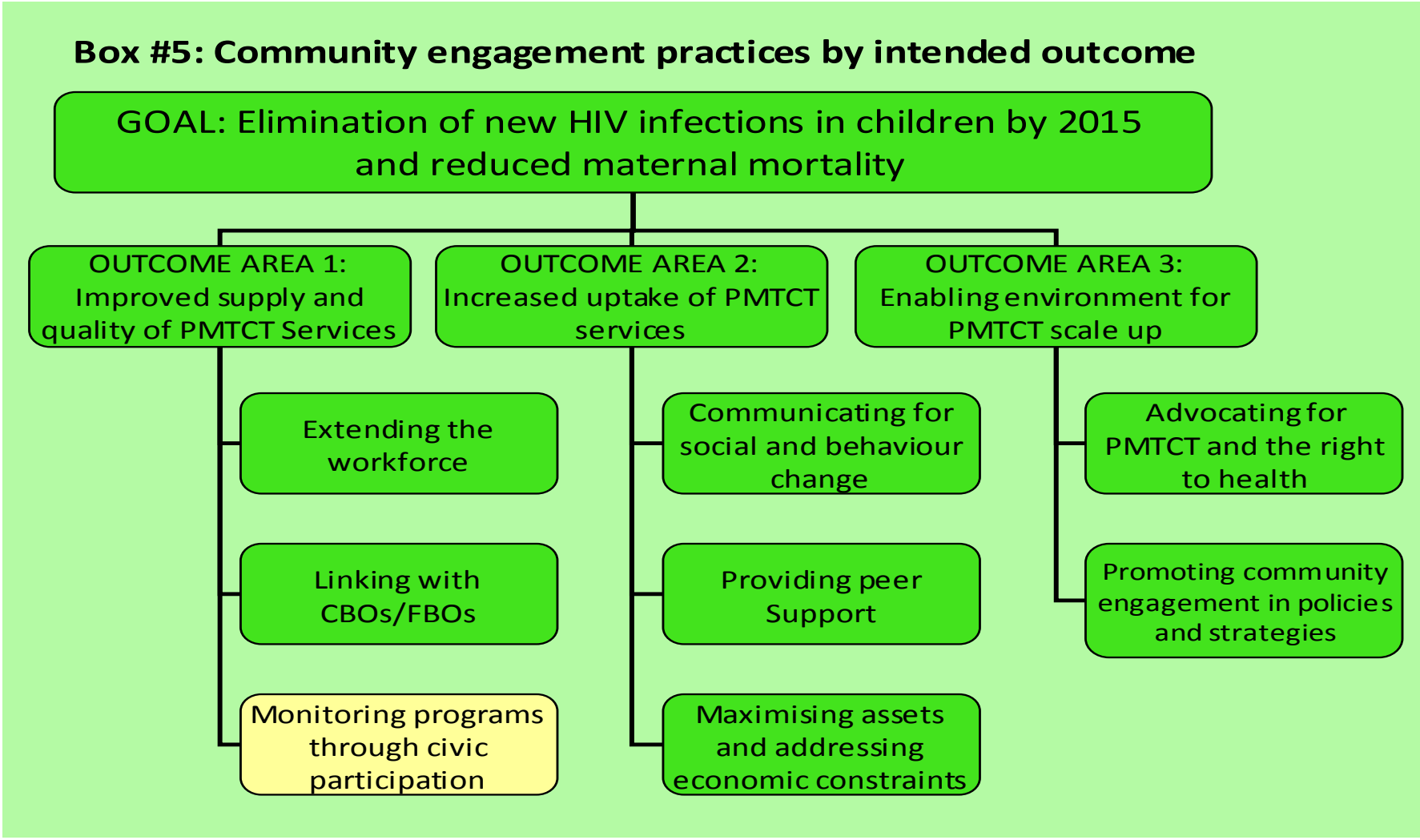


OA1: Improving the supply and quality of comprehensive PMTCT services

Communities extending the workforce

- **Communities as frontline health workers (e.g. CHWs, mentor mothers, adherence counsellors):**
  - Cote d'Ivoire: PMTCT community counsellors
  - Uganda – Network Support Agents
  - Cameroon – TBAs of the Baptist Convention Health Board
  - Lesotho – Maternal Mortality Reduction Program Assistants
  - Malawi – Infant loss to follow-up CHWs make monthly visit until EID is done and HIV status ascertained
  - m2m
- **Lessons:**
  - Frontline workers should be anchored within a primary health care system that supports task sharing
  - Renumeration and functional systems for training are necessary
  - Works best where communities have a say in the process
  - May need specialized frontline workers (e.g. on PMTCT and MNCH)
  - TBAs and traditional healers seem to be under-utilized

