

# HIV Testing as a Critical Entry Point to a Range of Services: Results From New Start Sites in Four Sub-Districts in South Africa

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**Background:** The South African National Strategic Plan (2012–2016)<sup>1</sup> recommends that screening for HIV must take place in multiple settings including communities, workplace, schools and tertiary institutions. The Society for Family Health (SFH) franchise network **New Start**, provides mobile and homebased HIV testing services (HBCT) to the general population and facilitates referral and linkage of both HIV negative and positive clients into care, treatment and medical male circumcision (MMC) services. A review of literature on linkage rates for both PLHIV and HIV negative males to MMC indicates linkage rates of 44% to as higher as 73% in prison settings.

**Methods:** From our real time electronic data management system (NSE), we analyzed 125,531 New Start HTS client referral records from October 2014 to April 2016 from four sub districts, to determine rates of completed referrals. A completed referral by evidence of access of services at referral clinics through confirmation on clinical registers by the referral coordinators. Statistical analysis for quantitative data was conducted using SPSS version 23 and thematic content analysis was used for open ended qualitative data retrieved from the same client records. We also specifically looked at referral completion rates by modality of HIV testing.

**Results:** Overall, 5 % (5793/ 125531) of all HTS clients were diagnosed HIV-positive with 62% (3589) of these being female. Of the positives, 87% (5054) accepted referrals for treatment and care services, and 59% (2971) of the acceptors completed referrals. Of the HIV-positive female clients, 86% (3086/ 3589) accepted referrals as compared to 89 % (1968/2204) of their male counterparts. 57 % (1771/3086) of the HIV-positive females completed treatment and care referrals compared to 61 % (1200/1968) of males ( $p=0.001$ ).

Of the 2835 men referred for MMC, 100% accepted referrals and of these 31 % (872/2835) completed MMC referrals. Referral completion for MMC was higher among HTS clients reached with mobile services than among clients reached through homebased 54% and 46%, respectively ( $p= 0.035$ ).

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<sup>1</sup> NATIONAL STRATEGIC PLAN ON HIV, STIs AND TB: 2012-2016 2012-2016

**Conclusions:** Overall these findings show acceptance for referral to ART clinics among HIV-positive HTS clients is high but referral completion rates remain low. Referral completion for MMC was also low. Following these observations, along with findings from an earlier qualitative review of our referral systems, SFH management held a one week referrals strengthening workshop where external technical support for PSI headquarters was sought in an effort to improve our linkage rates. The result of this workshop was a fully developed work plan geared towards making several strategic shifts and site teams are now implementing it to improve our linkage rates.

**REFERENCES:**

1.<http://www.jiasociety.org/index.php/jias/article/view/19843>, 2.<http://ecommons.hsrc.ac.za/handle/123456789/9425>, 3. <http://ecommons.hsrc.ac.za/handle/123456789/2508>, 4. Roxen and Fox; From HIV Testing to ART initiation: The missing link. CROI March 1, 2011 (Roxen et.al Plos 2007; Fox et.al Tropical Med Intl Health 2010)