‘Promising Practices in Clinic-Community Collaboration’

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9th February 2017

Regional Learning and Linking Forum for Accelerating Delivery of Comprehensive Services for Orphans and Vulnerable Children
**Vision:** All children and adolescents living with HIV in sub-Saharan Africa receive optimal treatment and care by 2030

**PATA** is a network of health providers and associated health facilities.

- Shares global guidance, information and tools
- Facilitates learning forums for peer to peer exchange and regional collaboration
- Develops, supports and disseminates quality improvements in the form of small operational ‘promising practices’
- Utilising promising practice lessons from the frontline - advocate for programmatic and policy change

**PATA-affiliated clinic teams**

[Map of sub-Saharan Africa with PATA-affiliated clinic teams marked]
PATA Incubation Projects

Children

Clinic-CBO Collaboration C3

Adolescents

REACH (Re-Engaging Adolescents and Children in HIV)

Peers to Zero (P2Z)

Second Decade Second Chance

READY+
Resilient Empowered Adolescents and YPLHIV

Strategies – Methodology - Principles
• Network-peer to peer & clinic team approaches
• Capacity building (info/training) of health providers
• Integration, linkages and referrals
• Community and multi-sectoral engagement
• Operational and staffing considerations
• Meaningful involvement of YPLHIV – peer led
Evolving clinical & political context

Rapid scale-up  Test and Treat all  Universal health coverage

Fast-Track Targets

by 2020  
90-90-90  Treatment

by 2030  
95-95-95  Treatment

AIDS is the #1 cause of death among adolescents (10–19) in Africa and the #2 cause of death among adolescents globally.

ACT 2015

ALL IN #EndAdolescentAIDS

SUSTAINABLE DEVELOPMENT GOALS
Public health approach*

- Decentralization
- Simplification
- Task-shifting
- Lay cadres
- Sustainability/ cost effectiveness
- Lower frequency of clinic visits

*WHO 2006+
Formal health system | Segregation | Community

Limited mechanisms/entry points
Clinic-CBO Collaboration ($C^3$)

Promote and strengthen collaboration between health facilities and CBOs

Objectives:

- improve PMTCT and paediatric HIV service delivery through establishing clinic and community health partnerships
- identify and disseminate challenges, lessons learned and best practices for clinic-community linkages
Clinic-CBO Collaboration (C³)

- 3 sub-regions – 9 project countries

- Localised model – 4 partnerships per country = 36 across programme

- Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia, DRC, Kenya, Zimbabwe
C3 cascade

Identify CBOs & clinic partners; baseline

2014

Partnership Initiation Forum (PIF)

Joint Activation Plan (JAP) and Joint Activation Grant (JAG)

PM capacity-building; visits; PACF TA

Mid Term Review (MTR)

C3 Summit

Consolidate innovations and lessons

Toolkit
36 projects, 9 countries

Partnership activity areas

- Mobilizing demand for services: 12
- Community sensitization: 9
- Active patient outreach: 8
- Care and support: 2
- Enabling clinic environment: 1

n=32 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia, DRC, Kenya
Mobilizing demand for services
- Education and awareness
- IEC campaigns and days
- Community HCT
- Finding children?

Care and support
- Peer support & counselling
- Food and transport assistance
- Income generation

Active patient outreach
- Tracking & follow-up
- Home visits
- Community case management
- M2M, MBP groups
- Care giver support – parenting skills
- Community ART
- Differentiated care

Enabling environment
- Clinic service times & space
- Privacy
- Sensitized health workers

Community sensitization
- Break down socio-cultural barriers
- Combat stigma & discrimination
- Promote male involvement
- Engage community & religious leaders
- Campaigns, sporting events, meetings and community champions

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Evidence of impact: Joint service provision

- *n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia
- **n=8 Ethiopia, Malawi
Evidence of impact: Partnerships

*\text{n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia}*

**\text{n=8 Ethiopia, Malawi}**
health outcomes

- Women initiating PMTCT:
  - Baseline: 344
  - Follow-up: 358

- LTFU within PMTCT program:
  - Baseline: 66
  - Follow-up: 56

- Infants tested at 18 mo:
  - Baseline: 170
  - Follow-up: 501

*n=12 Ethiopia, Malawi, Nigeria
Regional Learning Forum

Clinic-CBO partners

Shared Joint-Activation Projects & promising practices

Barriers, Lessons and Key take home messages

Shaping & informing the development of a toolkit on clinic-community collaboration
Collaboration Challenges

- **Add on, more work?**
  - Like any relationship, confusion & conflict relationship vs task

- **Activity reports are not shared** which makes it difficult for the other partner to follow on the progress of activities.

- **Unclear roles and unclear lines of communication.**
  - Uganda

- **Different work spaces, responsibilities & lines accountability**
  - Yet: similar goals & interests – TOGETHER we are STRONGER!

- **“No defined roles between clinic and CBO.”**
  - Malawi

- **Activity reports are not shared** which makes it difficult for the other partner to follow on the progress of activities.

- **Power, control & ownership?**

- **Different strategies, perceptions and ways of working**

- **Where’s the money?**

Many projects emerged as Promising Practices however lacked sufficient M&E – were not effectively measured to show impact of the relationship on improved health outcomes.
Different strategies, No ONE size fits all – Context specific.

Integration into operations:
- Job descriptions, KPAs, joint planning and review

C3 MUST get measured

ROOTED in district planning & coordination
- Focal Point Persons – COORDINATION!!
- District accountably & investment

Matching & twinning Partnership agreements with clear TOR (WHAT-WHO-HOW-WHEN)

Tools to close & monitor the referral circle

Capacity building – facilitation, investments & support

‘Needs attention, has feelings. If you don’t do the little things for it, it dies, if you nourish it’, it thrives’ Zimbabwe

‘It’s a relationship, if you have a problem with your partner, you don’t divorce them but work through it’ Zimbabwe
Summit – Regional learning
Clinic-CBO Collaboration – Key Messages

Methodology – a way of doing our work

a Relationship with a purpose

Community remains the key agent for mobilising access, linkage and retention to services

Need to build greater operational evidence on the impacts of clinic-community collaboration

Develop indicators for effective partnership that are integrated into workplans of both CBOs and health facilities

Invest in district and local level platforms, facilitate and capacitate planning and joint activation plans

Joint engagement with access to review data to inform service integration and improve case management
“As a partnership we are able to make more impact. We are able to share the limited resources. We plan together and are getting to understand each other better and solve difficult problems together. By working together as team we have achieved more.”

Malawi
For more information & resources

www.teampata.org
Tools and PATA Resources

http://www.teampata.org/publications-resources/pata-resources


http://www.teampata.org/uploads/One-stop%20adolescent%20shop_WEB.pdf

Joint Activation Projects