Community engagement and outcomes



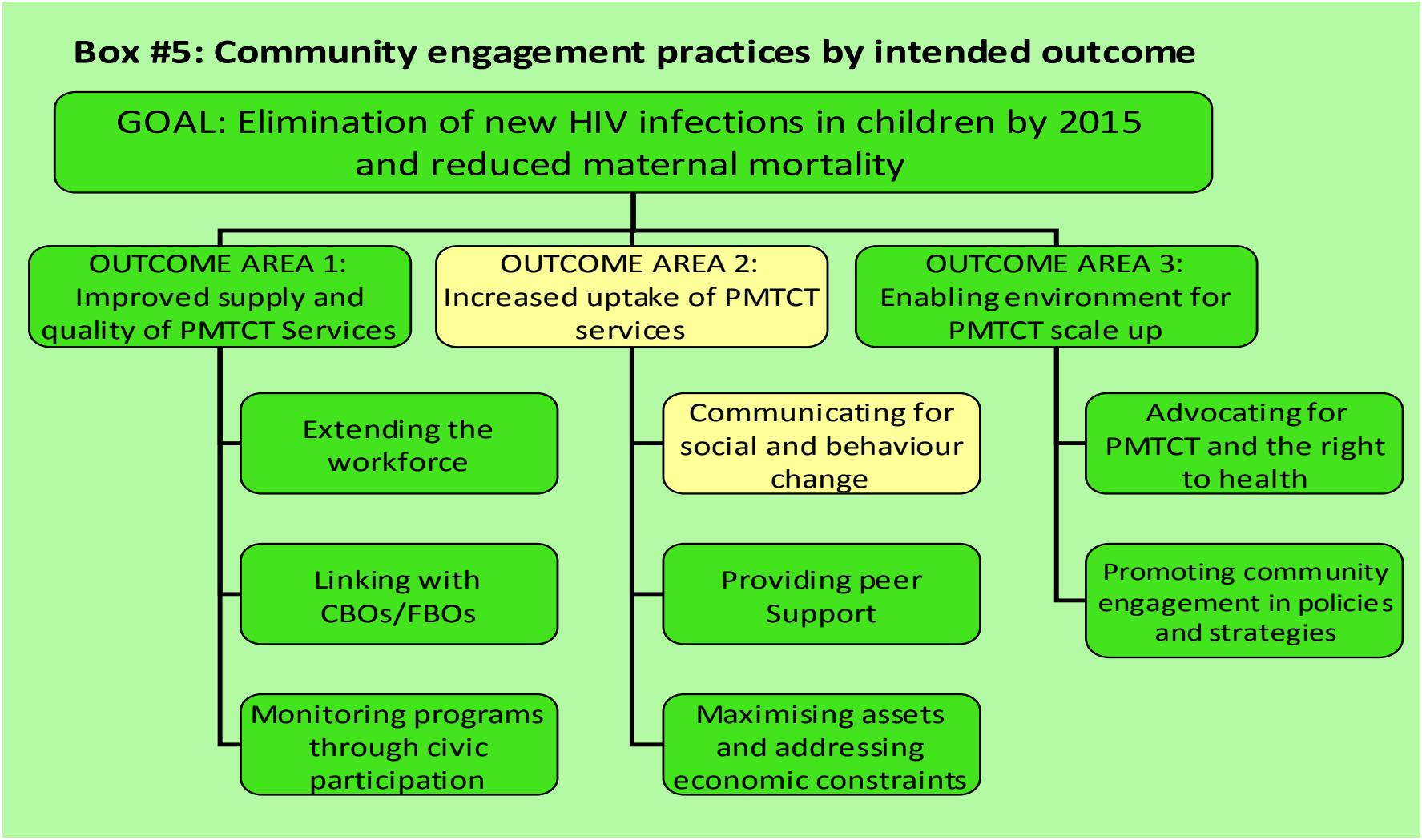
OA1: Improving the supply and quality of comprehensive PMTCT services

Monitoring programs through civic participation

- Examples
  - Uganda -- Bjorkman civic engagement in monitoring health services workers
  - Rwanda – performance-based contracts and community pressure on leaders to deliver

- Lessons:
  - In order to monitor services, communities need capacity building, and timely information on monitoring indicators
  - Consensus building around roles and responsibilities
  - User-friendly tools are needed to enhance accountability and strengthen sustainability

