



Orphans and Vulnerable Children Task Force

Welcome to the Coordinating Clinic and Community Services through Case Management Webinar

Hosted by the OVC Task Force:

Jessica Tabler Mullis (Save the Children)

Shelby Benson (World Vision)

Diana Chamrad (URC)

Caroline Bishop (CRS)

Janet Barry (Bantwana Initiative/World Education)

Tanya Medrano (FHI360)

Dr. Tosin Awele Idaboh (MBBS, DPH, MPH, MSc. FMCPH) is a Public Health Physician with over 10 years of professional experience providing quality clinical and programmatic service delivery and health systems strengthening support across a range of programs. Under the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) Project for FHI360 in Nigeria, Dr. Idaboh oversees integrated, comprehensive programming along the HIV continuum of care for children, youth and families, including specific interventions to address the HIV and protection needs of adolescent girls and young women in 13 states and with 28 partners CBOs in over 124 communities in Nigeria.

Neckvilleus Kamwesigye (BA, DPPM, MMS-PPM) is supporting the scale up of a community case management model with the Government of Uganda under the BETTER OUTCOMES program led by the Bantwana Initiative of World Education. Neck draws on eight years of OVC experience including four years with the PEPFAR-supported OVC SUNRISE and STAR EC programs in Uganda when he tested the case management approach with funding from both programs. The model anchors trained parasocial workers (PSWs) at the center of an integrated referrals system that increases access to and strengthens integration of clinical and social protection services. Neck is also providing technical support to the CRS-led Sustainable Outcomes program in Uganda to scale up the case management model in their program areas of operation.

Miriam Mbembe (BScN, MPH) is a health professional with 11 years experience working on child focused programs in Kenya with World Vision. For eight years, Miriam has supported PEPFAR-funded OVC programs under Aphia II and Aphiaplus projects. Miriam is the Project Director for World Vision for the Aphiaplus OVC component and team leader for OVC within the PATH-led consortium. Under Aphiaplus, World Vision coordinates implementation of an integrated case management program for OVC with 76 local implementing partners in 10 counties of operation.

JUNE 14th
2017

Coordinating Clinic and Community Services through Case Management (SIDHAS OVC PROGRAM)

*Dr. Tosin Awele Idaboh
(Senior Technical Officer, Mitigation)
FHI 360, Nigeria*

SIDHAS OVC Project Summary

Strengthening
Integrated Delivery
of HIV/AIDS
Services **(SIDHAS)**

Goal :

To assist the Government of Nigeria (GoN) to reduce the burden of HIV/AIDS amongst OVC aged 0-17 years who are infected, affected and/or living in high HIV prevalence areas.



SIDHAS OVC Project Summary.....(2)

OVC Program Objectives:

- **KRA1:** Increased access to high-quality comprehensive OVC Services;
- **KRA2:** Improved cross-sectional Integration of high quality services for OVC and their families
- **KRA3:** Improved stewardship by Nigerian institutions for the sustained provision of high-quality comprehensive OVC Services

Period of Performance: 12th September, 2011- 11th September, 2018.



SIDHAS OVC Project Summary.....(3)

Program Implementation;

- 13 states, 124 Local Government Areas (LGAs) in total
- 14 Scale-up LGAs in 4 States
- 28 CBOs in total (Average of 2 – 3 CBOs per state)
- 850 Health facilities in total (*366 Comprehensive Sites*)
- 66 Health facilities in the 14 Scale-up LGAs

Case load/Case Manager

- Total OVC - **151,470**
- Total Households – **83,198**
- Average of **25 -30 CV/Case Managers per CBO** (750 - 800 CVs in total)
- Average of **25 - 40 Households and 200 OVC per CV/Case Manager**



