



MINISTRY of HEALTH
REPUBLIC OF BOTSWANA



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*Applying Science to Strengthen
and Improve Systems*

CASE STUDY

Strengthening HIV linkage and retention through improved community/facility collaboration in Palla Road, Botswana

Summary

In Palla Road village, an improvement team of community members and health post personnel identified retention in anti-retroviral treatment as a major challenge affecting their community. Facilitated by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, the *Pusetso* community improvement team (CIT) brainstormed how existing community platforms and resources could collaborate in locating and returning patients to the local facility for re-assessment. Taking into account sensitivities around confidentiality, the CIT developed change ideas involving team members from the health facility visiting patients who were lost to follow-up (LTFU), while others in the CIT held health education talks throughout the village. On February 2, 2016, 23 patients were identified as LTFU at the facility. By March 29, 2016, 14 of those had been found: One had died and the remaining 13 returned to care. The number of patients reconnected with the facility increased further even after the active facilitation of community support was concluded, illustrating the potential of institutionalizing effective community/facility collaboration at local level.

Background

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and USAID, through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, are supporting the Government of Botswana (GoB) to strengthen the community health system response to HIV/AIDS. ASSIST Botswana is working closely with other partners, including the global USAID Advancing Partners and Communities (APC) Project under a joint PEPFAR Botswana strategy toward achieving epidemic control in Botswana by 2018. Through dialogue with government, ASSIST was able to identify shared interests around quality and align its project design with GoB plans for decentralization and stronger roles of communities. Working with district officials and community leaders, ASSIST oriented community groups on the formation of community improvement teams (CITs). They also invited health facility staff and other service providers operating in the community. CITs were supported in the step-by-step application of rapid change (Plan-Do-Study-Act, PDSA) cycles, and in monitoring progress on selected basic indicators. ASSIST Community Improvement Coordinators provide the teams with bimonthly coaching, with remote support as needed, to undertake focused improvement work and to assist in data management for the monitoring of relevant indicators.

Palla Road village in Mahalapye Sub-District is one of a growing number of communities where ASSIST has been invited to work with existing community mechanisms. With a small population of only around 500, the village was identified by district officials as a community in urgent need of improved care and system support. The local facility is a health post with 2 nurses and 1 health education assistant (HEA). One nurse and the HEA became founding members of the 18-member CIT, alongside other members representing various village committees, social and other groups. The team chose the name *Pusetso*, (Setswana for *restoration*). Beginning in January 2016, the *Pusetso* CIT started exploring the potential roles of community structures in improving the linkage, retention and adherence of HIV patients to treatment.



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After jointly analyzing the broader problems the village faced, the CIT committed to the challenge of getting lost to follow-up (LTFU) patients back to care, focusing on utilizing the role and resources of the community to help the facility personnel to find and reconnect with patients.

Improvement Strategy

The ASSIST team supported the Palla Road community improvement team with hands-on facilitation, beginning with an in-depth analysis of problems faced by the community. The CIT paid special attention to identifying gaps and barriers to existing health services in the community, including but not limited to HIV testing, linkage, and retention. *Pusetso* was formed as a microcosm of the broader community, representing both formal and informal structures existing in the village. The enthusiasm and willingness of community members to be actively involved in improving services, combined with the resources of facility staff and other service providers, opened up new opportunities to capitalize on the community's local knowledge and networks. ASSIST's facilitation focused on guiding the team to focus their deliberations on finding simple but effective change ideas to experiment with and improve patient-centred processes across community and facility platforms.

From the beginning of their analysis, CIT members recognized that confidentiality and disclosure of HIV status were tricky and very sensitive issues requiring creative 'work-arounds' to maintain and reinforce the trust of patients. They explored reasons for why people stopped seeking services and treatment and how many members in their community might be affected. Following lively discussions, the team agreed that in order to preserve confidentiality, they would source only overall numbers of LTFU (rather than names) from the facility, and only for the purpose of monitoring progress and effect of the change ideas.

The facility nurse, a *Pusetso* team member, provided baseline numbers, updated the team weekly, and with the team's secretary plotted the graph on the basis of facility data (see photo at right). Even though facility follow-up of patients should be routine, it typically is not a priority because of workload and other challenges at the facility. On the basis of its dedicated problem analysis, the CIT developed a change idea that would represent a promising innovation within existing guidelines.



