

Linkage Expert Program Workshop Package

This package contains the instructions for use of the tools within the Linkage Expert Workshop Package. The documents within this package should be adapted based upon the planned activities to be implemented and the group attending the workshop. Each of the tools within this package is described below.

Agenda: A suggested agenda and timeframe for conducting the workshop.

Training PowerPoint & Facilitator's Guide: This PowerPoint presentation outlines key points of the training and acts as a visual reference for workshop participants. Key sections include: Introduction-Goals and Gaps in Linkage, Introduction to the Linkage Expert Program, How to Use Linkage M&E Tools, Using LE Data to Improve your Facility, and Implementing the LE Program into Your Facility. Comments, key discussion points and instructions are embedded throughout the presentation in the notes section to aid the facilitator in leading.

Linkage Expert Program Brief SOP: A two-page, quick-reference version of the Linkage to Care SOP that can be used for training and on-site reference.

M&E Example Hand Out: This form is for use by the participants in order to practice filling and using the monitoring and evaluation tools associated with the LE program. The Training PowerPoint has prompts for each of the four exercises so that participants can practice their new skills immediately after learning about them.

Implementation Guide: This tool is for the use of the participants of the workshop and outlines the key tasks of the program to help sites think through the implementation of the LE program at their own health facility. This tool is outlined in the Training PowerPoint and Facilitator's Guide as well.

Exam: This exam can be used to test CHW/HDA ability to use the Linkage Register, Tracing Tools and Monthly Report.

AGENDA

Activity	Time	Handouts Needed	Facilitator
Participants Arrive	8:00		
Welcome and Introductions	8:00-8:15		
Introduction to Linkage Expert Program and Activities 1 and 2	8:15-8:45	Handout of printed PPT	
Review of SOP	8:45-9:30	Linkage Expert Program Brief SOP	
Linkage Expert Program Tools – Register (HDA part) & Exercise 1	9:30-10:30	Copy of LE Register, M&E Example Handout	
Tea	10:30-10:45		
Linkage Expert Program Tools – Register & Tracing Tools (CHW part) & Exercise 2	10:45-12:00	Client Tracing Form, CHW Client List	
Exercise 3 – Individual Work	12:00-12:30		
Lunch	12:30-1:30		
Linkage Expert Program Tools – Monthly Report & Exercise 4	1:30-2:30	Copy of LE Monthly Report	
M&E Review & Exam	2:30-3:30		
Using M&E Linkage Expert Program Data to Improve Your Facility	3:30-3:50		
Implementing the Linkage Program Into Your Facility	3:50-4:45	Implementation Workshop Tool	
Distribution of Site Supplies	4:45-4:55		
Closing Remarks & Tea	4:55		

Linkage Expert Program Workshop



TINGATHE TOOLKIT

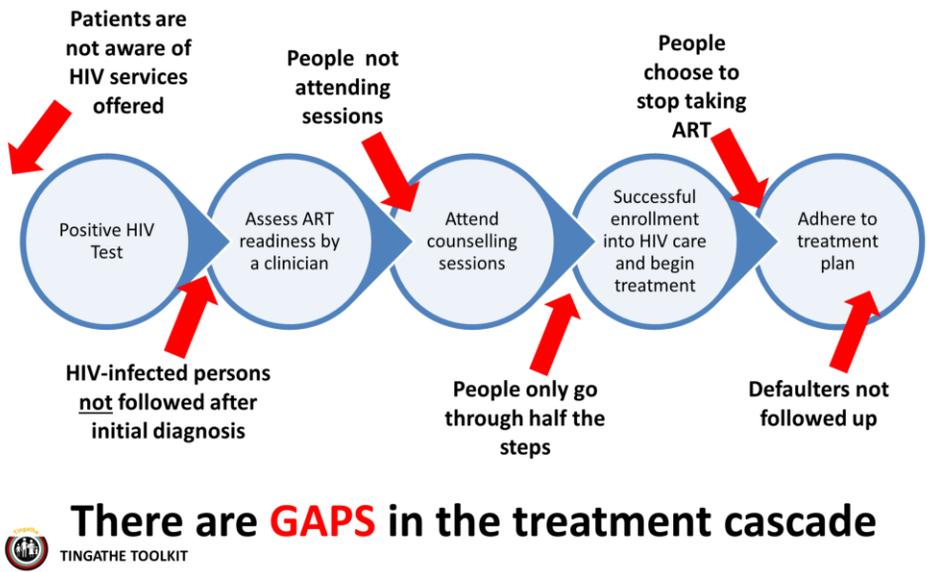
Objectives

- Review definition and importance of linkage
- Discuss standard procedure for promoting linkage to HIV care/ART
- Present & Practice M&E Tools (Register & Tracing Tools)
- Test understanding of Linkage Expert Program Tools
- Understand linkage goals and progress reports
- Discuss implementation of LE activities into your facility
- Receive site supplies



TINGATHE TOOLKIT

How does a person found HIV-infected access HIV services?



List different statistics of gaps:

What is “linkage to care”?

- Linkage is connecting someone to care and treatment services for the first time.
- We will focus on linkage to ART for newly identified HIV+ clients.
- All HIV+ persons should be started on ART. Thus, linkage is not a visit to HIV clinic, but includes follow up to make sure the client STARTS ART.
- Linkage to ART can be documented when a client gets an ART number.



Allow trainees to give answers for “what is linkage to care?” – then we can display our definition and bullet points.

Explanation: After linkage to care & starting ART, we want to make sure they keep coming to get ART at their scheduled appointments. The activities to make sure the patients come to their appointments (retention in care) will be discussed in another training session on appointments/defaulting tracing.

Question: so “Known +, not on ART” – should just be those who have never been on ART?? – I got this linkage definition that says linkage is connecting someone to care “for the first time” – so if they’re known +, not on ART – but were on ART 2 years ago and defaulted – should they be put in linkage register? (or should we take out “for the first time”?)

Why is linkage to ART important?

- We are putting lots of energy and resources into HIV testing and case finding.
- The ultimate goal of HIV case finding is to ensure HIV+ individuals are on ART to improve their health and reduce HIV deaths.
- In order for testing to be useful, we have to make sure that those who test HIV+ are linked to ART!



TINGATHE TOOLKIT

Linkage Target

90% of all newly identified HIV+ clients are linked to ART



 TINGATHE TOOLKIT

Linkage is the 2nd 90 in 90-90-90 – >90% of those who are diagnosed HIV+ are started on ART.

Can review the 90 targets:

-UNAIDS 90-90-90

-Tingathe PITC 90 target

Activity: Part 1

What are some of your facilities challenges with identification and linkage of HIV-infected patients?



Instructions:

1. Put facilities into groups.
2. Ask them to come up with a few challenges that they have at their facility with identifying and linkage patients to care. They can make a list on their paper (5 min).
3. Go around the room and ask for those challenges – do not repeat challenges. Make a list of them on flipchart paper.
4. Use this as a starting point to describing the roles of the LEs. Encourage them to think about these roles and how they could help fill some of the gaps they have in their facilities.

