Practical Strategy 2:

Linkage to Care

Photo by: Robbie Flick

Connecting HIV-infected individuals to HIV care and treatment services for the first time

Many patients are lost in the steps between initial diagnosis of HIV infection and their enrollment into care due to lack of knowledge about available services, lack of readiness to initiate treatment, fear of stigma, and multiple other reasons. The purpose of the Linkage Expert (LE) program is to track these patients from initial diagnosis to enrolment into HIV services, and for those that do not initiate ART, to provide home and phone-based follow up.

Developed by:

Tingathe Program

Baylor College of Medicine Children's Foundation Malawi

Contact details:

Address: Private Bag B-397, Lilongwe 3, Malawi

Phone: +265 (0)175 1047

Email: info@tingathe.org

Web: www.tingathe.org

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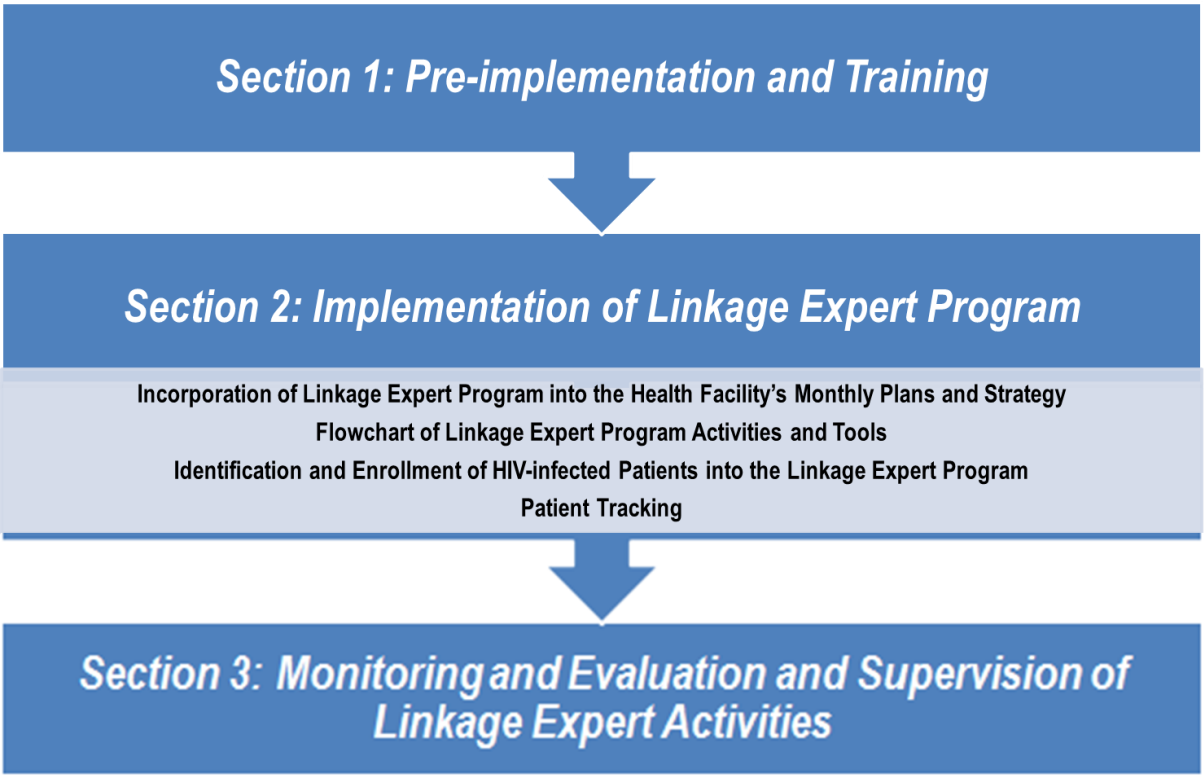
SOP SUMMARY



TOOLS AND FORMS

Linkage Expert Program Workshop Package: This workshop is designed for those implementing the Linkage Expert program along with its corresponding tools (Linkage Register, Client Tracing Tools). The workshop tools include an agenda, PowerPoint presentation, a M&E practice handout, implementation guide and an exam.

Linkage Expert Register and Monthly Report: These tools are used to for the monitoring and evaluation of the Linkage Expert program. The register can be used by HDAs and CHWs to track patients from identification until their enrollment into care and treatment services. 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 individual countries' goals and guidelines.

Linkage Expert Counselling Tool: This portable counselling tool serves as a guide to help the Linkage Expert (LE) remember to talk about the most important points about starting ART during their initial counselling session. The tool also contains quick guides for counselling PMTCT mothers, non-compliant patients and caregivers of children living with HIV.

Linkage Expert Poster: This sample of a Linkage Expert poster provides the name and phone number of the LE focal person or CHW team. These posters can be hung up around the health facility to remind health care providers of LE services and to facilitate referrals.

Client Tracing Tools: These tools are designed to support the CHW organize and report on client tracing efforts, regardless on the reason for tracing. The Client Tracing Form provides a document to record the client's locator information, tracing attempts and final tracing outcome. The CHW Client Tracing List helps the CHW manage and track all his/her client's that require tracing and their current tracing status.

Community Health Worker Training Curriculum: This curriculum is designed to provide CHWs the knowledge needed to perform any activity in this toolkit. It is recommended that all CHWs receive the full training. If it is not possible, it is recommended to specifically look at: **Unit 2:** Overview of HIV Prevention, **Unit 3:** HIV Signs and Symptoms, and **Unit 4:** HIV Diagnosis.

HIV Diagnostic Assistant (HDA) Training: This curriculum is designed to provide HDAs the knowledge to implement and support key HIV services, including provider-initiated testing and counselling (PITC) and linkage to HIV care and treatment.

FEATURED CASE STUDIES

Case Study 1: Linkage Expert Poster
Case Study 2: Linkage Expert Counselling Tool

ACRONYMS

ACF	Active Case Finding
ART	Antiretroviral Treatment
CBO	Community-Based Organization
FBO	Faith-Based Organization
HCW	Health Care Worker
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
LE	Linkage Expert
MC	MasterCard
M&E	Monitoring and Evaluation
MOH	Ministry of Health
PITC	Provider-Initiated Testing and Counselling
POA	Plan of Action (as referred to PITC POA Tool)
SOC	Standard of Care
SOP	Standard Operating Procedure
SS	Site Supervisors
STI	Sexually Transmitted Infections Clinic

PURPOSE:

Linkage to care can be broadly defined as connecting HIV-infected individuals to HIV care and treatment services for the first time. Many clients find it difficult to navigate the health system and thus are lost in the steps between initial diagnosis of HIV infection and their enrollment into care due to lack of knowledge about available services, lack of readiness to initiate treatment, fear of stigma, and multiple other reasons. The purpose of the Linkage Expert (LE) program is to track these clients from initial diagnosis to enrolment into HIV services, and for those who do not initiate ART, to provide home and phone-based follow up. The purpose of this SOP is to outline the procedure used for Community Health Workers (CHW) to properly implement Linkage to Care activities. The procedure is separated into three sections:

Section 1: Pre-implementation and Training
Section 2: Implementation of Linkage to Care Activities
Section 3: Supervision, Monitoring and Evaluation

SCOPE:

The Linkage Expert program targets people living with HIV who are not yet enrolled in HIV care.

RESPONSIBILITIES:

Section 1 of the SOP is intended for use by the trainer/organizer of linkage activities.

Sections 2 and 3 are intended for use by *all* health care workers. Referrals for HIV-infected clients not enrolled in care can be taken from any health facility employee, referring CBO, FBO, HIV support group and/or outside HIV testing facility.

PROCEDURE:

Section 1: Pre-implementation and Training

1. Inform Ministry of Health (MOH) officials and other relevant district and facility personnel that your facility is planning to support Linkage to Care activities.
2. Organize a planning workshop with the health facility and invite all relevant personnel (in-charge, department heads, etc.). This workshop should take place at the facility and take approximately one hour. The workshop should take a participatory approach to discuss the following key items:
    a. Describe the Linkage Expert program, its components and importance.
    b. Outline linkage goals for the facility. For example, within three months of implementation the health facility should be achieving 90% linkage to care rate of all newly diagnosed clients within the health facility.
    c. Determine the current state of linkage to care activities and identify existing gaps in service.
    d. Decide which linkage activities the facility would like to implement and in which departments. It is recommended that the Linkage Expert Program be implemented in combination with the **Active Case Finding (ACF), Case Management** and **Defaulter Tracing strategies**.
    e. Discuss monitoring and evaluation and supervision techniques.
    f. Choose training dates and persons to be invited.
3. Organize the training(s) and invite appropriate staff.
    a. It is recommended that CHWs are trained using the full **Tingathe CHW Training** and HDAs trained using the **Tingathe HDA Training**.
    b. Organize a workshop with CHWs, HDAs and all relevant health facility staff (i.e. HIV clinic in-charge, etc.) to discuss the implementation of linkage to care activities and be trained in the relevant M&E tools. Using the **Linkage Expert Program Workshop Package**, the following should be accomplished:
        i. Develop a clear plan of action to implement linkage strategies. This could include flow charts, departmental SOPs, facility staff rosters/rotas, etc.
        ii. Assign roles and responsibilities:
            1. One member of the CHW team, one member from the HDA team and one member from the supervision team should be nominated as the LE focal persons.

They will work together to ensure all LE activities are being implemented as outlined.

2. A Ministry of Health staff member can be nominated to serve as a counterpart to the LE focal persons to assist with supervision and integration of the program into the health facility.
3. The Linkage Expert role can be a shared role between all CHWs, as we have done in this SOP, or one specific person can be nominated to take responsibility for all Linkage Expert activities.

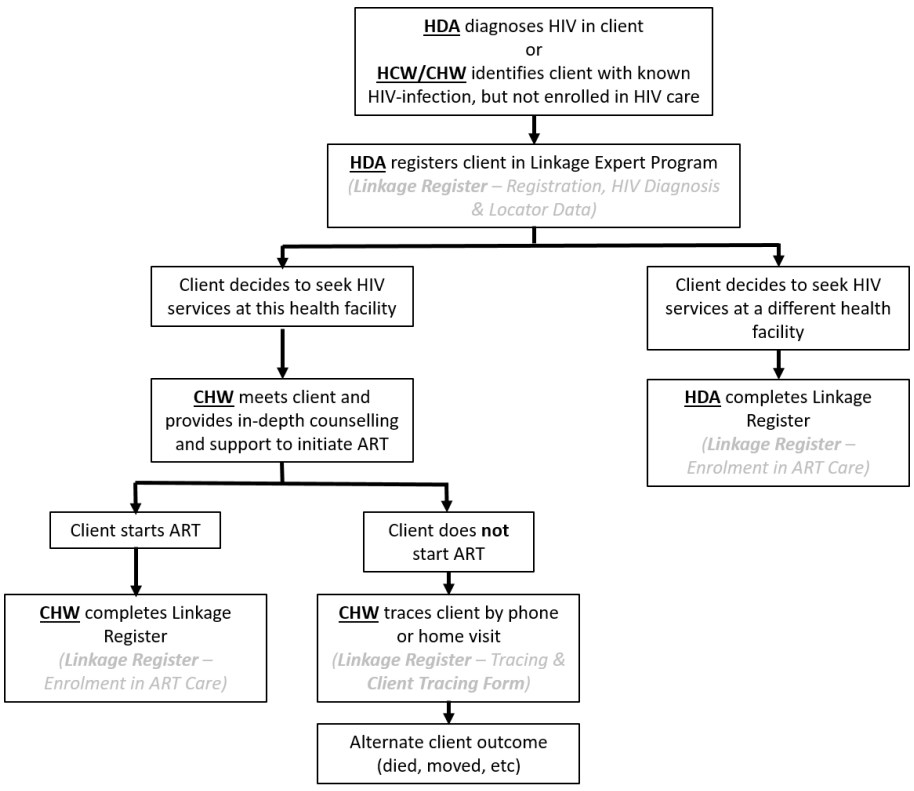
iii. Train health care workers to use monitoring and evaluation tools, including: Linkage Expert Register, Linkage Expert Monthly Report, and Client Tracing Tools**.**
iv. Discuss method of supervision.
v. Outline specific goals for linkage and how goal progression will be monitored.