Developing a change idea

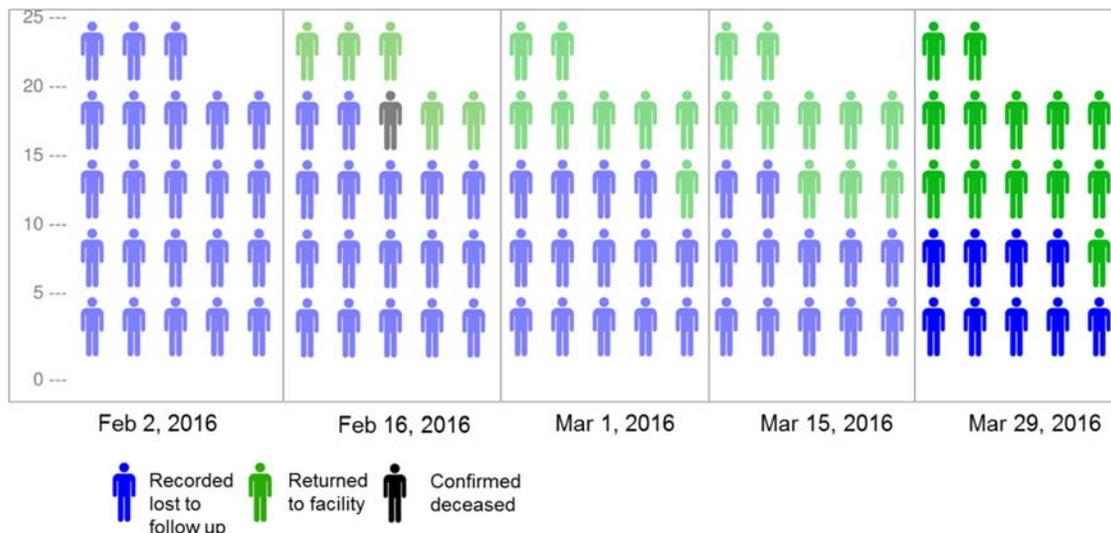
At the center of the CIT idea to reconnect with lost patients in Palla Road was the recognition that actual patient follow-up needed to remain in the hands of formal health facility staff, specifically the HEA as the public service cadre meant to strengthen the link between communities and facilities. As HEAs are subject to regular transfer policies, however, they often lack in-depth knowledge of the communities they serve. *Pusetso's* idea therefore was to support the HEA in her mandate by providing general geographic guidance to Palla Road's wards and areas that allowed her to locate and connect with patients. This approach thus provided sufficient local knowledge of the community, while preserving existing public service guidelines and avoiding sensitive implications around confidentiality. Alongside these elements of a novel joint approach, the rest of the team organized groups to embark on health education messaging in the community to prevent future LTFU, including by encouraging communication with the facility. Messages included the importance of adhering to treatment, reporting family deaths, and informing the facility when moving away from the village or transferring to a different facility. These messages, in the eyes of the CIT, would help ensure that facility records could be kept up-to-date in future, and thus maintain confirmed numbers of LTFU. The messages were delivered at different community venues, including football and netball sporting grounds, *shebeens* (home-based bars and 'drinking holes'), the health facility, and central *Kgotla* (community assembly) meetings. In addition, CIT members took these messages to their own committee and club meetings.

CIT member Lesole Ditenego presents progress data
Photo: Kabo Thankane, URC

Results

When the CIT began reviewing health facility data in February, the facility staff identified a total of 23 patients who were considered LTFU at that time. At their next meeting 2 weeks later, CIT members already confirmed the location of six of these 23 LTFU patients: one had died, the other five had returned to care. By March 29, the number of patients returned to care had increased to 13 (see **Figure 1**), representing a reduction of 60% within only 2 months.

Figure 1: Reduction of LTFU patients at Palla Road, February 2, 2016 – March 29, 2016



Another month later (by the end of April) during which the CIT did not provide dedicated support or community messaging, facility personnel confirmed that all of the 23 patients originally deemed as LTFU had been traced by and engaged with the facility, either directly or with next of kin for those deceased or unavailable. This development was welcomed by facility staff, allowing them to focus on the remaining actual cases of ‘lost’ patients to be reconnected with services, as well as on the prevention of new LTFUs.

