



'Promising Practices in Clinic-Community Collaboration'

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PATA

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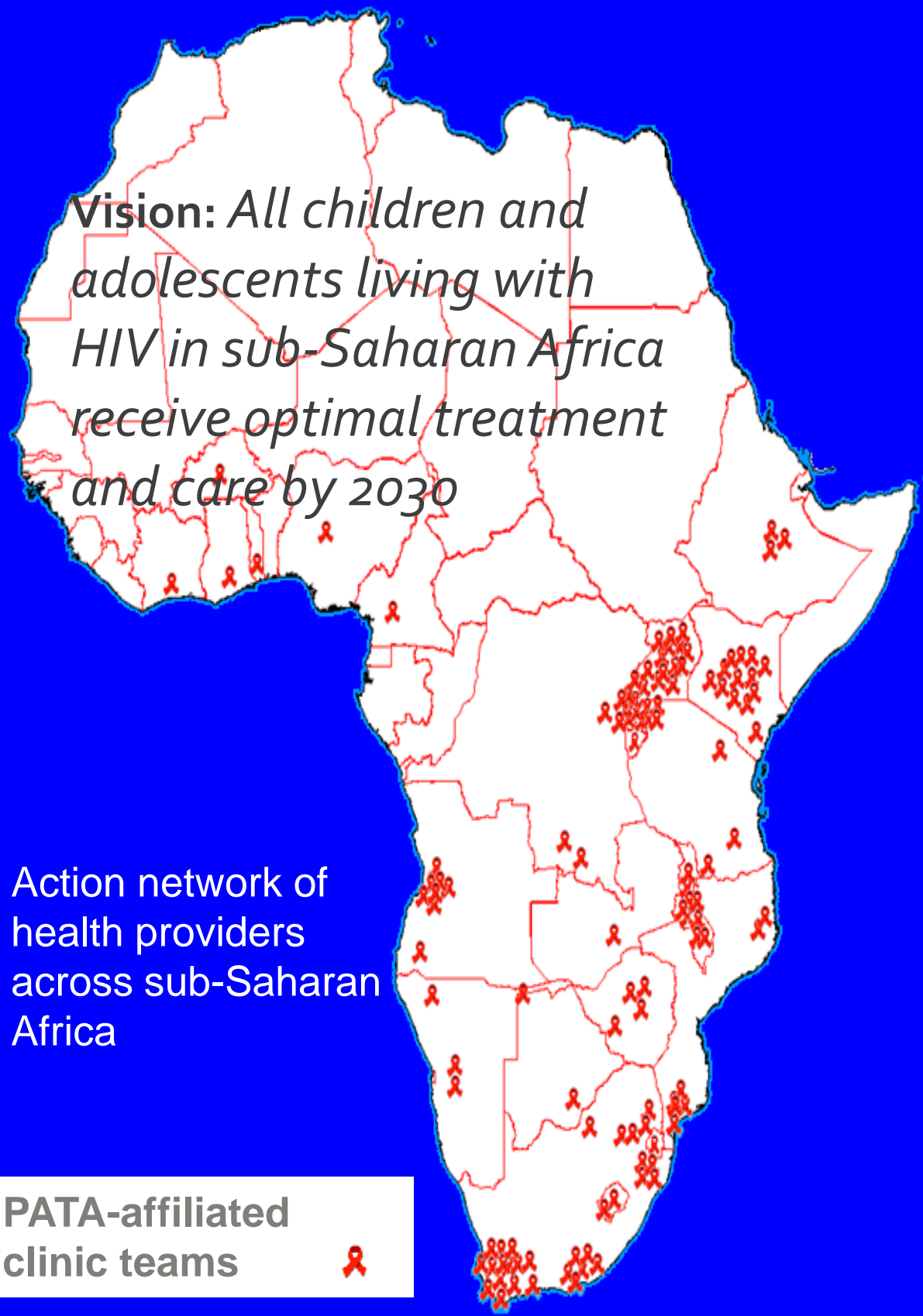
*Regional Learning and Linking Forum for Accelerating Delivery of
Comprehensive Services for Orphans and Vulnerable Children*

Vision: All children and adolescents living with HIV in sub-Saharan Africa receive optimal treatment and care by 2030

Action network of health providers across sub-Saharan Africa

PATA-affiliated clinic teams 

www.teampata.org



PATA is 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



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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

