

## NOTE FROM THE EDITOR

This MEASURE Evaluation PIMA Activity Update features interviews with staff from Muranga County on the use of HIV directories. Development of the directories is part of MEASURE Evaluation PIMA's support of referral systems strengthening; the directories improve the linkage of clients to service points.

The strategy recognizes that a strong referral system needs to communicate referrals and capture referral data using the following standard tools: referral forms, referral registers, data collection and update forms, patient tracking forms, feedback forms, and a directory of services. Development of these directories is part of MEASURE Evaluation PIMA's support of referral systems strengthening. A 2013 baseline assessment on the state of the health referral system in Kenya that was conducted in eight counties revealed that there were no such directories in these counties.<sup>1</sup>

A directory of services is an inventory of the services available within a referral network. It aims to ease communication between service providers, provide useful information for referral processes, and ensure compliance when patients are referred to a facility.

MEval-PIMA, funded by the U.S. Agency for International Development (USAID), supports Kenya's Ministry of Health in strengthening the referral system to ensure that patients receive high-quality care that is accessible, equitable, affordable, and responsive to their needs. As part of this effort, and in collaboration with other implementing partners, MEval-PIMA has supported the development of HIV referral directories in 10 target counties. Six of these directories have been published, three are under development, and data collection is under way for one. Kilifi, Kakamega, Siaya, Migori, Muranga, and Homa Bay counties currently have directories; in Machakos, Nakuru, and Kisumu counties, directories are pending approval by the ministry. Data collection is ongoing in Nairobi. Partners involved in the development of the directories are the Centre for Health Solutions (CHS)-Kenya and AIDS, Population and Health Integrated Assistance (APHIA<sub>plus</sub>) Kamili, among others.



Migori, Muranga, and Siaya HIV service directories  
Photo: Yvonne Otieno, MEASURE Evaluation PIMA

## Using Directories to Link HIV Clients to Care and Treatment

People's health often depends on care for multiple health issues, which usually involves multiple providers and different areas of specialty. The coordination of care among several providers is called a referral system.

A well-functioning referral system contributes to rational use of health services, improved continuity of care for patients, cost-effectiveness in healthcare provision, improved access and equity in access to care, and improved health outcomes.

The [Kenya Health Sector Referral Strategy 2014-2018 \(Ministry of Health, 2014\)](#) lists some of the challenges in the country's referral system: lack of standard tools to communicate and document referrals, poor coordination and linkages within and between facilities, noncompliance with referrals, weak referral monitoring systems, and inadequate referral infrastructure and financing.

Muranga County was among the first counties to develop the HIV referral directory. The process of developing the directory in Muranga County involved the following steps:

- Development of a template
- Meeting with the county health management team to ensure buy-in
- A planning meeting with the county health management team and a local stakeholder
- Collection of data
- A validation meeting
- Production and dissemination

<sup>1</sup> MEASURE Evaluation PIMA. "The State of the Health Referral System in Kenya: Results from a Baseline Study on the Functionality of the Health Referral System in Eight Counties, October 2013."

**Below are portions of interviews with some of the users of the directories.**

**David Kinyanjui:**

“The role of a CASCO is to coordinate HIV services at the county level. The services include HIV testing and counselling services (HTC), prevention of mother-to-child transmission (PMTCT), care and treatment, and managing commodity aspects. We oversee HIV services to ensure that the staff and the clinicians are offering quality services and managing clients with the current recommendation from the National AIDS & STI Control Programme and that clients are enrolled in comprehensive care and counselling (CCC). We have shared the directory on our WhatsApp group so all CASCOs can access it.



David Kinyanjui, county AIDS and STI coordinator (CASCO) in Muranga and Kigumo subcounty  
Photo: Yvonne Otieno, MEASURE Evaluation PIMA

“The HIV services involve three steps: identify, link, and enroll. Our end goal is to have our HIV-positive clients achieve viral suppression. Once a client is identified as HIV-positive, the most important thing is to link the client to care. The point at which a client is tested doesn’t have to be the same place where he or she is enrolled for treatment. In Muranga County, we have antiretroviral therapy (ART) sites that have 28 CCC clinics and 153 PMTCT clinics. The difference between the two is that in the CCC clinic you can be enrolled with minimal referrals. PMTCT clinics are in Level 2 facilities and dispensaries and there are only a handful of mothers seeking treatment. There is a lot of referral from the PMTCT-only sites to care and treatment sites (ART sites). The referral can be from a care and treatment site to a PMTCT site, or to a PMTCT site that has tuberculosis services. This referral could be in the same facility or to a different facility.

