



Save the Children's Experience with Referrals

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Flexible Fund Partners'
Meeting**

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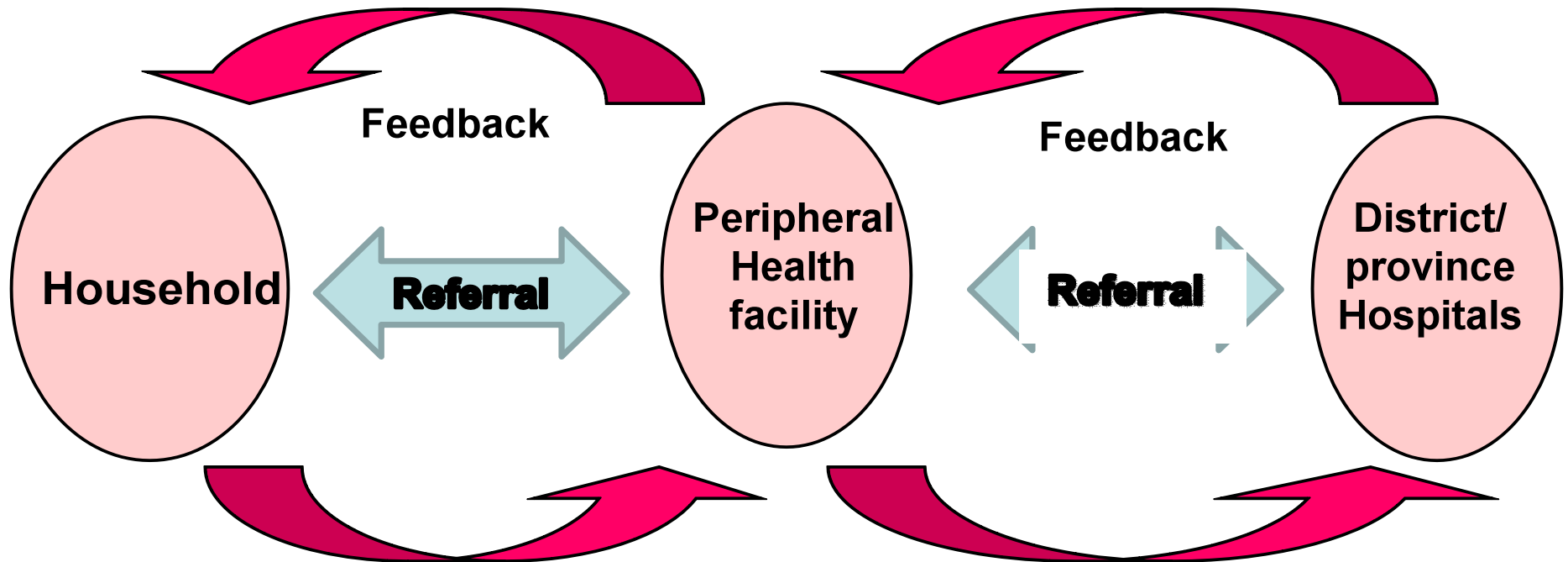
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Outline

- Overview of Save the Children's approach to linking communities to facilities
- Referral systems: steps, forms and challenges



Diagram of the Household to Hospital Continuum of Care Approach



Community Health Worker

- Educate couples/women on methods available at all levels including LAPMs
- Provide methods available (pills, condoms, DMPA, SDM, LAM)
- refer for methods not available / side effects

Page 3

Health Center

- Counsel / provide methods available at this level
- Manage side effects
- Refer for methods not available (LAPMs)

District / Referral Hospital

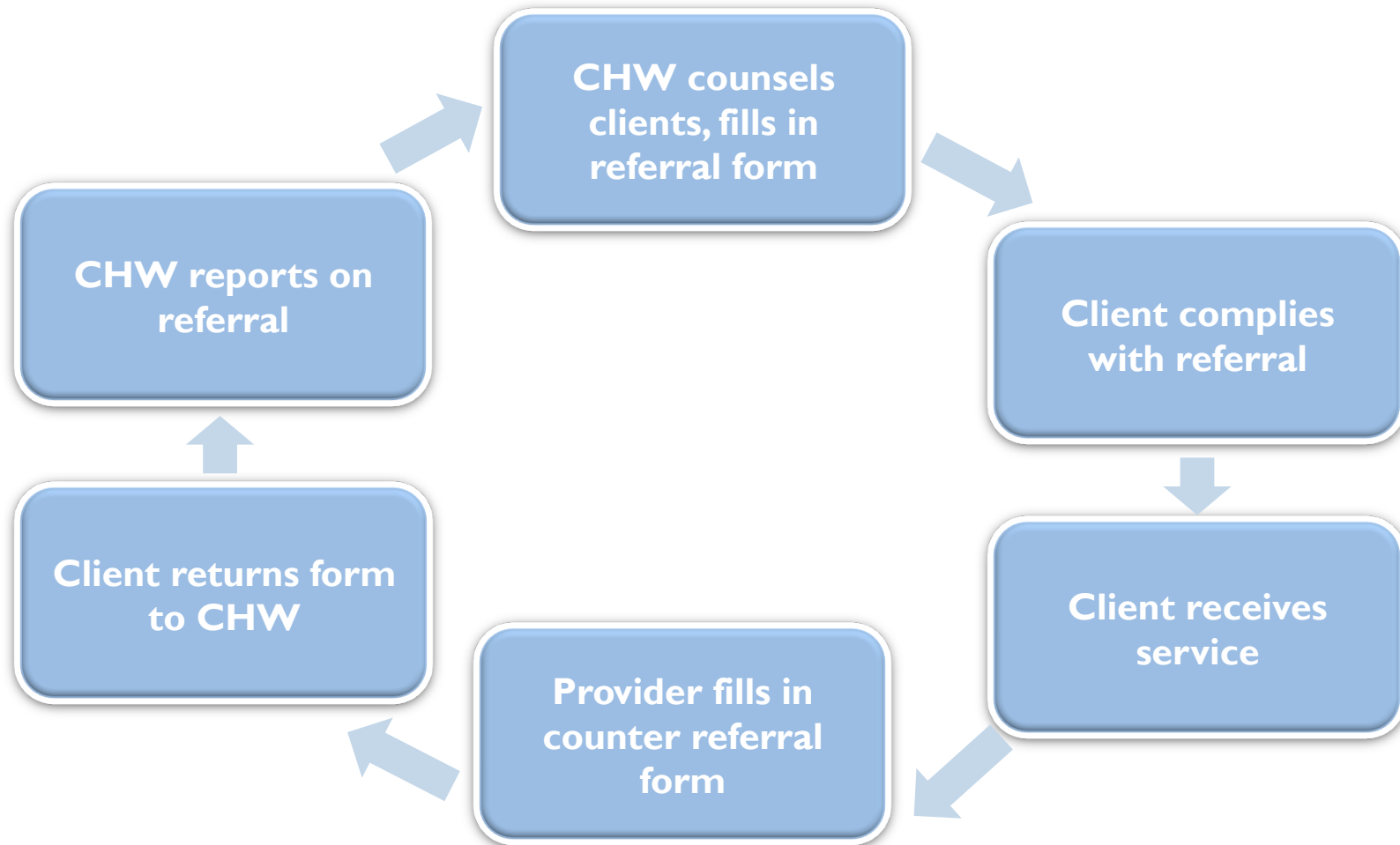
- Provide all services available at Health center PLUS LAPMs

Reasons for referral from CHWs

- Related to FP
 - Method not available at community level (injectables, LAPMs) – *allows women to access their preferred method of choice*
 - Side effects not manageable at community level - *promotes continuity of methods*
- Other:
 - Maternal health services: ANC, delivery, PNC
 - HIV testing
 - STD management



Steps in CHW referral



Examples of referral forms

Community based FP program - Uganda

Community Reproductive Health Project

CRHW Client Referral Form

Part A
(To be retained by the Health Worker)