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



Fast-Track Targets

by 2020

90-90-90

Treatment

by 2030

95-95-95

Treatment



GUIDELINES

GUIDELINE ON WHEN TO START ANTIRETROVIRAL THERAPY AND ON PRE-EXPOSURE PROPHYLAXIS FOR HIV



ALL IN

#EndAdolescentAIDS



SUSTAINABLE DEVELOPMENT GOALS



Public health approach*



Decentralization

Simplification

Task-shifting

Lay cadres

Sustainability/ cost effectiveness

Lower frequency of clinic visits

Community models of
service delivery

Formal health
system

segregation

Community

Limited mechanisms/ entry points



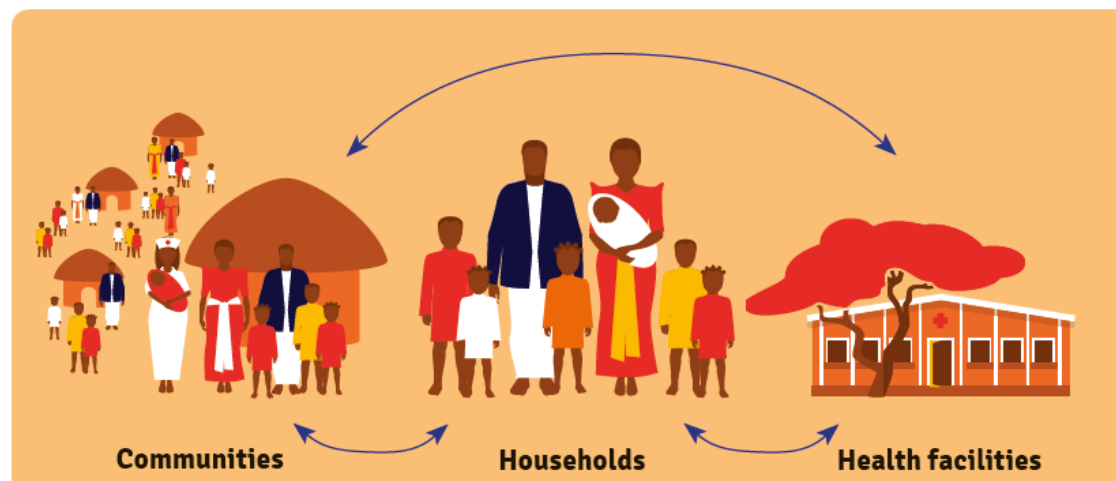
Clinic-CBO Collaboration (C³)



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



2014

Identify CBOs & clinic partners; baseline

Partnership Initiation Forum (PIF)

