

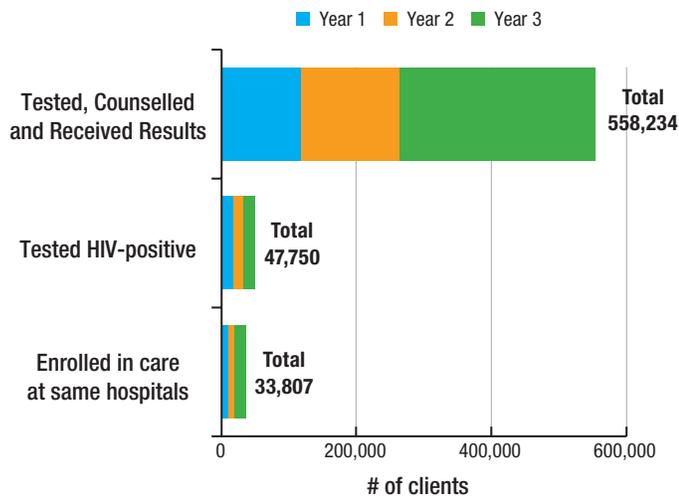
Scaling up Access to HIV Testing and Counselling Services within Public Hospitals

The 5-year USAID-funded Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) project, which began in June 2010, aims to support delivery of and enhance the quality of HIV prevention, care and treatment, TB and laboratory services in selected public hospitals and to support increased stewardship by the Ministry of Health (MOH) to sustain the delivery and quality of these services within the public healthcare system. HIV Testing and Counselling (HTC) is a critical component of the HIV prevention, care and treatment services supported by USAID/SUSTAIN.

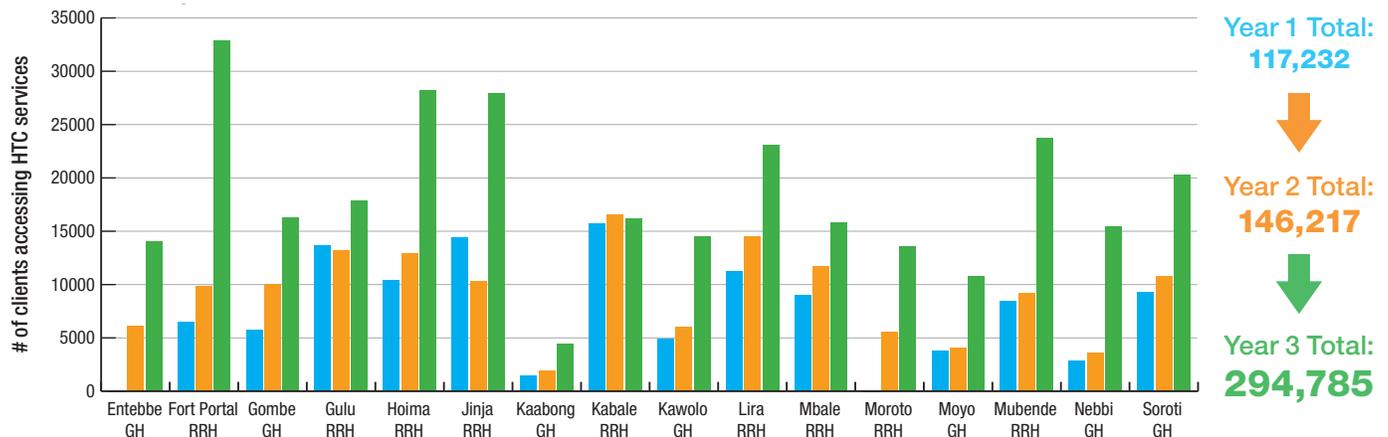
HIV Testing and Counselling (HTC) is a primary entry point for clients into HIV care, treatment and prevention services. Clients who test both positive and negative for HIV are appropriately counselled, linked, to and given appropriate services. USAID/SUSTAIN supports integration of HTC in routine healthcare services by:

- Supporting hospital teams to test and counsel all clients (children and adults and their family members) who access healthcare services within various hospital units
- Implementing a Provider-Initiated Testing and Counselling (PITC) approach across all hospital healthcare service delivery units to optimize access to all clients
- Ensuring that clients tested are deliberately and actively linked to appropriate prevention or care and treatment services
- Supporting unit managers to implement and track staff performance improvement initiatives: HTC task allocation, close individual staff engagement and reward and recognition for good performance
- Ensuring optimum management and use of HIV test kits supplied by the MOH
- Facilitating a close working relationship between clinical and laboratory teams for quality assurance of tests
- Assisting service provider teams to use modern improvement science methods to design, implement and monitor improvement projects aimed at closing performance gaps

