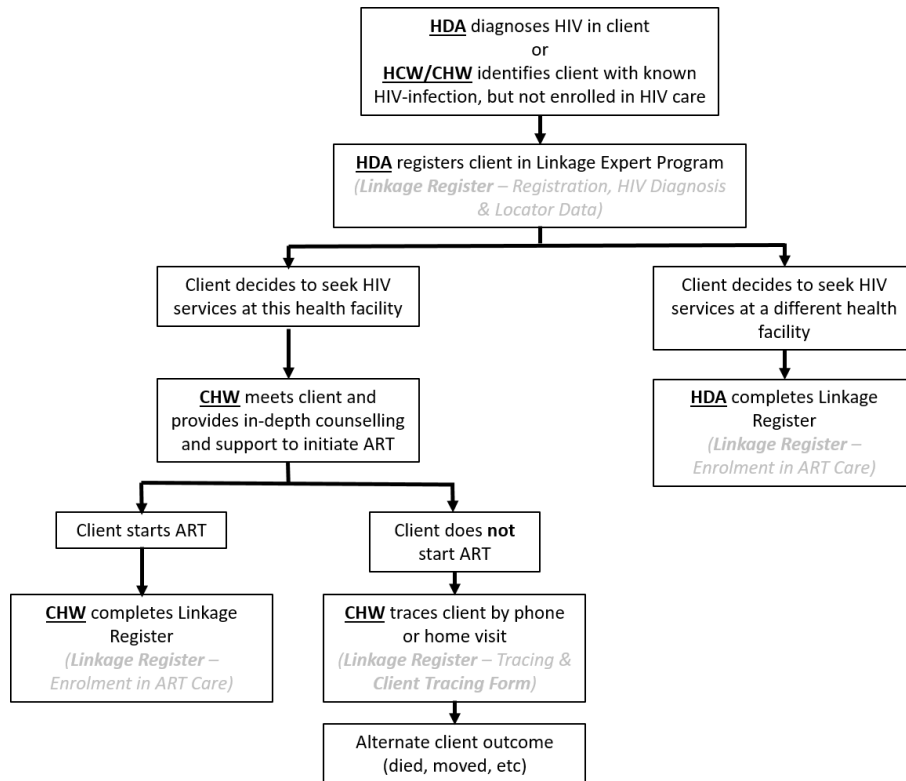


Linkage Expert Register & Monthly Report

This procedure explains the process of monitoring and evaluation of the Linkage Expert program and gives instructions on the use of two tools: the **Linkage Expert Register** and the **Linkage Expert Monthly Report**. The register can be used by HDAs and CHWs to track clients from identification until their enrollment into care and treatment services and the monthly report helps to summarize and report on key indicators. These tools were originally designed using Malawi's HIV/ART Guidelines and should be adapted and further simplified based on your country's goals and guidelines.

SECTION 1: OVERVIEW OF THE LINKAGE EXPERT PROCESS AND CORRESPONDING TOOLS



SECTION 2: FILLING THE LINKAGE REGISTER

The Linkage Expert program targets **only HIV-infected clients**.

- Do **not** include exposed infants unless diagnosed with HIV through a positive DNA PCR or Rapid Antibody Test.
- Do **not** include transfer-ins.
- The client can be a new HIV diagnosis, or a known HIV diagnosis (tested at the same facility or a different facility) that has not yet enrolled in HIV care services.

There are five sections to the Linkage Register: Registration, HIV Diagnosis, Locator Data, Enrollment into ART Care and Tracing. Instructions for filling each section are outlined below. There is also a 'Research Only' section indicated. This section is used for research purposes only and instructions for its use are not included.

A. Registration

The Registration section should be filled by the HDA the same day the client was identified in the health facility. Definitions for each part of the Registration section are below.

- For each indicator, only one option should be circled.

Heading	Description	Response Options
Date of Identification	the date the client was identified in the health facility as being HIV-infected	dd/mm/yy
Name	first name of the client	

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Surname	last name or family name of the client	
Sex	the gender and/or current pregnancy state of the client	M = male; FNP = female non-pregnant; FP = pregnant female
Age	Age of the client	A= aged 0 to 11 months; B= aged 1 to 14 years; C=aged 15 to 24 years; D = aged 25 years or more

B. HIV Diagnosis

The HIV Diagnosis section should be filled by the HDA the same day the client was identified in the health facility. Definitions for each part of the HIV Diagnosis section are below.