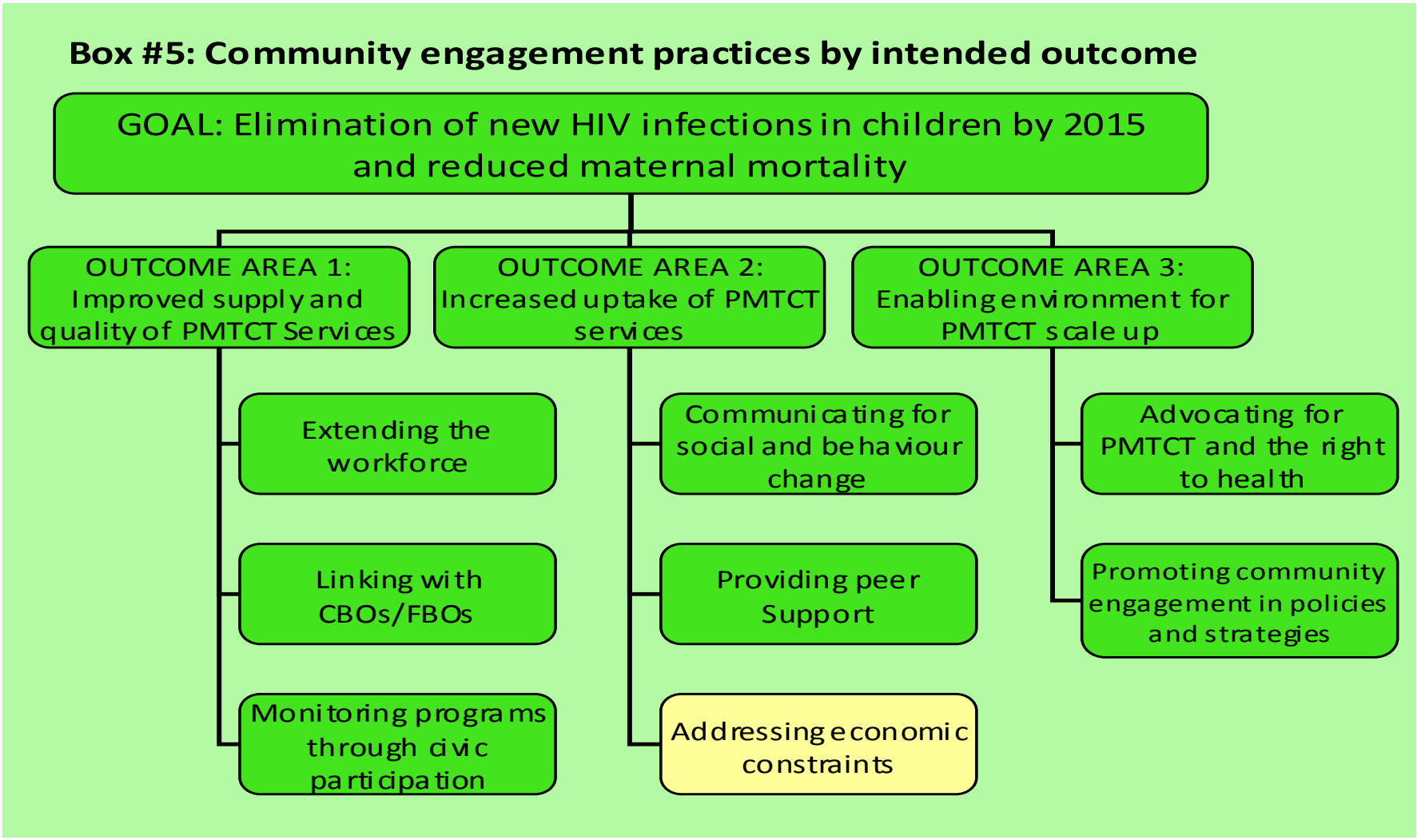
Community engagement and outcomes



OA2: Increasing the uptake of PMTCT services

- **Community-led social and behavior change communication programs**
  - Ethiopia – community conversations
  - Zambia – men taking action
  - South Africa – community declaration on HIV
- **Lessons**
  - Community-led SBCC programs are effective
  - Emphasis on *community led*
  - Importance of formative research
  - Communication agents may need compensation
  - Health facilities should be prepared to meet demand
  - The outcomes of SBCC are complex and better indicators are needed