“Many counties realized that we were testing many people and identifying those who were HIV-positive but that we were unable to account for them. Clients who test positive should be entered in a linkage register for accountability. We refer to the directory to get the contacts if a client wants to be linked to care in a different facility. A linkage is considered successful only after someone goes where they were linked and makes at least one visit. The counsellor is supposed to connect with the clients in the transfer facility to confirm that the client visited the facility.

“Lack of contacts of different facilities posed a great challenge in completing the above linkage process. For follow-up on transfers, counsellors would often call the CASCO, who would then try to get

the contacts of a facility. A lot of follow-up cases would get lost in the process, because it took time and was uncoordinated. The directory has eased this problem, because it has a list of all CCC clinics in Muranga with the official contact details, the services offered daily, and the basic HIV guidelines. As a CASCO, I feel that the tool helps the 28 CCC clinics to communicate directly with other referral points and this helps in better patient management.”



Nancy Thiongo, nursing officer in-charge, Kiria-ini Missions Hospital, with Susan Kinyua from MEASURE Evaluation PIMA, Muranga County  
Photo: Yvonne Otieno, MEASURE Evaluation PIMA

**Nancy Thiongo:** “The directory is helpful for transfers, as it helps one know the medication and type of client management we can undertake. When you don’t have the correct information when a client is referred, the client will not be well managed. Proper client management requires proper investigation. This is often done when the CCC clinics can connect and consult.”

**Jacinta Muya:** “There are different kinds of referrals—some from maternity to PMTCT, support groups, mentor mothers, PMTCT to CCC, and the HTC counsellor direct to CCC. Last week, there was a mother who came to us and didn’t mention that she is HIV-positive. She didn’t disclose her status and didn’t have any drugs. For her and her baby to stay for three days without drugs means that they are not adhering. And yet, there are drugs you can give that prevent the child from being infected and the mother from getting an opportunistic infection. Newborns need drugs after three days. Since all mothers delivering in the facility are tested, we got to learn about her status and counselled



Jacinta Muya, a nurse responsible for PMTCT at Kiria-ini Missions Hospital, Muranga County  
Photo: Yvonne Otieno, MEASURE Evaluation PIMA

her. Through this, we got information on where she receives care, and then used the directory to get more information from the facility, which gave us detailed information. When we meet similar clients who are unwilling to provide information for fear of stigma, we follow up directly with the last facility and get some information as to why they aren't adhering. This follow-up on the drugs taken and the range of drugs given is very helpful. Without the directories, it would have been difficult to get the patient's history in time and proper care would have been delayed. ”

### Nancy Macharia:

“ The worst challenge we faced before we had the HIV directory was follow-up of clients. Sometimes we would get clients who have been referred and when we would ask what drugs they were taking, some would claim that they weren't given any drugs. In such cases, we would identify the last facility visited from the patients' cards, take the directory, and call the referring facility for clarity. Previously we would have to call personal contacts and sometimes the contacts were unavailable or had been transferred. Sometimes it would take an hour to get the correct person at the facility. With the directory, we have the official phone numbers of the facility and this hastens the referral process.

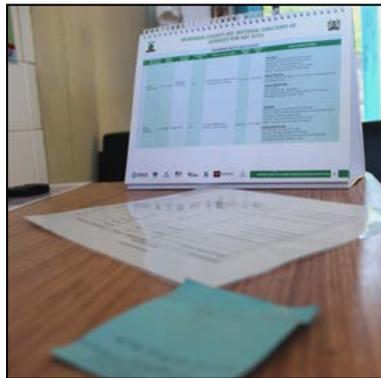
It also helps in promoting appropriate use of medicine, because we can call the facility and confirm the batch number and expiry date of the drugs that the patient was given. This helps to ensure appropriate use of medicine and also reduces waste. It has also

helped in saving time and costs, because you do not have to spend airtime making several calls before you get the correct contact. For now, my only wish is that the neighboring counties could also have a directory, because sometimes we get clients from the neighboring county and we experience the same challenge of trying to identify a facility we could refer them to easily.

Before, we would use Post-it notes and printed-out A4 sheets for contacts of facilities. Now we have directories. ”

**For more information on MEval-PIMA support to referral systems visit:**

<http://www.measureevaluation.org/pima/referral-systems>



Nancy Macharia , HTC, Kiria-ini Missions Hospital, Muranga County  
Photo: Yvonne Otieno, MEASURE Evaluation PIMA



[www.measureevaluation.org/pima](http://www.measureevaluation.org/pima)

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