

What is a Community Treatment Observatory (CTO)?

- **A CTO is a community-led approach to systematically and routinely collecting and analysing qualitative and quantitative data about HIV service quality**
- **Data is used to monitor trends along the HIV care cascade, and to inform targeted action that will improve the quality of HIV services**
- **In a CTO, an organized group of community members collect data on various aspects of HIV prevention, testing, care and treatment services**
- **A CTO can operate at district, provincial, national, regional or global level**

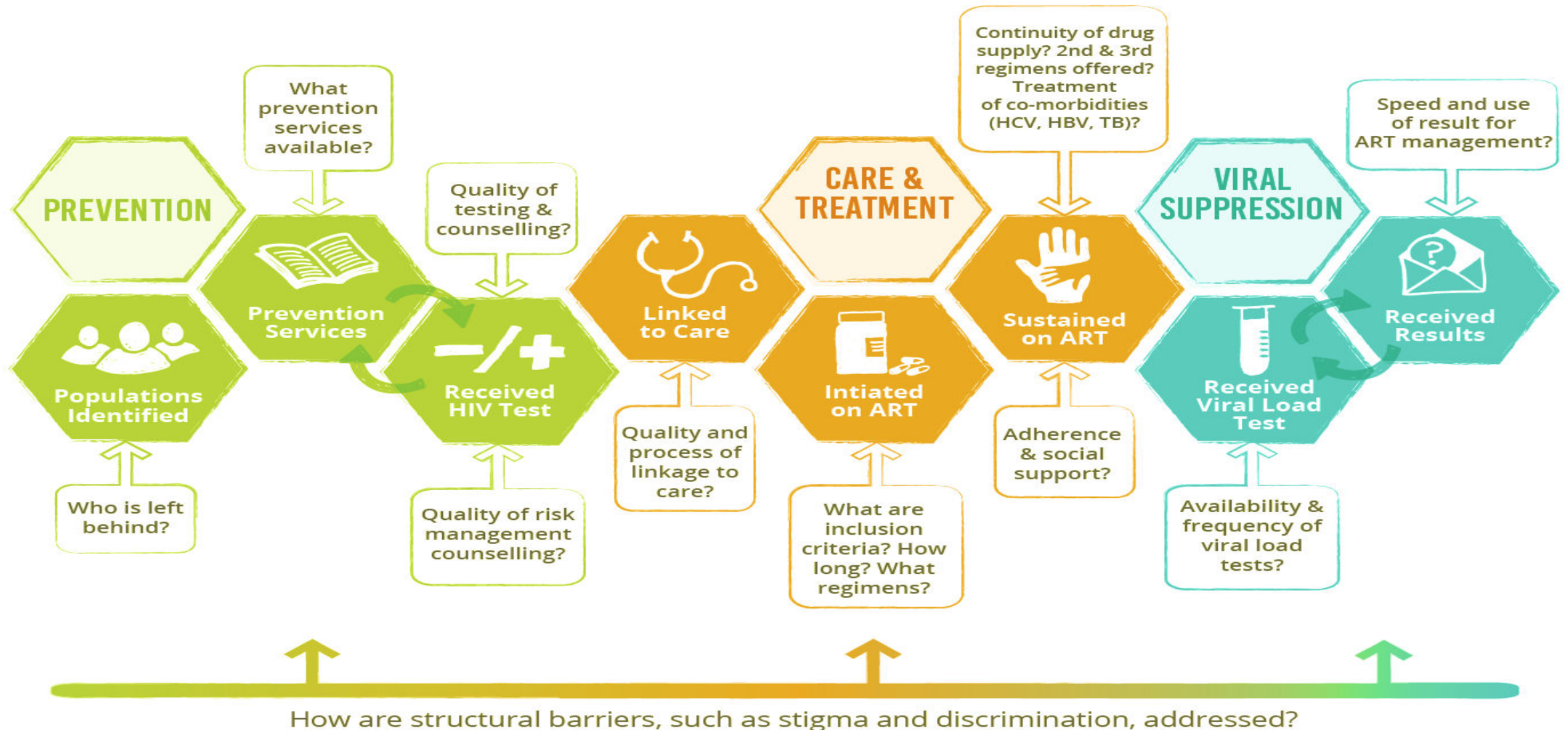
What do CTOs Monitor?

- **CTOs can monitor any health or social justice issue**
- **In the HIV sector, CTOs monitor community-defined issues along the HIV cascade**
- **This includes policy implementation and quality of service delivery: prevention, testing, linkage to care, enrolment, treatment, retention and viral suppression**
- **Quantitative data measures and track major trends**
- **Qualitative data provides an in-depth description of a given issue (beyond numbers, what does the data show?)**

What do Community Treatment Observatories monitor?