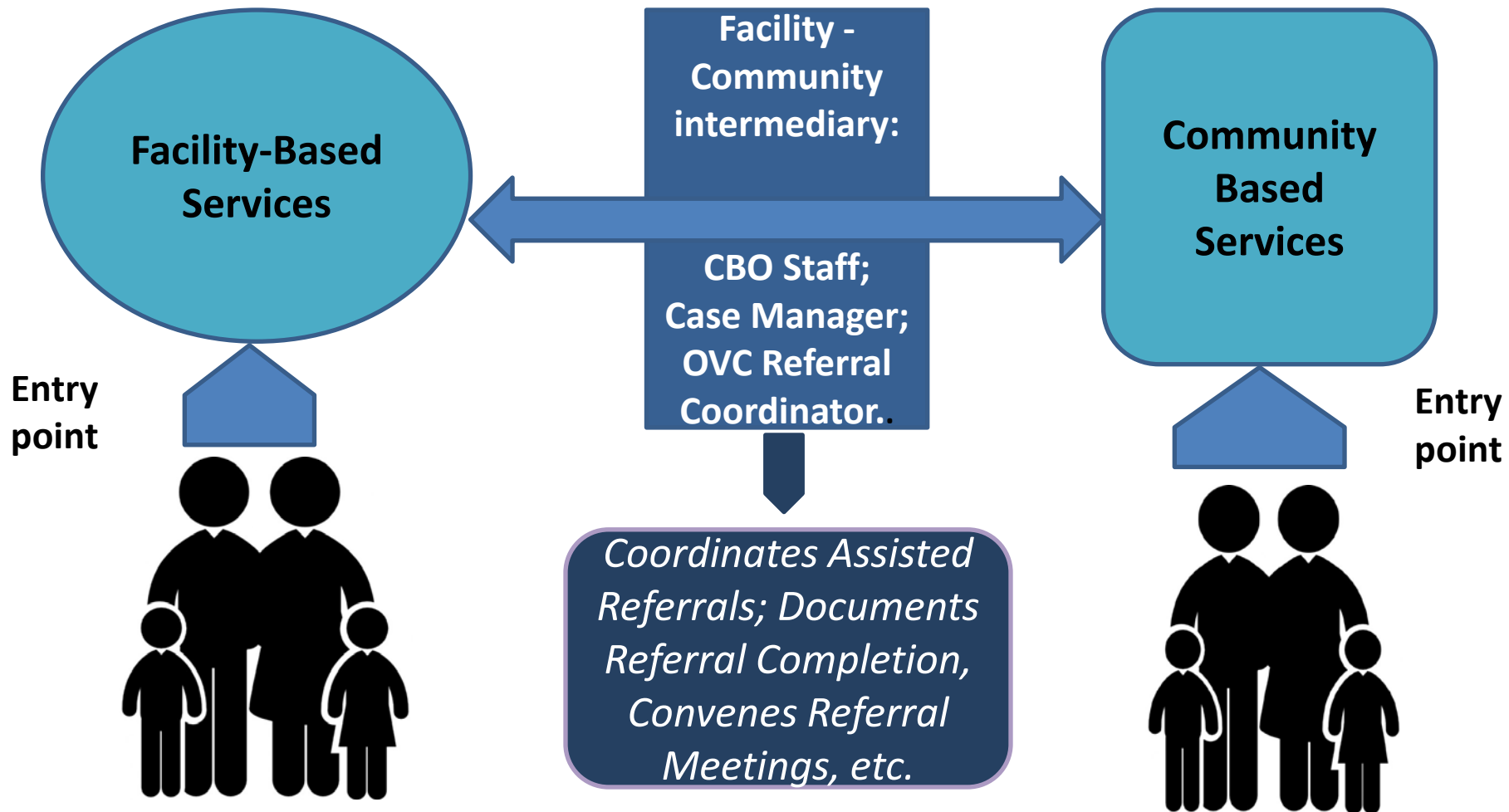
SIDHAS' Comprehensive Approach

Community and Clinical HIV settings coordinate closely to provide services for OVC and Caregivers tailored towards;

- **Reaching the UNAIDs' 90-90-90 Target** (Identification through HTS, Linkage to ART, Adherence, Retention in Care and Viral Load Suppression etc.)
- **Achieving OVC Case Management Process/Goals in the Community Program** (Identification, Enrollment, Assessment, Care planning, Direct Service Provision, Referrals and Linkages to other services, Monitoring, Case closure/Graduation from PEPFAR Support)



Bi-directional Facility-Community Continuum for CLHIV and ALHIV



Identification/Enrollment into OVC Services



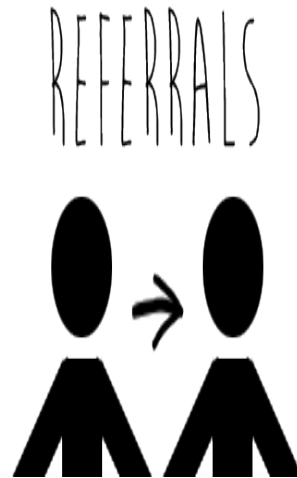
Facility-based: HIV positive Children and Adolescents are identified through a provider initiated testing and counselling (PITC) approach at multipoint service delivery areas such as, Child Welfare, Malnutrition, In-patient Wards, TB Clinics and Outpatient Clinics including Sexually Transmitted Infections (STIs) Clinics for older OVC. EID is also conducted for HIV Exposed Infants through the PMTCT Program

Community-based: Children and Adolescents are provided with HTS onsite/Referrals and Escort Services especially during Community Outreaches, Home Visits, Kids' Clubs Caregiver's Forums, Support Group Meetings etc. where the adult beneficiaries are encouraged to bring in their children for HTS



Referrals and Linkages

Case Managers - trained as focal persons to strengthen bi-directional linkages of all infected OVC diagnosed either at the facilities or communities, to all other needed services within the facility and in the community.



The **Referral Coordinators** and **Case Managers** facilitate monthly Cluster Coordination Meetings amongst Service Providers as a way of ensuring completed referrals for OVC referred to various SDPs along the continuum of care.

Emphasis is placed on strengthening community structures/Support Groups and other systems as well as coordinating referral networks established amongst Service Providers.



ART Adherence and Retention

Case Managers in collaboration with facility staff facilitate all activities in the facilities and communities that promote Adherence to ART



HIV+ beneficiaries are tracked by Case managers for reduced losses within the system and , supported for improved adherence and retention in care and treatment and other positive health outcomes



The OVC (specifically ALHIV) are supported by Case Managers for increased adoption of positive behaviors that reduce HIV transmission, acquisition, and those mitigating impact.