Section 2: Implementation of the Linkage to Care Activities

Incorporation of the Linkage Expert Program into the Health Facility's Monthly Plans and Strategies

1. Make a formal announcement of the linkage to care services offered by HDAs and CHWs as described below:
    a. Identification of newly diagnosed HIV-infected children and adults, and those with known HIV infection but not enrolled in HIV care
    b. Enrollment into Linkage Expert program
    c. One-on-one support to enroll into HIV services and start ART including: escorting to ART department, in-depth counselling and guided enrollment into care.
    d. Home and phone-based follow ups for clients that do not initiated ART
2. Describe the role of <u>all</u> health facility personnel in assisting to identify and referring clients with a known HIV infection and not enrolled into HIV services to the Linkage Expert program.
    a. Communicate the method that health facility personnel can use to refer clients
    b. Distribute any materials needed to facilitate communication, including hanging posters. For example, hang posters at nearby, stand-alone testing facilities and inform counselors there of the LE program to encourage immediate referrals for ART initiation.

Figure 1. ***Flowchart of Linkage Expert Program Activities and Tools***
The following flowchart walks through the responsibilities of HDAs and CHWs to link a client to care and each step's corresponding tools.



Identification and Enrolment of HIV-infected Clients into the Linkage Expert Program

1. Keep one Linkage Register at each testing point within a health facility, including the location where DNA PCR results are taken. Registers should be clearly labeled with the testing point (e.g. Maternity, TB).
2. When an eligible client has been identified, the HDA completes the Registration, HIV Diagnosis and Locator Data of the Linkage Register.
    a. Eligible clients include those that are newly diagnosed with HIV, including new DNA PCR positives, and those that have a known HIV-infection but are not enrolled in HIV care services.
    b. Locator data should be filled in as much detail as possible as it is the only place location details of the client are kept. If necessary, a **Locator Form** (reference Client Tracing Tools) can also be completed and stored with the client's other health records.
3. Once a client has been identified, a CHW should be alerted that a client has been identified and the location of the client within the facility.
4. The CHW once meeting the client:
    a. Escorts the client to a private space and uses the 'First Encounter' section of the **LE Counselling Tool** to counsel the client.
    b. Ensures that the client understands the services offered through enrollment into the LE program.
    c. Discusses with the client the next steps to enroll into HIV services including seeing a clinician and starting ART.
    d. Escorts the client to a clinician for evaluation and enrollment into HIV/ART clinic.
        i. Whenever possible, the client should enroll into care and start treatment on the same day as HIV diagnosis.
        ii. <u>If same day initiation is not possible</u>, follow the steps in the next section, Client Tracing.
5. The CHW tracks the client until s/he is enrolled into HIV care and starts treatment.
6. Once a client has started treatment, the CHW:
    a. Completes the Enrollment into ART Care section of the Linkage Register.
    b. Ensures that the client receives appropriate pre-ART counselling. If the client is a child, pregnant or breastfeeding mother, s/he should receive additional, targeted counselling.
    c. Answers any additional questions.
    d. Thanks the client and reminds them how they can reach a CHW if they have any additional questions.

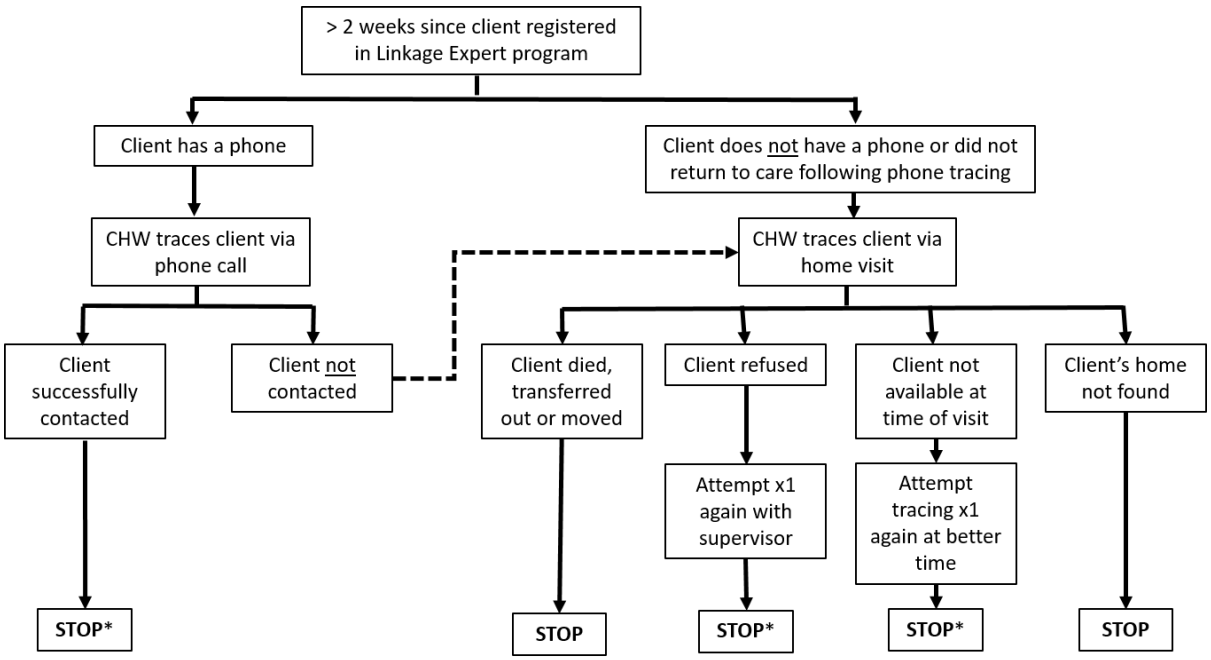
Client Tracing

1. Give the client a date to return to clinic to complete their enrollment process.
2. Record the date that the client should return to complete evaluation and enrollment services into your personal diary.
    a. This method requires that the CHW who met the client is then responsible for tracking him/her <u>at the health facility</u>. The diary used is a non-formal 'appointment book' which helps CHWs keep track of various client appointments and other important dates. E.g. estimated date of delivery for women enrolled in the PMTCT program
    b. Alternative methods for recording and tracing unenrolled clients are described below. If one of these methods is used, the LE focal person should be responsible for ensuring that it is done.
        i. Updating the Linkage Register once a week with new ART initiations using health facility records
        ii. Keeping a separate appointment book for all follow up appointments
        iii. Using the comment section of the Linkage Register to record scheduled appointments
        iv. Recording the date on the client's locator form and placing that locator form in a separate folder specifically for clients that have not yet finished enrollment. Locator forms will be moved from that folder once a client has successfully completed enrollment.
3. The CHW is responsible for monitoring when their client returns for ART enrollment and initiation. Once successfully enrolled into ART care and initiated on treatment, the CHW completes the ART Enrollment section of the Linkage Register.
4. Once weekly, the LE focal person checks the Linkage Register and:
    a. Records any clients who were enrolled in ART, but were missed by their CHW

b. Makes a list of clients who have not enrolled into ART services two weeks following identification and registration into the LE program

5. For those clients that have not yet enrolled in HIV services two weeks following identification:
   a. The LE focal person assigns a CHW to trace the client. CHW assignments are usually based upon the client's home location, so that each CHW conducts follow ups only within their assigned area.
   b. The CWH completes a **Client Tracing Form** to keep track of the tracing activity. Client information is documented on the form. If client is an EID infant, then s/he should be prioritized for tracing. **Client Tracing Lists** can be used to help CHWs to organize and monitor their assigned clients.
   c. The CHW follows the tracing procedure described in **Figure 2**.
      i. 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. If the client does not have a phone, the CHW should proceed directly to a home visit. When conducting home visits, the CHW should adhere to the **Home-Based Visit SOP**.
      ii. During tracing, CHWs should counsel clients on the importance of HIV treatment for their own health as well as for transmission prevention.
   d. 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.
   e. Once weekly, the LE will communicate with the CHWs responsible for tracing to see if any clients have a final tracing outcome. Tracing outcomes should be recorded in the 'Final Tracing Outcome' section of the Linkage Register.
      i. For reporting purposes, 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).
      ii. For clients that refuse ART initiation, work with health facility staff to determine the root of his/her reluctance to initiate therapy.

Figure 2. ***Client Tracing Flowchart***



***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.*

Section 3: Monitoring and Evaluation and Supervision of Linkage Expert program

1. At the facility, the LE focal persons are responsible for:
    a. Ensuring LE program activities are being implemented as discussed in the training and outlined in the protocol
    b. Ensuring each department is aware of the program, knows how to refer clients and has the appropriate tools to refer
    c. Organizing regular meetings for each department's focal person to discuss best practices and edit Linkage Expert program activities accordingly
    d. Completing the monthly report and ensuring the health facility is on track with goal progression
    e. Sharing data and best practices regularly between departments and facilities
2. Monthly reporting can be done using the **LE Monthly Report** by:
    a. Summing the column totals at the bottom of each page of the Linkage Register and using that data to complete the Monthly Report.
    b. Submitting all reports to the lead program's M&E team for further analysis.
    c. Ensuring feedback is given to the health facility team and other stakeholders on key indicators which may include:
        i. Percentage of newly diagnosed HIV-infected clients enrolled into Linkage Expert Program
        ii. Percentage of newly diagnosed clients versus those with a known HIV-infection, not enrolled in care
        iii. Number of enrolled Linkage Expert Clients started on ART

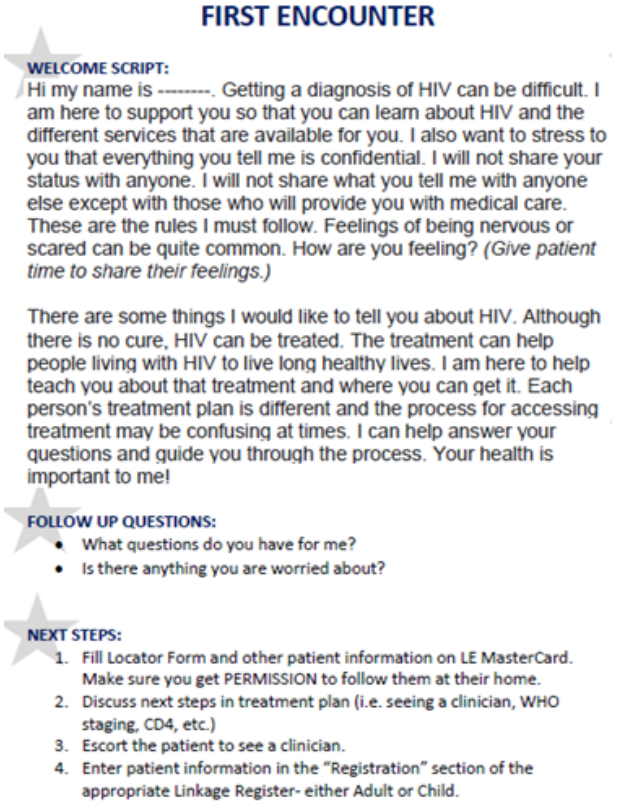
Case Study 1: Linkage Expert Poster

In large health facilities it may be difficult for a health provider to quickly contact the Linkage Expert when an HIV-infected client is identified. By hanging posters in each department with the phone number and picture of the LE focal person, health providers can easily inform the LE that they have identified an infected client in need of linkage by flashing them (i.e. calling the phone, then hanging up immediately before anyone answers to conserve airtime).

If the Linkage Expert role is rotated among the CHW team, consider providing a facility-based phone specifically for LE activities. These posters can also be hung in neighboring stand-alone testing facilities and at outreach clinic sites for easy reference and referrals.

Case Study 2:
Linkage Expert Counselling Tool

This portable counselling tool serves as a reminder for the CHW to ensure all counselling points are completely covered during their initial counselling session. Scripts for adherence counselling and special issues for pregnant and breastfeeding mothers, and children are also available.



FIRST ENCOUNTER

WELCOME SCRIPT:
Hi my name is --------. Getting a diagnosis of HIV can be difficult. I am here to support you so that you can learn about HIV and the different services that are available for you. I also want to stress to you that everything you tell me is confidential. I will not share your status with anyone. I will not share what you tell me with anyone else except with those who will provide you with medical care. These are the rules I must follow. Feelings of being nervous or scared can be quite common. How are you feeling? *(Give patient time to share their feelings.)*

There are some things I would like to tell you about HIV. Although there is no cure, HIV can be treated. The treatment can help people living with HIV to live long healthy lives. I am here to help teach you about that treatment and where you can get it. Each person's treatment plan is different and the process for accessing treatment may be confusing at times. I can help answer your questions and guide you through the process. Your health is important to me!

FOLLOW UP QUESTIONS:
- What questions do you have for me?
- Is there anything you are worried about?

