2023 CLA CASE COMPETITION

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**Case Title:**

Learning in Action: Optimizing Community-Based ARV Distribution

**Name:**

Efficiencies for Clinical HIV Outcomes (ECHO) Team

**Organization:**

Abt Associates and USAID/Mozambique

**Summary:**

This case study showcases the successful design, implementation, and continuous adaptation of a community-based antiretroviral (ARV) distribution strategy, facilitated by external collaboration and continuous learning and improvement approaches. The project commenced with active engagement and collaboration with local partners, securing necessary approvals and support at multiple levels within the Mozambican public health system. Employing a user-friendly monitoring system and conducting thorough quantitative and qualitative data analysis, the project effectively identified implementation challenges and associated costs, enabling a process of continuous improvement over time.

By actively involving health providers, government stakeholders, and community actors in a collaborative manner, supported by robust data-driven decision making, the strategy achieved enhanced patient retention rates compared to alternative models. The Efficiencies for Clinical HIV Outcomes (ECHO) project's commitment to CLA practices has cultivated a culture of learning, and clearly delineates roles and responsibilities within the project organization. This comprehensive approach has yielded sustainable and effective strategies, ensuring long-term flexibility and relevance.

Through our dedication to continuous learning and adapting, the ECHO project has successfully optimized its community-based ARV distribution approach, addressing challenges and improving patient outcomes in the ongoing battle against HIV/AIDS. By leveraging external collaboration and integrating these CLA practices into all levels of the project while cascading them to local partners, we have not only achieved short-term success but developed a foundation for long-term, locally-driven results.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

In mid-2020, the ECHO project in Mozambique faced a pressing challenge when many patients receiving antiretroviral therapy (ART) stopped their treatment. This happened due to the impact of the pandemic and its resulting restrictions and economic fallout. The ECHO team responsible for monitoring and evaluating the project realized it was critical to address the potential loss of patients in HIV treatment.

The provinces supported by the ECHO project were not prepared to handle the complexities of HIV treatment in such a challenging situation. Facilities experienced a sharp decline in patient visits because people were encouraged to avoid crowded places, including hospitals and clinics. As a result, some patients stopped accessing the medical services and support they needed.

In response, the project explored a new approach. They developed a community distribution model that aimed to prevent patient losses by providing basic services and medications directly to patients in a safe and convenient way. Trained healthcare providers played a crucial role in this strategy. They not only distributed medications at patient homes directly, but also offered additional support such as COVID screening, counseling, and guidance on disease prevention measures. As the global crisis evolved and use of community-based distribution increased, challenges also arose with patients relying on community distribution as a stand-in for regular clinic check-ups. Our team focused on specifically reaching patients who had missed appointments, with the goal of re-engaging them in their treatment and reducing their risk of treatment abandonment while also encouraging facility visits as appropriate.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

External Collaboration

Continuous Learning & Improvement

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

The ECHO project used External Collaboration and Continuous Learning and Improvement approaches to develop and fine-tune the community ARV distribution strategy. Collaboration with local entities was crucial, starting from presenting the proposal to the Mozambican health authorities and gaining approval at all levels. The proposal was shared with the Provincial Health Directorate in Tete and refined before being presented to the Ministry of Health (MOH) for acceptance and support at the health unit level.
To monitor and learn from the implementation, the ILA team established a simple monitoring system using Excel. Data entry clerks at health facilities collected weekly data on the strategy's progress, which was then reviewed by monitoring and evaluation assistants and managers. This data included information on the number of patients enrolled in and retained in treatment, patients who stopped taking medicine, patients who stayed in treatment, patients' preferences for health facility or home visits, and patients with incomplete contact information. This data helped the team continuously learn and improve the community-based distribution.

