Complementary and connected: Engaging community and faith-based organizations to deliver PMTCT and pediatric HIV services

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01 Rationale

To reach global pediatric HIV targets, efforts must extend beyond clinic doors. Community-based organizations (CBOs), faith-based organizations (FBOs) and places of worship can play a pivotal role in accelerating and expanding services.[1-4] However, for their contribution to be amplified, they must be engaged as integral implementing partners in service delivery and effectively linked to the health system. A systematic approach is required to formally establish and resource these linkages, as well as embed them in district planning and coordination.

02 Barriers and facilitators of implementation

Barriers

CBO and FBO activities and services are infinitely more powerful when implemented through strong health system partnerships, linkages and referrals. Despite this, CBOs, FBOs and clinics tend to operate in isolation, relying primarily on informal arrangements that do not provide structures or mechanisms to facilitate and coordinate meaningful and sustainable engagement.

Traditionally, there are barriers that prevent clinics, CBOs and FBOS from working together. These include: mistrust; poor perceptions; miscommunication; differing work schedules, demands and roles; different funding arrangements and lines of control; and poor data sharing.

Facilitators

To overcome barriers, the following facilitators should be leveraged to forge and sustain CBO/FBO and health system linkages and partnerships:

- Establishment of partnerships through systematic national and sub-national mapping of CBOs and FBOs
- Joint service delivery planning and sharing of helpful information, such as completed referrals
- Clear and regular communication, planning and decision-making (through routine meetings/reviews and the formation of joint committees, for example)

- Formal agreements with clear terms of reference that identify and define responsibilities, lines of accountability, division of human and financial resources and partnership coordinators and leaders
- Including CBO/FBO-health system linkage as a key performance area within annual operational plans, with monitored progress and clearly articulated minimum standards for care and support services offered in community and faith-based spaces (or by their affiliated cadres)
- Engagement of external partners for technical assistance for CBOs and FBOs when necessary
- Inclusion of religious leaders, traditional authorities and key community groups, including places of worship, as stakeholders in planning and monitoring

03 Policy and legal considerations

Increased collaboration and partnership in HIV service delivery between CBOs, FBOs and the health system may require policy and legal reform to support task-shifting and expand community-based service delivery. This may include increased responsibility, training and certification of community health workers and lay providers undertaking tasks such as HIV testing.

In addition, governments must recognize that fiscal commitments are essential for sustained CBO/FBO-health system partnership and joint service delivery.

04 Steps for scale-up

The following steps provide practical actions for the development of CBO/FBO-health system partnerships:

- First, assess context by mapping key national stakeholders who can help to identify CBOs and FBOs operating in the country.
- Second, identify CBOs, FBOs, places of worship and clinics at a district level that are well suited to collaborate, develop and formalise partnerships, as follows:
    1. Start by using district-level data to identify key points of leakage in the PMTCT and pediatric HIV cascade.
    2. Using that information, conduct a mapping exercise to identify CBO and FBO partners best suited to support clinics to address leakages.
    3. The key national stakeholders should then bring best suited partners together for a partnership initiation workshop, where the relationship will be formalized, roles and responsibilities agreed to and a memorandum of understanding signed.
- Third, ensure that CBOs, FBOs, places of worship and clinics within a district partnership collectively work together to:
    1. Resource their project (financial/human resources) and link into any district-level planning processes.
    2. Develop jointly agreed objectives and indicators, together with an implementation plan (including timeline) and clear roles and responsibilities.

3. Document, review and monitor the work they are taking forward together as part of a monitoring, evaluation and learning (MEL) plan for the project:
   i) Work together to develop a MEL plan, agree on data to be collected and communicated.
   ii) Ensure that follow-up meetings and capacity-building activities are built into workplans.
   iii) Ensure that the workplan is jointly reviewed and monitored.
   iv) Ensure that partners come together annually to share experiences and lessons.
4. Develop messaging for broader impact, including how the partnership can advocate for the policies and resources that will support and sustain its longevity and those of others within a local health response. Advocate for the broader vision of collaborative partnerships.

05 Case example of successful implementation

Paediatric-Adolescent Treatment Africa (PATA) and the Positive Action for Children's Fund (PACF) implemented the Clinic-CBO Collaboration (C^3) programme in nine sub-Saharan African countries from 2014 to 17. C^3 established and supported 36 partnerships between CBOs and clinics to jointly action PMTCT and pediatric HIV services. Key results showed improvements in clinic-CBO partnership indicators, such as communication and resource sharing, as well as increases in the number of women enrolled in PMTCT services and infants tested for HIV. The program also reported a decrease of 38% in loss to follow-up from PMTCT services.[5]

06 Tools to support implementation

C3 toolkit and online course. PATA and PACF 2017: www.teampata.org/c3

Aidsfonds TAFU programme: https://aidsfonds.org/projects/tafu

Mobilising a response to HIV, gender, youth and gender-based violence in South Africa. USAID and Engenderhealth 2015: https://www.engenderhealth.org/files/pubs/hiv-aids-stis/SHIPP-USAID-Mobilising-Response-In-South-Africa.pdf

07 Monitoring

Checks and balances must be integrated into CBO, FBO and clinic operations, with clearly defined MEL indicators and reporting mechanisms. Indicators should focus both on patient outcomes and the partnership itself. This requires paper or electronic referral and medical records to jointly monitor services, patient-level outcomes and CBO/FBO-clinic partnerships.

08 Conclusion

- Without a bold and empowered community and faith-based response, the health system, operating in isolation, will not succeed in breaking down the barriers preventing access to and retention in HIV programs.
- The HIV response requires increased focus on, and investment in, CBO/FBO-clinic partnerships.
- Sustained engagement and support from the Ministry of Health and donors, which is rooted in national and district planning, resourcing and coordination, is essential.

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