NEXT STEPS:
1. Fill Locator Form and other patient information on LE MasterCard. Make sure you get PERMISSION to follow them at their home.
2. Discuss next steps in treatment plan (i.e. seeing a clinician, WHO staging, CD4, etc.)
3. Escort the patient to see a clinician.
4. Enter patient information in the "Registration" section of the appropriate Linkage Register- either Adult or Child.

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**		

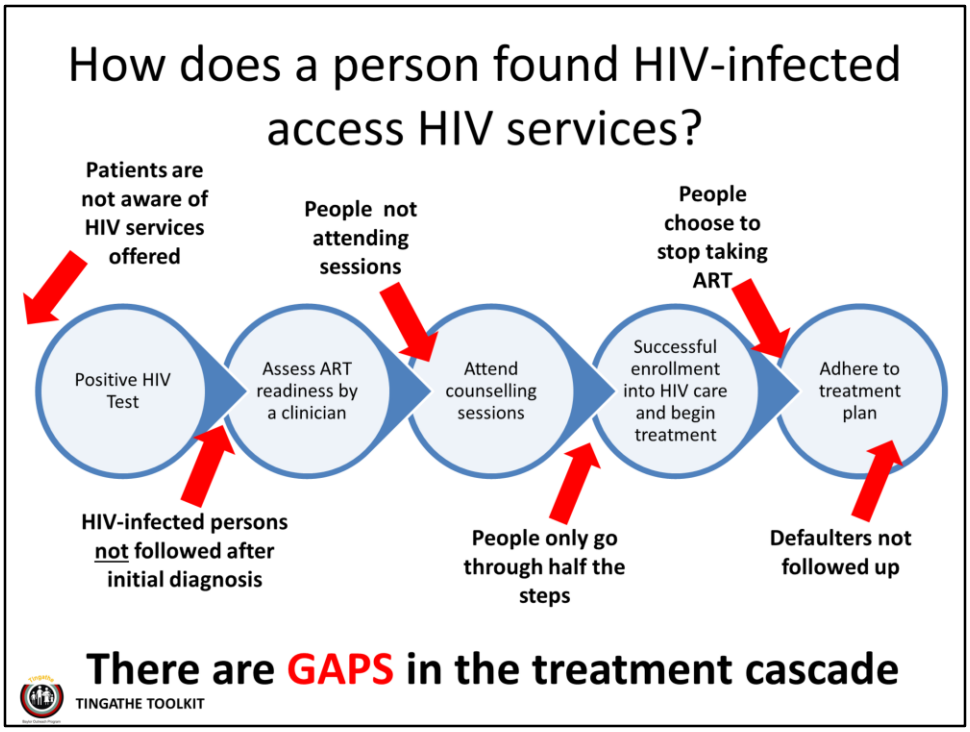
Linkage Expert Program Workshop

TINGATHE TOOLKIT

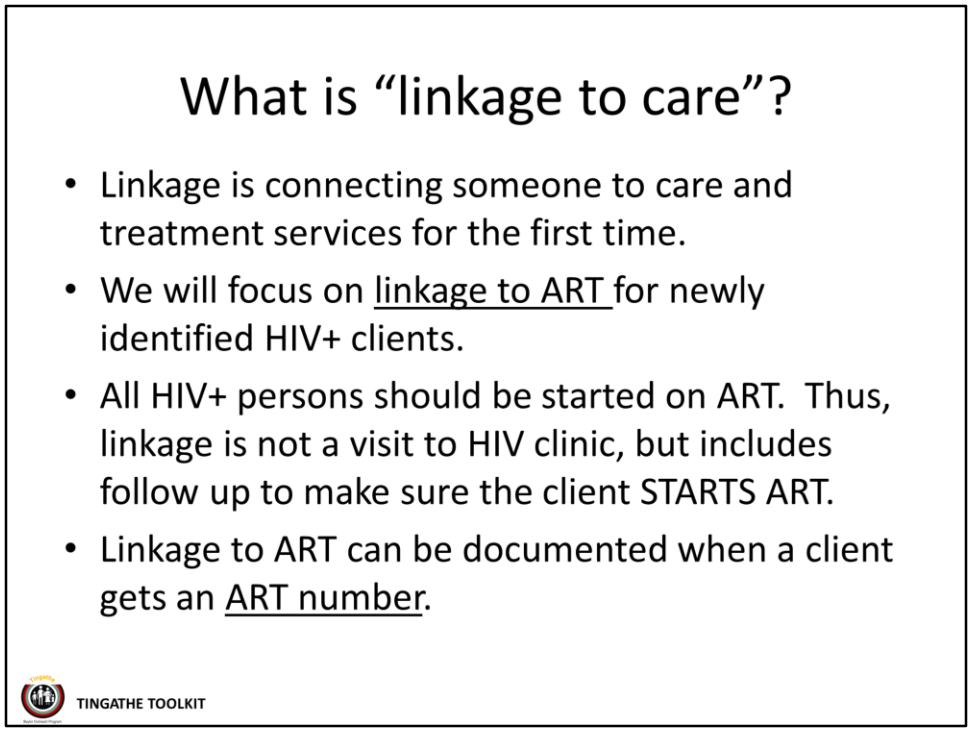
Objectives

- 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



List different statistics of gaps:



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/defaulter tracing.

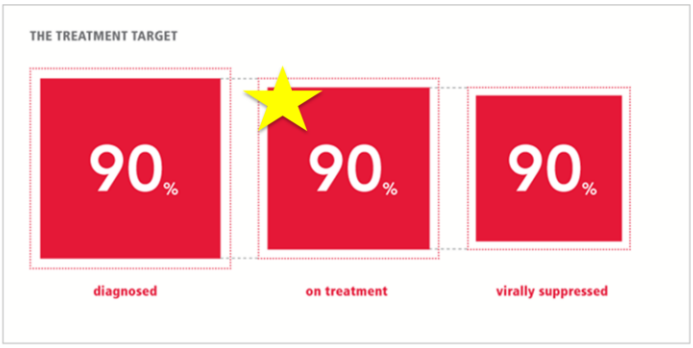
Question: so “Known +, not on ART” – should just be those who have never been on ART?? – I got this linkage definition that says linkage is connecting someone to care “for the first time” – so if they’re known +, not on ART – but were on ART 2 years ago and defaulted – should they be put in linkage register?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

Linkage Target

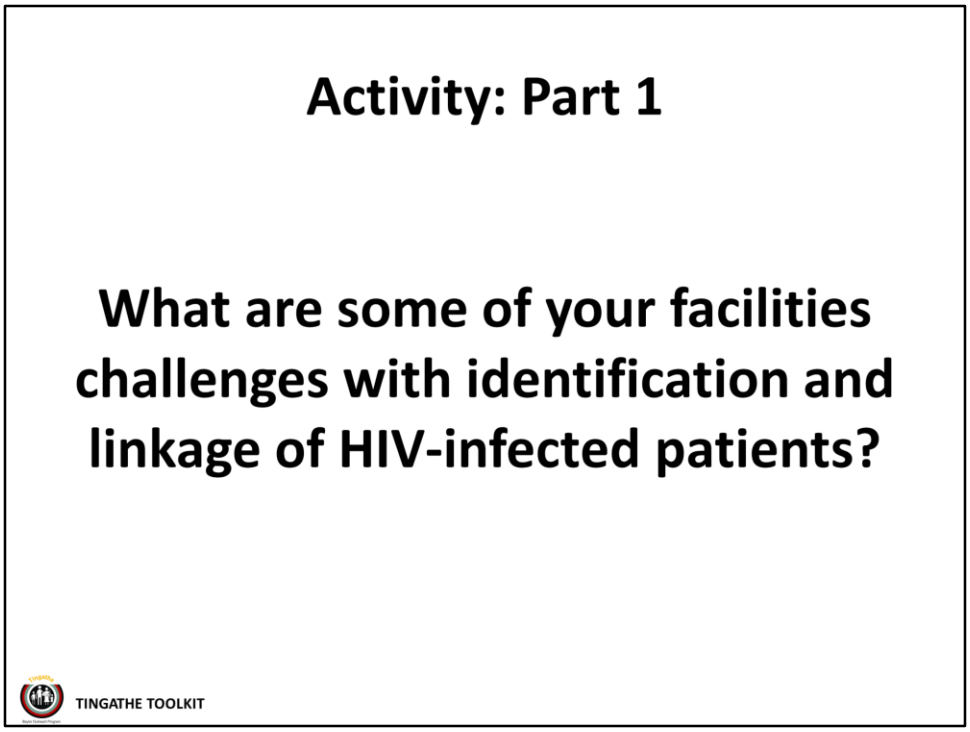
90% of all newly identified HIV+ clients are linked to ART



TINGATHE TOOLKIT

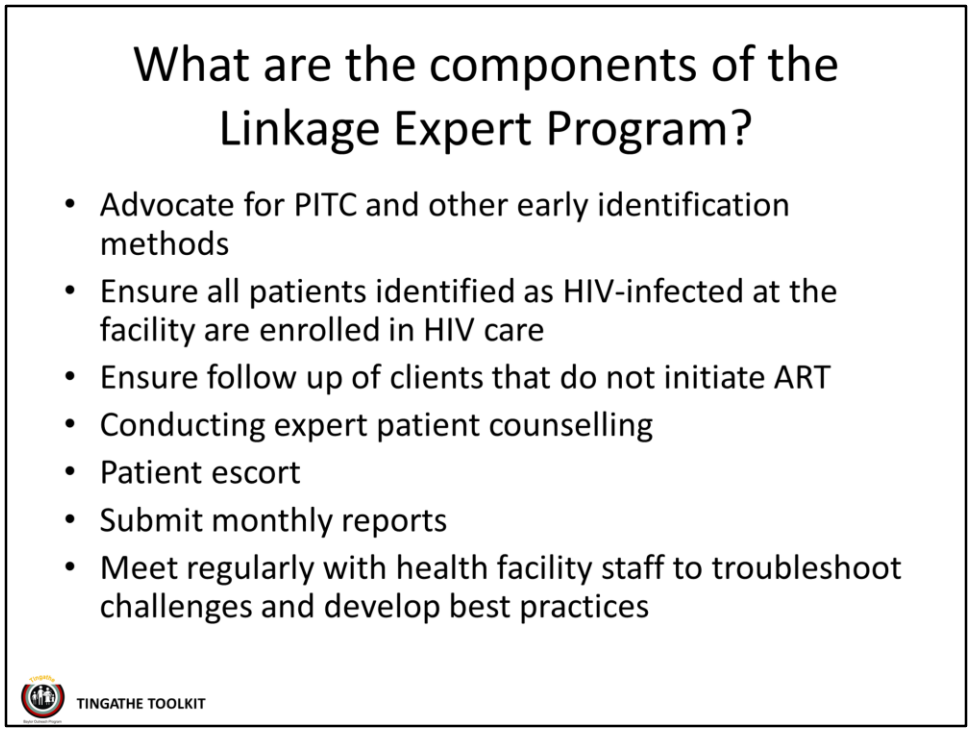
Linkage is the 2nd 90 in 90-90-90 – >90% of those who are diagnosed HIV+ are started on ART.

Can review the 90 targets:
-UNAIDS 90-90-90
-Tingathe PITC 90 target



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. G o 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.



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?

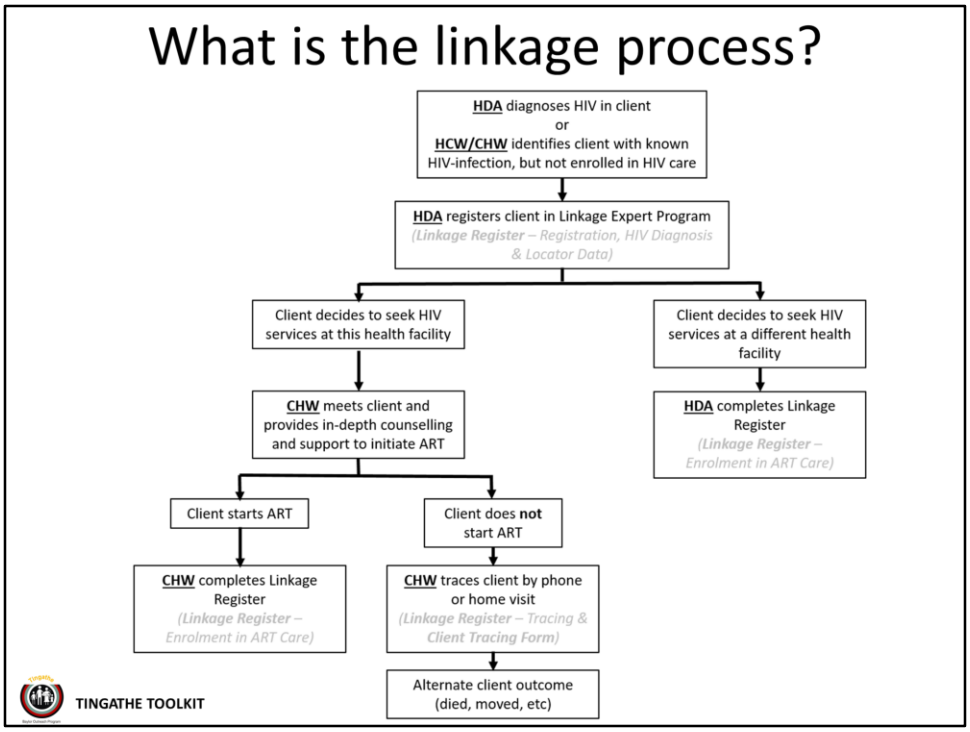
TINGATHE TOOLKIT

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. G o 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



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

TINGATHE TOOLKIT

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.

