

## USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

### CASE STUDY

# Using an Intensive Community Outreach Approach to Increase Identification and Initiation of HIV-Positive Individuals on ART: *The TASO-Jinja Center Experience*

## Background

In February 2018, USAID'S's Regional Health Integration to Enhance Services in East-Central Uganda (USAID's RHITES-EC) project began implementing the TX\_NEW surge plan to accelerate identification and antiretroviral therapy (ART) initiation of HIV positive patients. The AIDS Support Organization (TASO)–Jinja Centre, a USAID's RHITES-EC partner facility, was struggling to achieve its weekly target of 32 individuals newly-enrolled on ART. On average, TASO only enrolled four new cases a week—far below this weekly target. With support from USAID's RHITES-EC, TASO identified key deficits in its HIV testing and treatment initiation strategy, including: lack of targeted HIV testing services (HTS) outreach to identify new HIV positive individuals in the community; limited monitoring and evaluation of ART registers for patients newly-initiated on ART; and poor compliance to the national “test and treat” policy allowing for same-day initiation of ART.

## Interventions

With support from the project, TASO intensified the Centre's community outreach work and use of program data to increase HIV case identification and improve same-day initiation of ART. Key strategic interventions included:

1. **Conducting patient-led mapping and mobilized populations at higher risk of HIV:** The TASO HTS



*A TASO psychosocial counsellor following up a new client in the community to support his retention in care.*

team identified peer leaders from their existing ART clients to map and mobilize high-risk populations to attend targeted HTS outreaches. Peer leaders mapped areas where high numbers of individuals at risk for HIV convene (hotspots), such as marketplaces, bars, brothels, and fishing communities. Village health teams (VHTs) worked at least three days prior to an outreach activity to mobilize people at these hotspots for HIV testing.

## MAY 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda. The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development of the United States Government.

## 2. Implementing a two-tiered eligibility screening system for HTS:

- **Target audience pre-screening using HIV risk assessment during community mobilization**

**activities:** TASO-Jinja engaged peer leaders to mobilize individuals, carry out HIV risk assessments using a standardized checklist, and book eligible populations for an HIV testing appointment during a TASO community outreach activity. Eligible populations included those with multiple sexual partners; those who have engaged in unprotected sex and have not been tested for HIV in the past three months; and, individuals who had never been tested.

- **Screening at community HIV testing points:** TASO-Jinja screened community members, using the detailed Ministry of Health (MOH) HTS screening tool, to confirm their eligibility prior to offering the HIV test at community testing points.

## 3. Increasing number of HTS community outreaches conducted daily:

The TASO-Jinja team initially conducted one HTS community outreach daily. To improve performance, TASO-Jinja began holding three simultaneous outreaches per day. Based on the effectiveness of the outreaches, TASO-Jinja scaled up and eventually held six simultaneous outreaches daily.

## 4. Scaling up index testing and assisted partner notification (APN) to increase HIV case identification:

TASO-Jinja enlisted and tested family members and sexual contacts of every individual who tested positive and consented to HTS.

## 5. Promoting same day ART initiation for newly tested HIV positive individuals:

TASO-Jinja modified pre-and post-test health education and counselling services to include the benefits of same day initiation on ART for individuals who test positive. TASO-Jinja also clinically assessed newly identified HIV-positive individuals for ART initiation and gave eligible patients an 'ART starter pack' consisting of antiretroviral drugs and septrin for 14 days.

## 6. Enhancing performance review monitoring:

TASO-Jinja held weekly performance data review meetings to identify and address gaps leading to poor performance. The meetings were attended by USAID RHITES-EC staff and TASO-Jinja staff participating in HTS and ART

initiation (e.g., HTS team lead, nurses, doctors, clinicians, psychosocial counselors, and monitoring and evaluation officers).

## Results

By implementing these strategic interventions, TASO-Jinja increased the number of new patients added to treatment weekly from 4 patients to 38 patients within seven weeks of implementation, often exceeding the weekly TX\_NEW target. (Please see **Figures 1 and 2.**) Performance continued to improve. During Quarter 1 (October – December 2017), TASO-Jinja had only initiated 67 new HIV-positive individuals on ART. Continued implementation of these set of interventions resulted in significant improvement by the end of Quarter 4 (September 2018). TASO-Jinja surpassed its annual TX\_New target, with 344 new HIV-positive individuals initiated on ART (116% of its annual target). Given TASO-Jinja's success, the RHITES-EC project scaled up the set of six interventions in other ART sites in the EC region to increase the number of newly enrolled patients on ART. The project also succeeded in accelerating initiation of new HIV positive individuals on ART (TX\_NEW) from 10.4% (2,934 out of 28,246 annual target) in Q1 (October – December 2017) to 80.5% (22,747 out of 28,246 annual target) by September 2018.