The experience of Palla Road has shown that innovation in how facilities relate to and collaborate with the community is possible, practical, and potentially very powerful. In fact, just as members of the CIT subsequently expressed a sense of excitement and increased motivation, facility staff reported to have intensified their efforts to address related challenges in the follow-up to other patients, within and beyond HIV.

Key Factors of Success

From the perspective of the ASSIST team that supported the improvement team in Palla Road on the ground, a number of important factors contributed to the positive outcomes.

- *Pusetso* is a dedicated team of community volunteers, led by a *Kgosi* (chief) who from the beginning bought into the idea of working with ASSIST to apply simple QI methods to improve the collaboration with the health facility for better health services and outcomes.
- Community members were visibly thrilled by the bottom-up approach to local problem-solving and expressed their conviction that this had been missing in the past. This is reflected in their unwavering support, but also in the jostling for seats on the *Pusetso* team.
- Local health facility staff welcomed the new improvement initiative endorsed by the village leadership, taking the invitation to join and actively participate in the CIT from the start. They recognized the opportunities presented by a functioning, well-organized platform to help address some of the most pressing problems around community health. This was in contrast to common experiences by facility managers that community platforms where they exist are often only limited in their capacity or entirely dysfunctional.
- Facility staff recognized that the CIT engagement was genuinely coming from within the community and driven by the village leadership, which legitimized joint efforts to collaborate on taking services to the people, rather than waiting for them to show up at the facility.
- ASSIST’s community engagement model was designed for ‘best fit’ in the relevant local context with a respect for existing traditional structures and local gatekeepers and timelines when entering and working with the community. As a result of this approach and focused consultations of the project, CITs feel genuinely accountable to their own community and the *Kgosi* – rather than to an outside project.

The example of Palla Road seems to illustrate the potential of ASSIST's work in Botswana: communities and facilities alike are not only eager and ready to collaborate around patient care based on existing structures, but given the right tools, they can actually work together in a focused way to improve services and patient outcomes, in HIV but also with a view to other chronic conditions.

Limitations

All communities are different, and while principles are valid across contexts, the details of collaborative models need to be adapted locally. What works in a small village like Palla Road might not apply to or work in a larger peri-urban and inner-city context. Understanding and operating within these different contexts therefore requires communities to be in the lead in any adaptation and the generation of change ideas. Providing outside support and start-up facilitation to existing community platforms requires dedicated, reliable support and frequent consultations. While the intention and expectation of the project is that CITs will gradually need less outside facilitation as they become more familiar and proficient with improvement methodology, there is also a possibility that this would not be the case. Additional limitations include access to simple, but reliable, data. PDSA cycles are meant to be rapid and focused, requiring reliable access to service numbers and progress data. Often this information is difficult to obtain for a number of reasons, including resistance from or misunderstanding with individual facility staff. In addition, backlog and weak file management often requires considerable investments of time and effort to review and clean data for the purpose of improvement work.



Pusetso members presenting the final outcomes of the LTFU improvement change idea at the Palla Road Kgotla. Photo credit: Kabo Thankane, URC.

Next Steps

The *Pusetso* team concluded the testing of their prioritized change ideas to address the loss of Palla Road patients along the HIV treatment cascade. Jointly reviewing the data and progress over 3 months, the team (including the facility personnel members on the CIT) concluded that these change ideas were successful – but also limited in scope. Once a facility such as theirs had managed to address the backlog in ART patient management, the challenge shifted to one of continuous follow-up mechanisms and the prevention of new LTFU. That said, in addition to the immediate effects of their effort, the facility announced that it had begun to reorganize their filing system for better continuous monitoring of all patients, in particular chronic care patients.

Overall, the experience in Palla Road suggests that their model of community support to facility LTFU be reviewed, adapted, and institutionalized by others. The *Pusetso* CIT will present their improvement work and data at the district learning session on community improvement for Mahalapye District in August 2016, organized by ASSIST with district partners. These learning sessions bring together CITs and other relevant stakeholders in communities and at district and national level to learn from one other and explore potential integration and scale-up of collaborative improvement approaches. Confirmed change ideas such as this one from Palla Road are important inputs to the development of new community-oriented and -based delivery models for differentiated care in HIV in Botswana. ASSIST's work with communities to generate innovative change ideas is complemented by focused dialogue with Government's district health management teams and other local partners on improved district system processes, including the need to get such innovations to scale and institutionalized in actual service delivery at district and national level.

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