

BANTWANA INITIATIVE TECHNICAL BRIEF

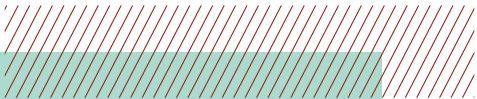
Strengthening Community-Clinic Linkages for Improved HIV and Child Protection Outcomes



BACKGROUND AND CONTEXT

Despite considerable progress in scaling up ART treatment to people living with HIV in Uganda, uptake, adherence, and retention of children in HIV treatment and care has been a persistent challenge. Children and adolescents living with HIV (C/ALHIV) have higher attrition and default rates than adults (MOH 2019). Vulnerable children and adolescents who suffer from neglect, gender-based violence (GBV) and other abuses also struggle to access critical health and social welfare services in a timely way. Complex and fragmented referral systems, role confusion and poor coordination and tracking from facility to community level contribute to poor HIV and resilience outcomes for C/ALHIV and other abused children.

Under the USAID/Better Outcomes for Children and Youth Uganda (BOCY), World Education/Bantwana Initiative and our partners¹ delivered integrated HIV and social protection services to C/ALHIV and other highly vulnerable children in close coordination with clinic, government and community partners. Trained Parasocial Workers sit at the center of an integrated referral network and case management system. Close coordination with clinic community and government counterparts help families access clinic and community social and child protection services, tracking the services they receive, and follow-up on their needs at the community level through case management. As BOCY accelerated efforts to close gaps across the HIV cascade for children, we intensified efforts to expand clinic partnerships and coordinated care.



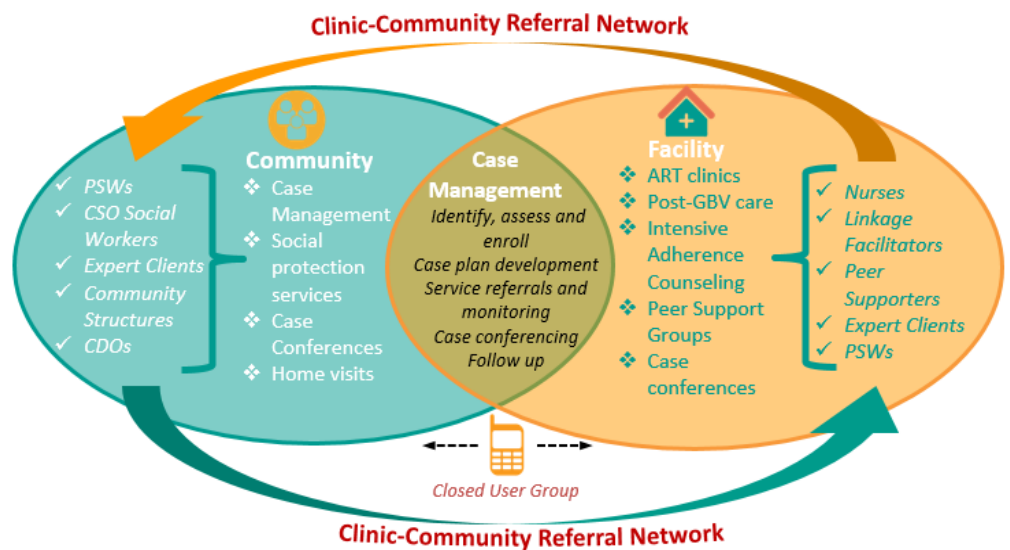
Effective clinic-community coordination is dependent on mutually beneficial relationships between health and social welfare cadres who appreciate one another's role in improving HIV and child protection outcomes for vulnerable children.

¹ CSO partners including AVSI, m2m, MUCOBADI, AIC and SOS.

OUR RESPONSE

Initially, BOCY reached out to District Health Officers to explain program services and establish protocols for coordination between clinic and community cadres. Memoranda of Understanding (MOUs) outlined roles and responsibilities between the health and social welfare workforce in service delivery coordination and the case management process.

We placed Linkage Coordinators in high volume clinics and upskilled PSWs in HIV- and GBV-sensitive case management. We leveraged the training, and clinic and client relationships of 60% of the PSW cadre that double as expert clients and community health workers to mentor their peers.



OUR INTERVENTIONS

BOCY introduced and scaled up a range of strategies proven to strengthen clinic community coordination for improved outcomes for children.

Formalized MOUs with 185 clinics built buy in and support from clinic In-Charges

and created opportunity to clarify roles, responsibilities, and processes for coordinating care for children. Quick reductions in missed ART and viral load testing appointments from enhanced community follow up and client tracking built credibility of community cadres with clinic counterparts and strengthened regular coordination.

Expanded peer navigation strategies enhanced linkages and bolstered retention in care

Expert Clients doubling as Peer Facilitators linked C/ALHIV to treatment, monitored their appointments, and facilitated referrals. At facility level, they delivered treatment literacy, disclosure and coping supports to C/ALHIV through Peer Support Groups and supported documentation in case files with Linkage Facilitators. These efforts strengthened linkages, communication, and integration of care planning and increased trust and synergies between clients and community and clinic cadres.

Placement of 115 experienced Linkage Facilitators in high volume clinics

helped triage clients across clinic departments, and liaise with PSWs and Expert Clients to coordinate the referral process, and follow-up with care community level. Linkage Facilitators coordinated development of family-centered care plans with clinic staff and families helped target support and coordinated followup at clinic and community levels.

²Expert clients are adults living with HIV trained by health partners to support peers with ART retention, adherence and viral load suppression.

Upskilled PSWs in GBV- and HIV-sensitive case management improved service and reporting quality

from continuous coaching and mentoring from BOCY social workers, Linkage Facilitators and health cadres. Improved PSW confidence and skills improved service delivery, and tracking and documentation of referrals and HIV outcomes.

Expansion of the Closed User Group in service phone network

to clinic and community structures further eased coordination and timely response to urgent HIV and child protection issues. Access to unlimited calls and texts enabled real-time consultation with multiple actors at multiple stages in the process accelerated timely response and follow up.

Facility case conferences brought together health staff, PSWs, and Expert Clients

to strengthen coordination, timely response and urgent follow up of most at risk children, especially non-suppressing C/ ALHIV. Joint home visits enabled health and social welfare teams to holistically address issues facing non suppressing C/ALHIV, including referrals for complex child protection cases to district protection officers. Facility meetings complemented sub county-led case conferences addressing broader child protection issues across a wider spectrum of actors.

OUR RESULTS



Joint collaboration with BOCY Linkage Facilitators and Expert Clients has radically improved coordination with PSWs on community follow up and tracking. This has reduced missed ARV and VLS appointments for C/ALHIV and increased access to essential services.”

—Health In-Charge Patongo ART Health Center III, Agago District



ESTABLISHED FUNCTIONAL REFERRAL SYSTEMS **185** CLINICS ACROSS **23** DISTRICTS



UPSKILLED **1850** PSWS IN HIV-AND GBV-SENSITIVE CASE MANAGEMENT



IMPROVED REFERRAL COMPLETION TO CORE SOCIAL PROTECTION AND HIV SERVICES FROM **28%** TO **95%**



IMPROVED ART RETENTION FROM **83%** TO **99%** IN LESS THAN ONE YEAR



IMPROVED VIRAL LOAD SUPPRESSION FROM **78%** TO **81%** IN LESS THAN



IMPROVE CHILD PROTECTION CASE COMPLETION FROM **65%** TO **81%**

LESSONS LEARNED

Effective clinic community coordination is dependent on strong, mutually beneficial relationships

between health and social welfare cadres who recognize and appreciate the added value of a coordinated response. Leveraging the experience of multiple health and social welfare cadres who already work in facilities or communities is critical for access and service uptake as well as follow up and monitoring of services for children and families.

Identifying focal persons amongst clinics and communities to support functional collaboration and partnerships is essential

BOCY's placement of trained Linkage Officers in health centers ensured roles between cadres were defined, fast-tracked identification and enrollment of C/ALHIV onto the program and strengthened coordination, tracking and following of C/ALHIV with PSWs and other structures at community level.

HIV-focused facility case conferences with both community and health staff

strengthened collaboration, partnership, information sharing and response in addressing critical issues of non-suppression, missing appointments, and poor adherence among CLHIV and adolescents.

Introduction of simple tracking and reporting tools

tools and continuous coaching for PSWs improved coordination, tracking and response time. BOCY's community viral load tracker harmonized information between the community and facility teams thus facilitating timely follow up and response on critical cases.