TINGATHE TOOLKIT

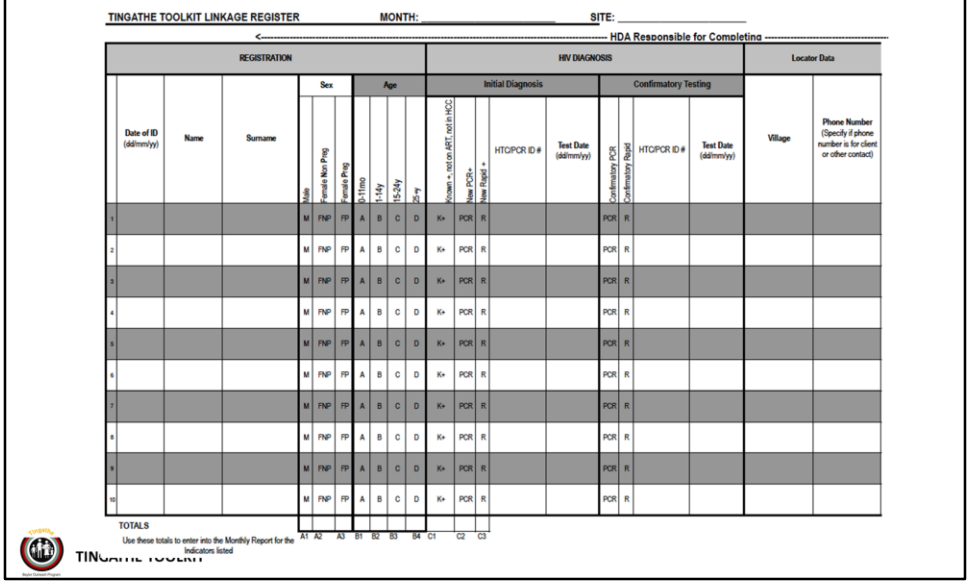
Note: May be useful to add slide on Linkage Focal Person – Linkage Expert – or whatever you have decided to call it (not sure if you decided to make it a rotating role or constant role, etc)

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.

Any questions so far???

Linkage Register p. 1



TINGATHE TOOLKIT LINKAGE REGISTER MONTH: _____ SITE: _____

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

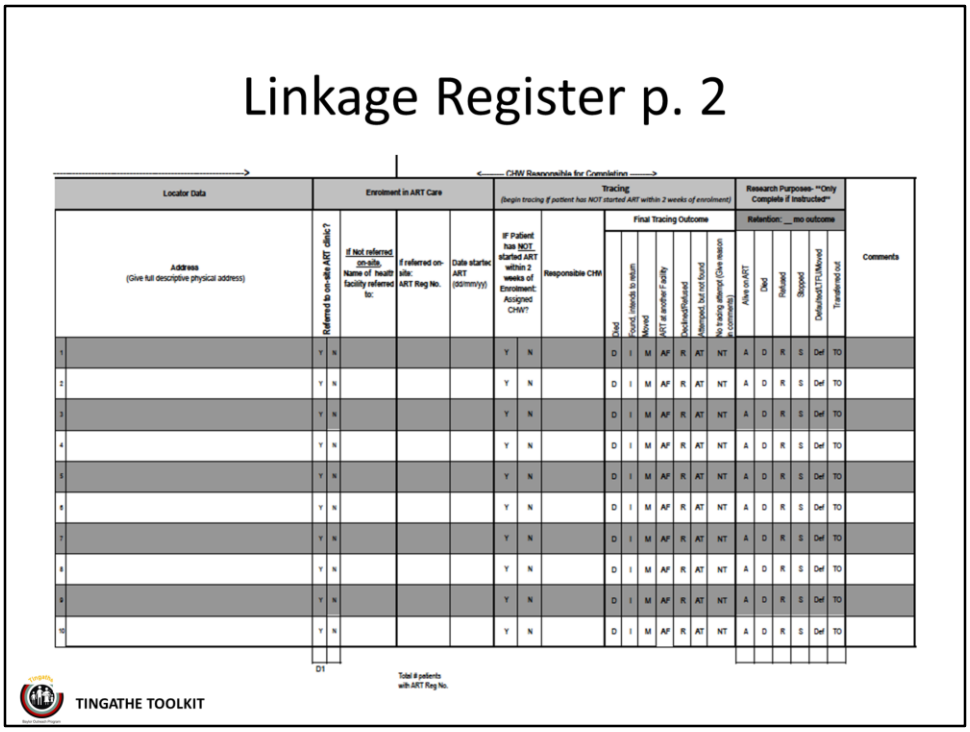
REGISTRATION											HIV DIAGNOSIS								Locator Data	
				Sex			Age				Initial Diagnosis				Confirmatory Testing					
	Date of ID (dd/mm/yy)	Name	Surname	Male	Female Non Preg	Female Preg	0-11mo	1-14y	15-24y	25+y	Known + not on ART, not in HCC	New PCR+	New Rapid +	HTC/PCR ID #	Test Date (dd/mm/yy)	Confirmatory PCR	Confirmatory Rapid	HTC/PCR ID #	Test Date (dd/mm/yy)	Village	Phone Number (Specify if phone number is for client or other contact)
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

TINGATHE TOOLKIT

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



Locator Data		Enrolment in ART Care				Tracing (begin tracing if patient has NOT started ART within 2 weeks of enrolment)											Research Purposes- **Only Complete if instructed**						Comments
								Final Tracing Outcome									Retention: __ mo outcome						
	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	Died	Found, intends to return	Moved	ART at another F acility	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	
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.																			

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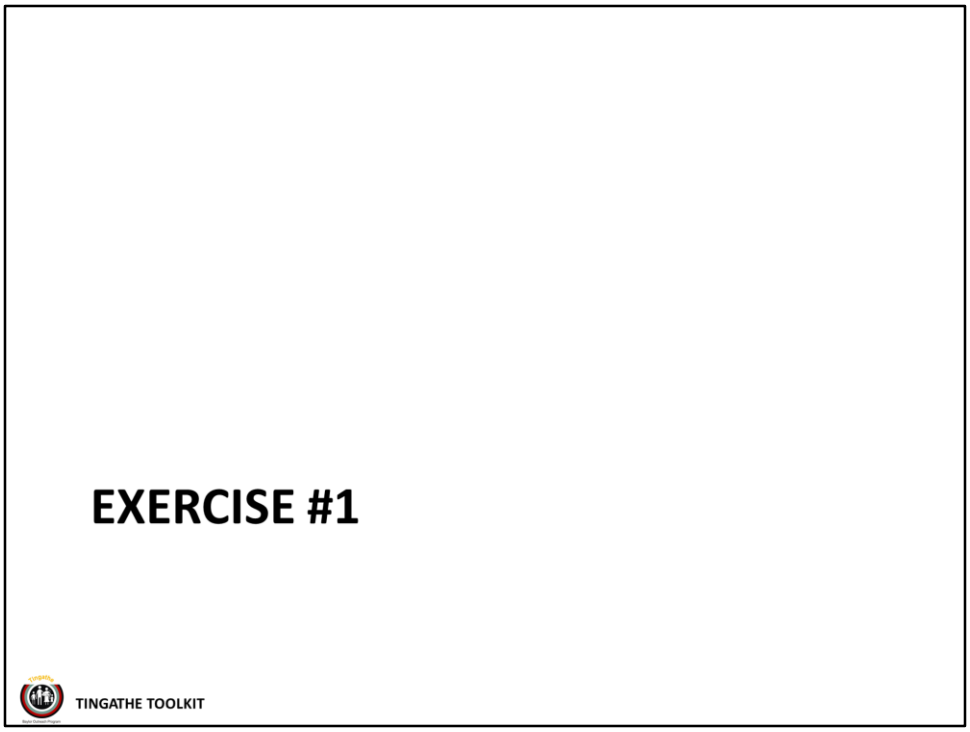
Explanation: Explain each column. Next slides will discuss tracing & give definitions of Final Tracing Outcomes. For now, all sites should leave the columns for "Research Purposes" blank – when sites are asked to start using this section, they will get additional training on what these outcomes mean.



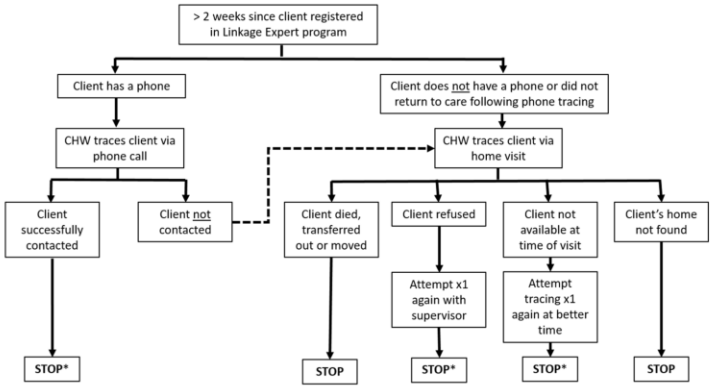
Instructions:

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:



TINGATHE

***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)

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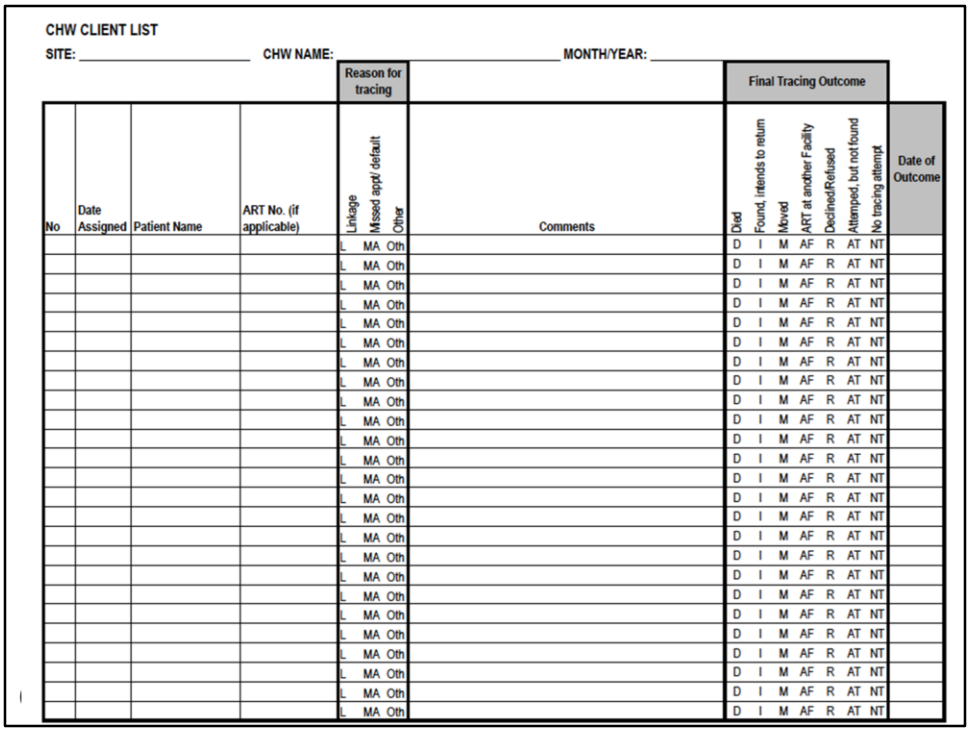
Tracing Tools (2)

- 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/defaulter, 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.

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.