ITPC COMMUNITY MONITORING

Along the HIV Continuum of Prevention, Care and Treatment



CTOs have four key components



More about Data collection



Data collectors are community Health Workers(PLHIV, KP and others CSO organization members)



Trained to monitor quality of service delivery and others barriers to : prevention, testing, linkage to care, treatment, retention and viral suppression



To collect Data
Quantitative: monthly
qualitative: interviews(daily) and focus group discussions(quarterly)



Supervised
Monthly by the data check point

Quarterly by the project focal point and the CCG members

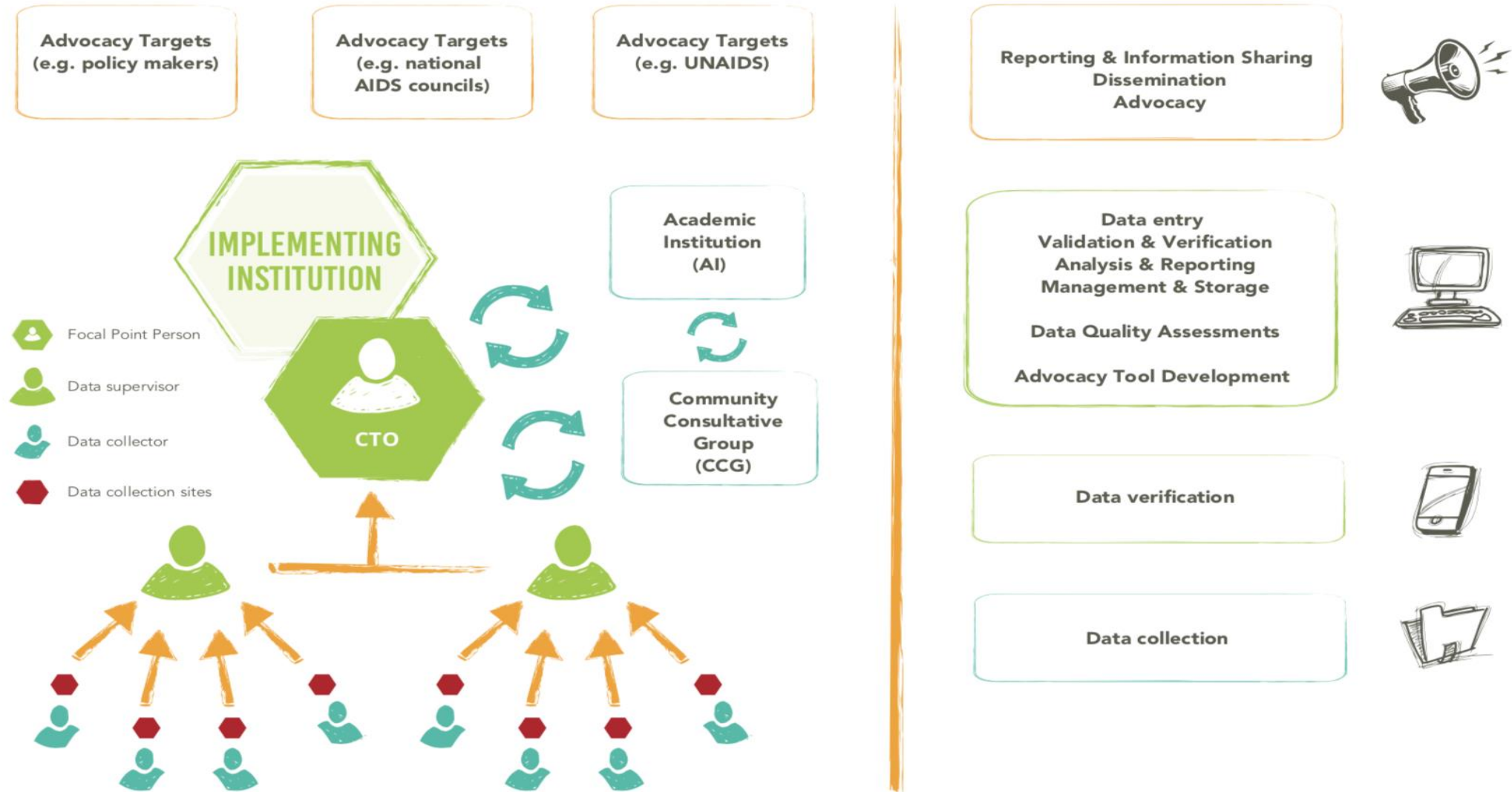
In order to check the quality of Data



CTO OPERATIONAL MODEL

FIGURE 4

ITPC's CTO Operational Data Flow



Where is the ITPC CTO project being implemented ?



