

LINKAGE AND COMMUNITY-LED MONITORING IN SIERRA LEONE

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Presentation Outline

Community-Led Monitoring: Definition

Community-Led Monitoring: Process

Sample Community-Led Monitoring Data Collection Tool

Findings:

- Facilitators to Linkage
- Barriers to Linkage

Photos

Acknowledgments

Community-Led Monitoring: Definition – 1

Community-Led Monitoring: is an accountability mechanism for HIV responses at different levels, *led and implemented* by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities.

Recipients of care collect and analyze quantitative and qualitative data on the availability, accessibility, acceptability, affordability and appropriateness of HIV services.

Community-Led Monitoring: Definition - 2

Community-Led Monitoring *is therefore a process where communities take the lead to routinely monitor an issue that matters to them by:*

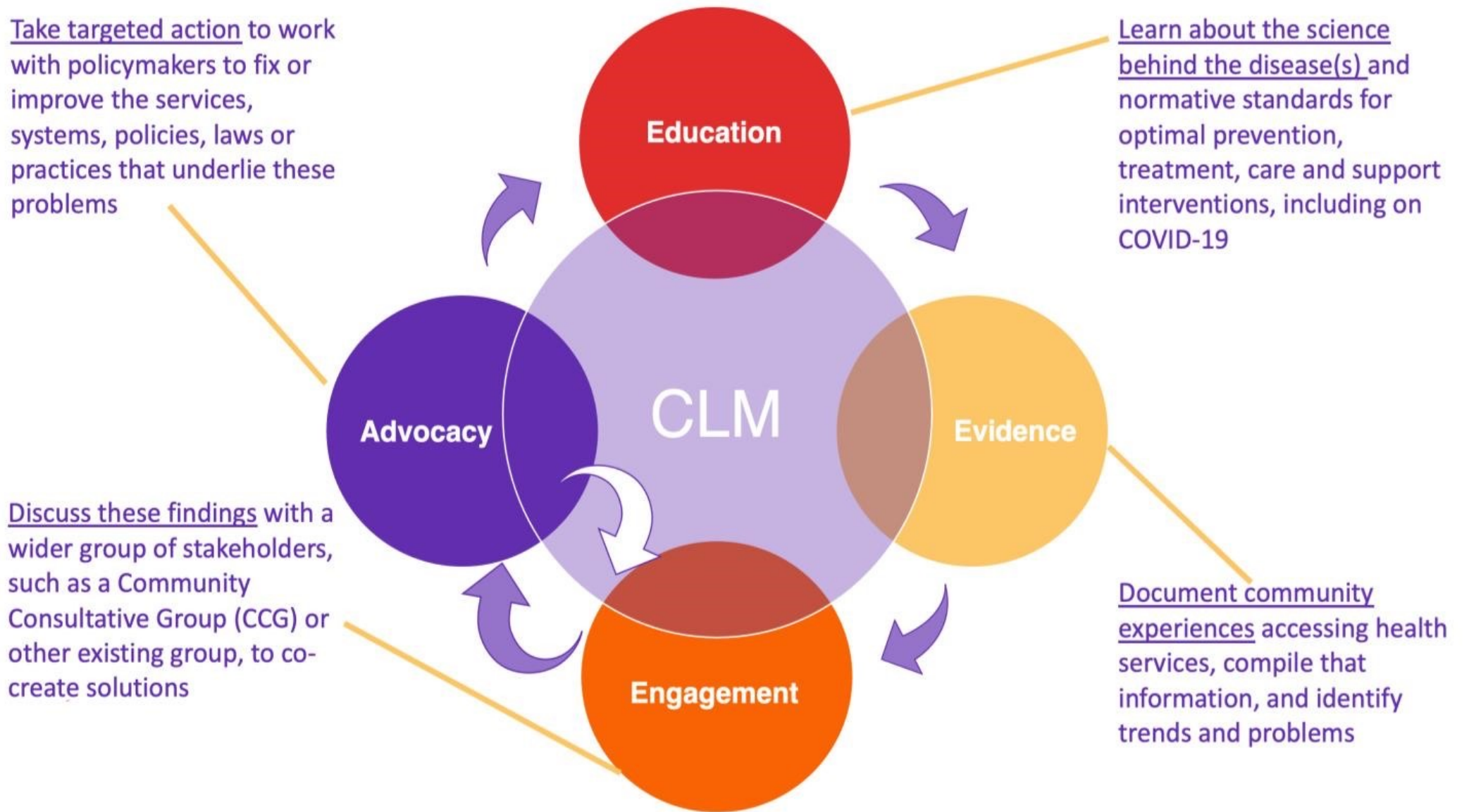
- ✓ *Identifying their top priorities*
- ✓ *Creating indicators to routinely track those priorities;*
- ✓ *Collecting data*
- ✓ *Analyzing the result*
- ✓ *Share insights from the data with a larger group of stakeholders*

Community-Led Monitoring: Definition – 3

*When problems uncovered through CLM aren't resolved, **communities escalate with evidence-based advocacy** and campaigning until they achieve implementation of corrective actions by duty bearers.*

Communities then work alongside policymakers to **co-create solutions** to the problems they have identified.