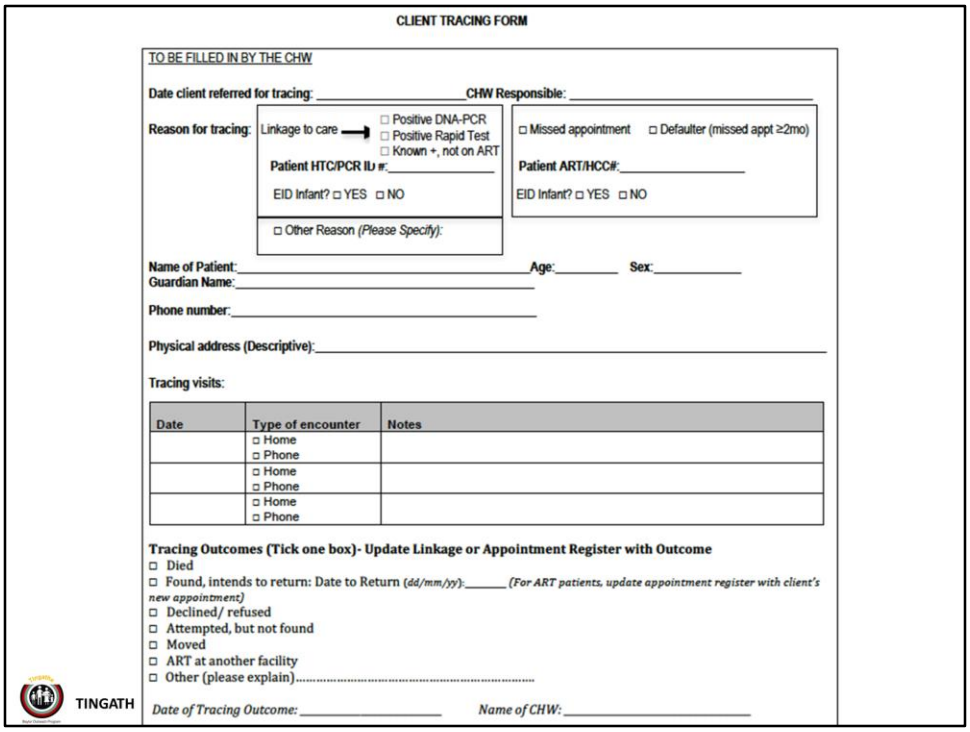


CHW CLIENT LIST

SITE: _____ **CHW NAME:** _____ **MONTH/YEAR:** _____

				Reason for tracing		Final Tracing Outcome							
No	Date Assigned	Patient Name	ART No. (if applicable)	Linkage / Missed appt/ default / Other	Comments	Died	Found, intends to return	Moved	ART at another Facility	Declined/Refused	Attemped, but not found	No tracing attempt	Date of Outcome
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	
				L MA Oth		D	I	M	AF	R	AT	NT	

Review hard copy together. Answer questions.



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 ID #:_____

EID Infant? ☐ YES ☐ NO

☐ Missed appointment ☐ Defaulter (missed appt ≥2mo)

Patient ART/HCC#:_____

EID Infant? ☐ YES ☐ NO

☐ Other Reason *(Please Specify)*:

Name of Patient:_____ **Age:**_____ **Sex:**_____
Guardian Name:_____

Phone number:_____

Physical address (Descriptive):_____

Tracing visits:

Date	Type of encounter	Notes
	☐ Home ☐ Phone	
	☐ Home ☐ Phone	
	☐ Home ☐ Phone	

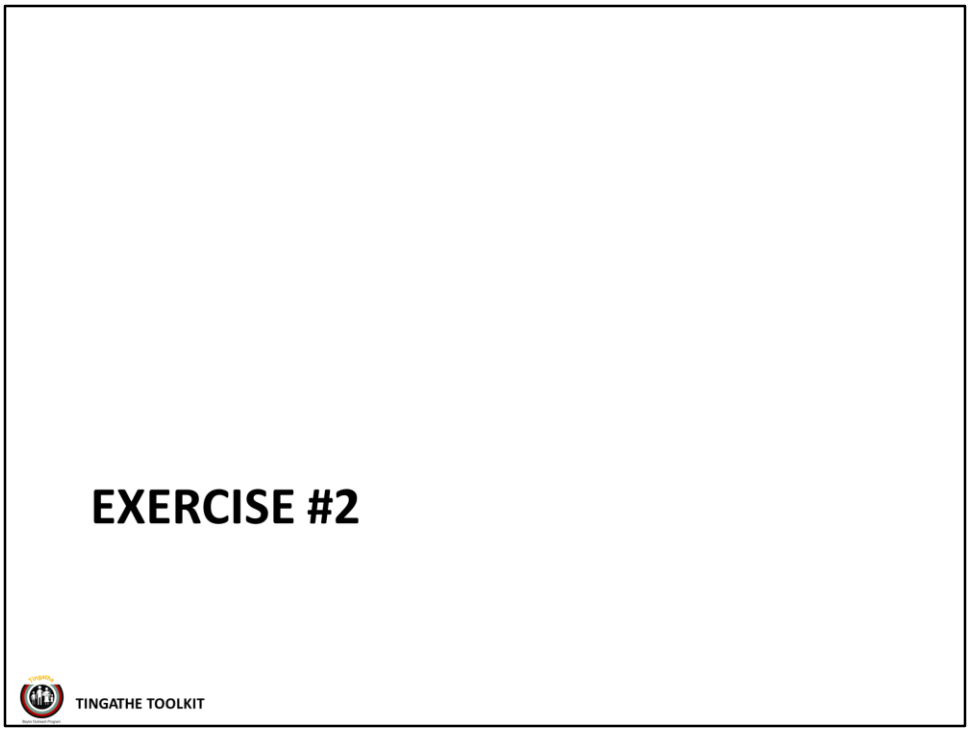
Tracing Outcomes (Tick one box)- Update Linkage or Appointment Register with Outcome

- ☐ 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:* _____

TINGATH

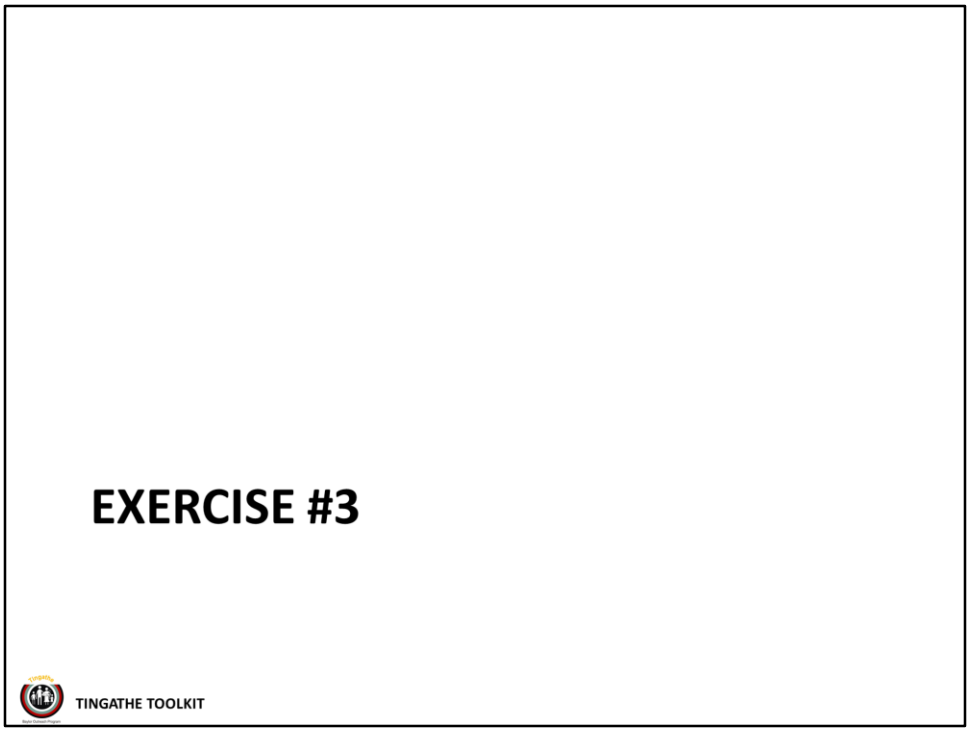
Go through the different sections of the form, discuss how they can use and answer questions.



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.



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?

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

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

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.

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

TINGATHE TOOLKIT

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?

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.*

TINGATHE TOOLKIT

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.

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.

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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):** _____

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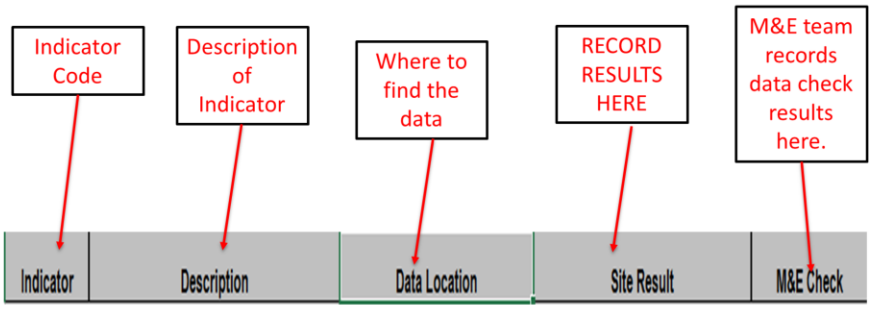
Reporting



TINGATHE TOOLKIT

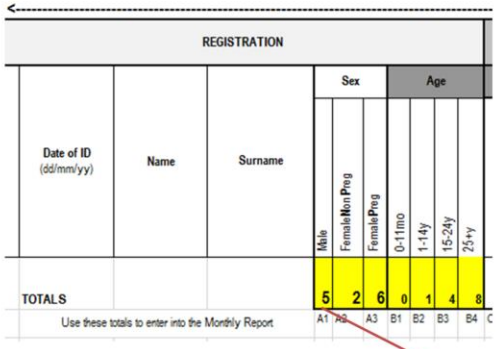
Linkage Reporting

Indicator	Description	Data Location	Data accurracy 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 Refered 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 Regsiter	
C.1.2	15-24 years	Tingathe Linkage Regsiter	
C.1.3	25+ years	Tingathe Linkage Regsiter	
	Percent initiated on treatment	Calculation	C.1/B.1

Comments:

TINGATHE TOOLKIT

TINGATHE TOOLKIT LINKAGE REGISTER **MONTH:**



REGISTRATION										
			Sex			Age				
Date of ID (dd/mm/yy)	Name	Surname	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	A2	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

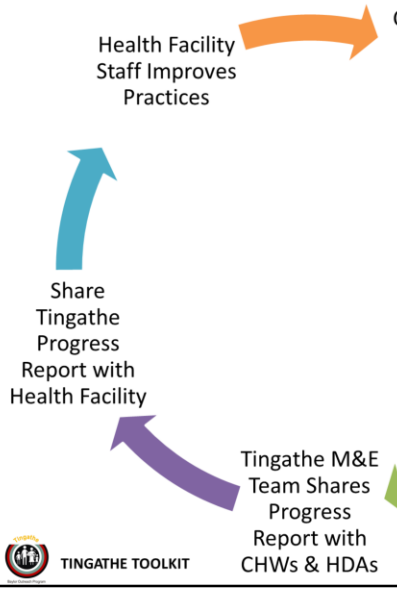
EXERCISE #4

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!

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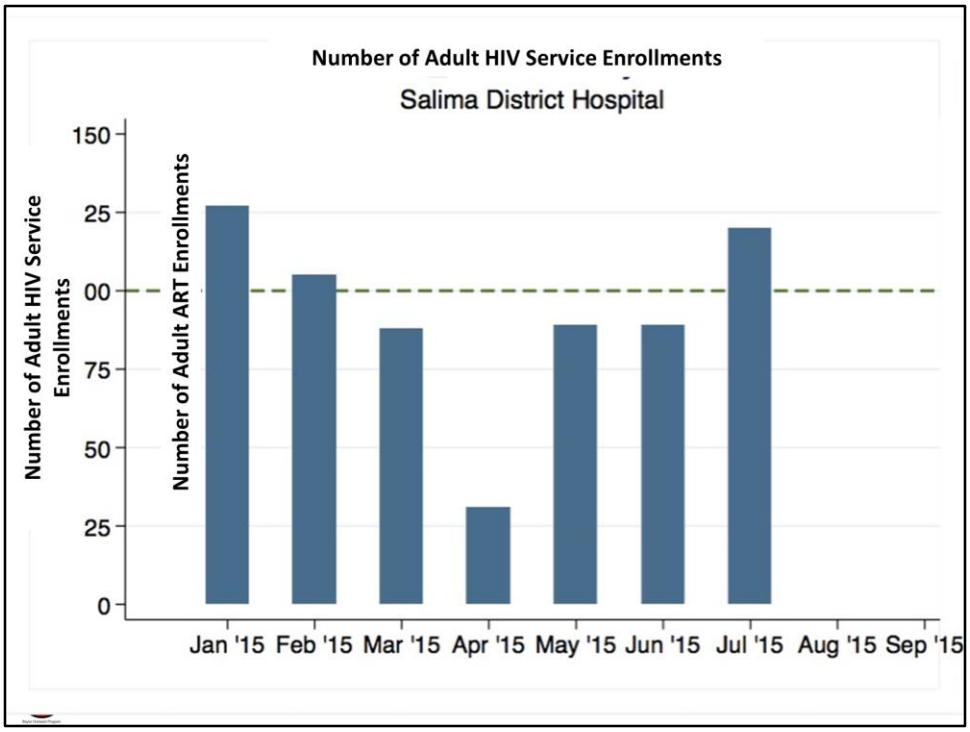
What will the progress reports look like?

