Lessons from C3: 
Key impacts and recommendations

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PATA

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C3 live Facebook event
Presentation Outline

① What is the impact on clinic-CBO linkages?
② What is the impact on HIV services?
③ What is the impact on patient outcomes?

What are the lessons?
“CBO does not understand the clinic processes.”
Nigeria

“Not every member of staff recognises the CBO as an important partner.”
Malawi

“CBO and clinic runs different functions and find themselves not working in parallel to complement one another.”
Kenya
Lesson 1: Clinics and CBOs are operating in silos
segregation

Formal health system

Community

Limited mechanisms/ entry points
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What are the lessons?
Engagement and partnership

*Engagement and partnership metrics are shown for different methods and time periods.

- **Telephonic communication** shows a steady increase from baseline to 12 months.
- **Email** usage is relatively low compared to other methods.
- **Shared funds, materials or resources** shows a significant increase from baseline to 6 months.
- **Shared information** also shows a notable increase from baseline to 6 months.
- **Partner perception** remains consistent across all time periods.

* *n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia*
** *n=8 Ethiopia, Malawi*
Referrals

Clinic-CBO referrals

CBO-clinic referrals

Baseline 6 mo*  

*n=12 Ethiopia, Malawi, Nigeria
Joint service provision

- CBO provides staff
- Clinic TA to CBO
- CBO patient tracking & follow-up
- CBO awareness campaigns

Baseline vs 6 mo*

*n=12 Ethiopia, Malawi, Nigeria
Lesson 2:
Clinic-CBO linkages can be built
Presentation Outline

① What is the impact on clinic-CBO linkages?

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What are the lessons?
Psychosocial support

- Support groups
- Adherence counseling
- Most/all 12yrs disclosed
- SRH counseling

*%*n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia
**n=8 Ethiopia, Malawi
Outreach

Home visits
Track mortality
Track LTFU

* n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia
** n=8 Ethiopia, Malawi
Service environment

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline</th>
<th>6 mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-friendly spaces</td>
<td>10%</td>
<td>40%</td>
</tr>
<tr>
<td>Child-friendly times</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Ado-friendly spaces</td>
<td>20%</td>
<td>50%</td>
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<tr>
<td>Dedicated ado times</td>
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<td>60%</td>
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</tbody>
</table>

*n=23 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia
**n=8 Ethiopia, Malawi
Lesson 3:
Clinic-CBO linkages impact services
Recognition of community response

‘Critical enabler’ of service delivery (Strategic Investment Framework, 2011)

‘Cornerstone’ of the response to AIDS (World Bank, 2012)

‘Larger part’ of the AIDS response; ‘much greater emphasis’ (UNAIDS Fast Track Report, 2014)

Pillar II (ACT, 2014)

36 projects, 9 countries

Domains of support

- 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
Demand creation
Community HCT

Enabling environment
Clinic service times & space
Privacy
Sensitized health workers

Active patient outreach
Tracking & follow-up
Home visits
Community case management

Care and support
Peer support groups
Peer counselling
Food assistance
Transport support
Income generation

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

Enabling environment:
- 12

Mobilizing demand for services:
- 12

Care and support:
- 9

Community sensitization:
- 8

Active patient outreach:
- 2
What works?

- Fit to local context
- Involve PLHIV
- Leverage existing social capital
- Engage the patient holistically
- Priority focus rather than multi-pronged
Domains of support

- Mobilizing demand for services: 12
- Community sensitization: 9
- Active patient outreach: 8
- Care and support: 2
- Enabling clinic environment: 1
- Monitoring service quality: 0
- Advocacy: 0

n=32 Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia, DRC, Kenya
Lesson 4:
There are critical domains of support and specific contributions
Presentation Outline

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What are the lessons?
Evidence of impact: Patient 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*
Lesson 5:
Clinic-CBO linkages have a tangible impact on patient outcomes
Evolving clinical & political context

Rapid scale-up

Fast-Track Targets

by 2020
90-90-90
Treat by
Treat

by 2030
95-95-95
Treat

Treat all

Universal health coverage

SUSTAINABLE DEVELOPMENT GOALS
Public health approach

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

Community models

*WHO 2006+
Lesson 6:
Clinic-CBO linkages may therefore feed into key global targets and goals
What next?
Recommendations & implications

• Formalize
• Invest
• Monitor
• Record
• Assign
• Institute protocols
• Capacitate
Clinic-community linkages must live within national plans, budgets and frameworks.
Thanks

- Dominic Kemps and the Positive Action for Children Program
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- Braeden Rogers, UNICEF
- IATT Community Engagement Working
- Chazanga Clinic and Kabangwe Creative Initiative Association

- Health teams and CBOs across C3
For more information & resources

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