What are the components of the Linkage Expert Program?

- Advocate for PITC and other early identification methods
- Ensure all patients identified as HIV-infected at the facility are enrolled in HIV care
- Ensure follow up of clients that do not initiate ART
- Conducting expert patient counselling
- Patient escort
- Submit monthly reports
- Meet regularly with health facility staff to troubleshoot challenges and develop best practices



TINGATHE TOOLKIT

Activity: Discuss each component of the program in depth. Identify what is currently being done and what the health facility needs to improve upon.

Advocate for PITC and other early identification methods

Screen children at under-five, EPI and OPD

Remind health facility staff to check passports for HIV-infected patients not enrolled in care

Advocate for ART patients to bring their families in for HIV testing

Ensure all patients identified as HIV-infected at the facility are enrolled in HIV care

First encounter when person is identified

Enroll them into the “Linkage Expert Program” to follow them from identification to enrollment into care

Follow up at the facility and provide extra guidance and counselling when needed

Ensure follow up of clients that do not initiate ART

Keep track of clients to know when/if they initiate ART

Follow clients up via phone and home visit

Find out barriers to their care and try to work past them

Conducting expert patient counselling

At first encounter

Encouragement

Assess potential barriers

Explanation of LE’s role

During subsequent visits

Importance of adherence

Disclosure

Information on dosage and side effects

For defaulters

Adherence

Working through barriers

Submit monthly reports

Keep all your records up to date and orderly

Submit reports on time

Fill all reports honestly

Share your reports with others

Analyze reports and work toward improving outcomes

Activity: Part 2

DISCUSS:

How could the implementation of the Linkage Expert Program fill your gaps in care and improve your linkage to care services?



Instructions:

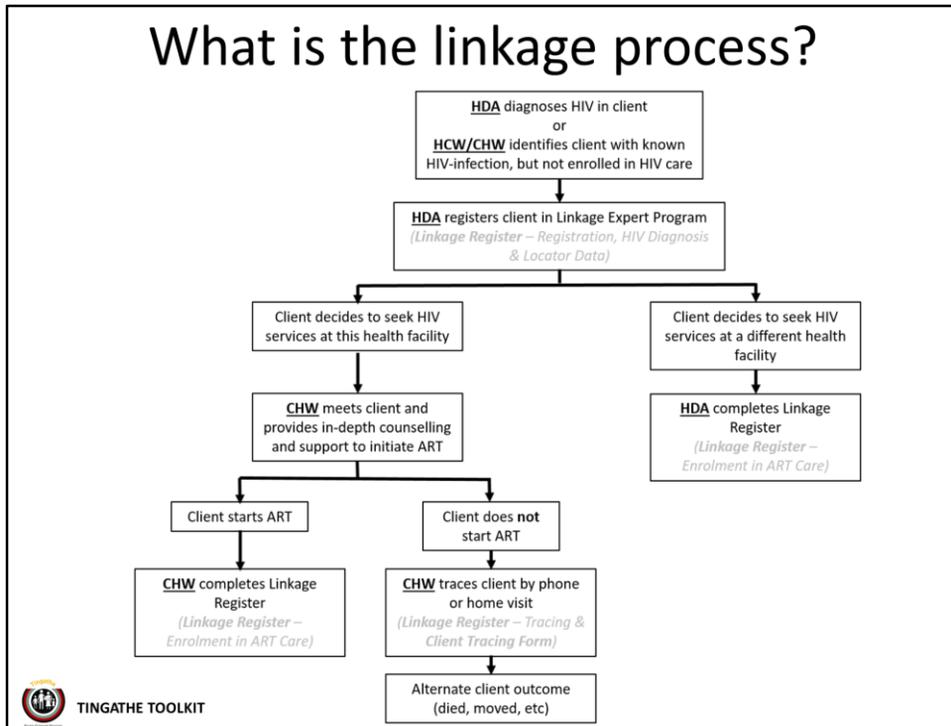
1. Put facilities into groups.
2. Ask them to come up with a few solutions to the challenges that they have at their facility with identifying and linkage patients to care. They can make a list on their paper (5 min).
3. Go around the room and ask for those solutions. Make a list of them on flipchart paper.
4. Let them know to keep this in mind as we discuss the M&E portion of the LE's responsibilities.

LINKAGE EXPERT PROGRAM TOOLS



TINGATHE TOOLKIT

What is the linkage process?



HTA and CHW are important for post-test counseling!! – How much a client understands their status, the importance of ART, and gets support to cope with the new diagnosis may determine if they continue in the process to start ART. We want to maximize this initial counseling because tracking clients who don't return later (through phone or home visits) takes a lot of work & often doesn't give results.

Linkage Register

- This is how we monitor if newly identified HIV+ clients are linked to care.
- The Linkage Register gives the date of HIV testing/identification, locator information, and the date of starting ART and ART number.
- Clients are entered in the Linkage Register if they are:
 - New rapid HIV test positive
 - New HIV DNA PCR test positive
 - Known HIV+ but not enrolled in care



Explanation: We don't just use the HTC Register because it is difficult to keep track there – many positives and only a few negatives. Linkage Register lets us put all the positives in one place to track them. BUT – MoH also wants us to put ART number in Comments section of HTC Register for new positives to show that they were linked to ART (MoH plans to introduce a Linkage Register, but it is not ready yet)

Linkage Procedure (1)

- A Linkage Register will be kept at each testing point together with the HTC Register (label front of register with testing point).
- Start a new page in the Linkage Register each month.
- When HDA identifies a new HIV+ client during the month, s/he will write the client's information in the Linkage Register.

Linkage Procedure (2)

- The HDA will provide post-test counseling and make sure that the client then meets with a CHW.
- The CHW will provide counseling and escort the client to HIV clinic. If the client cannot or is not ready to start ART same day, CHW will give the client an appointment date to return and make sure that client understands the follow up plan.
- Each Friday, the LE focal person will collect the linkage registers from all testing points and take them to the ART register to update Linkage Register with ART numbers for clients who linked to care.



Note: May be useful to add slide on Linkage Focal Person – Linkage Expert – or whatever you have decided to call it (not sure if you decided to make it a rotating role or constant role, etc)

Linkage Procedure (3)

- If a client has not started ART after 2 weeks (from the date of testing/identification), then a CHW will be assigned to trace the client.
- The CHW can make phone calls and/or home visits to check with client and promote linkage to ART.
- The assigned CHW should update the Linkage Register with the tracing outcome.
- The linkage data (number of new HIV+ clients and whether the clients started ART) will be reported on the Tingathe Site Monthly Report.



TINGATHE TOOLKIT

Any questions so far???