Viral Load Suppression



- Viral load coverage is generally very low in the country and even worse for CLHIV and ALHIV.
- Case Managers work with facility staff to ensure Viral Load Testing for all eligible CLHIV and their Caregivers by referring them from Communities to Facilities



Challenges/Strategies used to address

Challenges	Best Practices
Poor Facility-Community Linkages	<ul style="list-style-type: none"> • Community ART Program (<i>commenced 2015</i>) • Co-locating facility and community services in the same geographic area/Placement of Case Managers in various SDPs at the facilities • Engaged 336 Case Managers trained to provide services to clients including OVC (Community ART Program) in the 14 Scale up LGAs • Escort Services/transportation subsidies provided by Case Managers • Procured 2341 Closed User Group Phones (WhatsApp Groups and Service Provider Directory) used by Case Managers and Facility staff for tracking and ensuring completed referrals • Linkage rate from identification to commencement of ART increased from about 68% to 100% for OVC
Poor ART Adherence and Retention in Care especially amongst ALHIV (10 -19 years)	<ul style="list-style-type: none"> • Adolescent and Youth Friendly Services • Establishment of Safe Spaces/Environments in facilities and communities for older ALHIV • Appointment Scheduling/Separate time, Separate room clinics • Online/Virtual Support Groups using the Facebook/WhatsApp platforms that are more private – Study is ongoing • Currently have about 137 ALHIV (15-19 years) in Support Groups and are being monitored for positive health outcomes

Lessons Learnt

The benefits of a Comprehensive Clinic and Community Model for OVC Case Management;

- Advocacy to Government, Capacity building of Care Providers, Community Stakeholder Engagement and Health Systems Strengthening interventions are done jointly, leveraging on available resources from both ends.
- It allows for a seamless flow of activities and provision of quality HIV Prevention, Treatment, Care and Support services to the Children and their Caregivers along the continuum of care.
- Cost-effective
- Promotes sustainability



THANKS





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Ministry of Gender Labor & Social Development



BETTER OUTCOMES for Children and Youth in Eastern and Northern Uganda

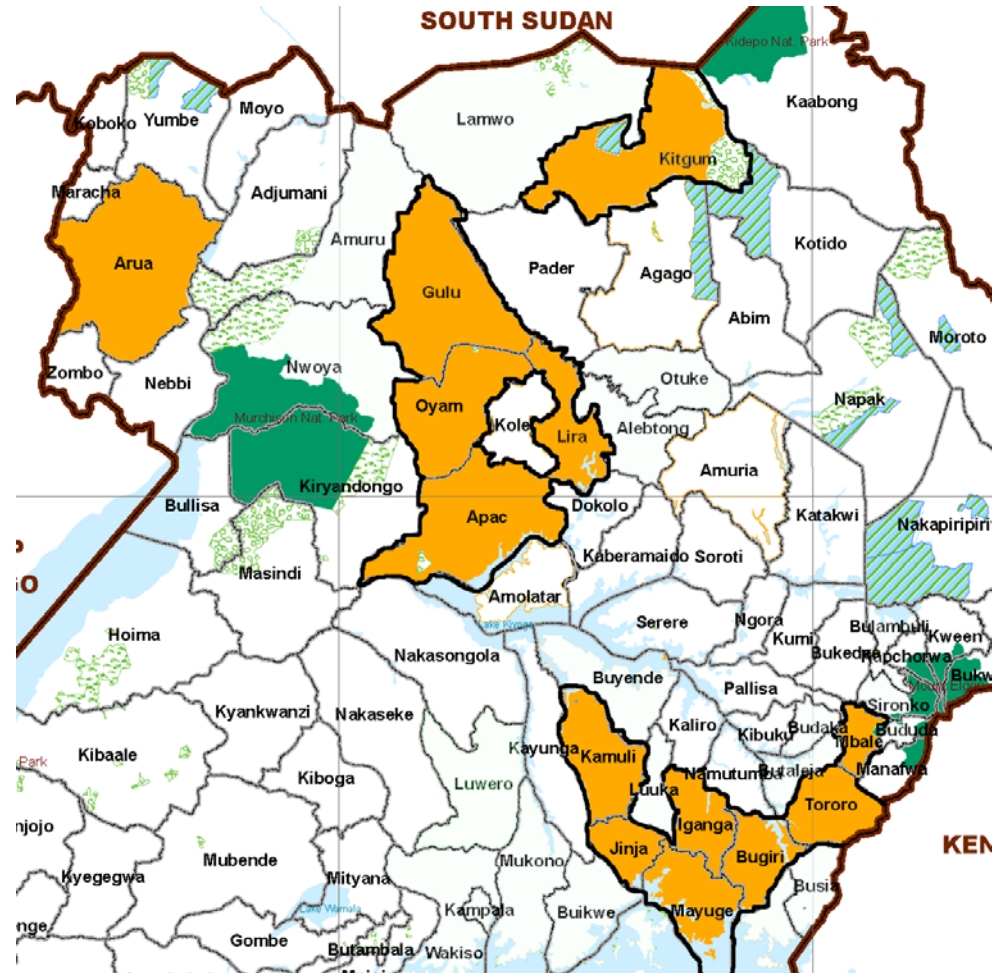
Coordinating Clinic and Community Services through Case Management

Neckvilleus Kamwesigye
Case Management Specialist
World Education/Bantwana Initiative

14 June, 2017

BETTER OUTCOMES For Children And Youth In Eastern and Northern Uganda

- Programming began in 2015.
- Provides integrated, community-based services across the HIV continuum of care to 91,474 children, youth and families.
- Currently operates in 14 districts in North and East including three DREAMS districts in the North.