Data on community-based distribution enrollment revealed the need for a standardized approach across all provinces and communities. It also highlighted the lack of patient contact information and discrepancies in counts of patients requiring home visits. To address this, the team involved community actors or "activistas" from local organizations. These trusted mentors and community members improved patient identification and follow-up. Through daily M&E support, we also helped facilities and community activistas improve their data and get a better understanding of which patients need urgent support.
ECHO analyzed routine data and interviewed health providers to understand their experiences and challenges with community-based ARV distribution. These quantitative and qualitative observations confirmed the effectiveness of the strategy that utilized these facility providers, resulting in better patient retention compared to other less cost-effective approaches like involving MOH health agents. However, the team found that involving these agents wasn't as effective as utilizing facility providers for community dispensing. A rapid assessment confirmed the success of community-based ARV distribution for patient retention.

We also conducted a cost analysis to ensure the sustainability of the community-based approach. The analysis showed that costs and benefits varied by province. Based on these findings, small adaptations were made to make the model more sustainable. In areas where community dispensing was too costly to scale up, ECHO shifted to dispensing activities within health units and explored alternative models like offering medication quarterly, reducing the need for extensive community dispensing. Recommendations for improvement were carefully considered and passed on to staff at the community and facility levels. This iterative process of learning and adapting has been crucial in refining the model over time. The team developed action plans to monitor dropouts and abandonment and consistently measure the strategy's effectiveness so any ineffective approaches can be flagged and addressed quickly. Collaborating, learning, and adapting have fostered a culture of improvement, ensuring that the community-based ARV distribution remains relevant, effective, flexible, and sustainable.

## 4. RESULTS: Choose one of the following questions to answer.

*We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story*

B. ORGANIZATIONAL EFFECTIVENESS

The collaborating, learning, and adapting approaches we used have had a significant impact on both the ECHO project and our partners. One important outcome is the improvement of technical personnel's skills through comprehensive training programs. This training has equipped them with the necessary skills to implement and manage the community distribution strategy effectively, including collaborating with local entities to gain their support and ensure implementation is responsive to changing circumstances. This collaboration involves various partners and staff members, such as data entry clerks, health providers, and community actors, all working together in "ART committees" to facilitate patient visits and make collaborative decisions based on data.

Another notable impact is the team's development of data analysis skills. Our staff not only mastered continuous data analysis themselves but continue to provide training to technical personnel from health units and the community, who have gone on to participate in and even lead ART committee decision-making.

Additionally, the integration of data on community distribution of ARVs into data platforms, such as OpenMRS and DHIS2, has greatly improved data availability. ECHO data assistants also routinely assess and cross-check datasets to ensure the community distribution process flows smoothly. Centralized, accessible, and quality data is available for all staff members to promptly request, access, and utilize.

Looking ahead, these approaches are expected to have even more positive effects in the future. ECHO and its partners will continue to work together, building strong relationships and ensuring the success of the community-based distribution model. The ongoing learning and adaptation will help identify further improvements and innovative solutions to address challenges as they arise. This iterative process will contribute to the growth and sustainability of the program, ultimately leading to better health outcomes for individuals in need of ARV medications.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

The ECHO project's success in using CLA approaches for our community-based ARV distribution approach was possible because of certain conditions. Having enough resources like time, funding, and skilled people played a big role in achieving positive results. Our dedicated Innovating, Learning, and Adapting (ILA) team made a significant difference by prioritizing learning and adaptation throughout the project. Further investments in time and resources, like weekly data discussions and opportunities for sharing between the ILA team and technical personnel, ensure those learnings do not happen in a vacuum. This work culture that values collaboration and adaptation is key. ECHO encourages everyone involved in the project to share ideas and constantly improve, whether that be through structured Innovation Competitions or regular collaborative data-oriented meetings.

If you're facing similar challenges, it's crucial to have a dedicated team or group that focuses on CLA. They can lead the way in collecting data on and testing new approaches, ensuring that learnings are integrated back into the project. If a member of your senior management team is a member of this CLA-focused group, this will ensure that CLA remains a project priority. Regular discussions about data and experiences also foster learning and innovative thinking at all levels.

By creating the right conditions, like having a dedicated team, fostering collaboration, sharing information, and securing resources, other projects and partners can successfully use CLA approaches to achieve their goals and approach every challenge as an opportunity to learn.