TESTING AND LINKAGE TO CARE (TLC) AT OTHAYA DH
Optimal service linkages: from testing to treatment

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BACKGROUND
Linkage of newly diagnosed HIV-infected clients was done using patient escorts from the testing points to the CCC with data recorded in the National Referral tool. Most clients reached the CCC but were not enrolled on the same day because of inconsistent implementation of these referral activities and some of the clients were not ready to be enrolled into care.

OBJECTIVES
• Increase referral success rate from the testing points to the CCC to more than 80%
• Document and share the strategies used

METHODS
CHS team sensitized the facility staff on the need for a referral strategy. All eligible patients were screened for HIV in the OPD and offered treatment for presenting complaints by the attending clinicians. They were then physically escorted to the CCC by peer educators and data recorded in a referral register by HTC providers at the various testing points and in the CCC. Those ready to be enrolled into care were enrolled on same day of diagnosis. Those not ready were given a return date and information recorded on a referral register.

Phone calls were made on the appointment day to those not honouring their appointments, to remind them and reschedule. Referrals to other facilities were done from the CCC as all clients with a HIV diagnosis were referred to the CCC. The referral register was then

RESULTS

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<tr>
<th></th>
<th>Total</th>
<th>Enrolled in same facility</th>
<th>CCC within one month</th>
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</thead>
<tbody>
<tr>
<td>Total patients</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Enrolled in</td>
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CONCLUSION
• The referral register was the most important innovation that increased referral success rate to more than 80%
• There was need to strengthen systems for follow up success in inter-facility and facility-community linkage
• The strategy has been replicated in other facilities and can be rolled out nationwide