

# Linkage to treatment in Soroti Region, Uganda

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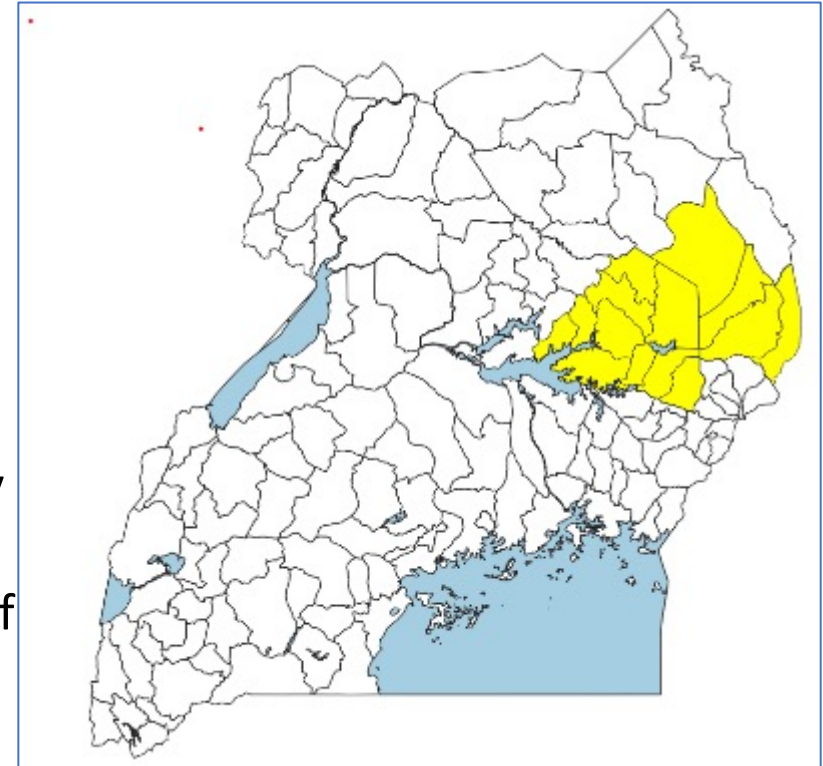
**CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop**

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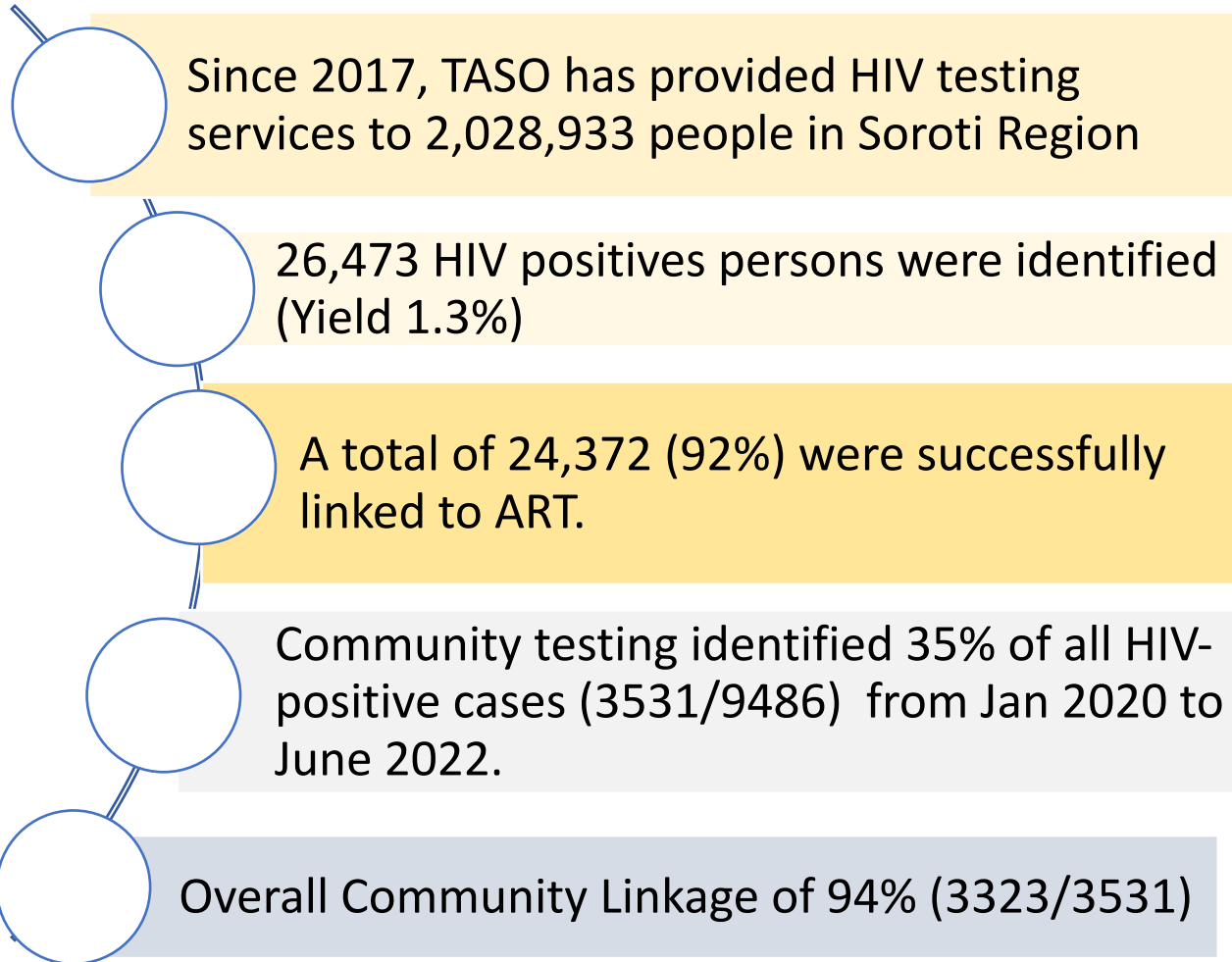