TINGATHE TOOLKIT

Linkage Register p. 1

TINGATHE TOOLKIT LINKAGE REGISTER MONTH: _____ SITE: _____

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 Prog	Female Prog	0-11mo	1-4y	15-24y	25-7y	Known, not on ART, not in HCC	HTG/PCR ID #	Test Date (dd/mm/yy)	Confirmatory PCR			Confirmatory Result	HTG/PCR ID #
1			M	FNP	FP	A	B	C	D	K+	PCR	R					
2			M	FNP	FP	A	B	C	D	K+	PCR	R					
3			M	FNP	FP	A	B	C	D	K+	PCR	R					
4			M	FNP	FP	A	B	C	D	K+	PCR	R					
5			M	FNP	FP	A	B	C	D	K+	PCR	R					
6			M	FNP	FP	A	B	C	D	K+	PCR	R					
7			M	FNP	FP	A	B	C	D	K+	PCR	R					
8			M	FNP	FP	A	B	C	D	K+	PCR	R					
9			M	FNP	FP	A	B	C	D	K+	PCR	R					
10			M	FNP	FP	A	B	C	D	K+	PCR	R					
TOTALS			AT	A2	A3	B1	B2	B3	B4	C1	C2	C3					

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



All trainees should have a hard copy so that they can follow along since it is difficult to read on the slide. Explain each column.

Linkage Register p. 2

Local Data		Enrollment in ART Care				Tracing <small>(Begin tracing if patient has NOT started ART within 2 weeks of enrollment)</small>						Research Purposes - "Only Complete if Instructed"				Comments					
Address <small>(Give full descriptive physical address)</small>	Referred to on-site ART clinic?	If not referred on-site, Name of health facility referred to	Enrolled on-site ART Reg No.	Date started ART (DDMMYY)	If Patient has NOT started ART within 2 weeks of Enrollment, Assign ART? (Y/N)	Responsible CHW	Final Tracing Outcome						Referral: ... no outcome								
							Dead	Found, unable to return	Found, moved	NOT at another facility	Deceased/Relieved	Admitted, but not found	No tracing attempt (Give reason in comments)	Alive on ART	Declined		Refused	Support	Deceased/Still Married	Transfer to US	
1					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
2					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
3					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
4					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
5					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
6					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
7					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
8					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
9					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
10					Y	N		D	I	M	AF	R	AT	NT	A	D	R	S	Del	TD	
		DT				Total # patients with ART Reg No.															



Explanation: Explain each column. Next slides will discuss tracing & give definitions of Final Tracing Outcomes. For now, all sites should leave the columns for "Research Purposes" blank – when sites are asked to start using this section, they will get additional training on what these outcomes mean.

EXERCISE #1



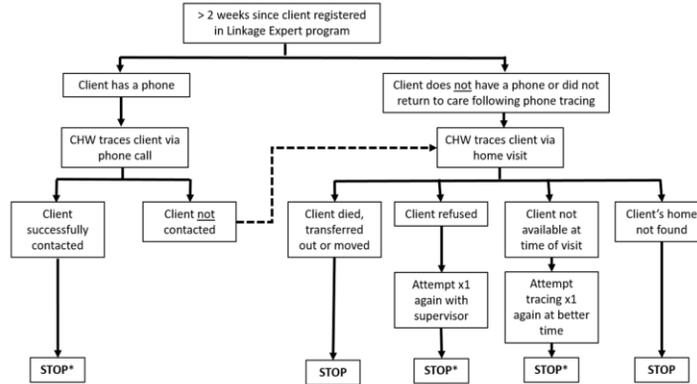
Instructions:

1. Distribute one copy of the M&E Examples Hand Out to each participant along with a blank copy of the Linkage Register.
2. Go through cases 1-4 together as a group.
3. For cases 5-6, have participants work on them in pairs. Review together once completed.
4. Answer any questions.

Exercise #1: You, a, HDA, identify patients who are HIV+ and put them in the linkage register. See the following description of the cases to determine your next steps.

Tracing for Linkage

- If > 2 weeks since enrolment in Linkage Register & client is not on ART:



**Note: CHW should stop tracing efforts at this time, but continue to follow the client. If the client does not return to care 2 weeks after tracing, the CHW may make another tracing attempt.*

Do we have a higher resolution image of this flowsheet? (I go this from the SOP)

Final Tracing Outcomes

Outcome	Outcome Description
Died	Client has died
Found, intends to return	Client is located and says s/he will return to care. Schedule a new appointment.
Moved	Client has changed address
ART at another facility	Client says s/he is receiving care at another facility. Document what facility in comments section.
Declined/Refused	Does not intend to return to care
Attempted, but not found	Tracing attempts exhausted but client has not been found
No tracing attempt	Client has not been traced. Provide reason in register comments

Explanation – Moved: This info could come from patient first-hand or from neighbor on home visit.

Tracing Tools (1)

- The purpose of the tracing tools is to help the CHW keep track of their activities and thus better perform their duties
- There are 2 tools to support Client Tracing:
 - CHW Client List
 - Client Tracing Form
- Client Tracing tools will be used any time a client needs to be traced (phone or home visit) by a CHW
 - This may be for linkage to care, missed appointment, defaulting from care, or other reason (TB test results, VL or DNA-PCR results, etc)



Tracing Tools (2)

- CHW Client Tracing List
 - A list kept where the CHW can keep track of all the clients s/he is tracing (for linkage, missed appointment/defaulters, or any other reason).
 - Each CHW should have a Client Tracing List.
- Client Tracing Form
 - A form the CHW will use to document what tracing activities are done & the outcome.
 - The CHW should use one Client Tracing Form for each client.



TINGATHE TOOLKIT

Tracing Tools (3)

- Data for reports will be taken from the Registers, not the Tracing Tools.
- The Tracing Tools are there to help you do your job well!
- The supervisors will check each CHW's Tracing Tools to monitor tracing activities.

CLIENT TRACING FORM

TO BE FILLED IN BY THE CHW

Date client referred for tracing: _____ CHW Responsible: _____

Reason for tracing: Linkage to care → Positive DNA-PCR
 Positive Rapid Test
 Known +, not on ART

Patient HTC/PCR IU #: _____

EID Infant? YES NO

Other Reason (Please Specify): _____

Missed appointment Defaulter (missed appt ≥2mo)

Patient ART/HCC#: _____

EID Infant? YES NO

Name of Patient: _____ Age: _____ Sex: _____

Guardian Name: _____

Phone number: _____

Physical address (Descriptive): _____

Tracing visits:

Date	Type of encounter	Notes
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	

Tracing Outcomes (Tick one box) - Update Linkage or Appointment Register with Outcome

Died

Found, intends to return: Date to Return (dd/mm/yy): _____ (For ART patients, update appointment register with client's new appointment)

Declined/ refused

Attempted, but not found

Moved

ART at another facility

Other (please explain) _____

 **TINGATH** Date of Tracing Outcome: _____ Name of CHW: _____

Go through the different sections of the form, discuss how they can use and answer questions.

