Innovating Community Collaborative Models

Reaching the Unreachable: Innovating Community Collaborative Models for Preventive Health Service Delivery
Why A Community Collaborative Model

- Minimises costs to financially constrained governments
- Allows space for technology innovation
- Can create jobs
- Cultivates community ownership (e.g., of schools), thereby also pushing greater accountability
- Embeds what happens in schools into the community context and context of collective impact supports
- Pilots work that governments can adopt for long-term sustainability
What Collaboratives Can Produce

• Communities can deliver many health services themselves:
  • By understand delivery mechanisms well they can monitor that delivery and measure impact

• That frees up the formal health system to focus on major services
Impact: The Obvious and Less Obvious

• Yes, consider impact vis-à-vis planned outcomes, but also think about sustainability...

• How much does this mobilise community and cultivate ownership and accountability?

• How much does this build skills and capacity in those managing it?

• System of shared measures is key

• Measures of success should include hearing directly from beneficiaries if their lives are any better
Collective Impact

- Collective impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem
  - Centralised infrastructure with dedicated staff
  - Continuous communication
  - Shared measures
- In hard-to-reach or underresourced communities it’s imperative that your work not only consults the community but is driven by strategic collaborations within the community
Amandla uses a four-step process to tackle poor education in Philippi.

**Identify community resources**

Build an asset map:
1. Community identifies and maps its local resources e.g., police station, health facilities, sports fields, etc.
2. Collected knowledge is disseminated through the community for active use by members.

**Set a vision for the community’s learners**

Map the learners’ journey:
1. Community discusses and sets periodic goals for learners, both academic and behavioral.
2. Community identifies intermediate indicators that signal a learner is on track e.g., student has ability to navigate new systems.

**Diagnose education-related needs**

Assess learners’ current situation via a data collection:
1. Develop data sets (surveys, etc) with small group of community leaders based on measurable indicators e.g., nutrition levels.
2. Survey learners in the community’s education system.
3. Share findings with the community.

**Craft interventions as a collective**

Conduct community programmes:
1. Agree on a set of interventions that are meaningful and achievable with the community.
2. Implement interventions in partnership with stakeholders e.g., police, parents and principals work together to maximise learners’ opportunity to learn.
Our Key Activities

- **Data collection**: Collect & analyse data to enable solutions
- **Community Solutions**: Provide a platform for local organisations, government, and children to engage with each other
- **Resource Access Programme**: Connect children with the resources needed to succeed
EMPOWERING CHILDREN TO REALISE THEIR FULL POTENTIAL

DIAGNOSE
why children are not succeeding

ASSESS
impact of innovation project on holistic child success

GATHER
community to share info about learner challenges & innovation projects as in and out of school solutions

COORDINATE
community’s innovation project to support their children
Our Three Data Streams

• Outcomes: an annual snapshot of results the children are getting

• Outputs: what interventions are happening in the community

• Lived experience: what challenges are the youth facing daily
EVERY YOUNG PERSON SHOULD BE...

OUTCOME 1  
PREPARING FOR PRIMARY SCHOOL
69.3% of learners are ready for primary school

OUTCOME 2  
LITERATE & NUMERATE AT GRADE LEVEL
54% of learners in primary school are literate and numerate at grade level

OUTCOME 3  
SUPPORTED TO BE READY TO LEARN
36.7% of learners are supported to be ready to learn

OUTCOME 4  
READY FOR THE FET PHASE
48.3% of learners are ready for the FET phase of school

OUTCOME 5  
COMPLETING HIGH SCHOOL
41.4% of learners are completing secondary school and ready for further education/employment

OUTCOME 6  
EMPLOYED
22% of Philipp’s youth successfully move into full-time employment that pays them a living wage

EXCELLENT  GOOD  FAIR  NEEDS IMPROVEMENT  FAIL
The Unreachable: Case Studies

• PLHIV (People Living with HIV): it’s vital people know their status and become virally suppressed, but few outreach efforts tend to attract them

• Preventive healthcare in schools: far too many for the formal system to reach
Sexual and Reproductive Health

• Quick bullet description slide of the project components and how they align to what I’d said previously about what collaborative is
• Develop youth-friendly space with range of services
• Bring service providers to schools for awareness
• Uses collaborative working group for constant consultation/accountability
Sexual and Reproductive Health
Impact

• From 10% of youth testing regularly to over 30%
• Increase of 15% of youth confident in SRH services
• 20% more girls report feeling empowered to avoid early pregnancy
• Community support network integrated with clinic support
• Feedback system from youth developed
• 1/3 of the network trained in ABCD (Asset-Based Community Development)
Hearing Screenings

• Having lay people use HearX app to screen for potential hearing loss

• Referring those flagged to local health professionals
Hearing Screenings
Impact Thus Far

• Screened 1500 in one week (compared to norm of 150/year)

• Identified 6 cases of cholesteatoma

• 15 individuals trained to move into community health work

• The education department has become more flexible on who performs screenings, treatment
Summary

• Community collaboration can spread the burden of service delivery
• Gives us more robust ways to think about impact
• Allows us to reach far more people in relevant ways