Quantifying the Effect of a Community-led Monitoring Intervention in Malawi and South Africa

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Introduction

Global guidance encourages the use of community-led monitoring (CLM) to shape effective health services. Yet, the attribution of CLM to service improvements is often imprecise. To our knowledge, this is the first study that aims to quantify this effect.

During the worst of COVID-19, CLM became even more critical. The pandemic fuelled devastating declines in prevention, diagnosis, and treatment levels for HIV and TB. Now, as the world emerges from the worst of the pandemic, there are encouraging signs of recovery (Figure 1).

This study measures the effect of a CLM intervention in Malawi and South Africa (“Citizen Science”), implemented during COVID-19. It aims to document and quantify how CLM contributed to improved service delivery during the period of disruption.

Results

In 2020, COVID-19 led to a 64% decline in voluntary medical male circumcision (VMMC) in South Africa (a whole (79%)). In 2020, it was 85% at our monitored sites and 78% nationally. Recipients of care improvements to physician and nurse support as a result of the CLM.

During COVID-19 in Malawi, HIV testing fell by 39% in facilities without CLM (control study) compared to 25% at our monitored sites (intervention sites). Since then, new ART initiations are increasing ten times faster at our monitored sites than the rest of Malawi.

Methodology

We implemented a CLM initiative at 33 health facilities in Malawi and South Africa, collecting data from November 2018 – October 2022. Together, these facilities serve a catchment area of nearly one million people (989,848).

We conducted monthly clinic records surveys of HIV and TB services and interviewed 202 healthcare workers and 303 recipients of care.

Data was fed back to facilities on a quarterly basis to discuss gaps and identify solutions. Regular community education sessions generated demand for services. We then compared outcomes at our monitored sites to national data and to data from other facilities where no CLM mechanism was in place.

Table 1. Health Facilities Monitored in ITPC’s Citizen Science Community-led Monitoring Project

Conclusions

The CLM intervention was associated with more resilient HIV and TB services. If the CLM effect is extrapolated to a national level, this equates to 48,529 additional circumcisions, 568,708 additional HIV tests, 15,595 additional ART initiations, and 13,285 additional people successfully treated for TB. This is a compelling case for the continued scale-up of CLM.

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Healthcare workers say that the CLM intervention directly improved testing and treatment services:

“MANERELA+ did an analysis that compared the total number of people becoming newly HIV-positive against the number of people newly initiated on HIV treatment. This showed a gap, which caused us to ask why so few had initiated HIV treatment. This led to discussions and finding solutions, one of which was to start escorting newly HIV-positive clients to HIV treatment counselling and potential initiation as part of our test-and-treat policy.” – Healthcare Worker, Malawi