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

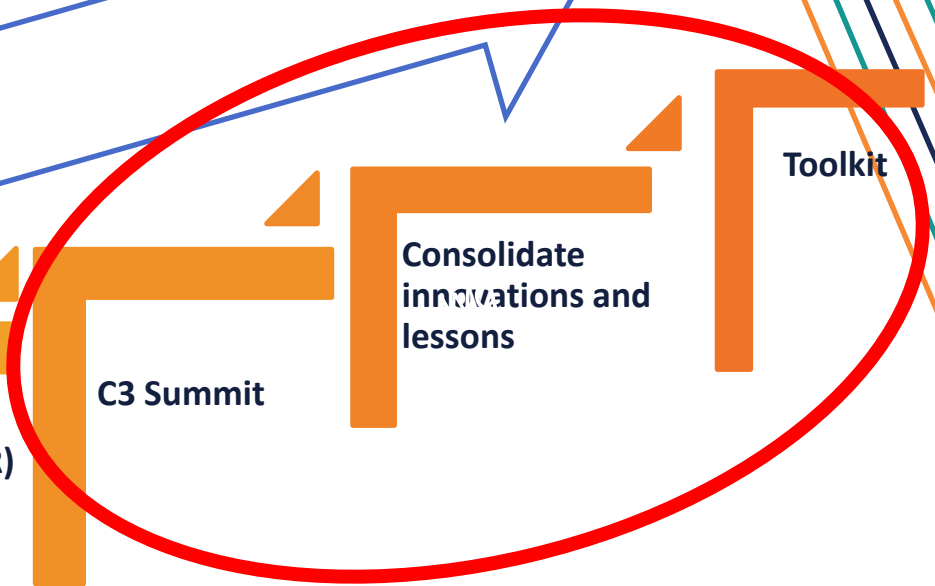
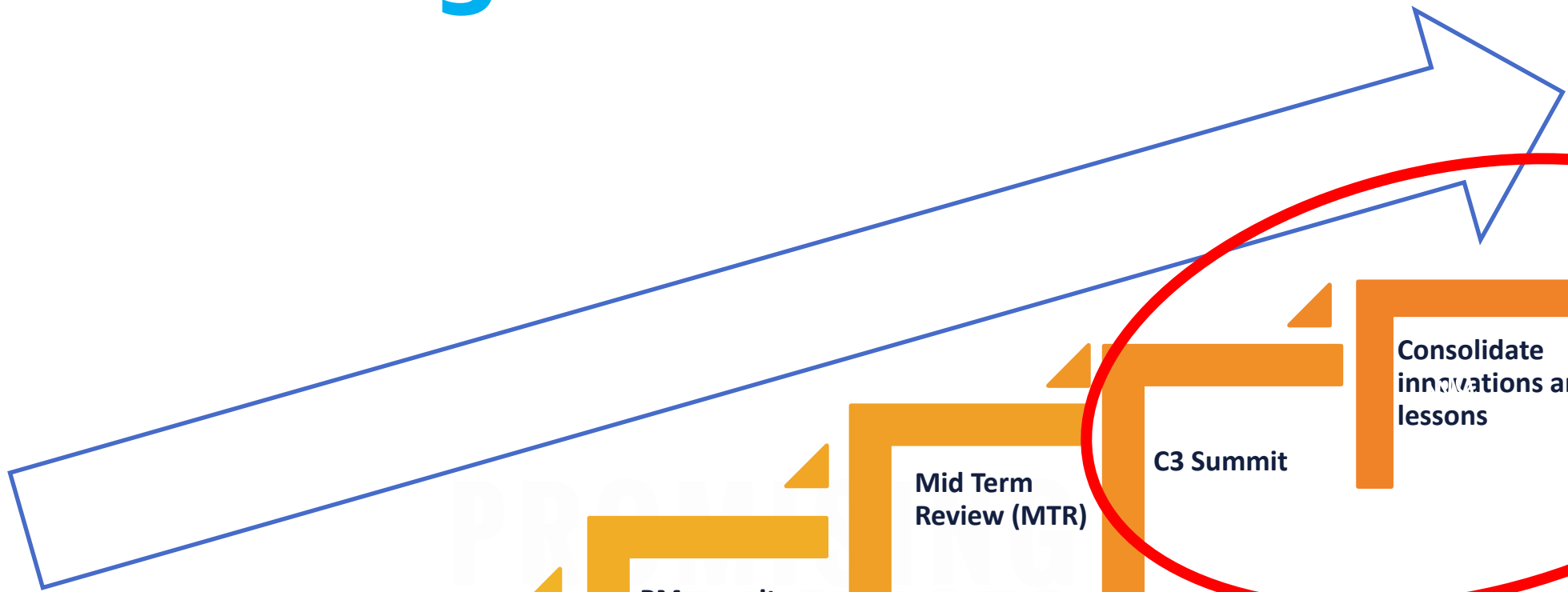
PM capacity-building; visits; PACF TA

Mid Term Review (MTR)

