

# Referrals and Networking Increases Access and Utilization of HIV&AIDS and TB services: Experiences from East Central Uganda

Harriet Ndagire<sup>1</sup>, Edton Babu<sup>1</sup>, Tonny Odong<sup>1</sup>, Robert Mwesigwa<sup>1</sup>, Alex Mugume<sup>1</sup>, Samson Kironde<sup>1</sup>, Ronald Kimuli<sup>1</sup>,  
 Denis Businge<sup>1</sup>, Martin Kaleeba<sup>1</sup>, Esther Nakabugo<sup>2</sup>

<sup>1</sup>JSI Research & Training Institute, Inc. (JSI) / Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC), <sup>2</sup>National Community of Women Living with HIV&AIDS (NACWOLA)

## Issue

The estimated overall HIV prevalence in East Central Uganda is 6.5%<sup>1</sup>, with a higher prevalence among women (8%). Traditionally, health seeking behavior is poor in the region even by known persons living with HIV&AIDS (PLHIV). This is due to<sup>2</sup>; cultural social beliefs, inadequate knowledge about existing services in Health Centers (HCs) and benefits of early diagnosis, high level of poverty among the occupants of the region, and lack of proper linkages and networks between HC's and community programs.

## Description

STAR-EC, a USAID funded program in East Central Uganda that is managed by JSI supports 13 civil society organizations (CSOs), 91HCs, 700 village health teams (VHTs) and PLHIV networks in nine districts to strength referrals and networks to increase access to, coverage of and utilization of HIV&AIDS and TB services. Community support agents, model couples, peer educators, VHTs and health workers are trained, mentored and equipped with knowledge and skills to conduct door-to-door mobilization, community sensitizations, peer education, referrals and follow up of clients in order to create awareness, provide care and treatment services and ensure clients retention in care.

Additionally, to facilitate referral process, STAR-EC supported the nine districts to map out all the service providers and referral points in the region. This helped the program to develop a referral service directory that the CSOs uses to identify service providers based on client needs.

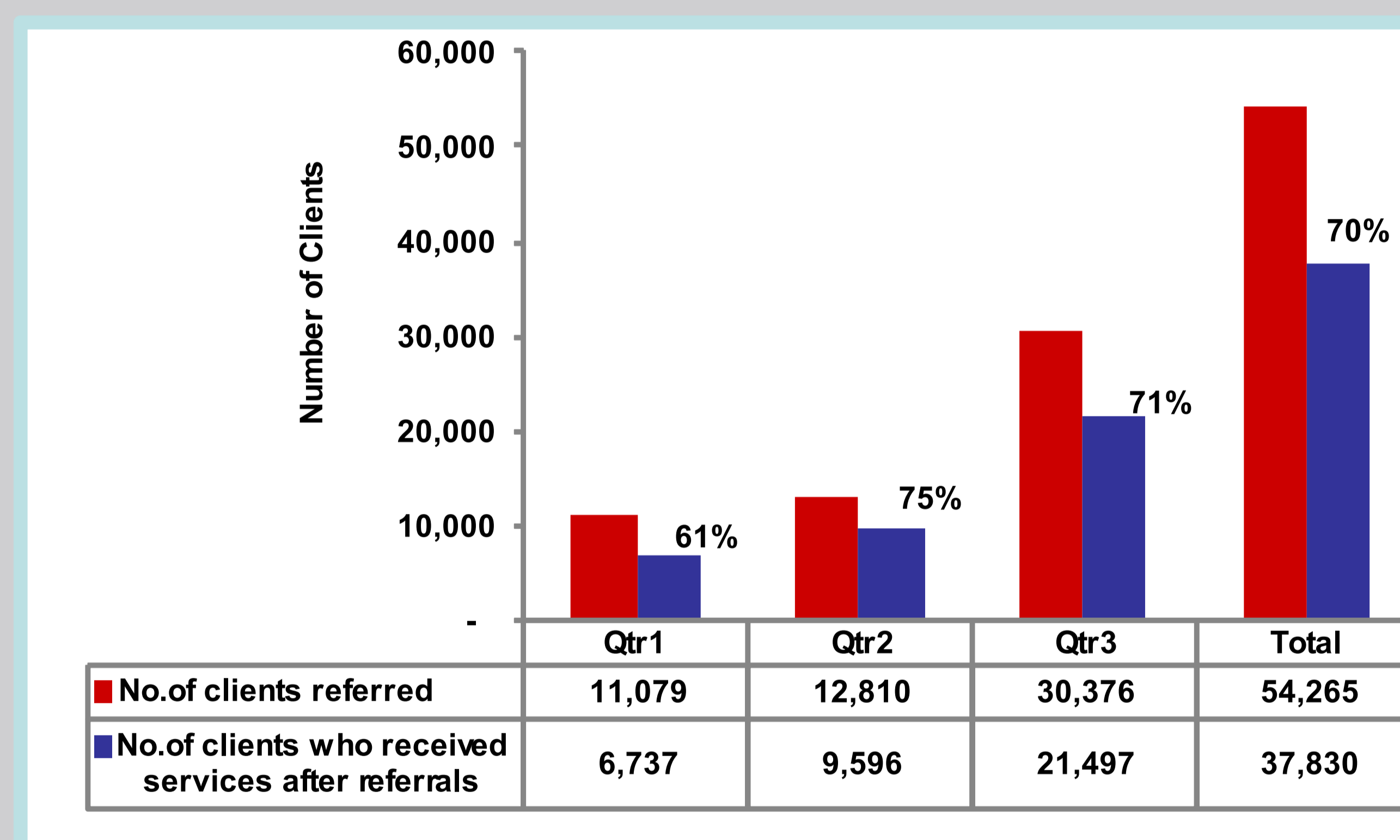


Community Support Agents undergoing training in referrals and networking

## Results

Over a period of nine months, 54,265 new clients were referred for a range of services: 27,716 (51%) were referred for HIV counseling and testing; 8,957 (17%) for prevention of mother-to-child transmission of HIV; 6,321(12%) for antiretroviral therapy; 6,188 (10%) for adherence counseling; 10,158 (19%) for TB screening; 1,399 (3%) for voluntary male medical circumcision; and 2,839 (5%) for other related services. Overall, upon follow-up by referral agents, 70% of the referred clients received the services for which they were referred.

Clients referred and received TB and HIV&AIDS services over a period of nine months



## Lessons Learned

- Involvement of community service providers for instance PLHIV, VHTs, peers and model couples results into better uptake of TB and HIV&AIDS services
- Mapping of service providers and creating strong networks between referral points eases PLHIV access and utilization of comprehensive TB and HIV&AIDS services in a resource limited but high disease burden environment

## Next steps

- There is need to further strengthen referrals and networks for hard-to-reach and most at-risk populations within the community
- Strengthening community follow up to ensure clients retention into care