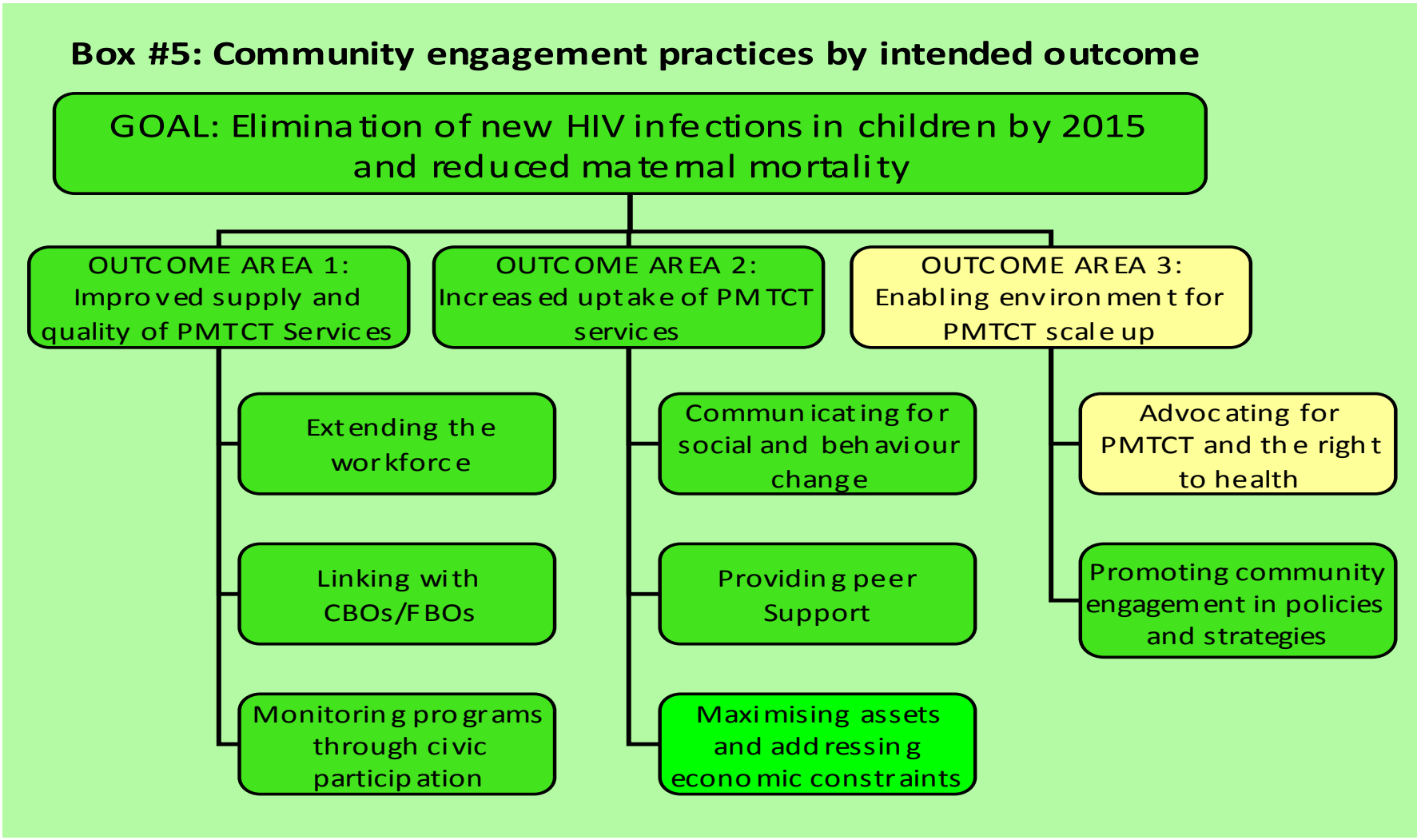
Community engagement and outcomes



OA2: Increasing the uptake of PMTCT services

- **Addressing economic constraints to service delivery**
  - India –Community Advisory Boards in private health facilities negotiating reduced delivery rates and brokering nutrition support
  - Nepal – community-generated funds for maternal and infant care
  - Nigeria, Uganda, South Sudan – transport vouchers and subsidies from transport workers; rickshaws as ambulances

Community engagement and outcomes



OA 3: Enabling environment for scale up

Advocating for PMTCT and the right to health

South Africa – Treatment Advocacy Campaign (TAC)

India – 4 for Women

ESA – National Partnership Forums in ESA

Botswana – Total Community Mobilization

Lessons:

- Financial and technical investment is essential
- Build the capacity among the most marginalized
- Sustained advocacy is a required at national and local level
- High-level leadership is essential for the success of lower level leadership

Conclusions and Next Steps

- On the promising practices
- On the evidence
- For country teams

Questions and Discussion