Clinic-Community Collaboration (C3) Presentation

Enhancing HIV/AIDS support services for HIV+ adolescents in the Kawama catchment Area of Luanshya District of Zambia.

PATA 2019 SUMMIT

Date: 16 – 18 October 2019

PRESENTER: MAXWELL AND HALUMBA

VENUE: SUNNYSIDE PARK HOTEL, JOHANNESBURG, SOUTH AFRICA.
BACKGROUND
Kawama Clinic and Ndola Nutrition Organization (NNO) partnered to implement a project aimed at strengthening community systems to enhance early identification of adolescents and young people living with HIV (AYPLHIV); through routine HIV counseling and testing, linking to ART and adherence support services at facility, community and household level in the Kawama Community.
BACKGROUND (cont.)

The project was funded by PACF, with PATA providing technical support to integrate the C3 methodology to better address clinic-community linkages, stigma, discrimination and cultural norms that affected the implementation of the project.
COLLABORATION IN THE IMPLEMENTATION OF ACTIVITIES

1. Engaging peer supporters in addressing barriers faced by AYPLHIV

   • 5 AYPLHIV were identified and selected for the training
   • The Health facility spearheaded the Identification/Selection of peers
   • The district health office (DHO) officiated the training
   • The community-based organization (CBO) spearheaded the logistical arrangements for the training.
2. **Conducted Health Education and awareness campaigns**

- 5 Trained AYPLHIV participated in the campaigns at Kawama Market and Kawama Basic School
- The Health Facility Conducted HIV Counselling and testing
- The CBO provided transportation and logistics
- 763 people including adolescents were tested for HIV
- 16 Adolescents tested HIV positive/linked to HIV services
- This activity helped to raise HIV/AIDS awareness in the community and schools. It helped break down stigma, discrimination and cultural norms for adolescents to seek comprehensive health services
- Provided a sustainable link for adolescents to the health facility.
3. Provision of Adolescent Friendly Services

- Conducted CBO/Health Facility meeting to agree on the services including AYPLHIV Day
- The Healthy Facility set Thursday as a Day for AYPLHIV
- Joint Provision of needed logistics for the day

SUCCESS

- 5 Peer supporters provided needed support and also assisted in active case finding
- Peer Supporters provided a link between the community and Health Facility for adolescents to access Health Services including ART
- The setting up of the specific day helped to address stigma, discrimination and cultural norms
- This increased the number of Peer Supporters from 5 at inception to 19. and number of adolescents accessing ART.
4. **Conducted joint community stakeholder meetings**

- Conducted quarterly stakeholders’ meetings involving community /church leaders, school authorities and CBO/Health facility
- The CBO/Health Facility co-chaired the meeting
- Conducted once per quarter

**SUCCESS**

- The meeting shared project progress, success, gaps and challenges and suggested solutions.
- The meetings helped to address barriers faced by adolescents including discrimination and cultural norms
- The meetings promoted linkages between the community, schools, CBOs and the health facility.
PROJECT RESULTS - AYPLHIV BEFORE AND AFTER PROJECT IMPLEMENTATION

PICTURE BEFORE THE PROJECT

PICTURE AFTER PROJECT IMPLEMENTATION
JOINT ACTIVATION PLAN: PROJECT

What worked Well?

• Working and planning together (CBO-Clinic) helped:
• Creating sustainable linkages/ referral pathways
• Reaching more adolescents,
• Improving provision of adolescent friendly services
• Creating common understanding
• Sharing importance project information between Clinic and CBO partner.

What did not work well?

• Bureaucracy - took long and was difficult getting the DHO to sign the MOU.
• The project was seen as outside normal health services even though the project directly supported and improved services
JOINT ACTIVATION PLAN: RELATIONSHIP

What worked?

• Small grant from PATA helped us:
  • Conduct joint support and planning meetings,
  • Enhanced communication through WhatsApp group, mobile phone dialogues.
  • Conduct Joint community awareness activities
  • Created transparency among project partners
  • Engage the participation of peer supporters which improved service delivery

What did not work well?

• Meetings often rescheduled.
• Regular joint meetings helped health staff to be more engaged, available and invested in working together.
Conducting Adolescent HIV testing at Kawama Basic School (Luanshya - Zambia)
KEY LEARNING MESSAGES

➢ Joint plan development enhances transparency, enhances effective project implementation.

➢ Joint regular meetings helps to address project gaps on time.

➢ Peer to peer engagements addresses stigma and discrimination.

➢ Stakeholder involvement enhances project implementation.