## Lesson Learnt and Conclusion

Implementation of the set of six interventions described above can help ART sites, like TASO-Jinja, increase the number of HIV cases identified and initiated on ART. This comprehensive implementation approach effectively integrated peer leader engagement to identify and mobilize at risk populations for HIV testing; scale up of HTS outreaches to hold multiple simultaneous HTS outreaches; standardized and consistent use of initial individual HIV risk assessments; and, strengthened use of referrals of eligible community members for HIV testing services with same-day ART initiation for newly tested HIV positive individuals to close the ART linkage gap. This approach to improve HIV testing yield and timely ART initiation can be easily adapted to any HIV program or health care setting. It is important to tailor outreach activities and HIV testing models based on the targeted populations to achieve high yield HIV testing and timely ART initiation outcomes.



Figure 1: Performance against weekly TX\_NEW target (Baseline – Week 9)

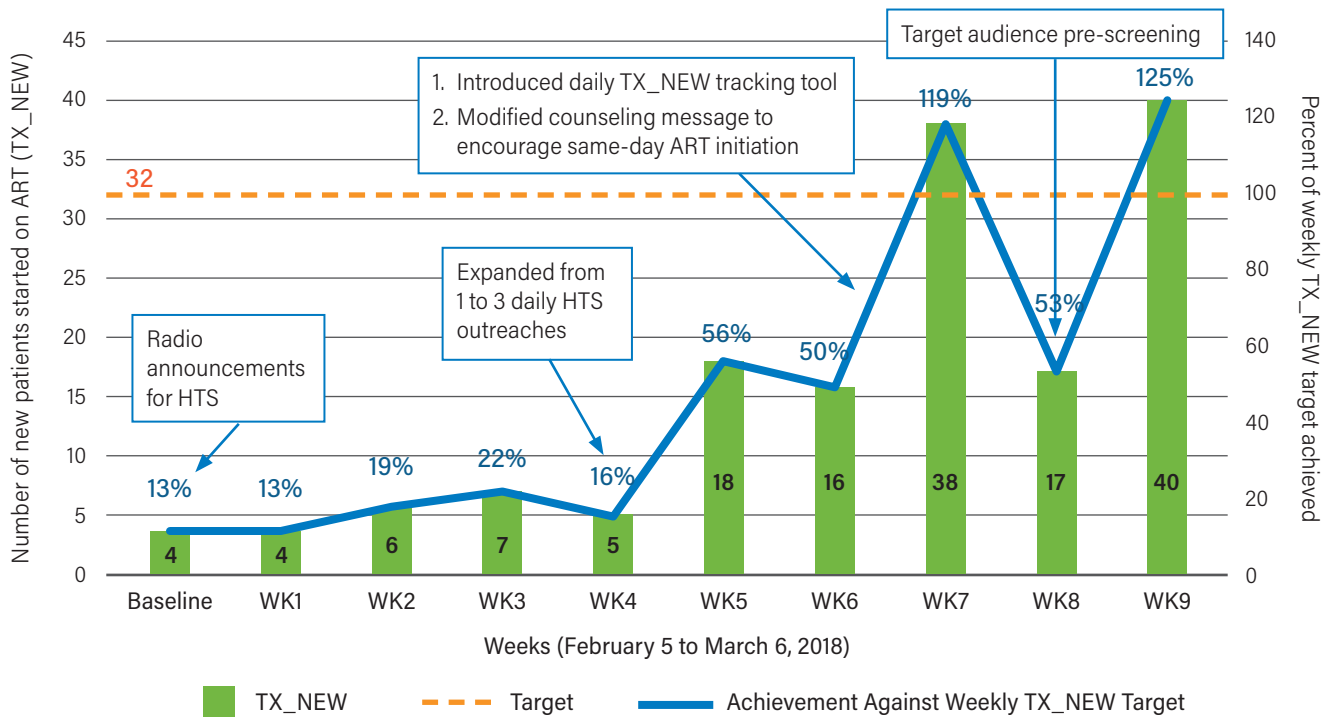


Figure 2: Performance against weekly TX\_NEW target (Week 10 – Week 20)