BETTER OUTCOMES Program Objectives

- 1) Children, youth and their caregivers economically empowered to access core services
- 2) Local governments, CSOs and informal community structures expanded and access to core services improved
- 3) Coordination of clinical- and community-based services along the HIV continuum more efficient and effective



Supporting 90 90 90: Community-based Interventions

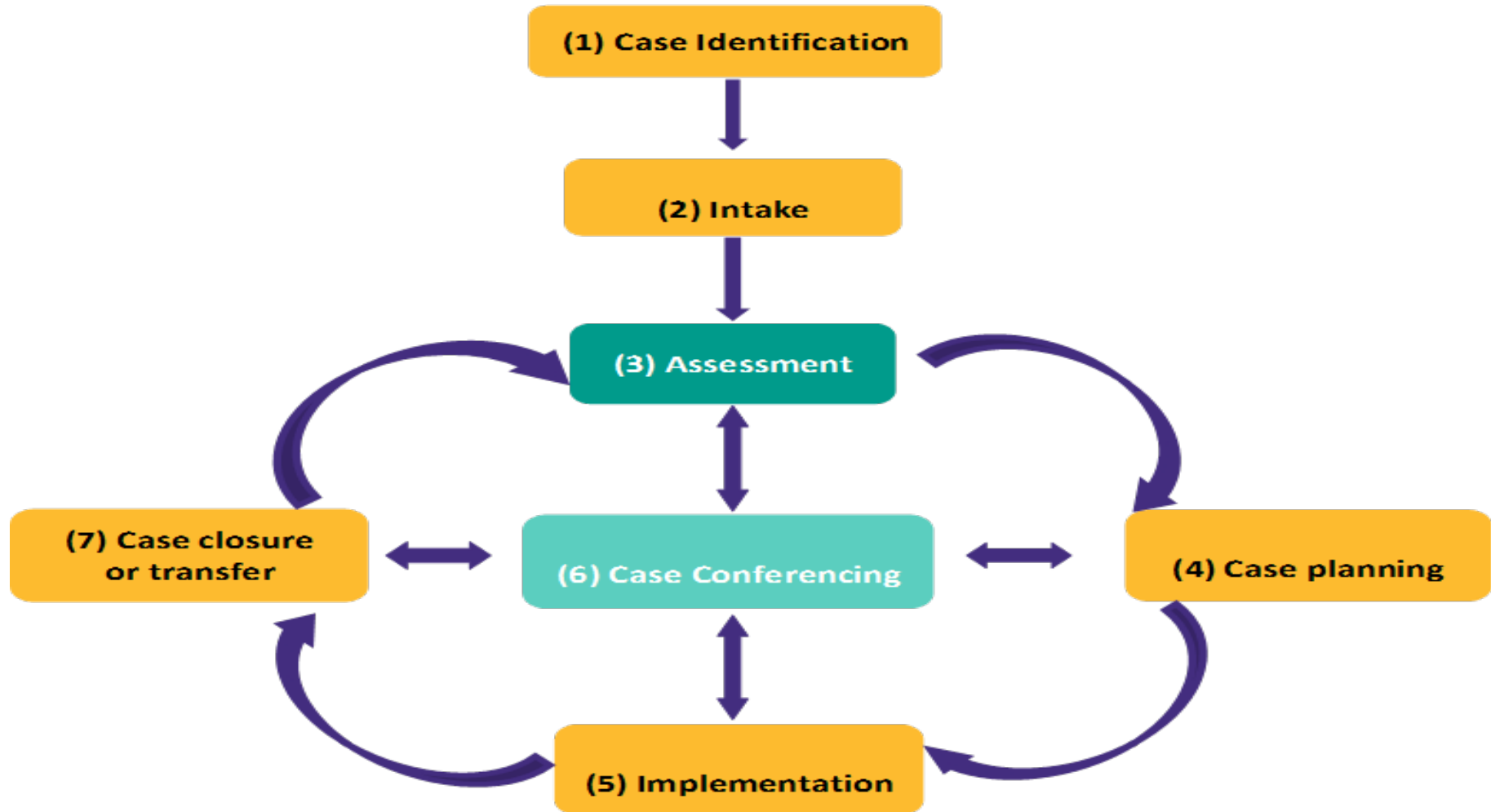
- Household economic strengthening services to build economic resiliency
- Integrated HIV prevention, ARSH, protection, economic strengthening services for youth
- Targeted programming for adolescent girls and young women
- Parenting program to strengthen family resiliency
- OVC Plus Up to improve school retention
- Services linked to HTS continuum through HIV sensitive case management model



Above: A PSW escorting a caregiver and her children to HIV testing point during a community-based HTC mobilization

Supporting the 90-90-90 Cascade through the HIV- sensitive Case Management Model

VISUAL CASE MANAGEMENT CYCLE



Strengthening Social Protection and Clinical Integration to Support the 90-90-90 Cascade

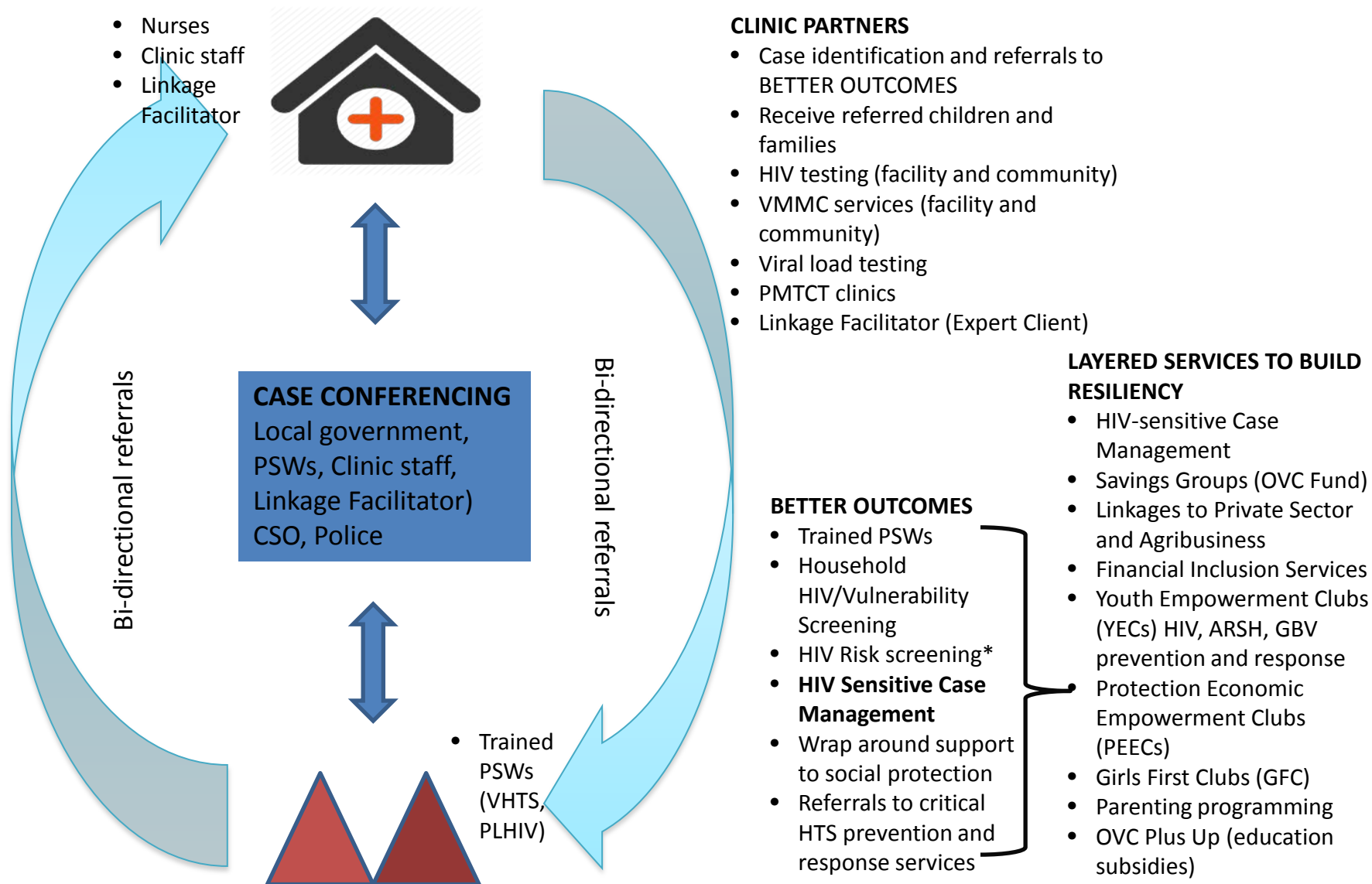
OVC Partner (WEI/B)

- Case Identification (Community)
- HIV sensitive case management
- Wrap around social protection services
- Linkage to HTS response
- Mobilization for HIV testing and VMMC
- Closed User Groups (CUGs) to improve coordination
- Monthly case conferences

Clinical Partner

- Case Identification (Facility) from PMTCT and ART clinics
- HIV testing through various modalities
- VMMC and viral load testing services
- Closed User Group (CUG) member
- Monthly case conferences

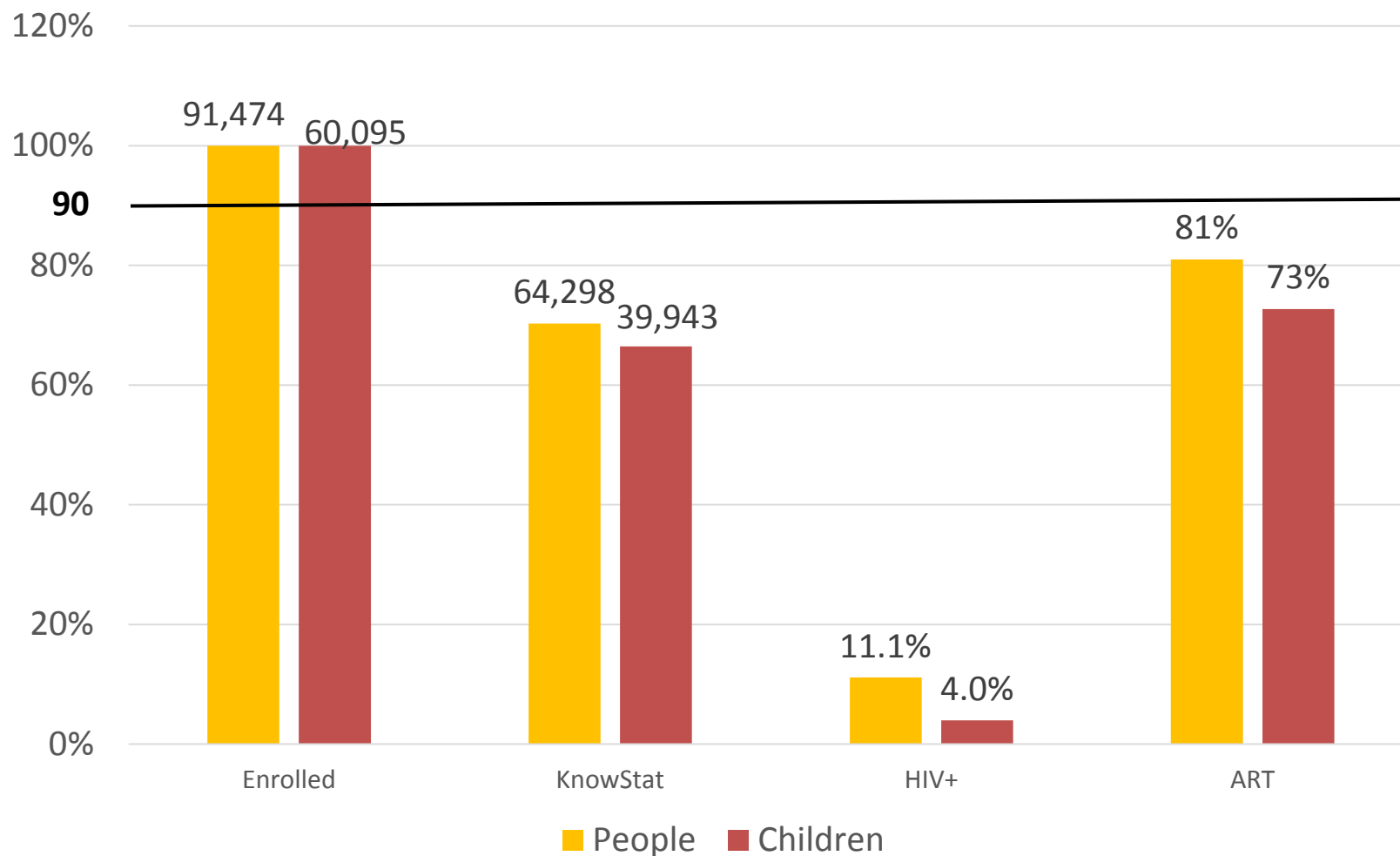
Facility - Community Coordination Through Case Management