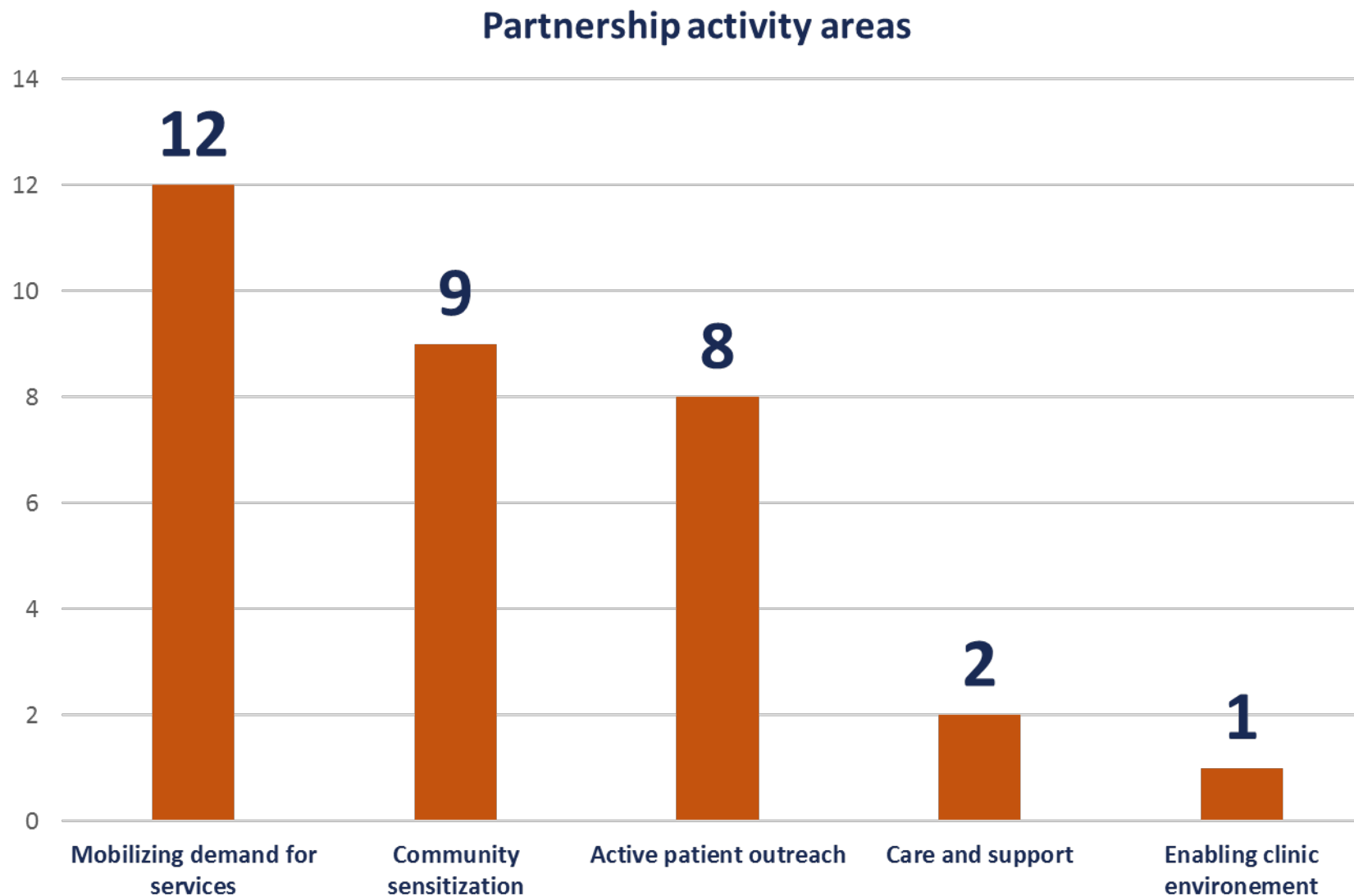
C3 Summit

Consolidate innovations and lessons

Toolkit



36 projects, 9 countries



n=32 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia, DRC, Kenya



Care and support

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

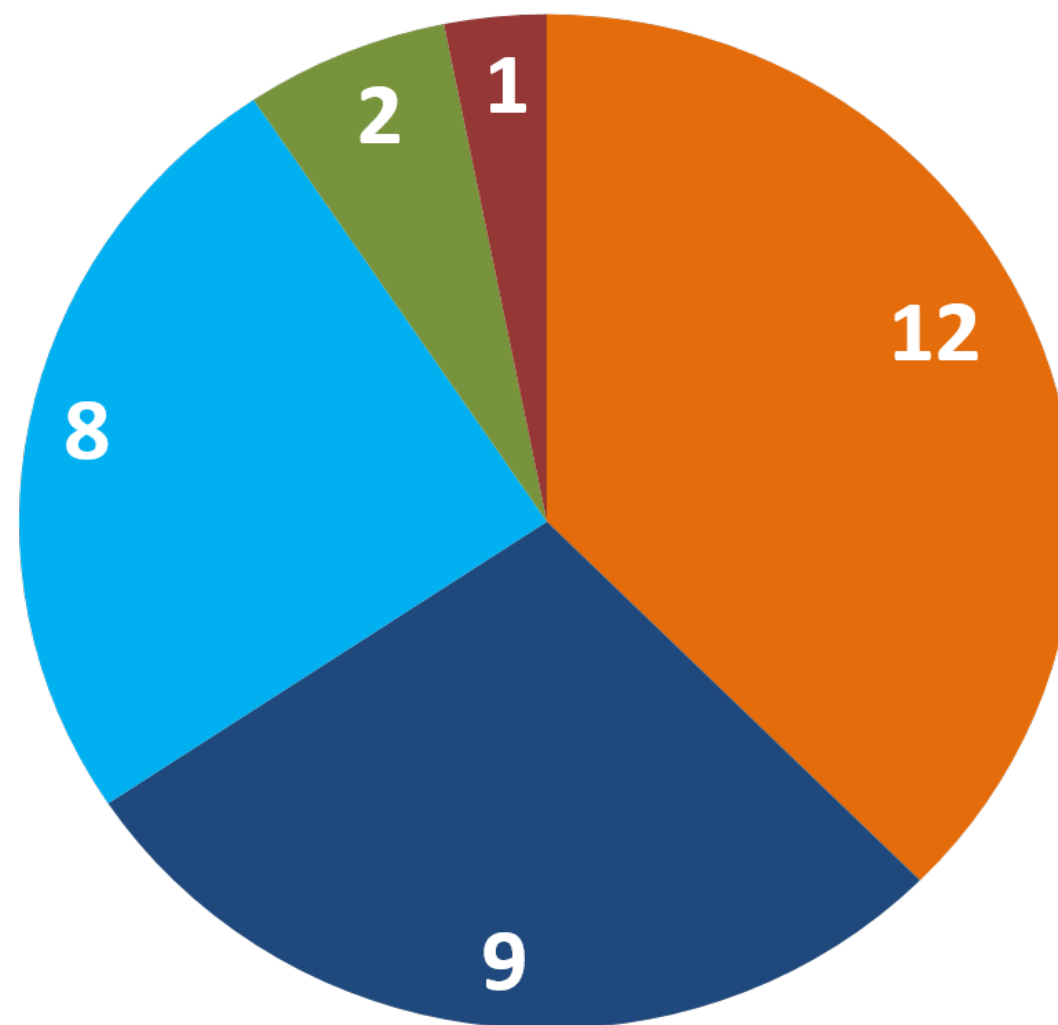
Enabling environment

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