11 countries in West Africa

- ▶ BENIN
- ▶ COTE D'IVOIRE
- ▶ GAMBIA
- ▶ GHANA
- ▶ GUINEA CONAKRY
- ▶ GUINEA BISSAU
- ▶ LIBERIA
- ▶ MALI
- ▶ SENEGAL
- ▶ SIERRA LEONE
- ▶ TOGO

RESULTS

Some Results from the RCTO-WA Project 2018

Qualitative Data on Acceptability

at RCTO-monitored facilities in SIERRA LEONE, GAMBIA, GHANA, MALI, TOGO

“Testing must be done alone to prevent conflict of result at the testing site”

(Respondent ranked service quality a “4”, Sierra Leone, PCMH facility).

“The facility as said is doing find [sic] after the invention of ITPC. They said the MSM are given good attention after one of their member is working at the facility that gave them hope because he help them to get their services”

(Respondent ranked service quality a “5”, Gambia, Serekunda Hospital).

“Good reception by the maternity mediators - Well received by the women - Only at the time of the strike there was a lack of personnel”

(Respondent ranked service quality a “3”, Togo, CHU SYLVANUS OLYMPIO facility).

Qualitative Data on Affordability

at RCTO-monitored facilities in SIERRA LEONE, GAMBIA, GHANA, MALI, TOGO

“Traveling makes them not to access the ART. [It is the] distance of the clinic. They cannot afford transportation for that month.”

(HIV Counsellor, Sierra Leone, St. Anthony Clinic).

“Viral load test requires payment of GHS 2.00 which I cannot afford.”

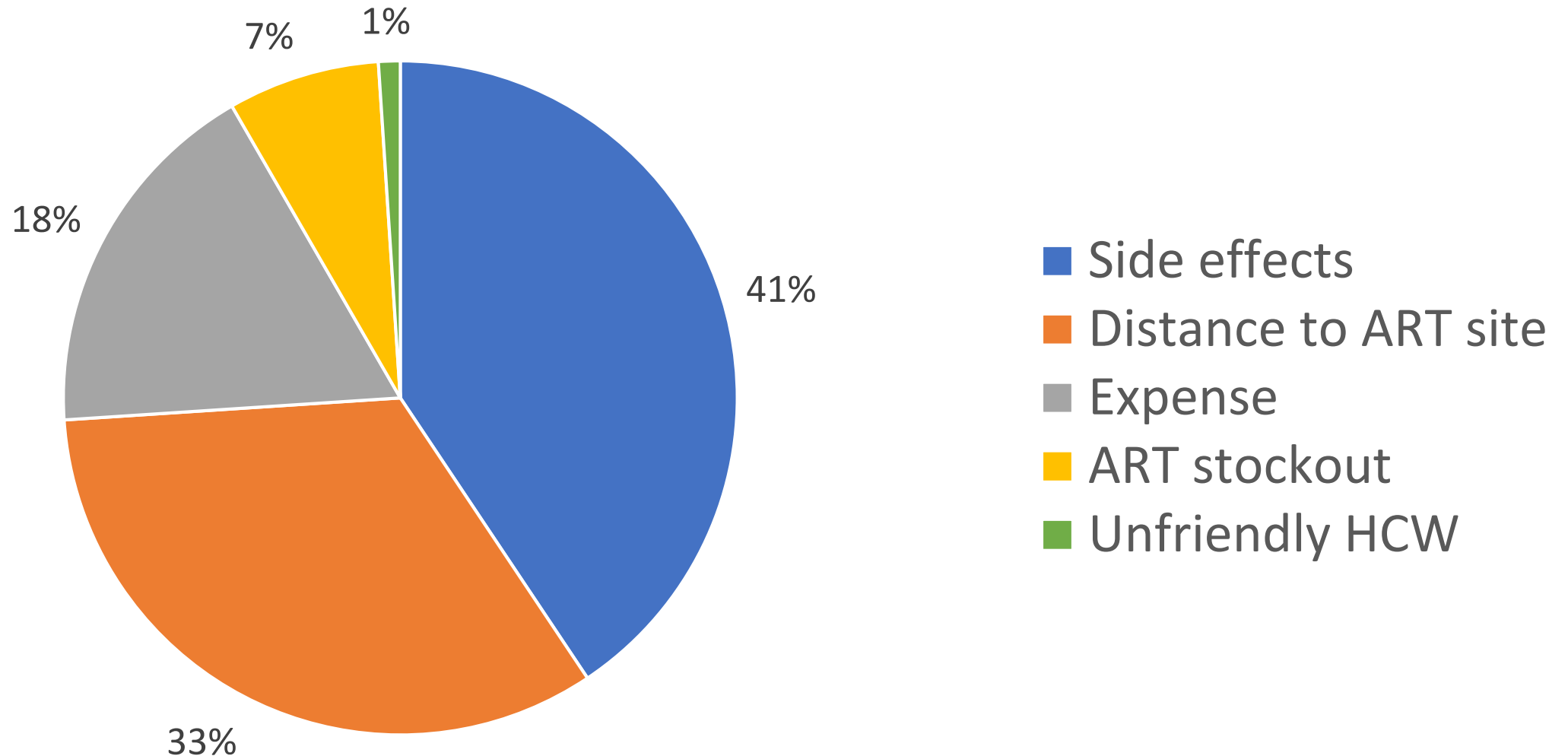
(Brotherhood PLHIV Support Group member, Ghana, Tamale Teaching Hospital)

“For me, a test requires a payment and it is very expensive if you want to know the information on your viral load. The doctor says ‘soon there will be a stock out of lab supplies’ [to justify charging]”

(Midwives PTME Focal Point, Mali, CHU GT health center).