EXERCISE #2



Instructions:

1. Distribute one copy of the M&E Examples Hand Out to each participant along with a blank copy of the Linkage Register.
2. Go through cases 1-4 together as a group.
3. For cases 5-6, have participants work on them in pairs. Review together once completed.
4. Answer any questions.

Exercise #2: You, a CHW, collect the Linkage Register this Friday and identify the following patients as cases who should have been linked to ART. See the following description of the cases to determine your next steps. Note – these cases are the same 6 cases used in Exercise #1.

EXERCISE #3



TINGATHE TOOLKIT

Instructions:

1. Move through the slides. Encourage all participants to fill their Linkage Register and Tracing Tools for each case.
2. Participants should work **ON THEIR OWN** to complete these two exercises.

Case #7

Today, you are an HDA seeing a 4 year old girl, Gladys Phiri. Her mother brought her to the OPD with severe diarrhea and a high fever. The clinician, suspecting HIV, refers the girl to the HTC department. You give her an HIV test and it's positive. HTC ID number is #7654.

- What do you do next?



TINGATHE TOOLKIT

Case #7

- You send her to another HDA for a confirmatory test, which is also positive, with HTC ID # 7655.
- As the HDA, what do you do next?
 - Provide post-test counseling
 - Fill in your section of the Linkage Register. *Fill in Linkage Register now. You may make up locator & phone #.*
 - Ask about the family situation: Has the mother been tested?
 - Refer her to a CHW to escort to ART clinic and provide additional counseling



TINGATHE TOOLKIT

Case #7

- The mother has not tested for HIV since she was pregnant with Gladys (test was negative at that time). You test the mother (Mary Phiri, age 22) and she is also positive. HTC ID number is #7656. The confirmatory test is also positive with HTC ID #7657.
- What do you do?
 - Post-test counseling
 - Complete Linkage Register for Mary. *Fill in Register now*
 - Refer Gladys & mother together to a CHW to escort them to ART clinic and provide additional counseling
 - Encourage Mary to test other family members and discuss partner disclosure



TINGATHE TOOLKIT

Case #7

- They test on a Tuesday but ART clinic is only on Thursdays at this facility. As the CHW, what do you do next?
 - Provide counseling on the importance of starting ART to improve health and answer questions about the diagnosis, HIV care, and the enrolment process
 - Give them an appointment to come back on Thursday



TINGATHE TOOLKIT

Case #7

- The CHW/Linkage Focal Person checks the Linkage Registers with the ART register each Friday. After 2 weeks, Gladys and her mother have still not returned for care.
- As the CHW, what do you do?
 - Trace Gladys and mother → Linkage focal person or assign another CHW.
 - Can start with phone follow up. If not reachable by phone, make a home visit.



TINGATHE TOOLKIT

Case #7

- You try to call the phone number in the Linkage Register but it is not reachable.
- You make a home visit using the locator information in the Linkage Register. When you get to the home, you find someone else living there – she says Mary and Gladys Phiri have moved to another town.
- What do you do?
 - Update your Client Tracing Form, CHW Client List, and Linkage Register with the Tracing Outcome = Moved



They can complete the Tracing forms at this time also – For the Client Tracing Form section on Tracing Visits, they can document that they made a phone call but was not reachable & also made a home visit with finding that client had moved.

Case #8

Today you (an HDA) are entering DNA PCR results into the EID logbook and discover a positive result for an infant boy Gift Dzidzi (DOB: 28/06/16) for a test done on 22/08/16, PCR test number 107.

What do you do?



TINGATHE TOOLKIT

Case #8

- You enter the child's information in the Linkage Register.
Complete the Linkage Register now.
- You refer the case to a CHW/ ART clinic to trace the client.
- As the CHW, what do you do?
 - You need to get phone number and locator information. If it is not available in the EID register, you will need to find the baby's pink card and/or the mother's MasterCard to get more information.
 - You call the mother if possible; if not, home visit.
- You call the mother and let her know that the child's test result is available and she should come to the facility as soon as possible. She says she can come to the facility tomorrow. *Update your CHW Client List, Client Tracing Form, and Linkage Register.*



Note: CHW Patient List – in comments, good to write date that she plans to return (tomorrow) so that CHW can check that she came.

Case #8

- The CHW/Linkage Focal Person checks the Linkage Register with the ART Register on the following Friday and finds that the client started ART on 20/10/16 with ART # 123456.

Update the Linkage Register.



TINGATHE TOOLKIT

Reporting

1. Determine the ORM.
2. Ensure all clients in the ORM have a outcome (either started ART or a tracing outcome).
3. Complete column totals for the outcome reporting month.
4. Transfer totals to the corresponding spot on the monthly report.
5. Count new positives in the HTC Register.
6. Complete calculations.
7. Double check all entries and math.
8. Write any comments
9. Submit report to M&E team.



TINGATHE TOOLKIT

Reporting

- In the Linkage Monthly Report, you will report on data from the Outcome Reporting Month (ORM) only.

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.

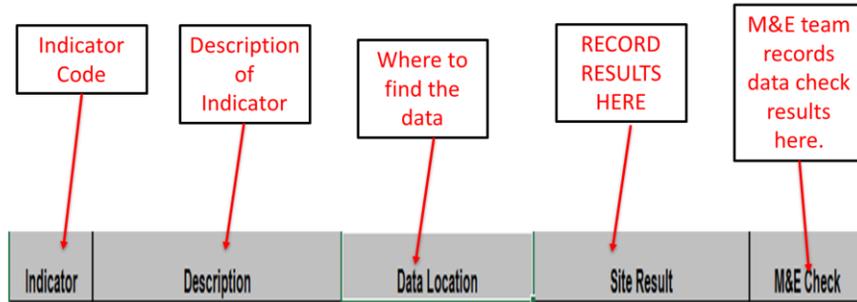
Reporting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ORM	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

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



TINGATHE TOOLKIT

Reporting



Linkage Reporting

Indicator	Description	Data Location	Data accuracy 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	<i>Calculation</i>	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	<i>Calculation</i>	C.1/B.1
Comments:			
 TINGATHE TOOLKIT			

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+y
TOTALS			5	2	6	0	1	4	8
Use these totals to enter into the Monthly Report			A1	A3	B1	B2	B3	B4	C

LC 1.0	Infected patients enrolled in ORM	calculation	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



TINGATHE TOOLKIT

EXERCISE #4



TINGATHE TOOLKIT

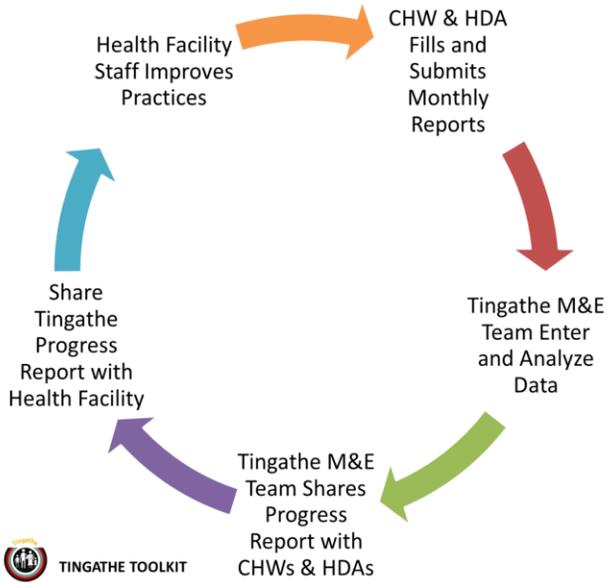
Importance of M&E

- Need to **MEASURE** our progress and see the impact this initiative is having on your health facility.
- This information can help guide the program and **best practices** for linkage.
- By properly recording data, you will be able to show everyone that your facility is **successfully** filling gaps and all team members are working together to accomplish the facility's goals!