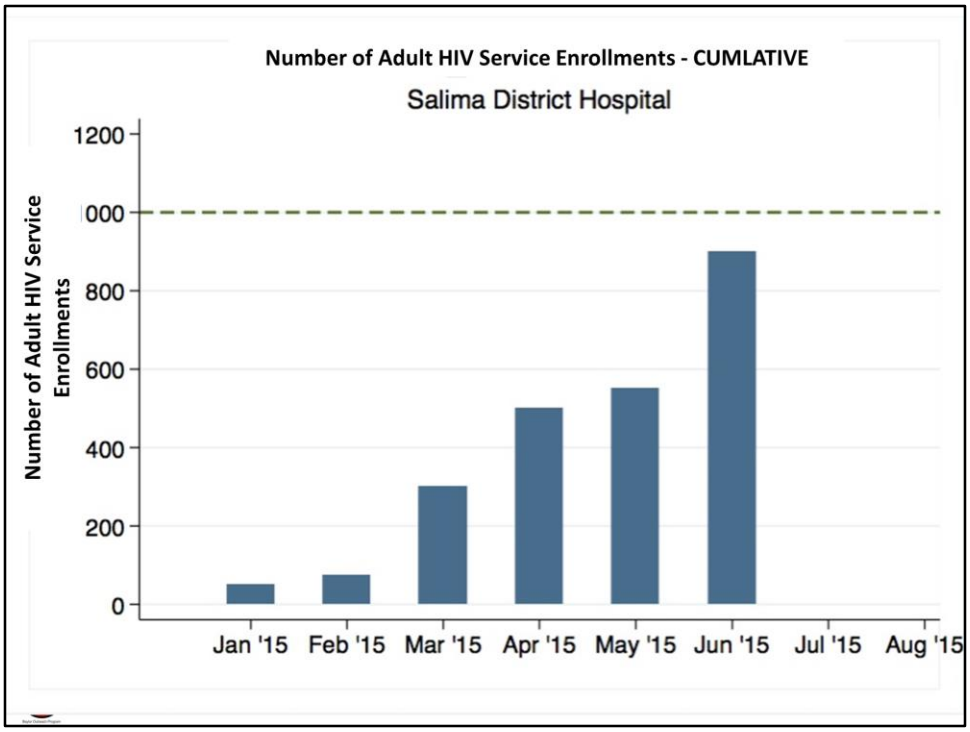
- Monthly Rate
  - Will get two, one of each to show you:
    - how many adults are enrolled in HIV services every month
    - How many children are enrolled in HIV services every month
  - Will have target line which shows the country's target for enrollment at your facility per month
  - Can compare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

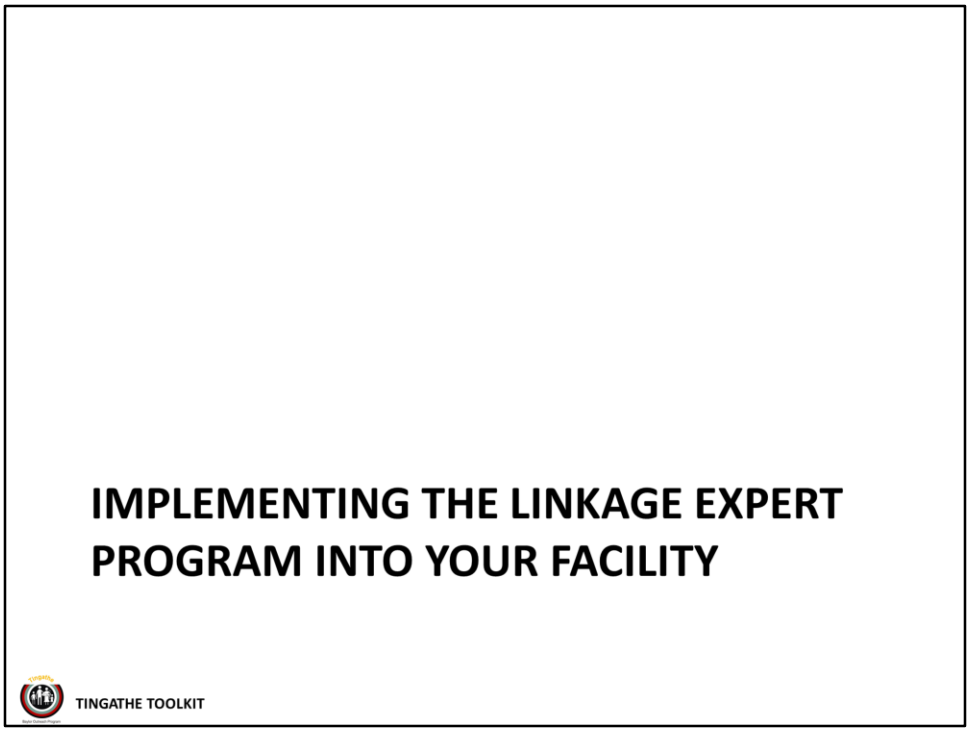
TINGATHE TOOLKIT


Number of Adult HIV Service Enrollments
Salima District Hospital
Number of Adult HIV Service Enrollments
Number of Adult ART Enrollments
150
25
00
75
50
25
0
Jan '15
Feb '15
Mar '15
Apr '15
May '15
Jun '15
Jul '15
Aug '15
Sep '15

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


Number of Adult HIV Service Enrollments - CUMLATIVE
Salima District Hospital
Number of Adult HIV Service Enrollments
1200
000
800
600
400
200
0
Jan '15
Feb '15
Mar '15
Apr '15
May '15
Jun '15
Jul '15
Aug '15



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

TINGATHE TOOLKIT

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?

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?

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?

QUESTIONS?

DISTRIBUTION OF SITE MATERIALS

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)
  - ≥ 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

Linkage Expert Program Brief SOP

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

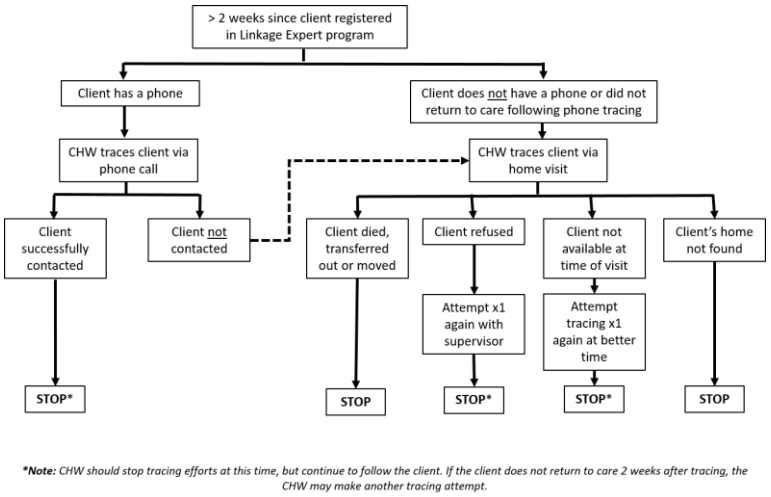
6. **If it has been >2 weeks since enrolment in the Linkage Register and the client has not yet received an ART number,** the client should be traced by phone call or home visit by tracing protocol described below.

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*



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

M&E Example Handout

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 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 accurracy check	Site Result
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 Refered 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 Regsiter		
C.1.2	15-24 years	Tingathe Linkage Regsiter		
C.1.3	25+ years	Tingathe Linkage Regsiter		
	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	
				Sex			Age					Initial Diagnosis			Confirmatory Testing					
	Date of ID (dd/mm/yy)	**Name**	**Surname**	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 #	**Test Date** (dd/mm/yy)	**Village**	**Phone Number** (Specify if phone number is for client or other contact)
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								

Linkage Register – Page 2

Locator Data		Enrolment in ART Care				Tracing *(begin tracing if patient has NOT started ART within 2 weeks of enrolment)*									Research Purposes- **Only Complete if Instructed**						
								Final Tracing Outcome							Retention: __ mo outcome						
	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**	Died	Found, intends to return	Moved	ART at another Facility	Declined/Refused	Attemped, but not found	No tracing attempt (Give reason in comments)	Alive on ART	Died	Refused	Stopped	Defaulted/LTFU/Moved	Transferred out	**Comments**
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:

Linkage to care ☐ Positive DNA-PCR ☐ Positive Rapid Test ☐ Known +, not on ART

Patient HTC/PCR ID #:_____

EID Infant? ☐ YES ☐ NO

☐ Missed appointment ☐ Defaulter (missed appt ≥2mo)

Patient ART/HCC#:_____

EID Infant? ☐ YES ☐ NO

☐ Other Reason *(Please Specify):*

Name of Patient:_____ **Age:**_____ **Sex:**_____
Guardian Name:_____

Phone number:_____

Physical address (Descriptive):_____

Tracing visits:

Date	Type of encounter	Notes
	☐Home ☐Phone	
	☐Home ☐Phone	
	☐Home ☐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 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.

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	Percent coverage	Calculation	A.2+A.3/A.4		
B 1	Total Refered 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 Regsiter			
C.1.2	15-24 years	Tingathe Linkage Regsiter			
C.1.3	25+ years	Tingathe Linkage Regsiter			
	Percent initiated on treatment	Calculation	C.1/B.1		

Comments:

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)?

_____

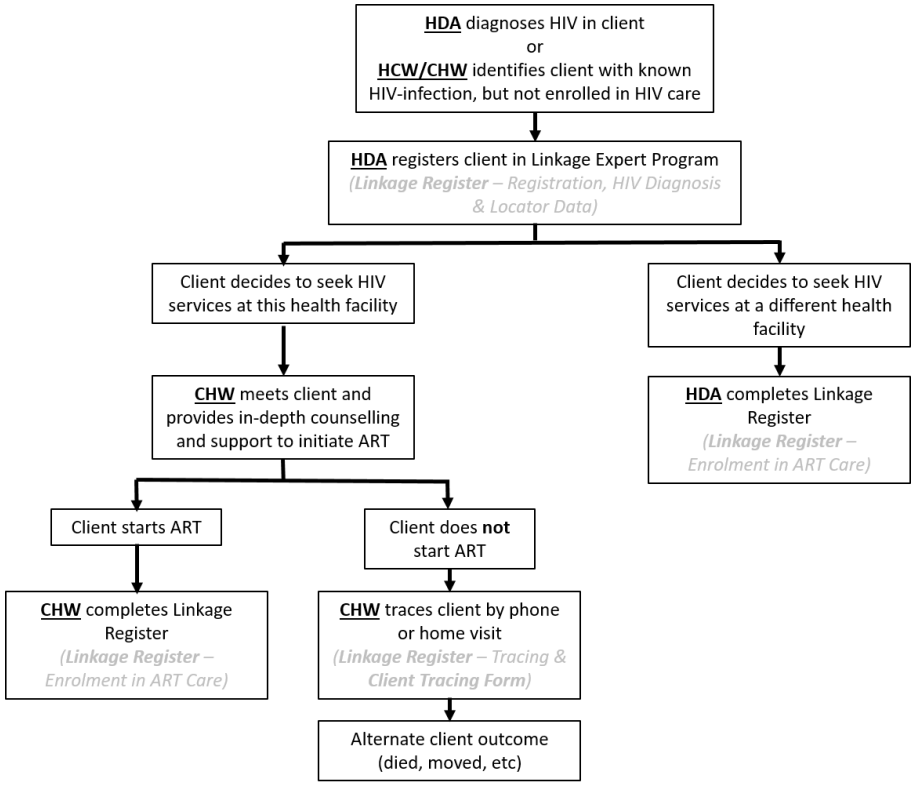
Possible Scenarios

- *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?