- Any unknown entry into the HIV Diagnosis section should be marked with an "X".
- For each indicator, only one option should be circled.

Initial Diagnosis:

Known +, not on ART, not in HCC	Indicates HIV status of client at time of identification. Previously diagnosed with HIV, but chose not to see treatment at that time and not enrolled in the HIV Care Clinic (HCC) or taking ART Note: Test could have been done at any clinic. Includes those that were diagnosed with HIV at a different facility but is choosing to seek treatment at your facility.	<i>*only one of these options can be circled</i>
New PCR+	Indicates HIV status of client at time of identification. Client is diagnosed with HIV for the first time with a DNA PCR test	
New Rapid +	Indicates HIV status of client at time of identification. Client is diagnosed with HIV for the first time with a Rapid HIV test	
HTC/PCR ID #:	the unique identifying number of the test used for the initial HIV diagnosis, can be found in the HTC register or DNA PCR/EID LogBook register	
Test Date:	Date of the HIV test when the patient was initially diagnosed with HIV. For DNA-PCRs, it is the date that the DNA-PCR sample was drawn.	Dd/mm/yy

Confirmatory Testing:

Confirmatory PCR	Indicates the type of HIV test used to confirm the HIV status of the client was a DNA PCR. Must be either PCR or Rapid.	<i>*only one of these options can be circled</i>
Confirmatory Rapid	Indicates the type of HIV test used to confirm the HIV status of the client was a Rapid Test. Must be either PCR or Rapid.	
HTC/PCR ID #:	the unique identifying number of the test used for confirmatory testing, can be found in the HTC register or DNA PCR/EID LogBook register	
Test Date:	Date of the HIV test when the patient was initially diagnosed with HIV. For DNA-PCRs, it is the date that the DNA-PCR sample was drawn.	Dd/mm/yy

C. Locator Data

The Locator Data section should be filled by the HDA the same day the client was identified in the health facility in cases of known diagnosis or new rapid test diagnosis. If the client is a new DNA-PCR diagnosis, it is the responsibility of the assigned CHW to complete the client's locator data. Definitions for each part of the HIV Diagnosis section are below.

- Any unknown entry into the Locator Data section should be marked with an "X".

Village	Name of the village the client currently lives in	
Phone Number	Phone number that can be used to reach the client. If it is not the phone of the client, it be indicated (e.g. husband's phone).	Must be 10 digits long
Address	Detailed description of the client's home address. Can include instructions for how to get there, nearby landmarks and/or a small map	

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	if possible. It is encouraged for this section to be as detailed as possible.	
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D. Enrollment into ART Care

The Enrollment into ART Care section should be filled by the HDA the same day the client was identified in the health facility.

Referred to on-site ART clinic?	Indicates if the client was referred <u>and</u> agreed to seek ART care on-site	Y= Yes, agreed to seek ART care on-site; N= No, wants to seek ART care at another health facility
If not referred on-site: Name of Health Facility referred to:	Name of the health facility that the client wishes to seek ART care and services	
If referred on site: ART Reg. No	ART registration number given to the patient at the time of enrollment	
Date started ART	the date the patient started ART as indicated in the ART Register written day/month/year	Dd/mm/yy

E. Tracing

This section should be filled by the LE focal person. S/he should check the register every week. All clients who have not started ART within two weeks of registration into the Register require tracing and should be assigned a CHW. Final tracing outcomes for all traced clients should be completed by the of reporting.

- This section only applies for clients who have **NOT INITIATED** ART within two weeks of identification
- Only **one** option should be chosen for each part
- All traced clients are required to have a tracing outcome at the time of reporting

Assigned CHW?	Indicates whether the client needs to have a CHW assigned to him/her for tracing.	Y= Yes, client needs to have a CHW assigned because s/he has not initiated ART yet. N= No, client does not need a CHW assigned because s/he has started ART.	
Responsible CHW	The first and last name of the CHW assigned to the client		
Final Tracing Outcome	Died	Client has died	D
	Found, intends to return	Client is located and claims they will return to care. Schedule a new appointment.	I
	Moved	Client has changed address. This information can come from the patient first-hand (on the phone or in person) or by a neighbor (from home visit).	M
	ART at another facility	Client says they are receiving ART at another health facility. Document what facility in the comments section	AF
	Declined/Refused	Does not intend to return to care, for a variety of reasons	R
	Attempted, but not found	Tracing attempts exhausted but client has not been found	AT
	No tracing attempt	Client has not been traced	NT – must give reason for not tracing in comments section