TINGATHE TOOLKIT

Sharing Data



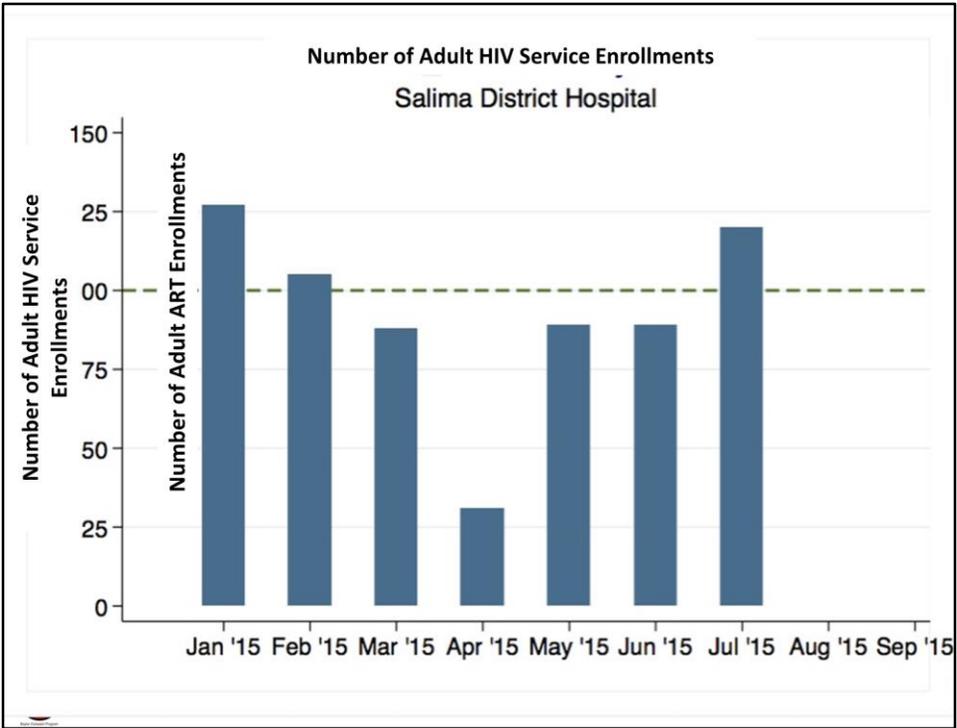
- CHWs and HDAs will submit reports monthly to M&E Team
- M&E representatives are available assist with data collection
- Facilities should review reports regularly and make necessary improvements to help reach goals!

What will the progress reports look like?

- Monthly Rate
 - Will get two, one of each to show you:
 - how many adults are enrolled in HIV services every month
 - How many children are enrolled in HIV services every month
 - Will have target line which shows the country's target for enrollment at your facility per month
 - Can compare the numbers between months to decide what new activities should be added to reach the target



TINGATHE TOOLKIT

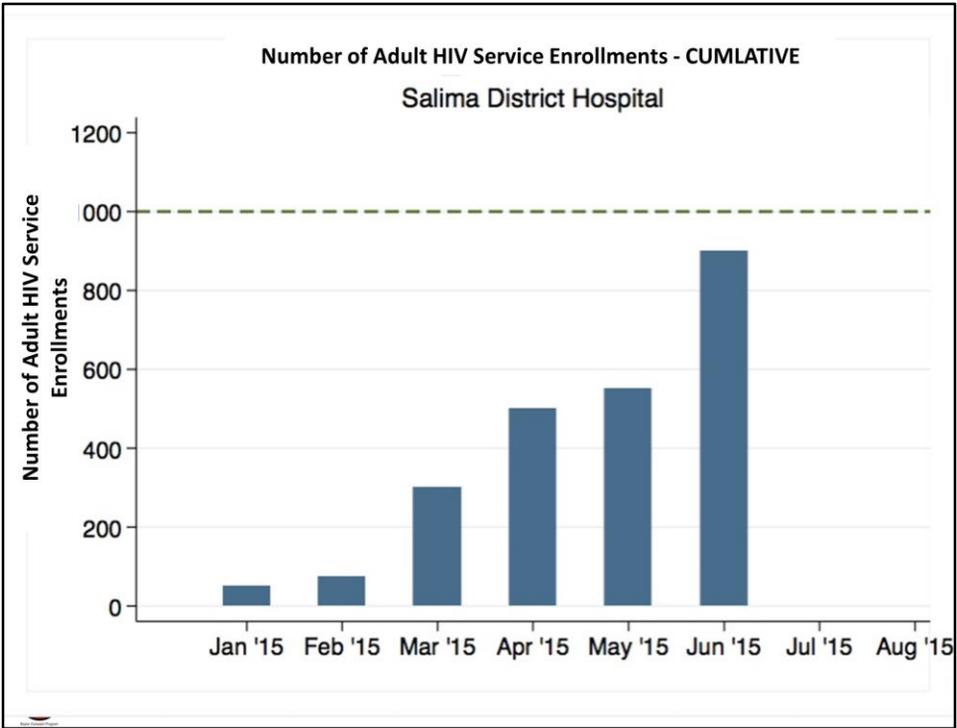


What will the progress reports look like?

- Cumulative
 - Will get two, one of each to show you:
 - How many adult enrollments per month
 - How many child enrollments per month
 - Will have target line which shows the country's target for testing at your facility for the year
 - Can see your progress toward the big target



TINGATHE TOOLKIT



IMPLEMENTING THE LINKAGE EXPERT PROGRAM INTO YOUR FACILITY



TINGATHE TOOLKIT

Instructions:

1. Ensure facilities are in groups.
2. Hand out one “Group Work Form” to each group.
3. Move through the slides, giving groups to fill in what THEY will do at their facilities.
4. Facilitators/mentors should make sure all procedures are logical.

Focal people!

- Nominate a Linkage Expert Focal Person from each cadre:
 - HDA
 - CHW
 - Ministry of Health (MOH)

Health Facility Staff Has Identified an HIV-infected Patient

POSTERS

I CAN ASSIST YOUR
PATIENT ACCESS ALL
HIV SERVICES!
flash me! it's free!
099 2 5780

George Fashoni
the linkage expert

USAID PEPFAR



CHW Gets to Patient

How will your facility....

Ensure that a patient can meet with a clinician/nurse for evaluation immediately following diagnosis?

Consider the following:

- How many people are certified to initiate ART?
- What if no one is available?
- What can the CHW do to help during the process?
- How will you let the provider know that this is part of their responsibility?



TINGATHE TOOLKIT

How will your facility....

Monitoring Clients that do Not Start ART Same Day

- *How will CHWs monitor clients that choose to or cannot start ART the same day?*



TINGATHE TOOLKIT

How will your facility....

Conduct follow ups?

Consider the following:

- How will clients be assigned to CHWs?
- When will CHWs conduct client follow ups? Is there a best time for phone? Home visits?
- Do you want to standardize the way you fill locator data?



TINGATHE TOOLKIT

Possible Challenges

- What will happen if a CHW is not available when a person is identified?
- What if more than one person is identified at a time?
- What if there are issues with health facility staff referring HIV+ patients to the LE Program?

What are other challenges you may face with this program?



TINGATHE TOOLKIT

QUESTIONS?



TINGATHE TOOLKIT

DISTRIBUTION OF SITE MATERIALS



TINGATHE TOOLKIT

Site Materials for LE Program

- Linkage Register
 - X1 per department with testing point
- Monthly Report
 - 3 reports/month (x1 sample, x1 submit to M&E team, x1 keep for your records)
- Client Tracing Tools
 - Client Tracing Form
 - Client Tracing List (x1 per CHW)



Take Home Points

- Linkage to ART is very important to make our testing efforts worthwhile and improve patient health.
- Client support, including counseling and escorting through the enrolment process, can help improve linkage to ART.
- Goals for ART linkage are:
 - Clients are started on ART within 2 weeks of identification (if not, CHW should trace client)
 - $\geq 90\%$ of newly identified HIV+ clients are linked to ART
- Documentation of the linkage process will help us know what we are doing well and identify areas to improve!



TINGATHE TOOLKIT

PURPOSE: The purpose of the Linkage Expert Program is to ensure that all newly identified HIV+ patients are connected to care and treatment.

ASSOCIATED TOOLS: Linkage Register, Client Tracing Form, CHW Client Tracing List

PROCEDURE:

1. **One Linkage Register should be kept together with each HTC register.** The Linkage Register should be clearly labeled on the cover with the testing point (ie, Maternity, TB).

Responsible Party: HDA

2. **All clients who are newly identified HIV+ or known HIV+ and not enrolled in ART or HCC should be entered in the Linkage Register.** Detailed locator information should be entered in the Linkage Register.

Responsible Party: HDA

3. New PCR+ results should also be entered in the Linkage Register by the HDA at the time of receiving the test results. **The HDA should inform the CHW of any new PCR+ results so that the CHW can trace the client.**

Responsible Party: HDA- entry of PCR+ in Linkage Register

CHW - tracing client & promoting linkage to care

4. **HDA (and any other member of staff) should inform CHWs about each newly identified HIV+ client, and CHW should meet the client on the day of testing.** All newly identified HIV+ clients should be counseled on the importance of HIV care, escorted to ART clinic and assisted through the clinic enrollment process. If the client is started on ART same-day, the Linkage Register can be updated with ART # and ART initiation date.

Responsible Party: HDA – Inform CHW and ensure the CHW meets the client

CHW- counsel/escort client

5. **The CHW Linkage Expert (LE) focal person should collect the Linkage Registers each Friday for review.** The LE focal person should update the Linkage Registers with ART numbers from the ART clinic register. The LE focal person should also make a list of all clients who were enrolled in the Linkage Register > 2 weeks ago and have not yet received an ART number.

Responsible Party: Linkage Expert (LE) focal person

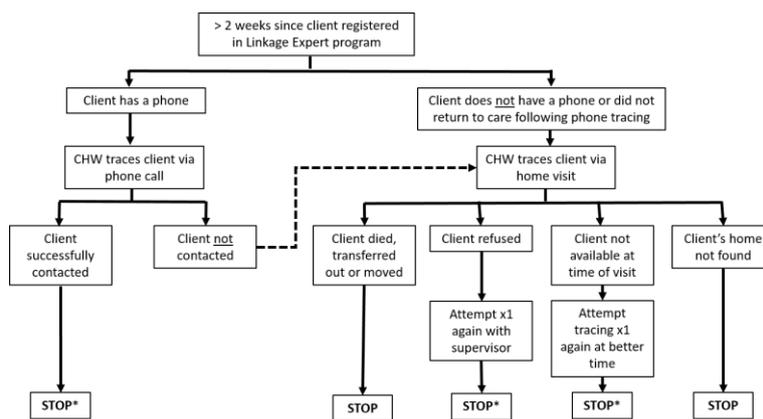
6. **If it has been >2 weeks since enrolment in the Linkage Register and the client has not yet received an ART number,** the client should be traced by phone call or home visit by tracing protocol described below.

Responsible party: LE focal person assigns CHW to trace (The CHW assigned to trace the client should be entered in the Linkage Register).

7. **Reporting:** Reporting for Linkage will be one month back (reporting at the beginning of August will be June data). Sum the column totals on each page in the Linkage Register, and use data from the Linkage Register to complete the **Linkage Monthly Report.**

Responsible Party: LE focal person

Figure 1. Summary of Tracing Protocol



**Note: CHW should stop tracing efforts at this time, but continue to follow the client. If the client does not return to care 2 weeks after tracing, the CHW may make another tracing attempt.*

The CHW assigned to the client will fill out a Client Tracing Form. A client is given a final tracing outcome once the CHW has exhausted all steps in the tracing protocol. See final outcomes in Table 1.

Use of Client Tracing Form and CHW Patient Lists:

A client may be traced for many reasons: missed appointment, defaulting, linkage to care, or other reason (such as TB follow-up or VL results). This SOP is about the process a CHW should follow if tracing a client to promote linkage to treatment:

1. Complete a **Client Tracing Form** to keep track of the tracing activity. Patient information is documented on the form. If client is an EID infant, then s/he should be prioritized for tracing.
2. CHW should follow the tracing procedure described in Figure 1. If phone number is available, the CHW may begin by trying to reach the client by phone. If client is successfully contacted but has not returned to care in two weeks, the CHW makes a home visit. If the client is not home but it is the correct house, the CHW should return one other time at a better time.
3. If the client does not have a phone, the CHW should proceed directly to a home visit.
4. Tracing attempts should be documented on the Client Tracing Form. While in use, the Client Tracing form is stored by the CHW in a binder.
5. Once a client has a final tracing outcome, the CHW should update the linkage register with the final outcome.
6. **Document Final Tracing Outcome in Register.** Each Friday, the LE will communicate with the CHWs responsible for tracing to see if any clients have a final tracing outcome. All clients must be given an outcome by the end of the following month (ie if they were registered in June, they should be given an outcome 'Attempted, but not found' or 'No Tracing Attempt' by the end of July).