Coordination Challenges and Solutions

Challenges	Solutions
<ul style="list-style-type: none">• Fears about HIV diagnosis• Stigma: caregivers and children do not want to go to local clinic• Confidentiality, disclosure	<ul style="list-style-type: none">• Skilling PSWs in HIV-sensitive Case Management approach
<ul style="list-style-type: none">• Transport issues and distance	<ul style="list-style-type: none">• Emergency transport fund• OVC Fund through Savings Groups
<ul style="list-style-type: none">• Clinic referral, follow up, feedback, and ongoing coordinated support	<ul style="list-style-type: none">• Linkage Facilitators (facility level)• Closed User Group phone line• Case Conferencing
<ul style="list-style-type: none">• Local government protection staff not sensitized to the needs of HIV+ children	<ul style="list-style-type: none">• Local government protection staff trained in HIV sensitive case management
<ul style="list-style-type: none">• Lack of available community services	<ul style="list-style-type: none">• Service mapping• CSO providers attend case conferences

BETTER OUTCOMES : HIV status (March 2017)



Lessons Learned

- HIV-sensitive case management approach facilitates coordinated response
- Leverage skills and experience of PSWs who bring experience as PLHIVs and Village Health Workers
- Involve government as partners from the beginning to build ownership and sustainability
- Identify focal persons amongst clinics and CSOs to support functional collaboration and partnerships
- Use simple technologies to improve coordination and response time



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*Neckvilleus Kamwesigye, Case Management Specialist,
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Clinical & Community Case Management Coordination: Experiences and Lessons Learned

APHIAplus PROJECT
Western Kenya

Presentation by:
Miriam Mbembe
Project Director OVC Services, World Vision

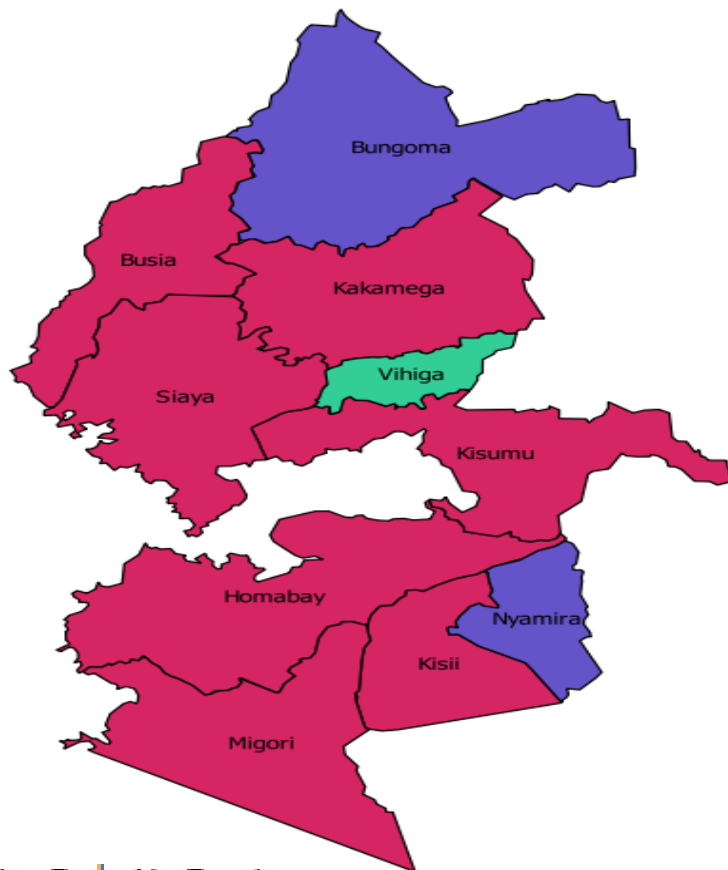




APHIAplus Overview

- **Partnership:** PATH (Prime/Clinical), World Vision (OVC/Community), INGOs and 76 local CBOs
- **Period:** January 2011 – June 2017
- **Total OVC beneficiaries:** 227,883 OVC served, 7,285 HIV+ OVC, 33,392 AGYW

Geographic Coverage



- Aggressive Scale-Up County
- Scale-Up to Saturation County
- Sustained County

Geographical Coverage: 10 counties of former Nyanza and Western provinces (Migori, Kisii, Nyamira, Homabay, Kisumu, Siaya, Busia, Bungoma, Kakamega and Vihiga).



Key Approaches

- OVC receive tailored interventions to enable them to be AIDS free, healthy, safe, stable and schooled.
- Systems strengthening:
 - Support and Capacity Building to local organizations
 - Complement Department of Children Services
 - Support to Home Visitors
- Empowering households and caregivers
- OVC mentorship (leveraging DREAMS)
- Direct service delivery
- Skills building for Older OVC




Achievement Highlights

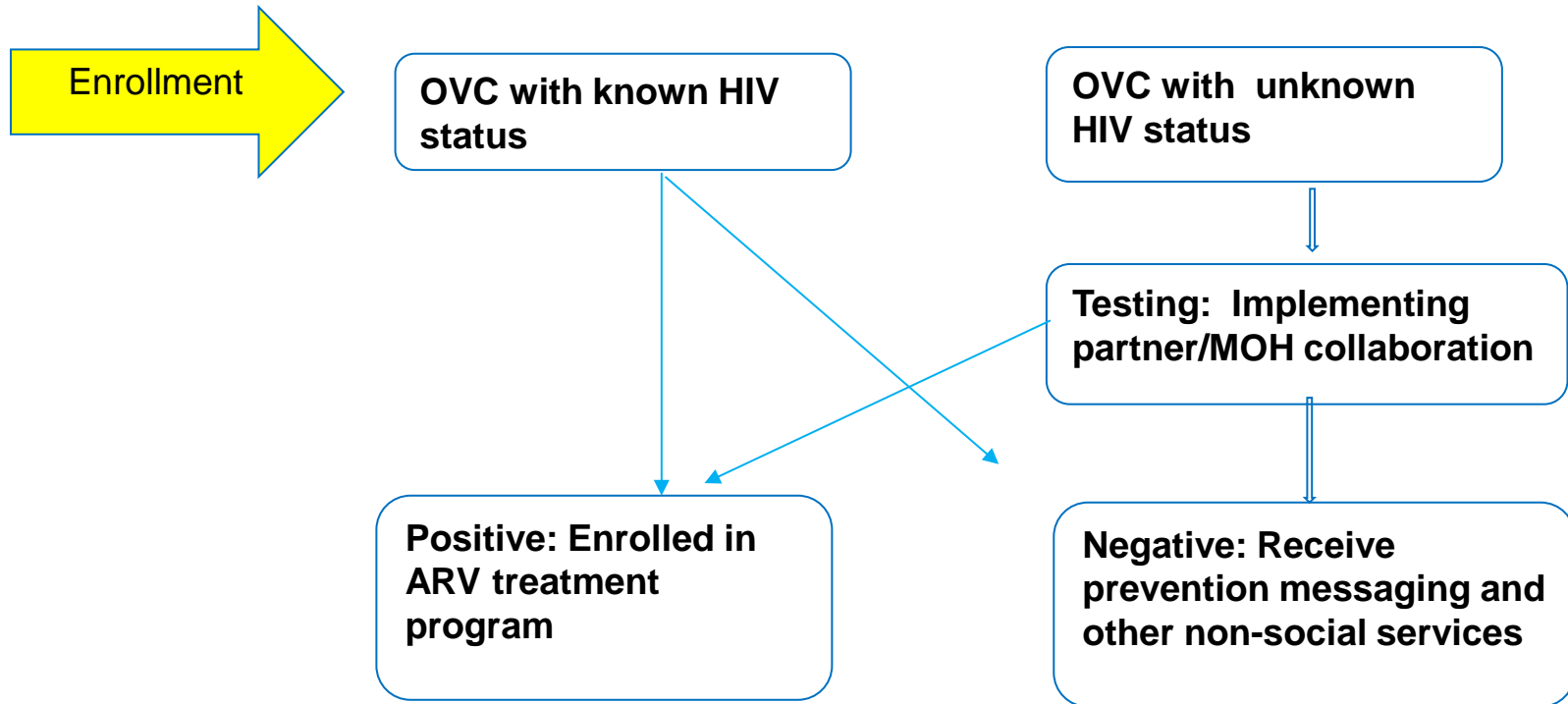
OVC tested	184,527
OVC+ linked to care and treatment	7,245
Health and Nutrition	202,629
Receiving education	63,600
Shelter and Care	101,646
Protection including birth registration	181,289
HH receiving economic strengthening	41,924