SECTION 3: FILLING THE LINKAGE EXPERT MONTHLY REPORT

This form is a reporting tool to help programs monitor and evaluate a health facility’s progress toward Linkage Expert goals. This tool is designed to be filled using data from the Linkage Register.

- The Monthly Report should be completed by the 5th day of the following month (Example: Monthly Report for October should be submitted by November 5th).
- Two staff at the site should complete the report by recording data in the Site Result column, and signing their names on report.
- The Site Supervisor will also review the report for data quality, sign and date.
- Comments sections are to be used to explain any unusual or incomplete data.
- Linkage to care data is collected from the Tingathe Program Linkage Register and the Ministry of Health (MOH) HTC register.

PROCEDURE:

1. Complete the top section of the report with the site name, your site’s district, the reporting month and the year (yyyy).
2. Linkage to care data is reported for the previous month. The Reporting Month is the month you are filling the monthly report, and the Outcome Reporting Month (ORM) is the month the data is from. See guide:

Reporting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ORM	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Example: When if you are completing the Monthly Report for March, linkage data will be reported from February.

3. Determine the ORM using the guide, then write both the Reporting Month and ORM in the spaces indicated.

DESCRIPTION OF COLUMN HEADINGS

Column Heading	Description
Indicator	Indicator which corresponds with the data being collected
Description	Description of the indicator needed
Data Location	Location that the data can be found (i.e. register name, row, etc) and/or calculation that needs to be made
Target	This is the desired program target to be reached, usually given in a percent
Data Accuracy Checks	These calculations are inserted to ensure data quality. All checks should be completed before submission of report.
Site Result	Corresponding data filled by the CHW at the site
M&E Check	Confirmation of correct data entry by the CHW by the M&E team

4. Collect the Linkage Register.
5. Total the indicators LE 1.1-1.3, LE 2.1-2.15, and LE 3.1-3.4 by counting the number of times they are circled and written in the total boxes at the bottom of the Linkage Register. *Only data for the ORM should be used.*
6. Transfer the totals to the corresponding spaces on the monthly report.
7. Write the site name, district and reporting month in given boxes.
8. Collect the Linkage Register.
9. Total the indicators by counting the number of times they are circled. Write the total in the total boxes at the bottom of the Linkage Register. **Only data for the reporting month should be used.**
10. Transfer the totals to the corresponding spaces on the monthly report.
 - a. For C1.1-C1.3: Indicate the number of clients within those age categories with an ART number. This requires cross-referencing to look between both Age and ART Reg No columns.
11. Count the number of NEW positives in the MOH HTC register within the ORM. Write this number in A.4.
12. Do the calculations for LC 1.0, percent coverage and percent initiated on treatment.
13. Double check all calculations and totals using the Data Accuracy Checks.
14. Write any questions or comments in the comment box.

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Example:

TINGATHE TOOLKIT LINKAGE REGISTER MONTH:

REGISTRATION										
Date of ID (dd/mm/yy)	Name	Surname	Sex			Age				
			Male	Female Non Preg	Female Preg	0-11mo	1-14y	15-24y	25+yy	
TOTALS			5	2	6	0	1	4	8	
Use these totals to enter into the Monthly Report			A1	A2	A3	B1	B2	B3	B4	C

LC 1.0	Infected patients enrolled in ORM	<i>calculation</i>	Must = LC1.1+LC1.2+LC1.3
LC 1.1	Male	Tingathe Linkage Register (Box A1)	5
LC 1.2	Females Non Pregnant	Tingathe Linkage Register (Box A2)	2
LC 1.3	Females Pregnant	Tingathe Linkage Register (Box A3)	6