Date: _____

Dear Health Worker/Staff

I am referring Mr. / Ms _____ (Patient)

Of Village _____ Parish _____ Subcounty _____

To you for (please tick as appropriate)

1. Contraceptive method (specify) _____
2. Side effect management _____
3. Maternal Health Services (Specify) _____
4. STD Management _____
5. Other (Specify) _____

CRHW Name _____

Signature _____ Parish _____

Part B
(To be retained by CRHW)

Date _____

Client's Name: Mr/Ms _____

Has received services at this health facility as per the above referral

Signature _____

Name of service provider _____

Name of health facility _____

Service provided (in brief) _____

MNCH program in Mandiana district, Guinea

Fiche de référence des clientes des agents SBC

A. Fiche de référence des clientes des agents SBC
(à conserver par un membre du personnel clinique de la formation sanitaire)

Cher collègue (membre du personnel clinique de la formation sanitaire):

Je vous adresse Mme/Mlle _____ (Nom de la cliente)

De _____ (Nom du village) _____ (Sous-préfecture) _____ (District ou CRD) pour:

1. Méthode de contraception (préciser) _____
2. Prise en charge d'effets secondaires (préciser) _____
3. Services de santé maternelle (préciser) _____
4. Prise en charge d'IST (préciser) _____
5. Autre (préciser) _____

Nom du (des) destinataire(s) basé communautaire _____

Signature _____ Village _____

B. Fiche de contre-référence des clientes des agents SBC
(à remplir par un membre du personnel clinique (CCS, ACPNPF, CPS) de la formation sanitaire et à retourner à l'agent SBC)

Nom du ou de la cliente: _____ (patient(s)) a reçu des services à cette formation sanitaire conformément à votre demande de consultation.

Signature _____

Nom du prestataire _____

Nom de la formation sanitaire _____

1. Plantes: _____
2. Prise en charge: _____



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Tracking referrals

Tracking

- Use of referrals forms with portion kept health center and return form sent to CHW
- CHWs reporting number, reasons as well as status of referrals (referrals and complete)
- Project database aggregating number of referrals

Issues

- Not always completed
- Form not systematically returned to CHW
- How is information used to inform programming?



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Challenges with referrals: Provision of services

- Management of side effects:
 - Limited capacity to manage side effects particularly at health center level – compliance with referral?
- LAPMs - Limited capacity to provide LAPMs due to:
 - Lack of equipment
 - Limited provider skills
 - Methods not available (implants, IUDs)



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Challenges with referrals: tracking referrals

- CHW:
 - Was a referral form provided to the client?
 - How is the referral recorded?
- Client:
 - Did the client comply with referral?
 - Client may choose to seek care from other site- ie private sector where services not tracked
 - Did the client return to the CHW after receiving a service?
- Health Facility:
 - Was a service provided? How is this captured?
 - Was the referral registered? How is this reported?
 - Was a counter referral given to the client? Was the client encouraged to return to the CHW for follow up?



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A proposed framework for referrals

- Learning from child health.....
- Key components of facilitated referral:
 - Promotion of compliance with referral
 - Monitoring referral
 - Addressing barriers to referral
 - Providing initial treatment prior to referral (ie For FP could include condoms or other method)

Adapted from Gilroy and Winch's model on facilitated referrals for child health

Components of facilitated referral

adapted for FP

		Country / Program A	Country / Program B
CHW promotes compliance with referral	Promotes compliance with referral		
	Fills in a referral slip		
Monitoring of referral	Records referred cases		
	Counter referral from HF to CHW		
	Referral and counter referral tracked and outcome discussed in supervisory visits		
CHW addresses barriers to referral	CHW addresses barriers to referral		
	CHW has access or can inform about a source of \$\$ for transport		
	CHW has access or can inform about a source of transport (rarely provided)		
	CHW accompanies family to facility		
CHW provides initial treatment	CHW may provide temporary method for use prior to referral and receipt of LAPM		



Thank You