Community Case Management

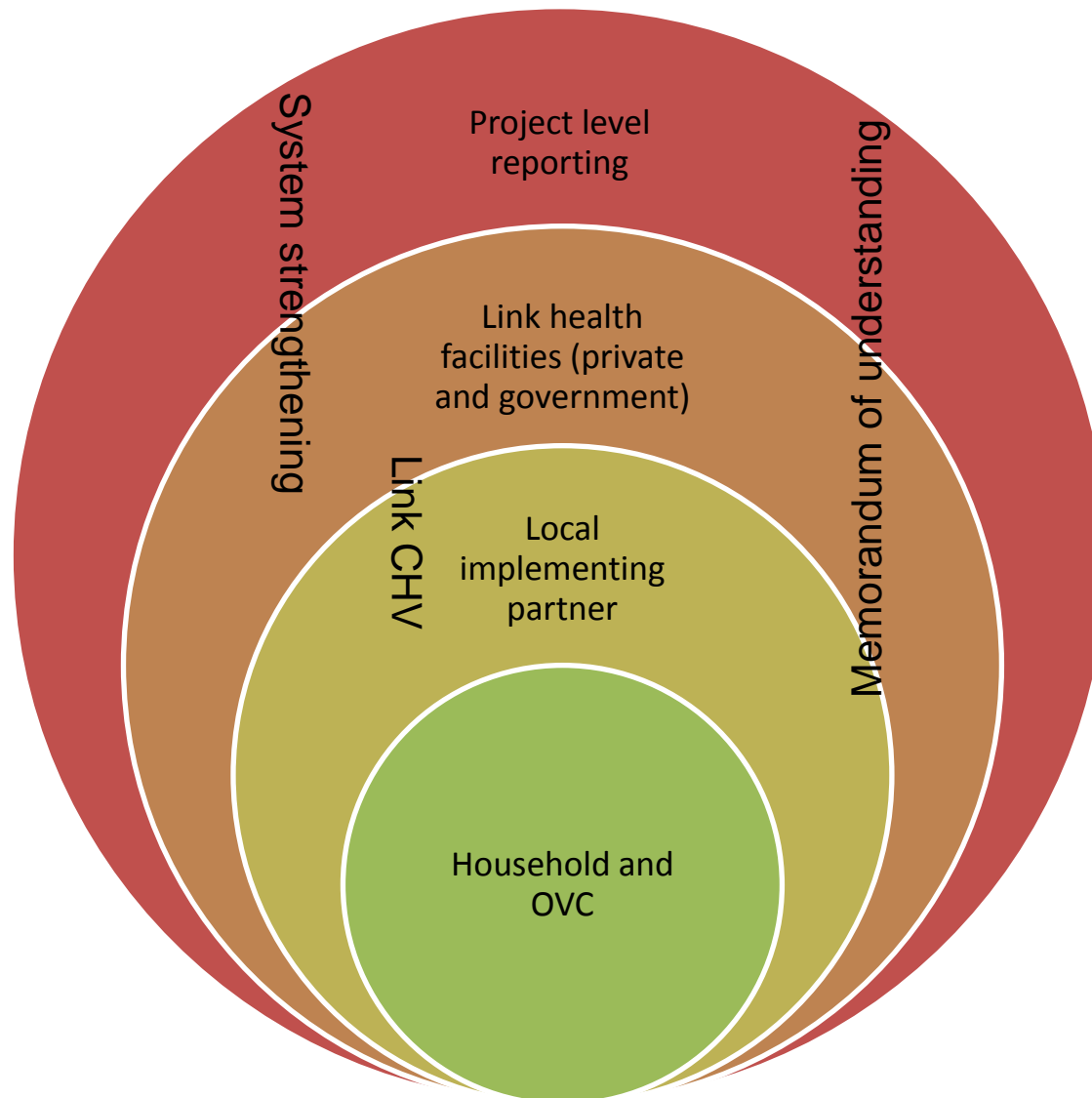
- Community Home Visitors engage entire households to:
 - Identify, prioritize, and ascertain resources to meet needs
 - *APHIAplus* is one source of support but shares others
 - Each child's needs along with the household needs are reviewed individually and regularly
- Prioritized needs are tracked in reporting tools and inform project support. 
- Engage with multiple sectors and disciplines to identify support resources available to that household.
- Game changer: caregivers own and drive the Case Management Plan.

HIV Testing Flow



All enrolled OVC are assessed to receive a range of services: education, economic strengthening, social, child and legal protection, and health and nutrition.

Clinic-Community Approach





Roles: Community Case Management

Clinical partner

- Facility HRH
- Supplies & tools
- Quality assurance
- Weekend pediatric clinic days, facility PSSG
- Coordination and planning

Community Partner

- Facilitate facility LIP MOU
- Guidance on mobilization (eligibility) for testing
- Outreach/escorted referral support
- Reporting
- Support community PSSG



Key Coordination Challenges

- Gaps between the community and clinic: even with clear guidelines, community/facility interface is naturally weak.
- Confidentiality issues: even with signed agreements and confidentiality clauses, this remains a challenge.
- Inadequate community capacity to engage with the facility for collective OVC support. ▸
- Scope: depth of OVC support for seamless continuum of care.
- Layering information from one level to another versus direct clinic or community interaction with OVC/caregiver.



Lessons Learned

- Coordination and management is *strengthened* when there is a push & pull system/platform where the clinic and community periodically review OVC data together.
- Coordination is *effective* when Link Volunteers have roles that are easily integrated into facilities and they are part of a “team” (i.e. peer educators, community health volunteers).
- Coordination is *stronger* when facilities extend services to the community and vice versa.
- Coordination is *enhanced* when OVC care diaries are managed by Link Volunteers to highlight missed opportunities.



Recommendations to Strengthen Coordination

1. **One plan:** a clear coordinated plan between facility and community with differentiated roles.
2. **One structure:** link volunteers doing community coordination are recognized as part of facility case management support team.
3. **One M&E:** the M&E plan is developed together and mutually supported.



Thank you!