# The AIDS Support Organization (TASO) Uganda

- ❑ TASO Uganda Ltd is a non-governmental organization set up in 1987 to offer HIV counseling and medical services to people living with and affected by HIV and AIDS.
- ❑ Vision: “ A World Without HIV and AIDS”
- ❑ Since April 2017, TASO has been implementing a 5-year health systems strengthening project in the Soroti region with the purpose to “Achieve Epidemic Control through the attainment of 95-95-95 UNAIDS targets by 2020 and strengthening health systems in the Soroti Region in the Republic of Uganda under the President’s Emergency Plan for AIDS Relief (PEPFAR).”
- ❑ Soroti region consists of 15 districts in North Eastern Uganda



# Summary of HIV testing and Linkage to ART



**Training of HIV Testers in Napak district**



**Community Dialogue meeting to address Stigma and GBV**

# Linkage to ART policy guidance

01

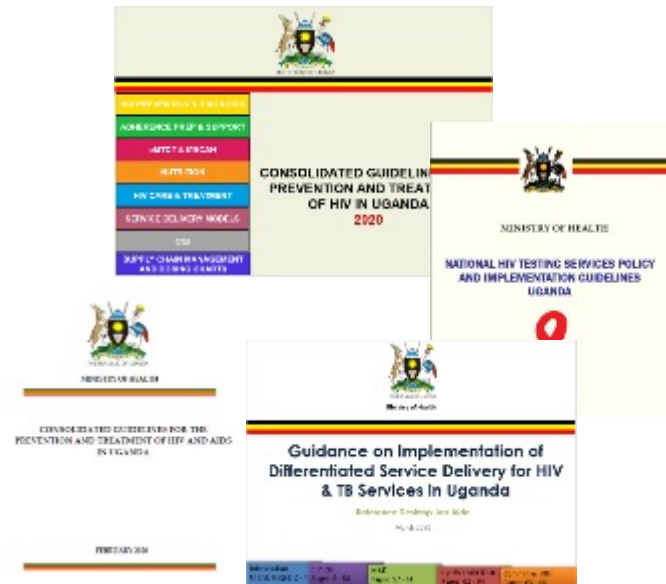
For all clients who test HIV-positive, the linkage is considered successful when a client is enrolled in HIV care and treatment.

