COMMUNITY LINKAGE SYSTEMS AND SERVICES
Utilization of locally available resources and latent potentials of PLHIVs for optimal HIV service delivery; a case study of Vision Garden CBO

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BACKGROUND
The main challenge facing ART scale up has been retention of patients in care especially in resource-limited settings. Non-adherence to clinic appointments and ART is common leading to reduced effectiveness of the HIV care and treatment interventions.

OBJECTIVES
To effectively address client related factors that affect adherence to HIV care and treatment in resource limited settings.

METHODS
To address the above challenges, CHS supports Vision Garden CBO with trainings, regular mentorships and resources to implement a program aimed at strengthening community systems and services. This is done using locally available resources and stimulating the latent talents of PLHIVs. Graduated clients from facility support groups are linked to the CBO by peer educators. They are then enrolled to community support groups, supported by CHWs. They are taken through a 1 year capacity building program focusing on psychosocial support, nutrition, economic empowerment and treatment buddying system. Other key activities are defaulter tracing, home visits, referrals and community mobilization. Exit from the program involves graduation of the clients who are then supported to register their own CBOs or self help groups to ensure sustainability of the activities.

RESULTS
Between January 2011 and August 2012, 7 PLHIV community based support groups from 7 locations in Mukwere ini District have been formed and supported by 50 CHWs. A total of 800 PLHIVs ever been enrolled. 543 economically empowered and graduated. Reached 22,455 people through community mobilization to reduce stigma and discrimination. Disclosure rates improved from 10% to 74%. At facility level, appointment keeping and return to care improved from 80% and 74% in February 2012 to 87% and 80% respectively as at end of June.

CONCLUSION
Strong linkages between the health facility and the community are key to optimal HIV service provision. Use of locally available resources to economically empower the PLHIVs tremendously contributes to sustainability of community services in HIV care and treatment.