The C3 Connection: Cultivating change through clinic-CBO collaboration

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Children and HIV: Equity Now!
Presentation Outline

① Project basis, scope and activities

② Key impacts and results

③ Learnings and recommendations
Evolving clinical & political context

Rapid scale-up

Fast-Track Targets
by 2020
90-90-90
Treatment
by 2030
95-95-95
Treatment

Treat all

Universal health coverage

Sustainable Development Goals

Guideline on When to Start Antiretroviral Therapy and on Pre-Exposure Prophylaxis for HIV
September 2015
Public health approach*

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

Community models

*WHO 2006+
Formal health system

Providers lack community engagement/integration skills

Community

CBOs lack technical capacity

Limited mechanisms/entry points
Clinic-CBO Collaboration (C³)

Project cascade

- 2014
  - Identify CBOs & clinic partners; baseline
  - Partnership Initiation Forum (PIF)
- 2015
  - Joint Activation Plan (JAP) and Joint Activation Grant (JAG)
  - PM capacity-building; visits; TA
- 2016
  - Mid Term Review (MTR)
  - C³ Summit
- 2017
  - Consolidate innovations and lessons
  - Toolkit

PATA for Children Fund

POSITIVE ACTION
Relationship Building

- Partnership Initiation Forum
- Joint- Activation planning
- Seed funding
- Monthly C3 check in calls
- WhatsApp communities of practice
- Site visits
- Mid-Term Reviews
- Technical assistance where possible
- Distribution of relevant materials, tools and guidelines
- Link to country support partners and mechanisms
- Regular e-mail contact and trouble shooting
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
Partnership example

• Chazanga Clinic & KCIA C3 partnership
• LTFU among HIV-infected pregnant women
• Limited capacity for retention support & follow-up
• Women’s Savings Club & peer supporters
• Institutional births & cost savings
• Joint planning, case discussion & communication
Evidence of impact: Joint service provision

- Clinic-CBO referrals: Baseline
- CBO-clinic referrals: Baseline
- CBO patient tracking: Baseline
- CBO provides staff: Baseline
- CBO awareness campaigns: Baseline
- Clinic TA to CBO: Baseline

*\(n=23\) Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia
**\(n=8\) Ethiopia, Malawi
Impact: Relationship building

- Telephonic communication
- Email
- Shared funds, materials or resources
- Shared information
- Partner perception

Baseline 6 mo 12 mo

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

- **Women initiating PMTCT**
  - Baseline: 344
  - Latest data: 358

- **LTFU within PMTCT program**
  - Baseline: 66
  - Latest data: 56

- **Infants testing at 18 mo**
  - Baseline: 170
  - Latest data: 501

*Note: Data from Ethiopia, Malawi, Nigeria*
Recommendations & implications

• Collaborative planning and formalised arrangements
• Designated project champions
• resources
• Mutual respect and recognition
• Open and regular communication
• Data management, sharing and planning together
• Linkages, referral and coordination protocols - recording

Allocated partnership administration costs
Capacity-building
Thanks

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- Chazanga Clinic and Kabangwe Creative Initiative Association

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

www.teampata.org