Session 3
Linkages between PHC systems & communities: managerial and referral systems

Peter Waiswa (Makerere University)
Mallika Raghavan (Last Mile Health)
Stelio Dimande (MCSP Mozambique)
Peter Winch (Johns Hopkins University)
Session Objectives

• Understand successful community to facility referral systems and the supports needed to sustain them

• Understand successful experiences to support CHWs and link them to facilities

• Understand successful experiences to include community voice and representation in PHC systems
Session Overview

Research on maternal and newborn referral in Uganda
Peter Waiswa, Makarere University

Pilot of a community referral & counter-referral system in Liberia
Mallika Raghavan, Last Mile Health

Strengthening referral systems in rural Mozambique
Stelio Dimande, MCSP Mozambique

What are best practices in building systems to address broader needs?
Peter Winch, Johns Hopkins University
Broader context for effective linkages
Determinants of Successful Referral

- Proximity of referral facility / No difficulty with transport
- Quality of referral messaging by CHW
- Using a written referral slip
- Taking account of need for permission from others (e.g., father and/or elders)
- Perception of quality and respectful care at referral facilities
- No cultural/linguist difference between client and provider at referral facility
- Personally knowing the provider at the referral facility
A paradigm for solid linkages?

Facilitated referral

• CHW counsels client on reason for referral
• Fills out a referral slip
• Records referral in register; tracks in HIS; and receives counter-referral information
• Inquires about and addresses a barrier (money, transport, need for accompaniment)

Characteristics of facilitated referral might inform us about the characteristics of good linkages in other areas
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