Responsible Party: CHW (one who conducted tracing)

Table 1. Final Tracing Outcomes

Outcome	Outcome Description
Died	Client has died
Found, intends to return	Client is located and claims they will return to care. Schedule a new appointment.
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).
ART at another Facility	Client says they are receiving ART at another health facility. Document what facility in the comments section
Declined/Refused	Does not intend to return to care, for a variety of reasons.
Attempted, but not found	Tracing attempts exhausted but client has not been found
No tracing attempt	Client has not been traced. Provide reason in the register comments

Instructions: Distribute one copy of this hand out along with a blank sample of the register and monthly report form for reference to each participant. Participants will be prompted throughout the workshop to complete the exercises.

Exercise #1: You, a HDA, identify patients who are HIV+ and put them in the linkage register. See the following description of the cases to determine your next steps.

Case 1. John Banda is a 21 year old male identified as known HIV+ and not on ART while visiting the OPD on 09/10/16. His HTC number for his initial diagnosis is 4938 on 18/06/2015.

- Does this patient need a confirmatory HIV test?
 - You complete the confirmatory HIV test (HTC#: 8757). He was referred for on-site ART.
- Complete the Linkage Register for this patient. He is from Mpondasi and cell number is 0884938393. Make up address information.

Cases 2&3. While doing PITC today, you identify new HIV+ cases Elizabeth Phiri (27yrs) (HTC#: 8758) and her daughter Chikondi (5yrs) (HTC#: 8759) when Chikondi was admitted in the ward for severe malnutrition.

- Do these patients need a confirmatory HIV test?
 - Complete the confirmatory HIV test (Chikondi, HTC#: 8760; Elizabeth, HTC#: 8761). They were referred for on-site ART.
- They are from Jalasi. Elizabeth does not have a cell phone.
- Complete the Linkage Register for these patients.

Case 4. You test 57-year-old Peter Kalembo HIV+ in the STI clinic (HTC# 8785). You follow with a confirmatory rapid test (HTC#: 8786). He lives in Chilipa village and wants to receive ART at Jalasi Health Centre. His phone number is 09995382011.

- Complete the Linkage Register for this patient.

Case 5. When entering DNA-PCR results into the EID logbook, you discovered a positive result for an infant boy Kumbukani Tembo (PCR ID# 107, tested on 07/11/2016). You alert the CHW for tracing.

- Complete the linkage register for Kumbukani.

Case 6. You test Chimwemwe Banda, 24 years old, and she is HIV+ (HTC#: 8792). You follow with a confirmatory test (HTC#: 8793). She is from Mbira and wants to receive care on-site.

Exercise #2: You, a CHW, collect the Linkage Register this Friday and identify the following patients as cases who should have been linked to ART. See the following description of the cases to determine your next steps. Note – these cases are the same 6 cases used in Exercise #1.

Case 1. John Banda was referred for on-site ART. When you compare to the ART register you see that he has not yet started ART.

- Does this patient need a CHW assigned? _____
- Does this patient need to be traced? _____
- You document John Banda on your Client Tracing List and fill out a Client Tracing Form for John.
 - Complete the Client Tracing Form
- What is the first step to identify this patient?
- You call and John answers his phone. You counsel him on the importance of ART. He says he will return to care. Complete the Linkage Register for this patient.

Cases 2&3. Elizabeth Phiri (27yrs) and her daughter Chikondi (5yrs) have not started ART.

- Does these patient need a CHW assigned? _____
- Does this patient need to be traced? _____
- You document Elizabeth and Chikondi on your Client Tracing List and fill out a Client Tracing Form. What is the first step to identify this patient?
- You make a home visit using the locator information in the Linkage Register. When you get to the home, you find someone else living there – she says the Phiri family has moved to another town. Complete the Linkage Register for these patients.

Case 4. 57-year-old Peter Kalembo has not yet started ART. However, you note that he was not referred for ART on site.

- Does this client need to be traced? _____

Case 5. The HDA referred Kumbukani Tembo to you for tracing.

- There is no contact information written in the Linkage Register. What do you do?
- Complete tracing. What is your first step to find Kumbukani?
- You call the mother with the results and advise her to bring her son in. She agrees and intends to return. Complete the linkage register for Kumbukani.

Case 6. When reviewing the ART register, you see that Chimwemwe Banda started ART on 11/10/2016, ART# 3820. Complete the register for this client.

Exercise #3: See the following description of the cases to determine your next steps. You will play the roll of both the HDA and CHW.

Case 7. Today, you are an HDA seeing a 4 year old girl, Gladys Phiri. Her mother brought her to the OPD with severe diarrhea and a high fever. The clinician, suspecting HIV, refers the girl to the HTC department. You give her an HIV test and it's positive. HTC ID number is #7654.

- What do you do next?

You send her to another HDA for a confirmatory test, which is also positive, with HTC ID # 7655.

- As the HDA, what do you do next?

The mother has not tested for HIV since she was pregnant with Gladys (test was negative at that time). You test the mother (Mary Phiri, age 22) and she is also positive. HTC ID number is #7656. The confirmatory test is also positive with HTC ID #7657.

- What do you do?

They test on a Tuesday but ART clinic is only on Thursdays at this facility.

- As the CHW, what do you do next?

The CHW/Linkage Focal Person checks the Linkage Registers with the ART register each Friday. After 2 weeks, Gladys and her mother have still not returned for care.

- As the CHW, what do you do?

You try to call the phone number in the Linkage Register but it is not reachable. You make a home visit using the locator information in the Linkage Register. When you get to the home, you find someone else living there – she says Mary and Gladys Phiri have moved to another town.

What do you do?

Case 8. Today you (an HDA) are entering DNA PCR results into the EID logbook and discover a positive result for an infant boy Gift Dzidzi (DOB: 28/06/16) for a test done on 22/08/16, PCR test number 107.

- What do you do?

You refer the case to a CHW/ ART clinic to trace the client.

- As the CHW, what do you do?

You call the mother and let her know that the child’s test result is available and she should come to the facility as soon as possible. She says she can come to the facility tomorrow. *Update your CHW Client List, Client Tracing Form, and Linkage Register.*

The CHW/Linkage Focal Person checks the Linkage Register with the ART Register on the following Friday and finds that the client started ART on 20/10/16 with ART # 123456. *Update the Linkage Register.*

Exercise #4: Using the data from cases 1 to 8 above, complete the Linkage Monthly Report.

Section 1. For Linkage to care data, use both linkage to care register and MOH HTC register													
Linkage to Care (Report data for <u>previous</u> 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
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:

Name: _____ Date: _____

Instructions: This exam has three different sections: Linkage Register, Client Tracing Form and Linkage Monthly Report.

Section 1: Linkage Register

Case 1. Gift Banda is a 24 year old female identified as known HIV+ and not on ART, diagnosed on 22/06/15 (HTC #1053), while visit the OPD on 25/10/16. She was referred for on-site ART after a confirmatory test (HTC #4620).