Mobilizing demand for services

- Education and awareness
- IEC campaigns and days
- Community HCT

Finding children ?



Community sensitization

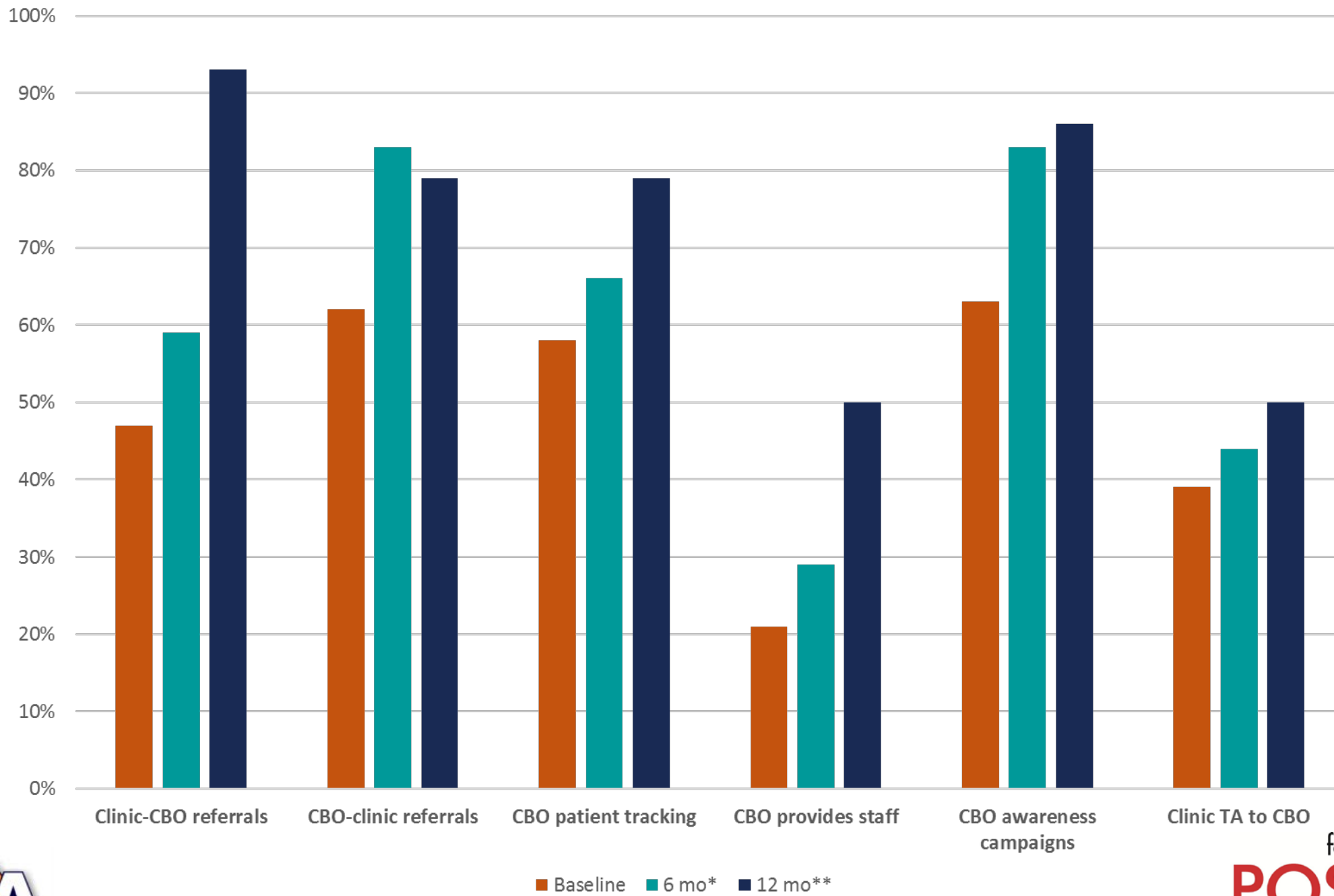
- Break down socio-cultural barriers
- Combat stigma & discrimination
- Promote male involvement
- Engage community & religious leaders
- Campaigns, sporting events, meetings and community champions