----- HDA Responsible for Completing -----

REGISTRATION										HIV DIAGNOSIS								Locator Data	
Date of ID (dd/mm/yy)	Name	Surname	Sex			Age				Initial Diagnosis				Confirmatory Testing				Village	Phone Number (Specify if phone number is for client or other contact)
			Male	Female Non Preg	Female Preg	0-11mo	1-14y	15-24y	25+y	Known +, not on ART, not in HCC	New PCR+	New Rapid +	HTC/PCR ID #	Test Date (dd/mm/yy)	Confirmatory PCR	Confirmatory Rapid	HTC/PCR ID #		
1			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
2			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
3			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
4			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
5			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
6			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
7			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
8			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
9			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		
10			M	FNP	FP	A	B	C	D	K+	PCR	R				PCR	R		

TOTALS

A1	A2	A3	B1	B2	B3	B4	C1	C2	C3										

Use these totals to enter into the Monthly Report for the Indicators listed

<----- HDA Responsible for Completing ----->

<----- CHW Responsible for Completing ----->

Locator Data		Enrolment in ART Care			Tracing <i>(begin tracing if patient has NOT started ART within 2 weeks of enrolment)</i>							Research Purposes- **Only Complete if Instructed**					Comments					
Address <i>(Give full descriptive physical address)</i>		Referred to on-site ART clinic?	If Not referred on-site, Name of health facility referred to:	If referred on-site: ART Reg No.	Date started ART (dd/mm/yy)	IF Patient has NOT started ART within 2 weeks of Enrolment: Assigned CHW?	Responsible CHW	Final Tracing Outcome							Retention: __ mo outcome							
								Died	Found, intends to return	Moved	ART at another Facility	Declined/Refused	Attempted, but not found	No tracing attempt (Give reason in comments)	Alive on ART	Died		Refused	Stopped	Defaulted/L.TFU/Moved	Transferred out	
1		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
2		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
3		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
4		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
5		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
6		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
7		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
8		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
9		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	
10		Y	N			Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Def	TO	

D1

Total # patients with ART Reg No.

E1

E1

Tingathe Site Monthly Report - Linkage Expert Program

Site: _____ District: _____

Reporting Month: _____ Year: _____

Instructions:
 Site supervisor must sign for data quality check before submitting. M&E must also verify and not accept reports as final until all data quality checks have been completed. Use comments sections to explain any unusual or incomplete data.

Section 1. For Linkage to care data, use both linkage to care register and MOH HTC register

Linkage to Care (Report data for previous month)

Instructions: The following data will be filled from the outcome reporting month (ORM) from the Linkage Register. Please see table below to determine the ORM. After determining the ORM, write both the reporting month and the ORM below.

Reporting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ORM	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Reporting Month: _____ Outcome Reporting Month (ORM): _____

Indicator	Description	Data Location	Data accuracy check	Site Result	M&E check
LC 1.0	Infected patients enrolled in ORM	<i>calculation</i>	Must = LC1.1+LC1.2+LC1.3		
LC 1.1	Male	Tingathe Linkage Register (Box A1)			
LC 1.2	Females Non Pregnant	Tingathe Linkage Register (Box A2)			
LC 1.3	Females Pregnant	Tingathe Linkage Register (Box A3)			
LC 1.4	0-11 Months	Tingathe Linkage Register (Box B1)			
LC 1.5	1-14years	Tingathe Linkage Register (Box B2)			
LC 1.6	15-24years	Tingathe Linkage Register (Box B3)			
LC 1.7	25 years or older	Tingathe Linkage Register (Box B4)			
A. 1	Known positive not in HCC, not on ART	Tingathe Linkage Register (Box C1)			
A. 2	New PCR positives	Tingathe Linkage Register (Box C2)			
A. 3	New Rapid Test positive	Tingathe Linkage Register (Box C3)			
A. 4	New positive (HTC Register)	MOH HTC register	Must = VS2.4+ VS3.4		
	Percent coverage	Calculation	A.2+A.3/A.4		
B 1	Total Referred for ON-Site ART	Tingathe Linkage Register (Box D1)			
C.1	Total with ART No	Tingathe Linkage Register (Box E1)			
C.1.1	<15 years	Tingathe Linkage Register			
C.1.2	15-24 years	Tingathe Linkage Register			
C.1.3	25+ years	Tingathe Linkage Register			
	Percent initiated on treatment	Calculation	C.1/B.1		

Comments: