# Assessing HIV Care Networks to Improve Integration and Health Outcomes

## In Ethiopia

People living with HIV have many needs. They may need care and treatment for their HIV disease, counseling on skills to protect their partners, prevention or treatment for tuberculosis or other diseases, to prevent unintended pregnancies, training for jobs, or support for housing. Services, and thus organizations, must be coordinated and be able to link clients with the care, support, and treatment services in order to meet clients' care needs.

Service delivery in Ethiopia and elsewhere is largely siloed. People living with HIV receive antiretrovirals from one organization, family planning from another, nutritional services from a third, and so on. The current structure results in duplication of effort and inefficiencies because people, organizations, and donors are not coordinating resources and services.

To make care more comprehensive and to gain efficiencies, the U.S. Global Health Initiative (GHI) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) promote integration as a key strategy. Ethiopian health strategies feature bi-directional referral linkages between facilities and community-based organizations (CBOs). But integration is a complex task and requires cooperation among donors, partners, and organizations. Cooperation and collaboration are often stymied by competition for resources and a lack of understanding about how to collaborate and with whom to collaborate.

A potential tool to guide improvements in service integration is organizational network analysis. Organizational network analysis is an innovative and accessible approach to understanding relationships among actors in health care provision. The approach can provide information about the extent to which organizations share information and resources or refer clients. Results can help actors make better use of available resources to benefit clients.

## Objectives and methods

MEASURE Evaluation is testing the organizational network approach in Ethiopia, in collaboration with FHI 360. The work is being conducted in two phases. In the recently completed first phase, we conducted an assessment of organizations providing HIV care and support or family planning. The goal was to understand how actors work together (or not) to achieve program objectives and how the network organization may affect client outcomes. During an enumeration period using a snowball sampling method, we identified all organizations in two sub-cities in Addis Ababa providing HIV care, treatment, or support, or family planning to women ages 18-49 (25 organizations in Kirkos and 26 in Kolfe Keranyo). Through interviews with organizational representatives, we studied the relationships between the organizations in terms of exchange of information, resources, and clients (e.g., referrals). We also conducted interviews with clients of one large home and community-based care organization to understand their characteristics, service delivery care needed and received, and quality of life and antiretroviral therapy adherence (234 clients in Kirkos and 225 in Kolfe Keranyo).

## Preliminary results

The two subcities differed in the composition of type of organizations providing HIV care and support or family planning. Nongovernmental organizations were the majority in Kirkos, while there was more variation in Kolfe Keranyo including more private clinics and government facilities. Organizations in

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Kirkos and Kolfe had interacted with an average of 4.7 and 5.6 other organizations, respectively. Thirteen organizations in Kirkos and none in Kolfe lacked family planning services and did not refer for those services. Although clients interviewed were not representative of all women living with HIV in the sub-cities, we did not detect many differences between client outcomes. Antiretroviral therapy (ART) adherence was a particularly concern as 59%-65% of women interviewed were adherent to their regimen. Quality of life was relatively low. Social services, such as housing and job training support, were the largest unmet need among clients.

## Results interpretation workshops

We held sessions with organizational representatives to understand how to shape a response to improve organizational networking. They validated the study data and worked to identify gaps in the network and barriers and solutions. Primary barriers included:

- lack of commitment to cooperate;
- no time after working on basic tasks:
- not knowing who to cooperate with;
- not knowing how to cooperate; and
- too little money or too few staff members.

Representatives were supportive of the idea of improving the network and recommended creating a directory of organizations that shared information about other organizations, training in cooperation skills, improved client referral systems, and establishment of a forum for sharing information. They also recommended that donors and governments work to establish systems and fora to facilitate networking as it is to donor's benefit to increase efficiency in the context of scarcie resources.

## Next steps

MEASURE Evaluation is continuing in FY12 with core funds to test the organizational network approach in order to best understand its potential contribution to integration. In this second phase, we will coach organizations to help improve their connections and follow-up with a second network analysis to identify any changes. Planned data collection activities will help understand how to improve organizations' ability to network and understand what skills they need, i.e., organization networking competencies.

MEASURE Evaluation has also expanded applications of the organizational network approach to a focal epidemic. In Bangkok, Thailand we will be identifying the organizations providing services to men who have sex with men (MSM) in two neighborhoods.

## Conclusions

The organizational network work approach tested by MEASURE Evaluation has the potential to provide information to organizations and donors so that they can improve coordination and collaboration. This is needed to create a 'win-win' for the organizations and donors, but also, and most importantly, a 'win' for the clients whose health will benefit from more comprehensive care provision. This approach has immediate applicability. GHI and PEPFAR encourage partners to integrate their responses in order to make maximum use of resources.

More information about networking in general, and this activity specifically, is available at:

www.measureevaluation.org/networks