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	

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.	**only one of these options can be circled*
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.	**only one of these options can be circled*
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	

	if possible. It is encouraged for this section to be as detailed as possible.	

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 and 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.

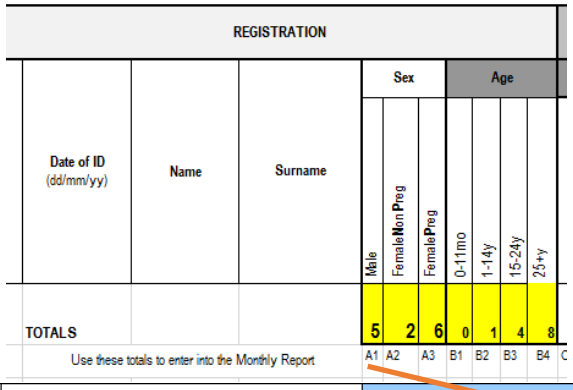
DESCRIPTION OF COLUMN HEADINGS

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.

Example:

TINGATHE TOOLKIT LINKAGE REGISTER **MONTH:**



	REGISTRATION			Sex			Age			
	Date of ID (dd/mm/yy)	Name	Surname	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	A2	A3	B1	B2	B3	B4

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 LINKAGE REGISTER **MONTH:** _____ **SITE:** _____

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

REGISTRATION											HIV DIAGNOSIS								Locator Data	
				Sex			Age				Initial Diagnosis					Confirmatory Testing				
	Date of ID (dd/mm/yy)	**Name**	**Surname**	Male	Female **Non P**reg	Female **P**reg	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 #	**Test Date** (dd/mm/yy)	**Village**	**Phone Number** (Specify if phone number is for client or other contact)
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 *(begin tracing if patient has NOT started ART within 2 weeks of enrolment)*			Final Tracing Outcome							Research Purposes- **Only Complete if Instructed** Retention: __ mo outcome						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	Died	Found, intends to return	Moved	ART at another Facility	Declined/Refused	Attemped, 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	
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

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 accurracy 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 Refered 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 Regsiter			
C.1.2	15-24 years	Tingathe Linkage Regsiter			
C.1.3	25+ years	Tingathe Linkage Regsiter			
	Percent initiated on treatment	Calculation	C.1/B.1		

Comments:

FIRST ENCOUNTER

WELCOME SCRIPT:

Hi my name is --------. Getting a diagnosis of HIV can be difficult. I am here to support you so that you can learn about HIV and the different services that are available for you. I also want to stress to you that everything you tell me is confidential. I will not share your status with anyone. I will not share what you tell me with anyone else except with those who will provide you with medical care. These are the rules I must follow. Feelings of being nervous or scared can be quite common. How are you feeling? *(Give patient time to share their feelings.)*

There are some things I would like to tell you about HIV. Although there is no cure, HIV can be treated. The treatment can help people living with HIV to live long healthy lives. I am here to help teach you about that treatment and where you can get it. Each person's treatment plan is different and the process for accessing treatment may be confusing at times. I can help answer your questions and guide you through the process. Your health is important to me!

FOLLOW UP QUESTIONS:

- What questions do you have for me?
- Is there anything you are worried about?

NEXT STEPS:

1. Discuss next steps in treatment plan
2. Escort the patient to see a clinician
3. If client starts ART the same day – use the 'STARTING ART' script to ensure you cover all key points
4. If client does <u>not</u> start ART the same day – schedule a date for him/her to return to clinic and confirm the 'Locator Data' in the Linkage Register

STARTING ART

KEY POINTS TO DISCUSS:

- Steps person will take to enroll in ART:
  - Confirmatory HIV test
  - Evaluation by clinician/nurse
  - Register for ART (i.e. receive an ART number)
  - Collecting medication (ART and CPT)
  - What to expect at future appointments
- What HIV is and what it is doing to the body
- What ART is and how it is helping the body
- Importance of a guardian and them attending the first six months of appointments with you
- ART – dosage, side effects and techniques to remember to take it
- ART adherence and resistance
- Viral load
- Prevention techniques
- Testing family members
- Positive living

FOLLOW UP QUESTIONS:

- What questions do you have for me about starting ART?
- Is there anything you are worried about?
- Do you have family members you would like to have tested for HIV?
- What techniques do you plan to use to help you remember to take your ART?

NEXT STEPS:

- Ensure patient understands what will happen at their next appointment.
- Record their next appointment into the Appointment Register
- Complete the 'Enrolment into ART Care' section of the Linkage Register.

SPECIAL ISSUES FOR PREGNANT AND BREASTFEEDING WOMEN

KEY POINTS TO DISCUSS:

- Staring ART immediately and taking it for life
- ART side effects and dosing
- Disclosure to spouse
- Exposed infant care
    - Mother staying adherent to her ART
    - NVP – dosage, starting immediately after birth, side effects
    - CPT – dosage and importance
    - Exclusive breastfeeding
    - Infant testing
    - If child is found HIV+

FOLLOW UP QUESTIONS:

- What questions do you have for me?
- Is there anything you are worried about?
- Do you understand the importance of staring your ART immediately and taking it for life?

NEXT STEPS:

- Refer patient to clinician/nurse if they have any questions you cannot answer.
- Make a note of any potential issues or barriers patient may face on their MasterCard.

SPECIAL ISSUES FOR CHILDREN

KEY POINTS TO DISCUSS:

- Importance of two caregivers
- Importance of supervision and encouragement
- Difference between adult and pediatric ART regimens
- Disclosure to the child
- Importance of getting weight at every visit to monitor growth and dosage
- Talking to your child about HIV, not lying to the child
- Importance of attending all regular under-five and immunization appointments
- If child is less than two years old:
    - Confirmatory testing at 1 and 2 years old
    - Exclusive breastfeeding until 6 months and weaning at 2 years
    - Importance of mother's adherence to her ART

FOLLOW UP QUESTIONS:

- What questions do you have for me about your child being HIV-infected?
- Is there anything you are worried about?
- Do you have someone in mind to act as a second caregiver?
- Do you understand the difference between adult and pediatric ART regimens?

NEXT STEPS:

- Refer patient to clinician/nurse if they have any questions you cannot answer.
- Make a note of any potential issues or barriers patient may face on their PMTCT MasterCard.

ADHERENCE

KEY POINTS TO DISCUSS:

- Barriers and reasons to why they are not adherent
- Potential solutions to barriers
- Resistance
- Importance of ART for a healthy life and to reduce transmission to others
- Techniques to use to remember to take ART
- Support system and guardian

REMEMBER:

Do NOT yell at your patients. It can be difficult to take medication every day. Instead be supportive and try to improve their adherence by working through their barriers!

FOLLOW UP QUESTIONS:

- What questions do you have for me about adherence?
- Is there anything you are worried about?
- Do you understand the importance of taking ART both for yourself and others?
- What techniques do you plan to use to help you remember to take your ART?

NEXT STEPS:

- Make notes of key barriers patient is facing on their MasterCard.
- Make a note in your diary for their next clinic appointment and ensure that they attend and/or you are present to assist them.

DISCLOSURE

KEY POINTS TO DISCUSS:

- Importance of disclosure
- Possible outcomes of disclosure
- Their barriers to disclosure
- Potential solutions to barriers
- Methods of disclosure
- The health facility staff can help you disclose

FOLLOW UP QUESTIONS:

- What questions do you have for me about disclosure?
- Is there anything you are worried about?
- Do you feel more confident now about disclosing?
- What do you think is a good plan for you to disclose?

NEXT STEPS:

- Refer patient to clinician/nurse if they have any questions you cannot answer.
- Make a note of any potential issues or barriers patient may face on their MasterCard.

I CAN ASSIST YOUR PATIENT ACCESS ALL HIV SERVICES!

flash me! it's free!

0123 456 789

John Doe

the linkage expert

USAID FROM THE AMERICAN PEOPLE

PEPFAR

Baylor College of Medicine Children's Foundation Malawi

Tingathe Baylor Community Outreach Program

Client Tracing Tools: These tools are designed to support the CHW organize and report on client tracing efforts, regardless on the reason for tracing. The ***Client Tracing Form*** provides a document to record the client's locator information, tracing attempts and final tracing outcome. The ***CHW Client Tracing List*** helps the CHW manage and track all his/her client's that require tracing and their current tracing status. The ***Locator Form*** can be used in cases where there is not space or an opportunity to record a patient's locator details in an existing register/sheet. The ***Home-Based Visit SOP*** describes the process for conducting home-based tracing visits with confidentiality and respect.

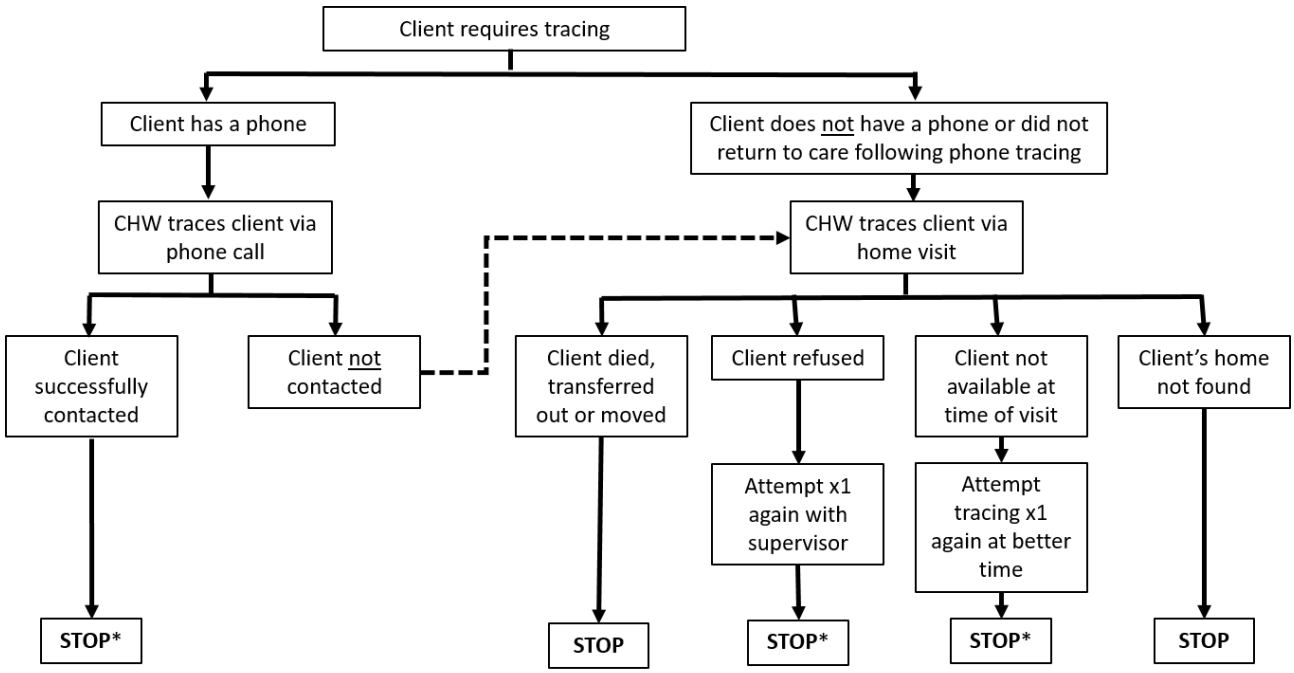
This set of tools is broken up into the following four sections:

Section 1: Client Tracing Form

A client may be traced for many reasons: missed appointment, defaulting, or linkage to care or to follow up VL or TB test results. For each assigned client for tracing, the CHW should follow the following procedure:

1. Complete a **Client Tracing Form** to keep track of the tracing activity. Clearly document client information on the form. If client is an EID infant, then s/he should be prioritized for tracing.
2. Follow the tracing procedure described in **Figure 1**. If phone number is available, begin by trying to reach the client by phone. If the client is successfully contacted but has not returned to care in two weeks, make a home visit. If the client is not home but it is the correct house, return one other time at a better time.
3. If the client does not have a phone, proceed directly to a home visit.
4. Tracing attempts should be documented on the Client Tracing Form. While in use, store the Client Tracing form in a binder.
5. Once a client has a final tracing outcome, update the appointment/linkage register with the final outcome. Then pair the completed Client Tracing Form with the client's MasterCard.

