

# **Clinic and Community Linkages**

Clinic and community linkages support information sharing between communitybased and clinical systems to improve HIV cascade outcomes

## THE OPPORTUNITY

Community programs provide essential HIV prevention and care services, improving client continuity of care, and supporting HIV-positive clients to adhere to treatment regimens and clinic appointment schedules. To maximize their effectiveness, community programs need to know which clients have upcoming or missed appointments, picked up their medication, and are not virally suppressed. Similarly, clinical programs need to know why clients missed appointments and need support in maintaining medication adherence, which is especially important because an increasing number of clients receive sixmonth medication prescriptions and come to the clinic only quarterly or biannually. Addressing the unmet needs facing community and clinical programs with a better exchange of client-level information will improve the client care experience and health outcomes.

# THE DATA.FI SOLUTION

Data.FI works with USAID Missions and host country governments to improve mutual data sharing between clinical and community programs with solutions designed to maximize client retention and adherence to treatment and appointment schedules.

Data.FI offers a spectrum of solutions customized to the local context, ranging from enhanced digital systems to site-level workflow changes that promote collaboration and data sharing. Our solutions are built on our principles of responsible data use, client privacy, sustainability, and inclusiveness from development through implementation and use. Specific Data.FI solutions include the following:

- Creation of a digitized orphans and vulnerable children (OVC) program module or a key population (KP) program module to enable either the automated sharing of OVC or KP program data to the community and clinical programs, or manual entry of data into the two source systems, such as through a digitized form for risk assessment or community adherence form
- SMS reminders sent from the clinic to community program staff of client appointment schedules and missed appointments, requiring the staff to reply with a reason for the latter after client followup
- Catchment area mapping of community and clinical partner boundaries to enable both programs to collaboratively trace clients
- Community-based HIV testing services (HTS) conducted by clinical staff accompanied by community program staff when working in the field
- Collaborative data review meetings with clinical and community program staff to corroborate information on KP, OVC, adolescent girls and young women (AGYW), and other priority clients in the community







- Longitudinal case management system accessible by both community and clinical providers to coordinate care, referrals, and follow-up for clients
- Two-way SMS reminder system to enable direct-to-client reminders and survey responses to allow self-reporting on medication adherence directly to clinical program staff

Our solutions are context driven, focusing on meeting local needs and maintaining client privacy. We work with stakeholders to determine the way forward based on an assessment of the maturity of local systems, geographic alignment of programs, programmatic practices, and the relationships between the local programs and government. We suggest digital solutions only when appropriate, and work to enhance existing systems and practices rather than build new systems to maximize efficiency and foster successful change management.

## WHAT IS THE IMPACT?

**Digitized Community Data Modules:** In Kenya, under the Centers for Disease Control and Prevention (CDC)-funded Kenya HMIS II project, Palladium developed a KP information system built on OpenMRS to collect and aggregate KP data for national reporting. The system was designed for use at community drop-in centers to capture treatment data. A mobile version is planned to facilitate capturing outreach activities offered to KP, making community-level data more accessible and creating a more complete snapshot of community-level services and client needs. Data.FI is beginning similar work in Uganda. Palladium also developed and supports deployment of HTS modules incorporated into the electronic medical records (EMR) system and HTS mobile apps used by facility staff conducting community-based HIV testing. These apps sync with facility EMRs, bridging the information gap between community and facility services.

**Clinic-Community Case Management Tool:** In Ethiopia, under the USAID-funded Digital Health Activity project, Data.FI partner JSI is supporting the Ministry of Health to design, build, deploy, and generate insights from the electronic Community Health Information System (eCHIS), a mobile job aid and case management tool for health extension workers (HEWs) that links client care from facilities to communities. The eCHIS strengthens reporting and improves timeliness, coverage, and quality of services and referrals at the community level, and captures data at point of care to support HEWs in using data in treatment and follow-up decisions. When clients receive services at the facility or require follow-up in the community, providers can share information with the HEW via an "Action Card" within the application, which the HEW then adds to the client case. HEWs can generate Action Cards for facility providers when making referrals. The system is deployed to 12,000+ users, with scale-up planned for all 40,000 HEWs.

**Collaborative Data Reviews:** In Senegal, under the USAID-funded MEASURE Evaluation project, Palladium set up a community event-based surveillance system to monitor eight priority human diseases and six priority zoonotic diseases in six districts. The system improves case identification and accelerates linkage to care by aligning community- and facility-based surveillance. Every month, community leaders review cases identified by facility staff to ensure that all are documented and receive follow-up at the facility. Community members reported 1,515 human disease cases; clinical staff verified 946.

**Direct-to-Client Reminders and Data Collection:** With funding from PEPFAR's DREAMS Innovation Challenge, Data.FI resource partner PREMISE extended its mobile-based platform to HIV-positive AGYW in Kenya. AGYW clients contributed data to the clinic network on treatment adherence and received

reminders about medications and clinic visits. Clinics used the data to develop differentiated treatment models for individual clients.

### PUTTING THE SOLUTION INTO ACTION

Solutions are developed with strategic engagement and buy-in from the relevant stakeholders, including community programs and members, clinical programs, USAID, and government officials. To implement a solution under Data.FI, our team will support:

- Rapid on-the-ground needs assessment, stakeholder alignment
- Data access and use agreements between programs
- Development and implementation of a custom solution
- Relevant training and capacity building
- Testing, feedback, and improvement of the solution

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