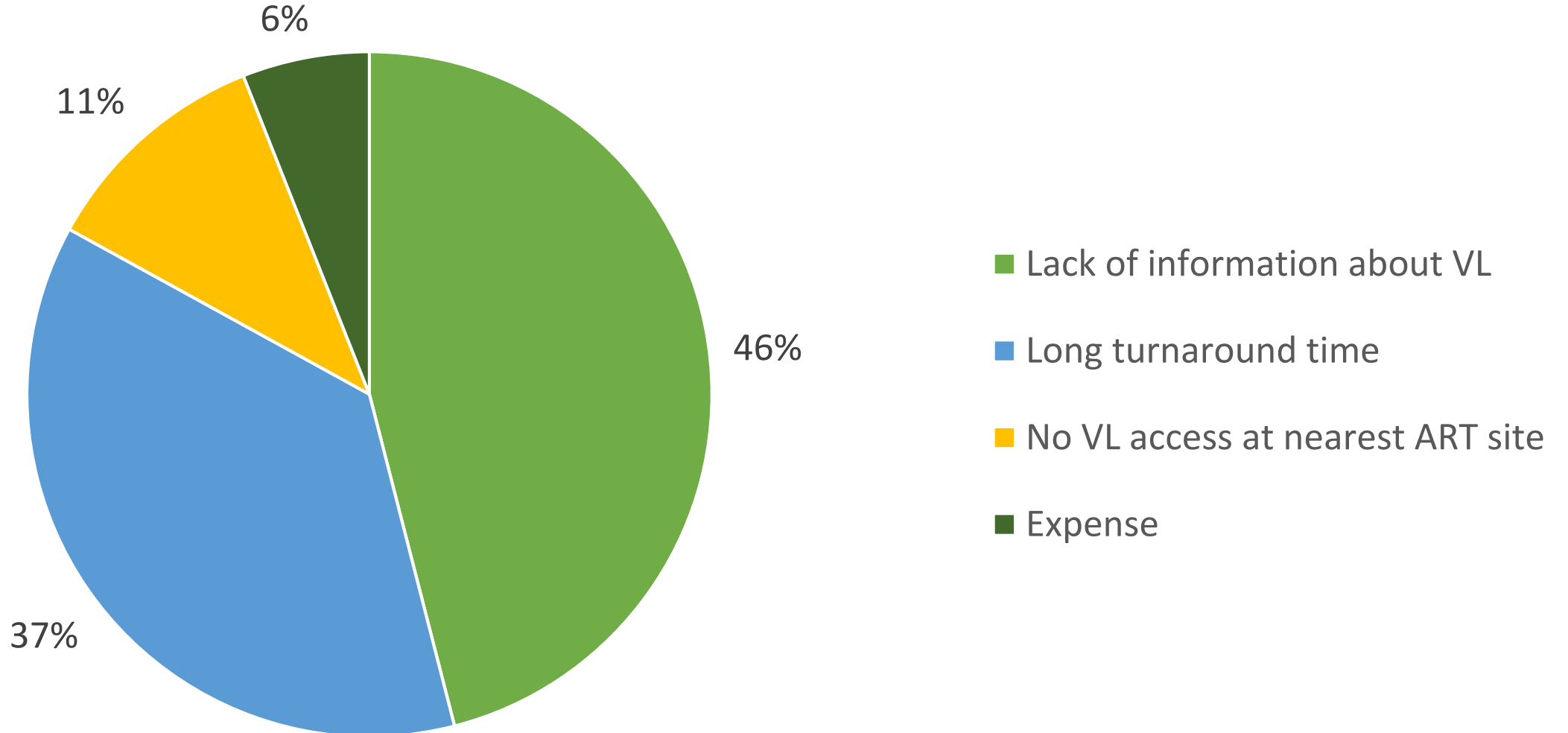
Service Quality Challenges in Cote d'Ivoire

Key Informant Interviews (N = 402)



VL Testing Quality Challenges in Cote d'Ivoire

Key Informant Interviews (N = 387)





THANK YOU FOR YOUR ATTENTION



for more information

<http://watchwhatmatters.org/>