Clients tested and enrolled in care; Years 1-3



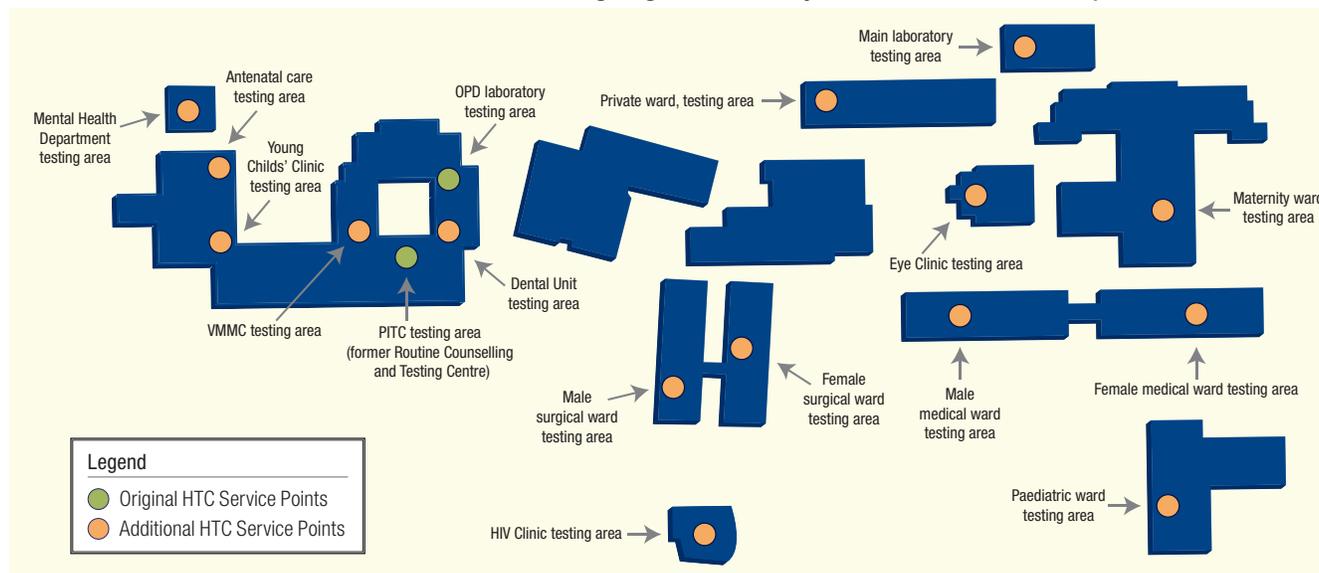
HTC Performance, by hospital; Years 1-3



Decentralizing HIV testing to all healthcare delivery units in hospitals increases access

Previously, HIV testing was conducted in hospital laboratories and designated testing centres located in HIV clinics. With the integration into routine healthcare services, testing is now conducted in multiple units within each hospital, thus increased access to and uptake of the service. For example, the number of testing sites at Fort Portal RRH has increased from 2 to 17, as shown in this diagram:

Aerial view of Fort Portal RRH showing original and newly introduced HCT service points



A model for expanding HTC coverage within public hospitals

LEADERSHIP

- Senior/Principal and Principal Nursing Officers (S/PNOs) provide overall leadership and oversight
- Hospital management teams identify HTC focal persons and designate coordination roles to them, under supervision of S/PNOs
- HTC functions in each hospital Ward/Unit led managed, and monitored by respective In-charges

STAFF ENGAGEMENT

- Service provider team skills for PITC enhanced through on-site practical training and mentoring exercises
- Service provider teams equipped with skills to routinely use their performance data to design implement and track improvement projects

EMPOWERMENT

- S/PNOs, respective HTC focal persons and selected unit service provider team representatives from each hospital participate in bi-annual inter-hospital shared learning sessions that provide a platform for peer learning and healthy competition
- Individual hospital teams develop plans to replicate selected best practices across various service delivery units within their respective hospitals

QUALITY IMPROVEMENT (QI)

QI Spotlight: Fort Portal Regional Referral Hospital

Fort Portal RRH is one of the hospitals that have shown dramatic improvement in increasing number of clients tested. Some of the initiatives implemented to improve performance included:

- Engaging hospital leadership at various levels:
 - Senior/Principal Nursing Officers took overall leadership and oversight role
 - HTC focal persons were identified and designated by hospital management teams; and ward/unit in-charges assist S/PNOs in coordinating and monitoring the services
- Shifting selected HTC service delivery process tasks to trained volunteers, ensuring that individual staff roles and performance objectives are clarified and introducing routine rewards and recognition for unit teams and individuals who achieve, exceed or show markedly improved performance against set targets
- Reducing impact of HIV testing activities on client waiting times by beginning the testing activities an hour before clients begin consulting with clinicians on each work day