1. Complete the Linkage Register for this patient.

When you compare to the ART register, you see that she has not yet started ART. You are assigned as a her CHW. She has a phone number listed, but after two attempts on 11/11/16 and 12/11/16, the number is still not available. You then make a home visit on 15/11/16 using the locator information on the Linkage Register. When you get to the home, you find someone else living there – she says that Gift has moved to another town.

2. Complete the Client Tracing Form for this patient.
3. Complete the Linkage Register for this patient.

Case 2. On 25/10/16, when entering DNA-PCR results into the EID logbook, you discover a positive result (drawn on 22/9/16, PCR # 376) for a 6 month old boy Kumbukani Tembo.

1. Complete the Linkage Register for this patient.

The HDA referred him to you for tracing.

2. There is no contact information written in the Linkage Register. What do you do? (Circle the letter of the best response below.)
 - a. You do cannot follow up because there is no information.
 - b. You ask around the health facility to see if anyone knows where the patient lives.
 - c. You wait until the patient comes back to clinic, then fill the Linkage Register with tracking information for next time.
 - d. You get locator information from the EID Pink Card and are able to track the patient.

You are able to contact the mother and advise her to return to the clinic for her son's test results. She agrees and intends to return to care.

3. Complete the Linkage Register for this patient.

On 30/9/16 you see Kumbukani with his mother at the ART clinic. He has initiated ART today (ART #5555).

4. Complete the Linkage Register for this patient.

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	0-11 mo	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		
TOTALS																			
Use these totals to enter into the Monthly Report for the Indicators listed			A1	A2	A3	B1	B2	B3	B4	C1	C2	C3							

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 (Give full descriptive physical address)		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/LTFU/Moved	Transferred out
1		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																

Section 2: Client Tracing Form

Instructions: Use the information from Case 1 on page 1 to complete the form below.

CLIENT TRACING FORM

TO BE FILLED IN BY THE CHW

Date client referred for tracing: _____ CHW Responsible: _____

Reason for tracing:	<input checked="" type="checkbox"/> Linkage to care <input type="checkbox"/> Positive DNA-PCR <input type="checkbox"/> Positive Rapid Test <input type="checkbox"/> Known +, not on ART	<input type="checkbox"/> Missed appointment <input type="checkbox"/> Defaulter (missed appt ≥2mo)
	Patient HTC/PCR ID #: _____ EID Infant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Patient ART/HCC#: _____ EID Infant? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other Reason (Please Specify): _____		

Name of Patient: _____ Age: _____ Sex: _____

Guardian Name: _____

Phone number: _____

Physical address (Descriptive): _____

Tracing visits:

Date	Type of encounter	Notes
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	

Tracing Outcomes (Tick one box)- Update Linkage or Appointment Register with Outcome

- Died
- Found, intends to return: Date to Return (dd/mm/yy): _____ (For ART patients, update appointment register with client's new appointment)
- Declined/ refused
- Attempted, but not found
- Moved
- ART at another facility
- Other (please explain).....

Date of Tracing Outcome: _____ Name of CHW: _____

Section 3: Monthly Report

Instructions: Use the Linkage Register (PAGE 2) to complete the Monthly Report. Leave M&E Check blank.

Linkage to Care: USE REGISTER ON PAGE 2

Section 1. For Linkage to care data, use both linkage to care register and MOH HTC register																															
Linkage to Care (Report data for <u>previous</u> month)																															
<p>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.</p>																															
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="font-size: small;">Reporting Month</th> <th style="font-size: x-small;">Jan</th> <th style="font-size: x-small;">Feb</th> <th style="font-size: x-small;">Mar</th> <th style="font-size: x-small;">Apr</th> <th style="font-size: x-small;">May</th> <th style="font-size: x-small;">Jun</th> <th style="font-size: x-small;">Jul</th> <th style="font-size: x-small;">Aug</th> <th style="font-size: x-small;">Sep</th> <th style="font-size: x-small;">Oct</th> <th style="font-size: x-small;">Nov</th> <th style="font-size: x-small;">Dec</th> </tr> <tr> <td style="font-size: x-small;">ORM</td> <td style="font-size: x-small;">Dec</td> <td style="font-size: x-small;">Jan</td> <td style="font-size: x-small;">Feb</td> <td style="font-size: x-small;">Mar</td> <td style="font-size: x-small;">Apr</td> <td style="font-size: x-small;">May</td> <td style="font-size: x-small;">Jun</td> <td style="font-size: x-small;">Jul</td> <td style="font-size: x-small;">Aug</td> <td style="font-size: x-small;">Sep</td> <td style="font-size: x-small;">Oct</td> <td style="font-size: x-small;">Nov</td> </tr> </table>						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	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	calculation	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																												
<p>Comments:</p>																															

Instructions for Facilitation:

1. Review each of the questions with the participants using the Training PowerPoint and Facilitator's Guide.
2. Break participants up into groups. There should be one group representing each health facility and all members of a health facility should be in the same group.
3. Give each group a blank Linkage Expert Implementation Workshop Tool.
4. Allow each group 20 minutes to discuss within their group how they plan to accomplish and work through each of the scenarios. Encourage open and free discussion.
5. During the discussion, the facilitator should walk around to help provide guidance and answer questions.
6. After the designated amount of time, sites should share their ideas with each other.
7. Encourage participants to look back on this tool during the first few weeks of implementation as a reminder of their plans and also to modify it as necessary.

Site Name: _____

Linkage Expert Focal Person

	Name	Phone Number
HDA Focal Person		
CHW Focal Person		
MOH Focal Person		

Contacting a CHW when a Patient is Found HIV-infected

What is your site's plan for contacting the LE when someone from ANY department identifies an HIV-infected person? This plan can include any of the following techniques: flash his/her phone, write a referral slip and escort to where LE is stationed, or a new technique!

Your Patient's First Interaction with an ART Nurse/Clinician

What is your site's plan for the CHW to link their patient with an ART nurse/clinician for initial assessment? Consider the following:

- *When should the initial assessment take place- for pregnant/breastfeeding women, for children, for any other adult?*
- *What if a nurse/clinician is not available?*
- *What can the CHW do to assist the clinician/nurse in the process?*

Monitoring Clients that Do Not Initiate ART

How will CHWs monitor clients that choose to or cannot start ART the same day?

Conducting Client Tracing

On which day will the CHW focal person check the register for those that have not initiated ART?

What protocol will s/he follow to notify CHWs of their assigned clients?

How will clients be assigned to CHWs? (i.e. assigned based on the CHW's catchment area)

Do you want to implement a standardized way to fill locator details? If yes, describe.

When will CHWs conduct patient tracing (e.g. certain days/time or a rota)?

Possible Scenarios

- *What will you do if more than one person is identified at a time at the facility?*
- *What if more than one person is identified at a time?*
- *What if there are issues with health facility staff referring HIV+ patients to the LE Program?*

Other Challenges?