02

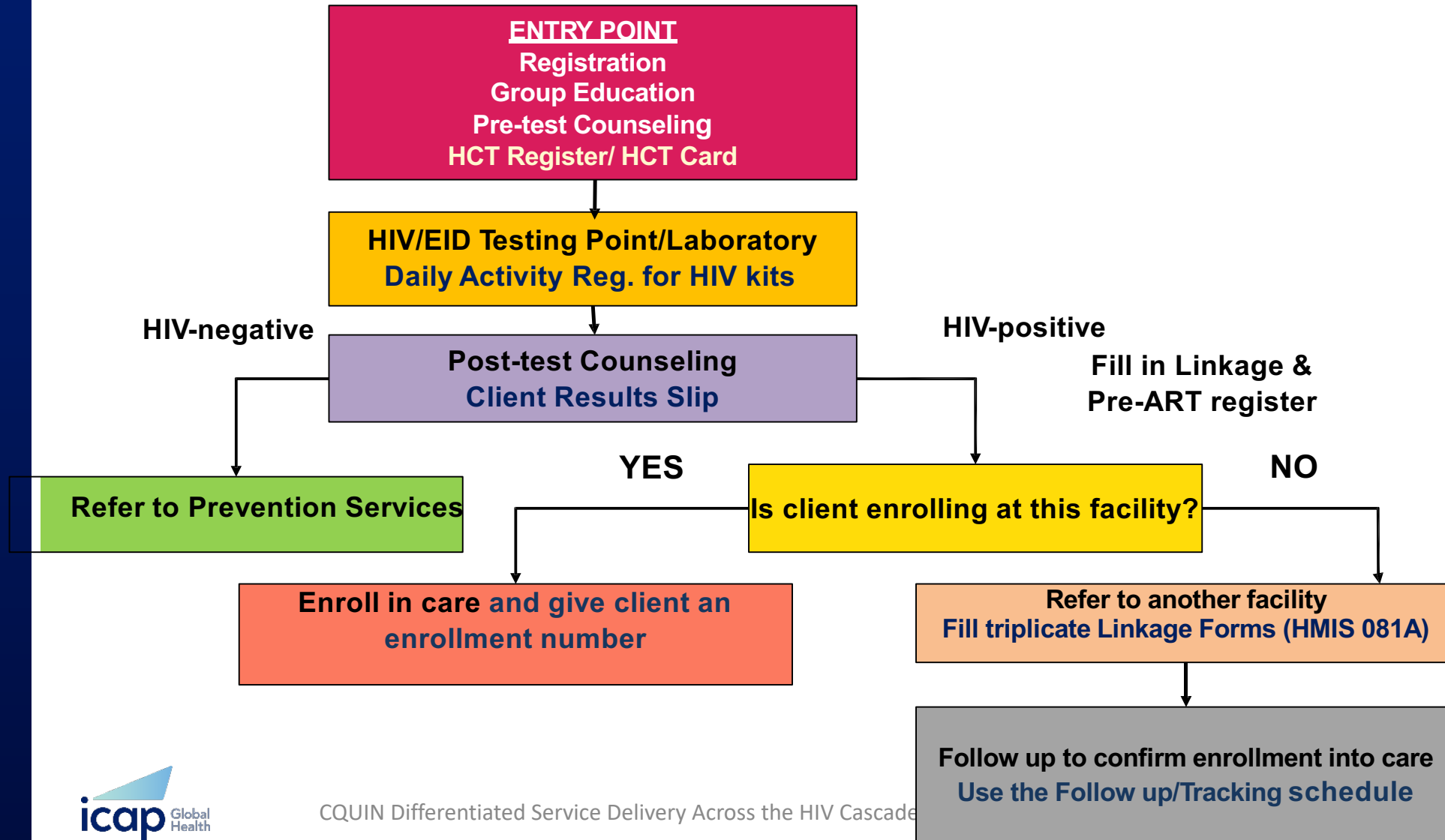
The linkage should occur within seven days (within the same facility) and 30 days for inter-facility or community-facility referrals.

03

For HIV-negative individuals, linkage to HIV prevention services packages as may be found appropriate should be encouraged.



