

USAID AMPATH Uzima



Telephone: (+254)532033471/2 | Postal Address: P.O. Box 4606-30100, Eldoret, Kenya | Email: info@usaidampathuzima.or.ke

Standard Operating Procedure (SOP) for Referral and Linkage to Care and Prevention Services

SOP NO. I	TITLE:	Linkage to Care and Prevention Services SOP	
	PROJECT:	Uasin Gishu County and USAID AMPATH Uzima	
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June, 2022	June, 2024	<ul style="list-style-type: none">To update on follow-up of unlinked clientsChange of mechanism from AMPATHPlus to AMPATH Uzima	

I. Purpose / Background:

This SOP guides the processes of referral and linkage for newly diagnosed HIV-positive clients to HIV care and treatment services as well as linkage to prevention for those testing HIV negative. It outlines the processes, roles and responsibilities, and tools to be used for referral and linkage services. The SOP is to ensure early access to appropriate support services for both HIV-positive and negative persons. The aim is to increase positive client outcomes by ensuring no one is identified and missed out of care. Successful Linkage to care and prevention

services is the desired outcome of the referral processes. The Kenya HTS guidelines recommend that the 5Cs (Consent, Counselling Confidentiality, Correct results, Connection) of HIV testing should be adhered to. The 5th “C” deals with appropriate referral and linkage services. A person is said to be linked if he/she attends the first session at a care center or any other referral point.

Scope

This SOP will guide all health providers offering HIV Testing and linkage services to clients. These will be HTS counselors, nurses, lab persons, clinicians, and all others (including CCC persons) who are concerned with testing and linking clients to care and prevention services. This SOP will be printed and kept at an appropriate point for ease in referral and to guide in ensuring 100% linkage to care and prevention services.

2. Detailed Processes

2.1 Identification of Positive clients (for all settings)

The referral and linkage processes start with an HIV-positive test result or an identified prevention need in a treatment facility, a non-treatment facility, or an outreach (community) setting. The processes described in this section are categorized into areas of: Identification of referral and linkage need, Follow-up to ensure linkage happens, resources and facilitation required and documentation of the processes.

- All identified HIV-positive clients will be identified following Kenya’s HIV Testing Services Guidelines. The HTS provider will take the client through the necessary testing/prevention package of Pre-test, Testing and post-test counseling with a key emphasis on linkage to prevention, care, and treatment services.
- Identification could be done either by HTS providers, lab personnel or any other staff trained in HTS

2.2 Linkage from HTS site to CCC

- A Comprehensive locator information form will be filled by the HTS provider with client details to help in following up with the clients; physical landmark, telephone number (self and alternate), and next of kin (significant other) among others.
- All identified HIV-positive clients will be physically escorted by the HTS provider to the CCC for linkage; for both those identified at the facility and through outreach approaches. This shall be same-day linkage as much as possible. The facility will implement a synergized system to ensure a smooth transition of clients from the testing sites to the CCC. One CCC staff (preferably a peer educator/mentor mother) will be identified as the first contact person to receive the client.

- The peer educator and HTS provider will work together to ensure the newly identified clients come for their second visits; to strengthen retention.
- In health facilities with extended hours of HIV testing services, the CCC in charge will ensure full coverage for immediate linkage of identified clients
- For clients preferring outside facilities for linkage due to various reasons including stigma, they shall be enrolled into care at the testing site, started on treatment and given transfer letters to their sites of preference. The CCC staff and HTS provider will contact the referral sites to confirm if the client arrived for successful linkage and retention in care.
- The health facilities will implement specific models at the CCC to reduce waiting time for the newly identified clients; this will help improve retention. If possible, 'Red Carpet' treatment with separated client flow will be provided for the first six months.

2.2.1 Linkage in Non-Treatment Centers

- All positive clients identified in testing sites that lack care and treatment services will be equally escorted to care and treatment sites for linkage. This shall be same-day linkage as much as possible
- The same process as stated above in section 2.2 will be followed for successful linkage
- The testing sites with support from SCASCOs will offer starter packs for the clients not able to immediately go to the care centers
- Those started on starter packs will require thorough locator information collection for ease of tracing in the event they don't reach the care centers
- Clients who will be issued with starter packs will be encouraged to come to the testing site for escorting to the care centers at an agreed time (when they will have created time for linkage but within two weeks)
- The HTS providers will remind the clients through calls of their appointment for visiting care centers.

2.2.2 Linkage from Community Approaches

- All the steps outlined in section 2.2 will be implemented in this category of clients as well
- The health facility and testing team shall institute a system to support same-day linkage. This will include weekend CCC coverage and engagement of clinical persons for linkage
- The HTS provider will physically escort clients identified to CCC for linkage
- In situations where the client is not in a position to be escorted due to various reasons including stigma and time, the HTS provider will plan to have the client linked at the testing

place. This will be followed with a proper plan to have the client visit the facility for subsequent appointments

2.2.3 Unlinked clients follow up plan

- All clients not linked on the same day due to various reasons will be followed by the individual provider who provides the testing services
- Follow-up attempts either by phone or physical visit will be documented in the comment section of the referral MoH 362 section with the outcome well indicated
- For Clients who will indicate reference of linkage to other facilities; either within or outside the county, the tester will work with the receiving facility to ensure the client reaches the intended facility and is enrolled into care
- For clients declining linkage to care, the HTS provider will employ a multi-disciplinary approach by involving the supervisor or clinician in the process for improved support to the client

2.3 Documentation of linkage process

- All clients identified as HIV positive will immediately be documented in the referral section at the back of MoH 362 by the HTS providers before linking them to CCC
- An active line list will be maintained at all times in the facility with clear accountability of all unlinked clients
- The positive clients will be provided with a referral form to facilitate their linkage to CCC and a copy kept by the HTS provider for filing
- Locator information form will be filled by the HTS provider and handed over to the receiving staff at the CCC for further updating and filing in the client file
- Each health facility will institute a system for immediate documentation of clients who have been handed over to the CCC with a clear indication of the receiving officer

2.4 Logistical Support

- The facility will ensure each testing point is supplied with registers such as MoH 362, facility and community referral booklets
- The facility will ensure all customized documents are well in place and updated; such as active line listing
- The HTS providers shall be provided with sufficient airtime for referral follow-ups in achieving successful linkage
- For clients identified in non-care and treatment centers, the HTS provider and client shall be facilitated with fare/transport to the care centers for the initial linkage visit.

- Further to the transport aspect stated above, the client and HTS provider shall be reimbursed using actual rates for the distance covered; that is, the reimbursement shall be for the actual cost incurred.
- For the reimbursement, the provider shall provide the linkage claim form as a supporting document for approval and reimbursement (attached in the appendix)
- The claim form should be confirmed by the CCC In-charge and County HTS officer for payment
- To facilitate this reimbursement, the County HTS Officer shall place a request early in advance (in the form of an Imprest) under the right persons (e.g. CCC In-charges) for immediate reimbursement to clients and HTS providers being linked.

Appendix: Client escort facilitation/claim form

CLIENT ESCORT FACILITATION/CLAIM FORM

NO .	Date Client Tested	Facility/Place of testing	Escorted By	Facility enrolled/Destination	Date Linked	Received by	Client CCC No.	Amount Claimed	Sign
1									
2									
3									
4									
5									
6									
7									
8									

Done by(HTS Provider).....Sign.....Date.....

Confirmed by CCC Incharge.....Sign.....Date.....

Approved by (County HTS Officer).....Sign.....Date.....