

July 2016

Clinic-CBO Collaboration (C3) Programme

Linking health facilities and communities for improved PMTCT and paediatric HIV outcomes

The evolving clinical landscape and ambitious targets call for treatment for all, rapid scale-up of care and universal health coverage¹⁻³. In order to achieve scale, we must shift from individualised, intensive care to a public health approach, evidenced by decentralisation, simplification and task-sharing.

Delivering 90-90-90 will require clinics and the communities they serve to partner with each other to create demand, ensure services are accessible to communities, provide support and monitor quality.

Yet facilities and community-based organisations (CBOs) continue to operate in silos due to limited structural mechanisms that effectively facilitate and coordinate meaningful engagement between them.

Chazanga Clinic, a primary health care facility in Zambia, was challenged by loss to follow-up among HIV-infected pregnant women. With limited human resource capacity and long distances to patient homes, they struggled to provide retention support or conduct follow-up. Through C3, they partnered with Kabangwe Creative Initiative Association (KCIA), a CBO in close proximity. Together, they set up a Women's Savings Club (WSC) to incentivise women to stay in care, and began PMTCT education at weekly WSC sessions. They jointly engaged and supervised peer supporters for community outreach and patient tracking. The partnership has yielded higher rates of institutional births and cost savings. Chazanga and KCIA attribute their collaboration's success to joint planning, case discussion and review as well as good communication and shared information.

The C3 Programme is a partnership between PATA and the Positive Action for Children Fund to build 36 clinic-community partnerships across 9 focus countries*. The 3-year programme uses a localised model to learn global lessons.

C3 OBJECTIVES:

- To improve PMTCT and paediatric HIV service delivery
- To engage communities in PMTCT and paediatric HIV service delivery and link clinical services and communities in health partnerships
- To identify and disseminate challenges, lessons learned and best practices for clinic-CBO collaboration

CRITICAL PARTNERSHIP DOMAINS

Partnership activities should be complementary or jointly implemented under one of these key domains:

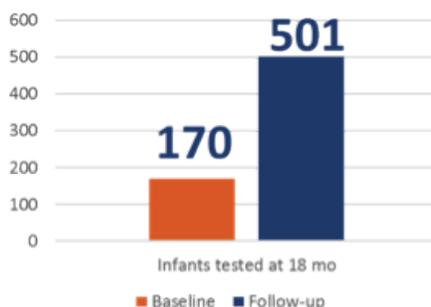
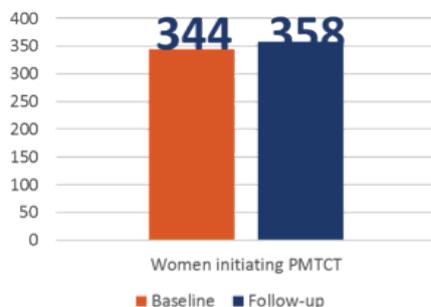
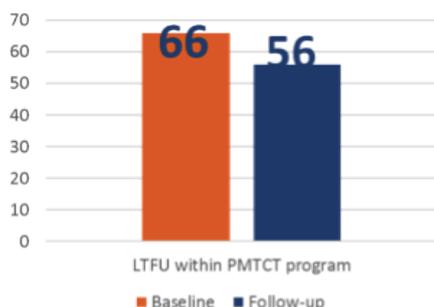
- Mobilizing demand for services
- Treatment, care and support
- Active patient outreach
- Enabling health facility environment
- Community sensitization



*Cameroon, DRC, Ethiopia, Kenya, Malawi, Nigeria, Uganda, Zambia, Zimbabwe

BENEFITS OF FACILITY-COMMUNITY LINKAGES: C3 FACILITIES, BASELINE VS FOLLOW-UP**

- Increased service uptake
- Improved retention in care
- Expanded infant testing



**Preliminary data from 27 health facilities across DRC, Ethiopia, Malawi, Nigeria, Uganda, Cameroon & Zambia

‘A well-functioning relationship is important because it strengthens implementation capacity and efficiency for service provision. With dwindling resources, an improved relationship helps to avoid duplication of services. The impact is usually greater than when working in isolation.’

— Kabangwe Creative Initiative Association

RECOMMENDATIONS AND IMPLEMENTATION APPROACHES

- **Collaborative planning and formalised arrangements:** Inaugural and regular joint planning exercises to establish and build a common purpose, shared aims and complementary methods, including specified partner roles, responsibilities and functions.
- **Designated project champions:** Appointment of focal persons from the facility and community to lead partnership activities.
- **Mutual respect and recognition:** Trust in one another and acknowledgement of each other’s contributions.
- **Open and regular communication:** Ongoing discussions and monitoring through various communication channels such as face-to-face meetings and telephonic check-ins.
- **Record-keeping:** Maintenance of a paper trail by both partners to jointly monitor project and activity outcomes.
- **Linkages, referral and coordination protocols:** Establishment of new mechanisms, implementation tactics and operational linkages, including sharing data and reviewing and planning together as a coordinated response.
- **Allocated partnership administration costs:** Ensuring that staff time and communication costs are built into programme budgets.
- **Capacity-building:** Specific trainings that target programme management, coordination, monitoring and evaluation.

REFERENCES

1. World Health Organization (2016). Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach – 2nd ed. Geneva, Switzerland: WHO
2. United Nations (2015). Transforming our world: The 2030 agenda for sustainable development. Available at <https://sustainabledevelopment.un.org/post2015/transformingourworld>
3. UNAIDS (2014). 90-90-90: An ambitious treatment target to help end the AIDS epidemic. Geneva, Switzerland: UNAIDS

This fact sheet reflects the C3 Programme’s preliminary findings. Final results will be published in 2017.

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