Figure 1. Client Tracing Flowchart



***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.*

Section 2: Client Tracing Lists

*The **CHW Client Tracing List** provides an overview of the CHW's assigned clients for Client Tracing. To use the CHW Client List, the CHW should follow following procedure:*

1. Tick the month of the encounter in the row of the client's name every time contact has been made with the client (at facility, on phone, or at home visit).
2. Monitor Client Lists – if it has been > 2 months since contact with an assigned client (sooner if an urgent issue), make an effort to connect with the client – at an upcoming appointment, by phone, or on home visit.
3. Maintain the Client Tracing Forms and Client Lists in binders/files.
4. The supervisor should review Client Tracing Forms and Client Lists for each CHW at least quarterly to ensure quality activity.

Section 3: Patient Locator Form

The Patient Locator Form can be used to record detailed locator information for a patient. It is designed for use in situations where there is not an existing place in client records for recording tracing information. For example, a client locator form can be filled for existing ART patient's requesting home-based HIV testing of their family members.

1. The CHW should fill the client locator form with the patient present in as much detail as possible. When possible, it is recommended to:
    a. Form some rapport with the patient to promote the patient to feel comfortable giving accurate details
    b. Have the form filled by a CHW who is familiar with the area that the patient is from and/or the person assigned to trace the patient
    c. Fill the form in as much detail as possible. If there is not enough space on the front of the form, the back can also be used
2. Complete the top of the form with the name of the CHW filling it and the date that it is filled. It is important that the CHW filling the form to make instructions as clear as possible because s/he may not be the one tracing the patient.
3. Ask for consent for both home and phone-based tracing.
4. Complete the 'Phone Follow Up' section with the client's phone number and any other details to ensure confidentiality/comfort to the client.
5. Complete the 'Home-Based Follow Up' section in addition the map.
6. If the client is comfortable, ask and complete the other questions on the form. This information can be used to trace the client if the written instructions and map are not enough.
7. Once completed the form should be stored with other patient records.
8. When conducting home-based tracing, the Locator Form should not be taken with the CHW to trace. Instead notes about the location should be copied onto another sheet or a picture of the form can be taken by the CHW on their phone for reference.
9. If needed, the Follow Up/Tracing section can be used to record notes and dates of tracing.

Section 4: Home-Based Visit Procedure

Home-based patient visits can be done for a number of reasons including defaulter tracing, testing of household members and/or general follow up for special cases/patients. This procedure outlines the general process for conducting a home visit and should be adapted to include details for conducting specific visits. It is intended for use by all CHWs assigned to patients who have agreed to home visits. Preparation for the home visit should be done at the health facility, while home visits are conducted at the patient's home.

*Agreement on home visits is usually decided at the time of enrolment into any program (Linkage, PMTCT, etc) with details written on the patient's entry in the register, MasterCard or **Locator Form**. However, the time/day of any visit should be adjusted to the preference of the patient, and they may change their decision at any time. It is important to always respect the preference of the patient.*

HOME VISIT BY A CHW

Part 1: Preparation

1. Visits should be conducted only by those who have proper training and consent from the head office.
2. Bring with you:
    a. The complete locator information and know where you're going
    b. Your ID badge, but you don't have to wear it (to maintain confidentiality and avoid attracting unnecessary attention)
    c. Notebook and pen
    d. Any counselling/testing tool needed for reference
    e. Charged cell phones (for security)

3. Ensure professional behavior and attire.
4. Remember that confidentiality is a PRIORITY.
5. No hand-outs or incentives should be given or received.
6. If going by bicycle or motorcycle, confirm that it is in working order and bring any necessary tools or safety equipment with you.

Part 2: Conducting the Home Visit

1. After arriving at the home, lock and store your bicycle/motorcycle in a secure area.
2. Ensure that you are speaking to the appropriate person before you disclose any information.
    a. If the person is not your patient, ask to speak with your patient as well.
3. If the home is in close proximity to another,, agree with the patient on a private area to speak.
    - ❖ When patient or caregiver is of the opposite sex, make sure you maintain appropriate distance.
    - ❖ If a young child is present, be careful to avoid accidental disclosure (avoid words like HIV or AIDS in their presence)
    - ❖ Try to involve yourself in their conversation or let them finish if the situation permits you to do so (rapport building).
4. Introduce yourself as a CHW (use ID badge if needed).
5. Ask about disclosure. If the patient has disclosed to their spouse and/or family, ask if anyone else would like to join the session.
6. Explain to the patient the reason for your visit and what will be happening.
7. Complete any necessary tasks. Tasks may include:
    a. Adherence counselling
    b. Pill count
    c. Assistance with disclosure
    d. HIV testing of household members
    e. Screening for signs of TB / need for IPT among patient and/or family members
8. Document your visit in the appropriate places, including the patient's health passport book (if available), being sure to include the following:
    - Date of the visit
    - Important information about the visit
    - Next clinic appointment
    - CHW name
9. Remind the patient of their next clinic visit.
10. Agree with the patient on a time and date for their next home visit (if appropriate).

Part 3: Post Visit Documentation

1. Upon returning to the health facility, record all information you have collected onto the proper forms (i.e. patient MasterCard, patient Locator Form, register, etc). Do this within 24 hours of the home visit.
    - ❖ Documentation should still be done, even if the patient was not found at home.
2. Let the Site Supervisor/Assistant SS know if there are any concerning issues about a patient.

SUPERVISION OF HOME VISITS

Supervised visits by the Site Supervisor should be conducted on a regular basis to ensure procedures are followed by all CHWs. These visits can be either planned or random spot-checks.

Part 1: Supervision of Visit

1. Prepare for the home visit by reviewing the patient's information you plan on visiting including: the number and frequency of visits, the reasons for visits, any difficult issues.
2. Travel to the site with the CHW, following steps 1-4 of the Conducting Home Visit Section.
3. Meet the patient/guardian. Have the CHW introduce you.
4. Observe the CHW as they perform a home visit.
    a. Observe if the CHW is:
        i. Maintaining confidentiality
        ii. Practicing active listening
        iii. Explaining things in detail in a way the patient can understand
        iv. Being patient and not getting frustrated
        v. Respecting the patient
    b. Confirm that the CHW completes the following tasks (if the situation is appropriate):
        i. Follows proper procedures for any scheduled activity (e.g. HTC, pill count, adherence counselling)

ii. Checks and records any important information in the health passport book

5. After the CHW finishes, check documentation in the health passport book and cross check it with information you brought with you.
6. Ask the patient if you can ask some follow-up questions without the CHW so you can know whether the patient is helped by the CHW and the Tingathe program at large.
    a. Do you think it is important to have a CHW come for home visits? Why or why not?
    b. How do you feel you have benefited from the Tingathe program?
    c. Have you had any issues – positive or negative – with your CHW?
7. Document your visit in the patient's passport book.
8. Leave the home and go back to the health facility.

Part 2: Follow-Up and Reporting on Supervision

1. Compare documentation found in the passport book with the information in the patient's record.
2. Give feedback to CHW in the presence of the SS/Asst. SS.
3. Give feedback to CHW once at the site. Discuss the following issues:
    a. Performance during home visit
    b. Documentation in the passport book and MasterCard
    c. Concerns for documentation
    d. If any, concerns for falsification
    e. Any other patient findings not found in patient records
    - ❖ Concerns for falsification **must** be reported to the main office within 2 days.
4. Properly document the patients you supervised.

Appendix: Client Tracing Form, Client Tracing List, Client Locator Form

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 ID #:_____

EID Infant? ☐ YES ☐ NO

☐ Missed appointment ☐ Defaulter (missed appt ≥2mo)

Patient ART/HCC#:_____

EID Infant? ☐ YES ☐ NO

☐ Other Reason *(Please Specify):*

Name of Patient:_____**Age:**_____ **Sex:**_____
Guardian Name:_____

Phone number:_____

Physical address (Descriptive):_____

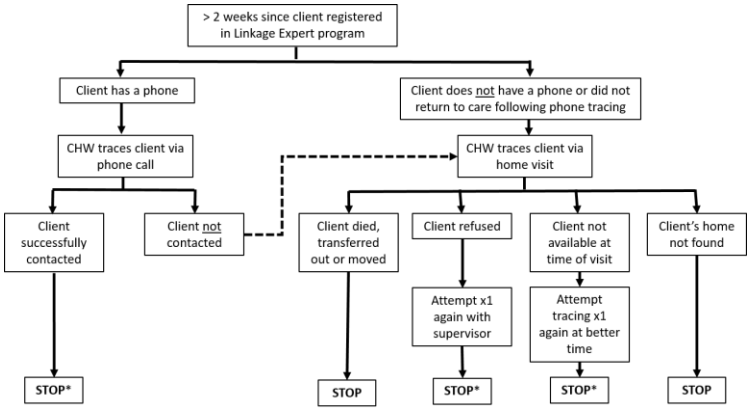
Tracing visits:

Date	Type of encounter	Notes
	☐Home ☐Phone	
	☐Home ☐Phone	
	☐Home ☐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:* _____



***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.*

CHW CLIENT TRACING LIST

SITE: _____ **CHW NAME:** _____ **MONTH/YEAR:** _____

				Reason for tracing		Final Tracing Outcome	
No	**Date Assigned**	**Patient Name**	**ART No. (if applicable)**	Linkage / Missed appt/ default / Other	**Comments**	Died / Found, intends to return / Moved / ART at another Facility / Declined/Refused / Attemped, but not found / No tracing attempt	**Date of Outcome**
				L MA Oth		D I M AF R AT NT	
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				L MA Oth		D I M AF R AT NT	

Name of Person Filling Form: _____ Date Locator Form Filled: ___/___/_____

CONSENT:
CAN WE CONDUCT FOLLOW UPS AT YOUR HOME?: YES NO
CAN WE CONDUCT FOLLOW UPS BY CALLING YOUR MOBILE PHONE?: YES NO

PATIENT'S NAME:_____

PHONE FOLLOW UP

MOBILE PHONE NUMBER: _____

SPECIAL INSTRUCTIONS FOR PHONE CONTACT (E.G. HUSBAND'S PHONE, ALTERNATE NUMBER)

_____

_____

HOME BASED FOLLOW UP

VILLAGE NAME: _____

BEST DAY(S) FOR HOME VISITS: _____

SPECIAL INSTRUCTIONS FOR CONDUCTING FOLLOW UPS:

_____
_____
_____

WRITTEN DIRECTIONS TO AND/OR LANDMARKS AROUND YOUR HOME_____
_____
_____
_____
_____
_____
_____

ONLY ASK THE QUESTIONS BELOW IF PATIENT IS COMFORTABLE ANSWERING:

CHILD'S SCHOOL NAME: _____

NEIGHBOR'S NAME: _____

NAME OF YOUR CHURCH: _____

ALTERNATIVE CONTACT/CAREGIVER FOR PATIENT:

NAME: _____ RELATION: _____

PHONE: _____ VILLAGE NAME: _____

*****PLEASE DRAW A MAP TO THE HOUSE OR DESCRIBE HOW TO GET TO THE HOUSE (***IF PATIENT MOVES, PLEASE FILL OUT A NEW LOCATOR FORM AND ATTACH TO PATIENT MASTERCARD***)**

Comments:

_____
_____
_____
_____
_____

Follow Up:

Date	Follow Up Notes	Initials

Home-based patient visits can be done for a number of reasons including defaulter tracing, testing of household members and/or general follow up for special cases/patients. This procedure outlines the general process for conducting a home visit and should be adapted to include details for conducting specific visits. It is intended for use by all CHWs assigned to patients who have agreed to home visits. Preparation for the home visit should be done at the health facility, while home visits are conducted at the patient's home.

Agreement on home visits is usually decided at the time of enrolment into any program (Linkage, PMTCT, etc) with details written on the patient's **Locator Form**. However, the time/day of any visit should be adjusted to the preference of the patient, and they may change their decision at any time. It is important to always respect the preference of the patient.

HOME VISIT BY A CHW

Section 1: Preparation

1. Visits should be conducted only by those who have proper training and consent from the head office.
2. Bring with you:
    a. The complete locator information and know where you're going
    b. Your ID badge, but you don't have to wear it (to maintain confidentiality and avoid attracting unnecessary attention)
    c. Notebook and pen
    d. Any counselling/testing tool needed for reference
    e. Charged cell phones (for security)
3. Ensure professional behavior and attire.
4. Remember that confidentiality is a PRIORITY.
5. No hand-outs or incentives should be given or received.
6. If going by bicycle or motorcycle, confirm that it is in working order and bring any necessary tools or safety equipment with you.

Section 2: Conducting the Home Visit

1. After arriving at the home, lock and store your bicycle/motorcycle in a secure area.
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