Active patient outreach

- Tracking & follow-up
- Home visits
- Community case management
- M2M, MBP groups

- Care giver support – parenting skills
- Community ART
- Differentiated care

Evidence of impact: Joint service provision

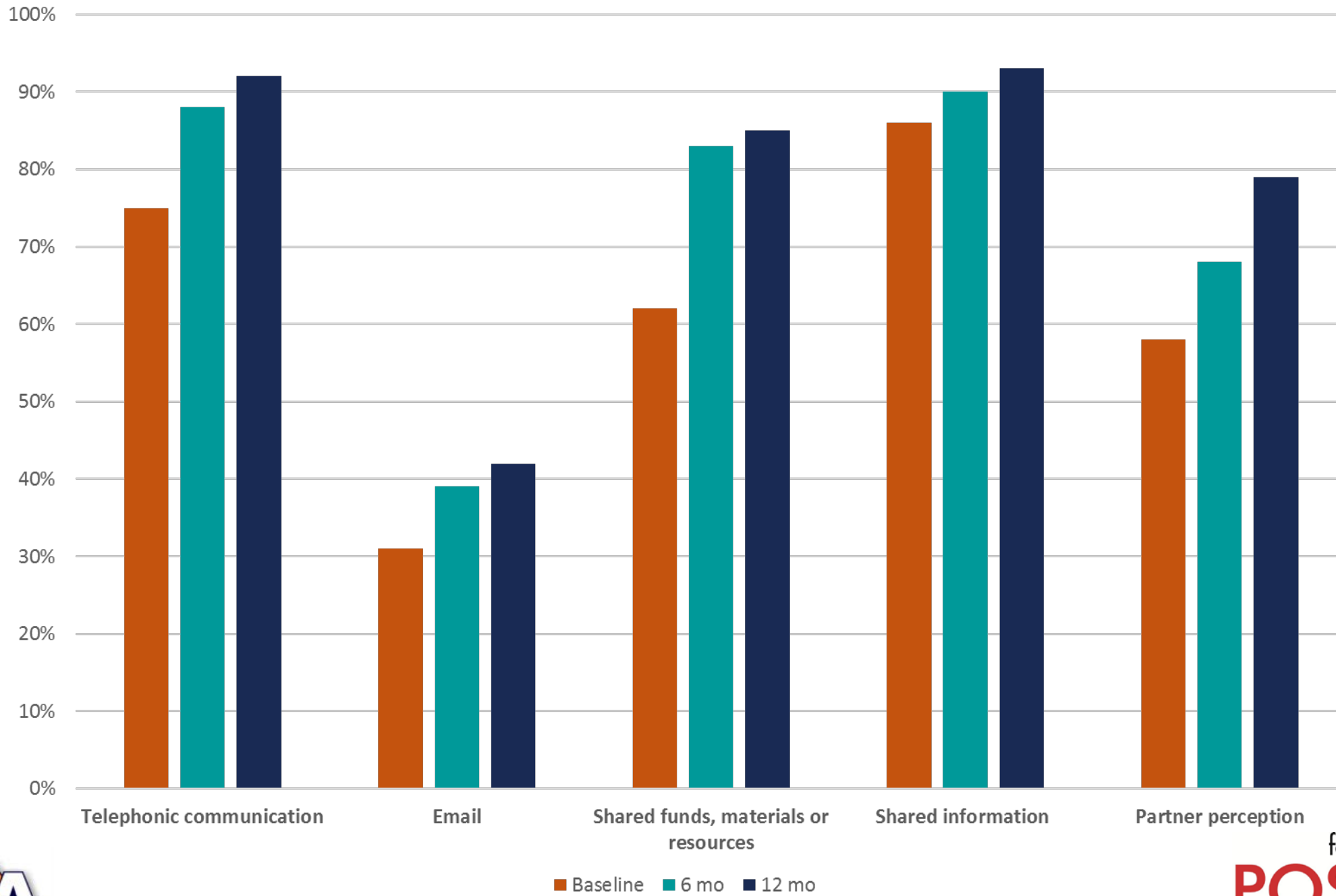


*n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia

**n=8 Ethiopia, Malawi

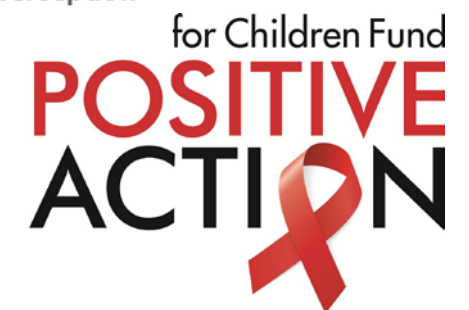


Evidence of impact: Partnerships

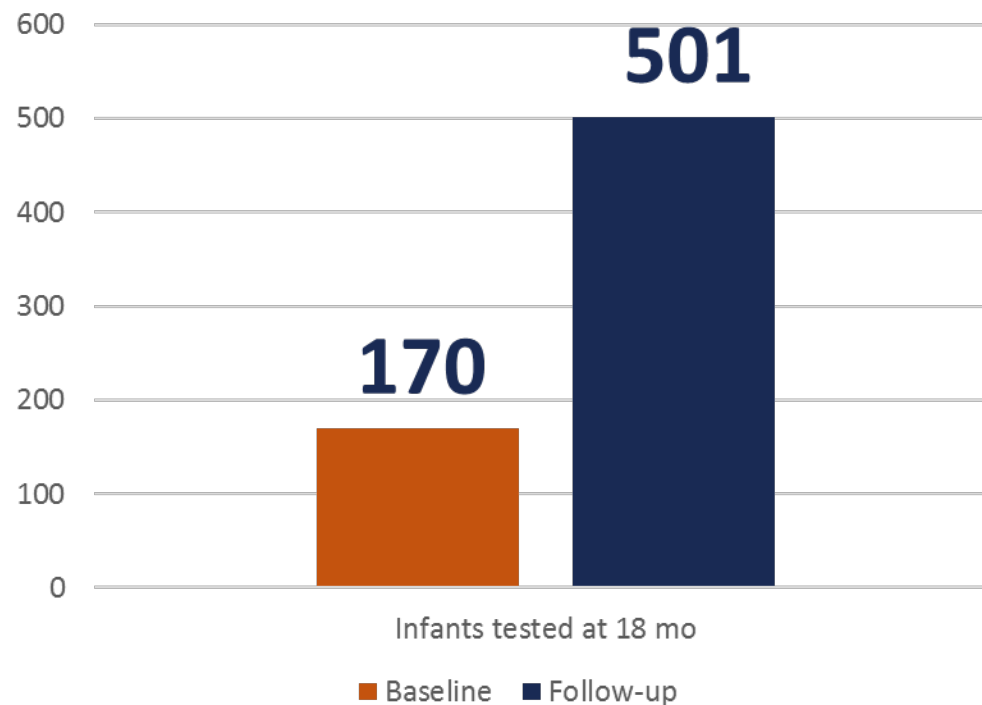
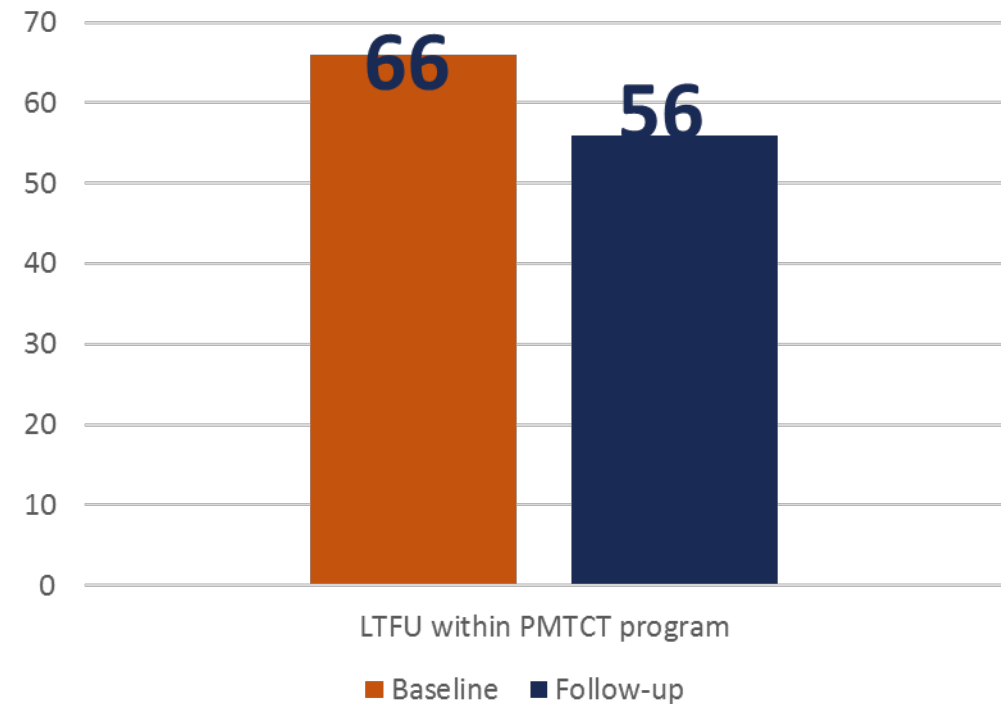
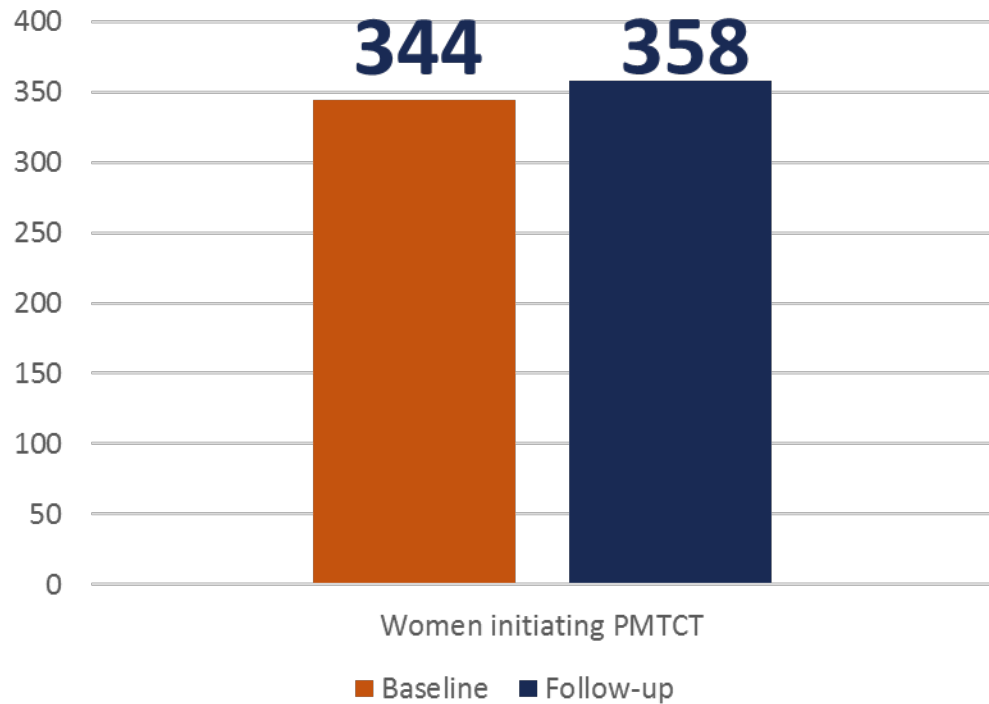


*n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia

**n=8 Ethiopia, Malawi



health outcomes



**n=12 Ethiopia, Malawi, Nigeria*



PATA-PACF 2016 Continental Summit

Linking health facilities and communities
to deliver services together

5-7 December 2016
Entebbe, Uganda

#clinicCBOcollab



- 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



Like any relationship, confusion & conflict relationship vs task

Add on, more work ?

Different work spaces, responsibilities & lines accountability

Yet: similar goals & interests –

TOGETHER we are STRONGER!

“Unclear roles and unclear lines of communication.”

Uganda

“No defined roles between clinic and CBO.”

Malawi

Power, control & ownership?

Different strategies, perceptions and ways of working

Where's the money?

Activity reports are not shared

which makes it difficult for the other partner to follow on the progress of activities.”

Malawi

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

Maintenance(Tools to Thrive)



Reporting
Sharing data &
information
Measure – ‘make
it count’

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

Different strategies,
No ONE size fits all –
Context specific.

“Needs attention, has feelings. If you don’t do the little things for it, it dies, if you nourish it’, it thrives” *Zambia*
“Its 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

Where we've come



“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>

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Joint Activation Projects



