



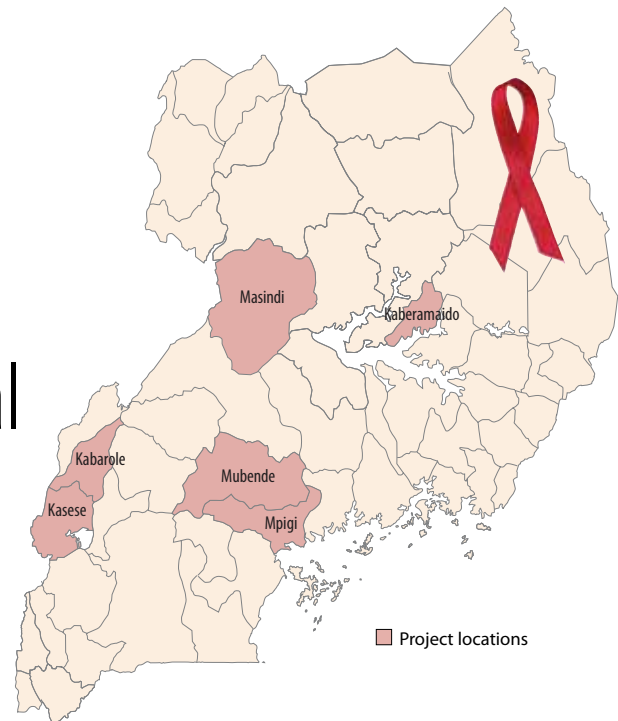
# Increasing Access to HIV Counseling, Testing, and Care Services in Rural Clinical Settings in Uganda

As in most sub-Saharan nations heavily burdened by the HIV/AIDS epidemic, the majority of Ugandans do not know their HIV sero-status (HIV-positive or HIV-negative). Following scientific and programmatic advances in HIV Counseling and Testing (HCT) and advances in treatment and care for persons infected with HIV, the Uganda Ministry of Health (MOH) adopted a new HCT policy in 2005. This policy introduced a health provider-initiated “opt-out” HCT method that can be integrated into routine health-care service delivery to address high levels of missed opportunities for HIV testing among patients attending health facilities. RTI International, in partnership with AIDS Health Care Foundation (AHF), supports the implementation of a 5-year model program in routine HIV counseling and testing (RCT) and basic care (BC), in eight Ugandan district hospitals and clinics. The Uganda RCT/BC project is supported by the U.S. Centers for Disease Control and Prevention (CDC), with funds from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

## Uganda RCT/BC project activities

Since the inception of the Uganda RCT/BC project, RTI has been working in collaboration with the MOH, CDC Uganda, and other stakeholders to address the significant service gaps that still exist in the provision of HCT services in Uganda. Project activities are aimed at increasing patients’ knowledge of their sero-status through access to and utilization of HCT and BC services and to foster an environment for positive health-seeking and maintaining behaviors.

The Uganda RCT/BC project currently supports eight facilities in Masindi, Mpigi, and Kaberamaido, and is working to phase in eight more facilities in 2007, in Kasese, Mubende, and Kabarole districts.



## Training

Previously, only a few health-care workers in HIV-related hospital wards were trained to administer HIV tests, and tests were only offered to patients who purposely requested to know their sero-status. Through the Uganda RCT/BC project, all health-care workers involved in patient care and diagnosis in the supported facilities are being trained in RCT/BC service delivery using a standardized curriculum. Thus far, more than 560 health workers have been trained to offer and/or refer every patient, regardless of the reason for their visit, for HIV/AIDS testing, counseling, and treatment services in the supported facilities. Several hundred more workers are to be trained in 2007-2008. A local health worker was surprised at the effectiveness of the training: “At first, I didn’t think I could successfully administer an HIV test after just 5 days of training. Before, tests were only given by lab technicians who had received up to 2 years of training. Now, I can give the test myself and report the results immediately; patients used to wait at least a day and as long as 2 weeks for their results.” Additional, specialized training workshops for select health workers have also been conducted in pediatric HIV testing and in chronic AIDS-related treatment and care.

## Raising awareness and acceptance

Promoting the benefits of RCT/BC to those receiving medical services, as well as those providing these services, is critical in overcoming individual barriers to testing and creating an environment that supports routine HIV

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counseling and testing practices. To inform and involve communities in the project, sensitization and mobilization dialogues are held with district community leaders, and regular meetings are arranged with health facility and district health officials to discuss the program's progress. District Focal Persons are also engaged in mobilizing communities, providing technical support, and monitoring activities. Posters and brochures are used to inform patients, health-care workers, and communities on the availability of RCT/BC services, as well as ways these services can help HIV-positive patients obtain a higher quality of life and enable HIV-negative patients to avoid infection.

### Strengthening referral systems

Patients who are identified through RCT as HIV-positive are linked to BC health services for psychological support and for help on how to live with the virus. A recent assessment showed that more than 63% of all HIV-positive patients diagnosed through the RCT program report to the chronic care clinics within the same health facility. RTI is collaborating with Population Services International (PSI) to provide a BC kit to each HIV-infected patient enrolled in the chronic-care clinics and to some facilities, with support from The AIDS Support Organization (TASO), to provide further post-test care and assistance. Progress has also been achieved by strengthening the linkage between HIV/AIDS and tuberculosis care and treatment for diagnosed patients.

Since March 2005, more than 81,470 HIV tests have been conducted under the program. All tested persons undergo counseling before and after the testing, and 99% of all individuals tested to date have received their results on their HIV sero-status. All patients found to be HIV-positive (about 10%) were initiated on seprin prophylaxis, which provides relief and prolongs the life of HIV patients, and were then referred to chronic care clinics for additional basic and specialized care.

### Improving information management, supply, and distribution systems

As noted by the numbers above, significantly more patients are being tested for HIV through the project, and those found HIV-positive are referred for additional care. This increase is creating a strain on facility staff and on the commodity and medical supply system. The MOH has a supply system in place, but is not being managed most effectively by facility staff. To mitigate the impact, clinicians, records clerks, hospital administrators, and managers at each project facility are being trained in data collection and analysis, and are using this information for



A health worker draws a blood sample for an HIV test in one of the supported health facilities. [Photo: Peter Odwe]

planning and ordering of resources, advocacy, and community mobilization. One significant achievement is the stakeholders' use of the data generated under this program for forecasting HIV/AIDS-related supply needs such as HIV test kits, needles, syringes, and drugs. Facility staff have commented, "We are ordering replenishments from the national MOH stores in a timelier manner and have fewer stock-outs of commodities. This helps us offer better and more consistent treatment to patients."

### Scaling-up program activities

The program is being scaled-up in 2007 to cover an additional eight facilities in Kasese, Mubende, and Kabarole districts. RTI will also support the implementation of HIV prevention activities, including preventions with positives, abstinence, and being faithful approaches.



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### For more information about the project, please contact

Robert Ssengonzi  
E-mail: [rssengonzi@rti.org](mailto:rssengonzi@rti.org)



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