Community-Led Monitoring: Process



Sample CLM Data Collection Tool: Client Identification

Category	Gender			Age
	Male	Female	Other	
TB				
Key Population (MSM, FSW, PWID, TG, persons in closed settings)				
Persons with Disability				
Caregiver for Children Living with HIV				
Pregnant Women				
Lactating Mother				

Availability

1	How often do you need to return to the clinic for your medications/Refill?	Once every ____ days/weeks/months
	For how many days/weeks/months did you receive medication/refill during your last visit?	____ days/weeks/months
2	Was there stock out of your medication during your last visit?	Yes No Don't know
	Additional comments:	
	Has your medication changed within the last three months ?	Yes No Don't know
	Additional Comments (provide reasons):	

How does Community-Led Monitoring Improve Linkage Services?

- CLM helps to **identify linkage barriers and facilitators**
 - Recipients of care can collect data unavailable to MOHS and implementing partners
 - They are closer to facilities and can collect data more frequently
 - They are trusted by clients and communities, who may tell them things they would not tell HCWs
 - The use of qualitative and quantitative data enhances data validity and relevance
- CLM results are used to **advocate for improvement**
 - Recipients of care use CLM data to identify solutions and advocate to MOHS, funders, and partners for very specific and actionable changes to the system
 - They also use data for demand generation and advocacy within the community

The Power of Community-Led Monitoring

- Community-Led Monitors are recipients of care and members of Key Populations:
 - *They reduce fear and encourage their colleagues to access services.*
 - *This resulted in increase in HIV testing among men who have sex with men, female sex workers, people who inject drugs, pregnant women, and young people*
- Monitoring and documenting gaps in services (stock outs of ARV, VL reagents, etc.) results in actions to accelerate supplies to health facilities:
 - *Meetings are held with the National AIDS Control Programme to address the identified issues*
- CLM data are used to draw attention to service deficiencies, such as stigma, long waiting time, human rights violations, etc., resulting in improved services
 - *Reports are first shared with health facilities with the view of addressing the problem*
 - *Issues are often resolved at the HF, otherwise they are escalated to the next level*

The Power of CLM – Continued

- Representation of RoC and KP in Community Consultative Group (CCG):
 - The CCG scrutinizes data and prioritizes advocacy issues.
 - It consists of individuals with expertise in health and community systems, advocacy, PSM, RoC, KP
- Feedback sessions with RoC and KP:
 - This ensures dissemination of data collected from them (RoC and KP), actions taken and commitment from relevant authorities for change at service delivery points

What does CLM tell us about **facilitators** of linkage in Sierra Leone?

- Community outreach targeting **specific locations**
 - Ataya base, lorry park, okada riders, ghettos, markets, other
 - Community members are informed about available HIV testing and other services.
 - Communities are encouraged to refer ill people to health facilities for medical care.
- Community outreach targeting **specific populations**
 - Face-to-face, community Outreach session for KP
 - Conducted at hot spots, hideouts, etc.
 - HIV testing is done during these sessions and those that test positive are referred either to the Drop-In-Centre (DIC) or to the nearest HF for confirmatory testing, whichever the client prefers
 - The client is referred using a Unique Identifier code. This provides information to the health care worker that the client is a member of Key Population.

Facilitators to Linkage, continued

- **Walk-In-Walk-Out services:**
 - If a member of a Key Population group comes to the DIC for other services, staff use the opportunity to introduce the option of a HIV test
 - If the person is willing, the test is performed
 - If the result is positive, s/he is referred to the health facility
 - If the result is negative, s/he is referred to prevention services
- **Peer Navigators/outreach workers** help link HIV+ clients to the health facility and HIV- clients to PrEP and other prevention services

What does CLM tell us about **barriers** to linkage in Sierra Leone?

- **Inconvenient operating hours:**
 - HF are typically open from 8am – 5pm Monday through Friday only
 - This is a critical challenge especially for workers, school-going children, and KP
- **Stigma and discrimination within the healthcare system:**
 - Well-founded concerns about healthcare worker attitudes ← extensively documented by CLM data
 - Fear of mistreatment, involuntary disclosure, breach of confidentiality etc.
 - Lack of trust in the health system, anticipation of being treated with disrespect
- **Drug stockouts:**
 - Why go to the HF if there are no ARVs?

Barriers to Linkage, continued

- Cost of transportation to health facility
- Wait times at health facility
- DSD not fully operationalized
 - Current treatment models are unappealing to many recipients of care
 - Community-based models have not yet been rolled out

National Launch of Key Community Response Documents and Tools including the National CLM Tool



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Dissemination Meeting in Kambia



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KEY POPULATIONS

Thank you!