# Linkage to HIV Care and Treatment services



# Differentiation of linkage to ART initiation

## Where

At the facility and in the community

## By whom

- The facility lay health care worker/linkage facilitators providing client education and promotion in facility waiting areas
- Clinician and Facility counselor
  - Evaluate clients for ART initiation
  - Baseline labs tests
  - AHD screening

## When

- Active follow-up within 30 days until ART initiation



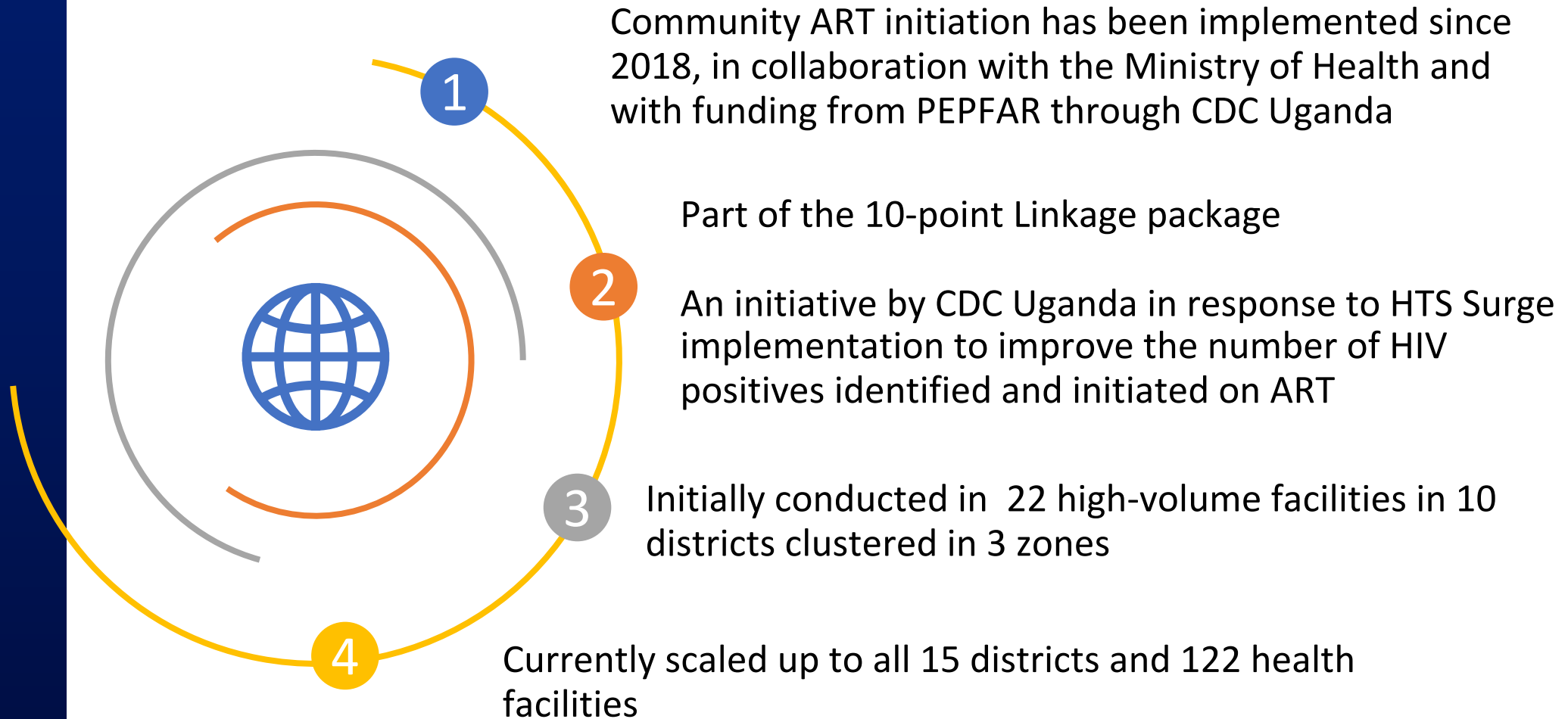
A facility Linkage facilitator physically escorts the client to ART clinic



Community HIV testing



# Linkage to ART: Community ART Initiation

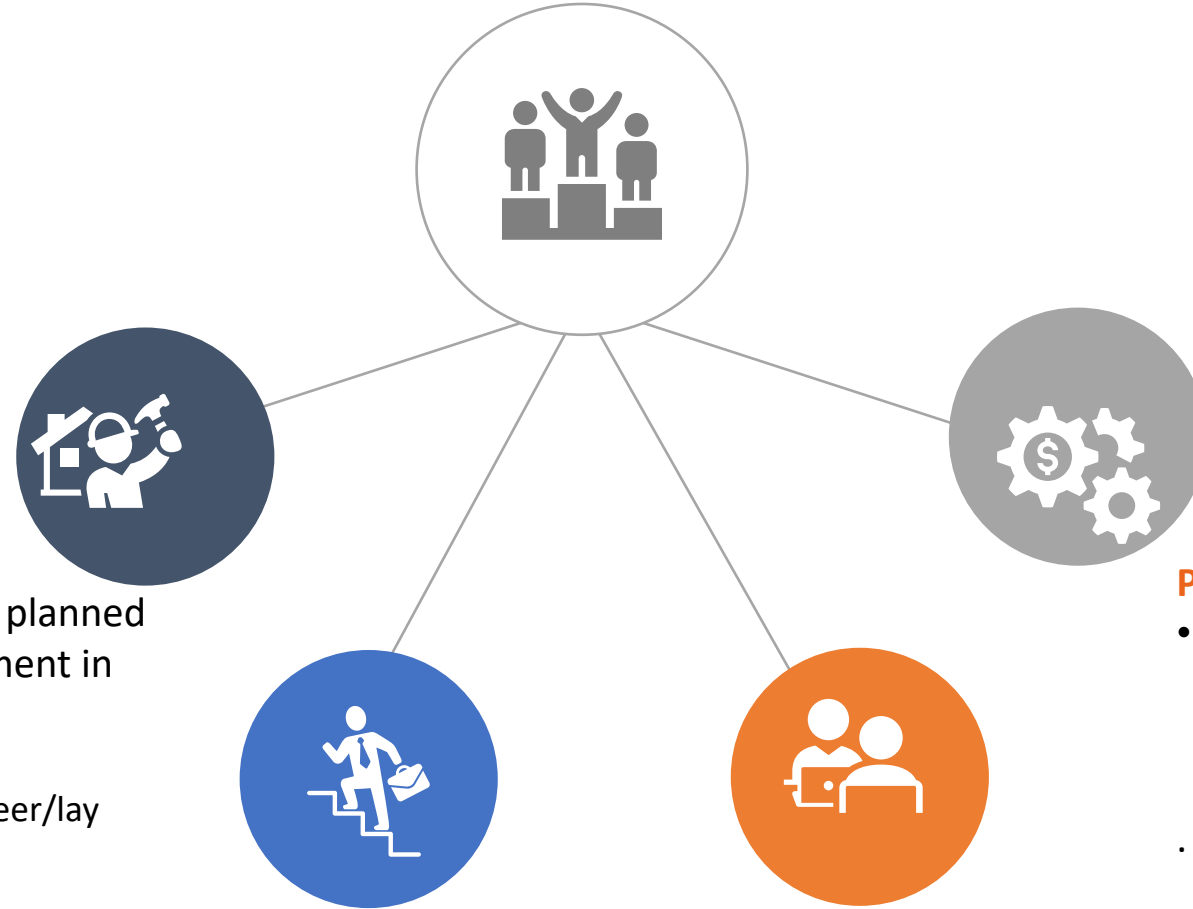


## Linkage to ART: Community ART Initiation

- Community ART initiation targets newly diagnosed people living with HIV identified in the community using various HIV community testing modalities.
  - The Outreach team is composed of a lay provider or peer, lab technician/counselor, and clinician from the ART-providing facility
  - They follow the nationally adopted guidance on: linkage to ART, adherence support, follow-ups and home visits



# Community outreach / Homes testing preparations



## Linkage

Community testing is planned with linkage to treatment in mind

- HFs Directory
- Community peer/lay provider

## Same-day ART initiation

- Pre-packed ARVs starter packs
- Dispensed by a counsellor/clinician at the Community

## Patient Tracking

- A community provider for patient tracking and follows up for clients who do not initiate ART

## ART initiation and linkage tools

- Physical locator form,
- Referral forms,
- client care card, and a counselling form .

# The process for community ART initiation

- **Day 1:** Clients who are ready to initiate ART same day are provided with 2 weeks/1 month Starter pack and scheduled for an appointment at the facility
- **Day 1 (Referral day):** A client diagnosed HIV positive but not ready to initiate ART is referred to the preferred facility using a triplicate referral form.
  - A copy of the referral form is given to the peer/ community linkage facilitator (CLF)
  - CLF documents the address and contact information into the follow-up register and schedules an appointment for a facility visit and obtains the client's consent for home visiting.
- **Week 1:** The testing facility calls the client or the contact in the health facility where the client was referred. If the client reached the facility, documents complete linkage
- **Week 2:** The community lay provider visits the client's home to ascertain the reasons for the failure to reach the facility and makes a new appointment for a facility visit. The CLF documents the outcome of the visit and notifies the health facility team
- **Week 3:** A review of the Linkage and Pre ART Registers and CHWs notified of pending clients
- **Week 4:** The CHW makes a final visit to the client's home; discusses reasons for failure to reach the facility; makes a final appointment if the client is willing or documents the outcome (refused, not ready, relocated, etc.). If the client has not yet decided to enroll in care, the CHW will continue to make contact and encourage them to seek care.

# Package of services offered at Community ART linkage

- ✓ Post-test Counselling
- ✓ Re-testing for verification
- ✓ ART readiness assessment
- ✓ Screening for Psychosocial Concerns
  - ✓ GBV screening
- ✓ Baseline laboratory test
  - ✓ CD4, Advanced HIV disease screening, RBS
- ✓ Provision of ARV starter pack
- ✓ HIV Recency testing

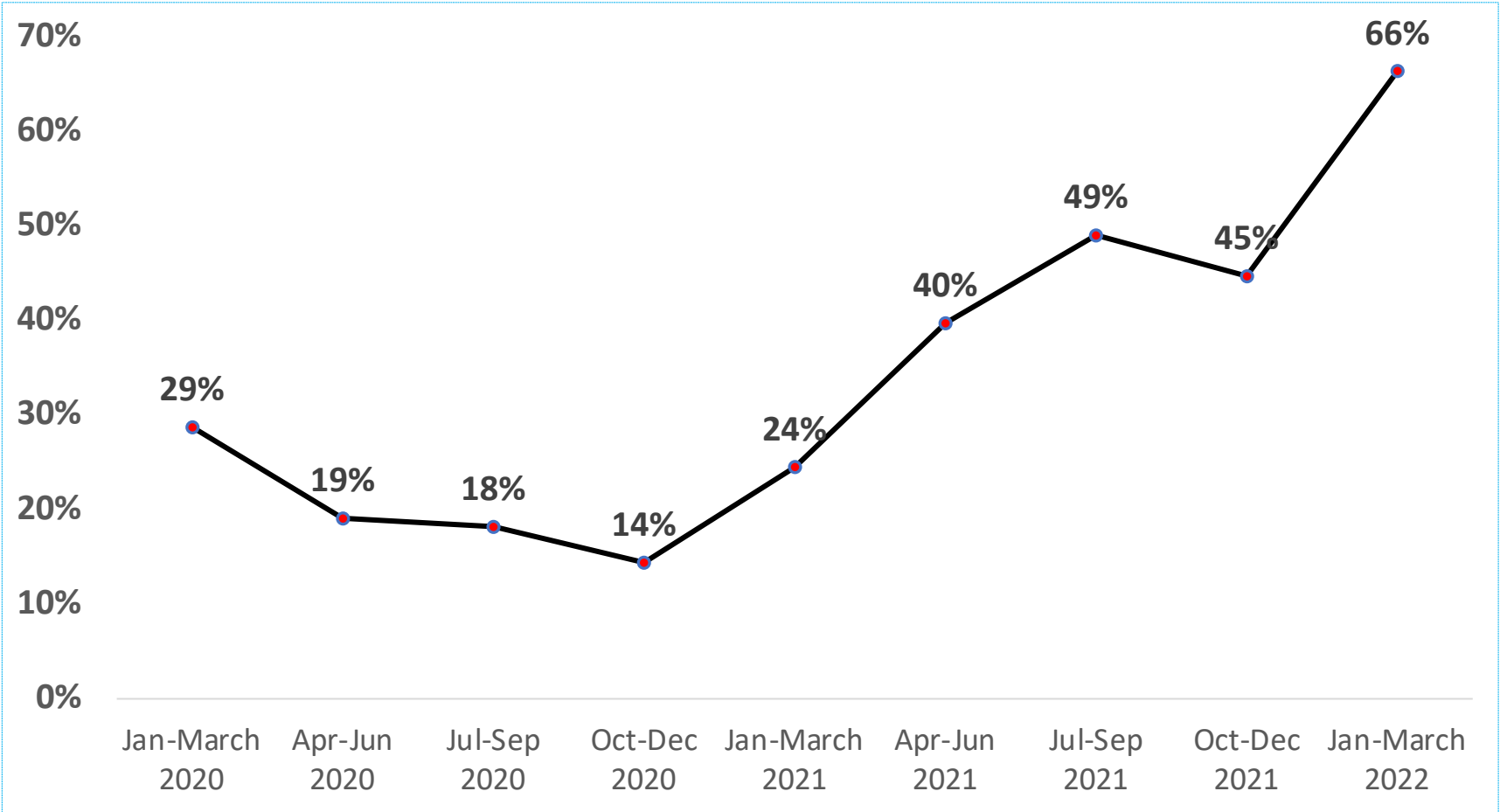


Couple counselling before ART initiation at Acowa HC III



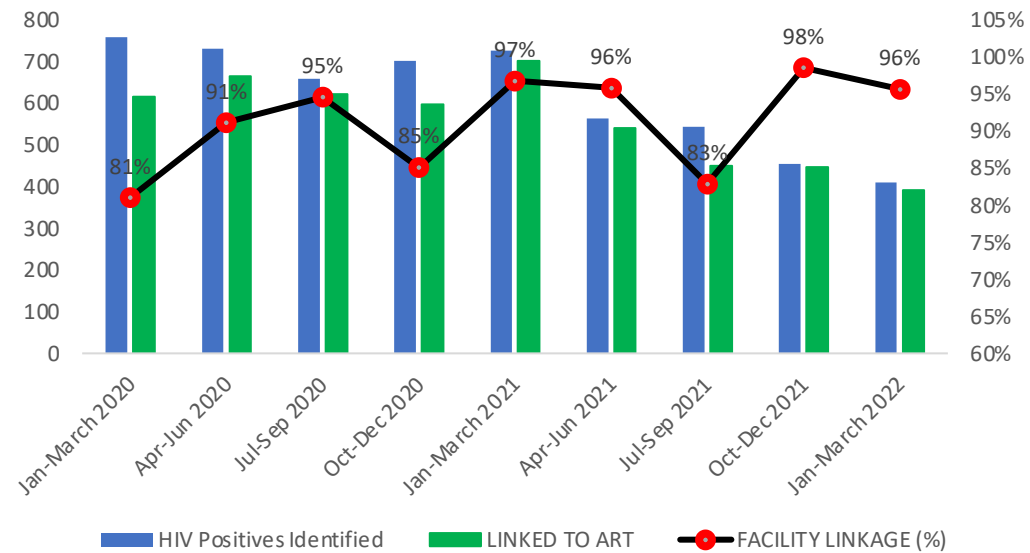
Integration of ART delivery into community activities

# INCREASING CONTRIBUTION OF COMMUNITY TESTING TO OVERALL HIV CASE IDENTIFICATION

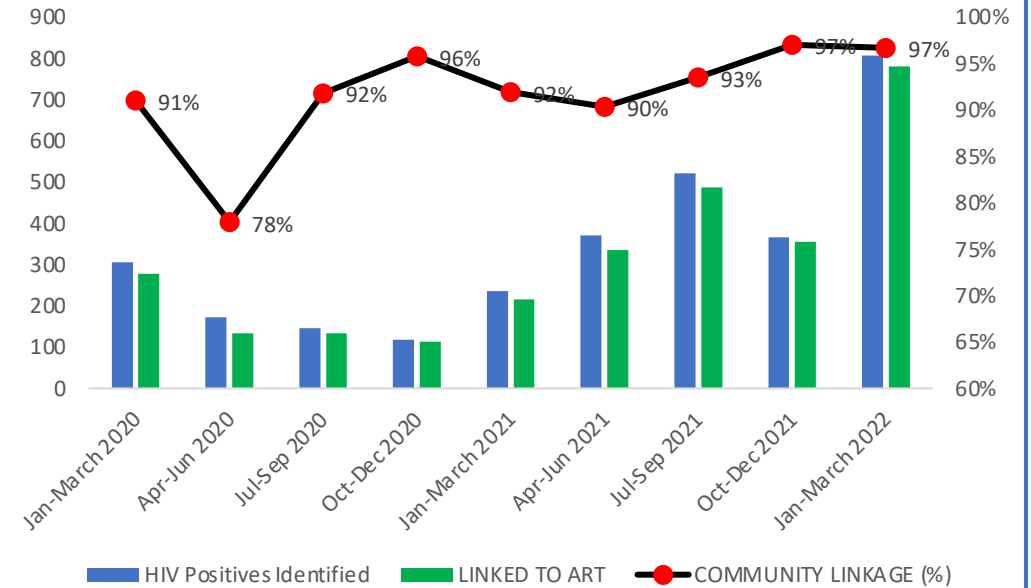


# COMPARING TRENDS IN FACILITY AND COMMUNITY LINKAGES

## FACILITY LINKAGE



## COMMUNITY LINKAGE



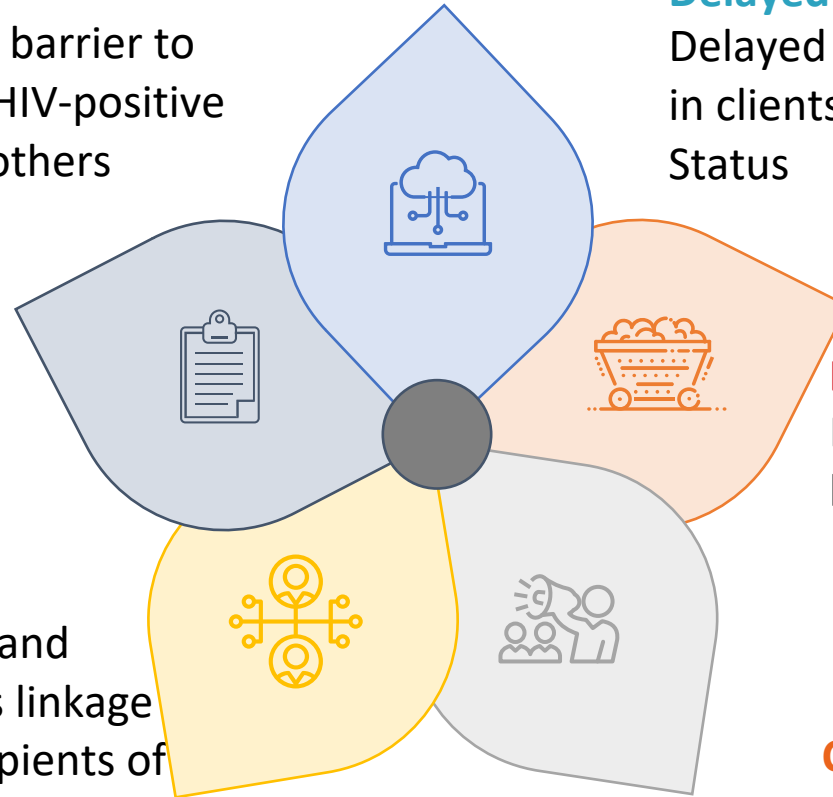
# Challenges to Linkage to ART

## Stigma

It continues to be a major barrier to linkage and disclosure of HIV-positive test results to significant others

## Delayed ART initiation

Delayed ART initiation due to delay in clients reaching acceptance of Status



## Long Waiting Time

Due to high staff workload, this hinders same-day ART initiation.

## Gender Based Violence

Still high in Soroti Region and disproportionately affects linkage treatment for female recipients of care

## Competing activities

Task shifting of some roles

## Facilitators of linkage to ART

- The use of ARV Starter packs has enabled same-day ART initiation of clients at the community testing points
- A multidisciplinary team is available for HIV testing to provide all services needed for a successful ART initiation- Testers, counselors, and clinicians
- Availability of both HIV rapid-test kits and ARVs at all times in all the Health facilities
- DHT involvement has caused ownership and sustainability of the processes of linkage through monitoring and supervision



## Lessons Learned

- Active follow up of non-linked clients using community structures and lay workers is pivotal in sustaining high levels of linkage and retention in care
- Having Contact Persons for Linkage at Health facilities shortens the time lag between testing and treatment
- HTS surge mentors play a key role in ensuring that clients access quality HTS services; including linkage to ART for those found HIV positive.

# Pictorial



Home based follow up of clients



A health worker gives Health talk at Community Drug Distribution Point



Community dialogue with men and their partners targeting stigma



Counselor of Bukedea HC IV conducting home-based adherence support

Thank you!

