

REFERRAL AND LINKAGE PROTOCOL FOR HIV

National HIV/STI
Programme
Ministry of Health
Kingston, Jamaica
&
Clinton Health
Access Initiative



**National HIV/STI
Programme**



AUGUST 2014

Table of Contents

I.	INTRODUCTION
II.	OBJECTIVES
III.	GUIDING PRINCIPLES
IV.	REFERRAL AND LINKAGE PROCESSES
V.	ROLES AND RESPONSIBILITIES
VI.	STANDARDS OF CARE
VII.	MEASURING LINKAGE
VIII.	REFERRAL AND LINKAGE FORMS
VIII.	REFERENCES
IX.	ANNEX
A.	LIST OF APPROVED HIV TREATMENT SITES IN THE PUBLIC HEALTH CARE SYSTEM
B.	LIAISON OFFICERS’ CONTACT INFORMATION
C.	SOCIAL WORKERS’ CONTACT INFORMATION
D.	ADHERENCE COUNSELLORS’ CONTACT INFORMATION
E.	LIST OF ARV DISPENSING SITES
F.	List of NGOs Offering Support to People Living with and Affected by HIV/AIDS

ABBREVIATIONS

AC	Adherence Counsellor
CI	Contact Investigator
LO	Liaison Officer
LTFU	Lost to follow up
MOH	Ministry of Health
MO(H)	Medical Officer (Health)
NGOs	Non-governmental organizations
PTC	Post Test Counsellor

I. INTRODUCTION

This protocol provides guidance on the processes of referral and linkage for newly diagnosed HIV patients to HIV care and treatment services. It outlines the processes, roles and responsibilities, and tools to be used for referral and linkage to treatment and care. The protocol is to ensure early access to appropriate support services for HIV positive persons.

- The aim is to increase positive patient outcomes and reduce the number of new HIV infections. The protocol is intended primarily for use by persons working in HIV prevention and treatment services. It is also relevant to national and regional HIV programme managers.

II. OBJECTIVES

- To increase access to HIV care and treatment services
- To decrease attrition in newly diagnosed HIV patients
- To ensure that newly diagnosed HIV positive patients are linked early to appropriate HIV treatment and support services
- To identify and address barriers to linkage to HIV care and treatment services
- To identify appropriate referral and linkage processes in different settings:
 - HIV testing site being the same as HIV treatment site
 - HIV testing site being different from HIV treatment site
 - Outreach HIV testing

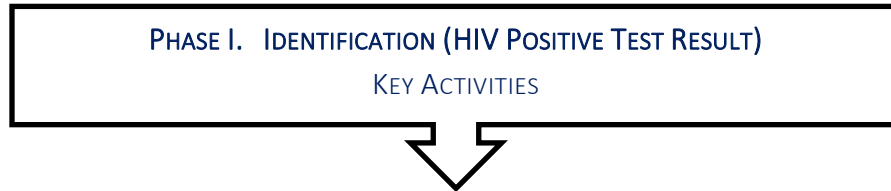
III. GUIDING PRINCIPLES

- **CONFIDENTIALITY AND INFORMED CONSENT:** The patient agrees to HIV testing by informed consent. Information shared during the counselling or referral and linkage must not be disclosed to individuals other than the health care providers directly involved in providing services to the patient. The HIV test result must only be reported to the patient unless the patient states the desire to share the test result with a family member, partner or close friend.
- **PATIENT CENTRED:** A patient-centred approach should be used while conducting counselling, patient assessment, referral and linkage and follow-up. A patient's preferences and constraints should be duly considered when exploring referral and linkage options. The most convenient options for the patient should be taken provided that option is feasible and does not negate HIV care and treatment guidelines.
- **CONTINUUM OF CARE:** Continuum of care is a concept involving an integrated system of care that guides and tracks patient over time through a comprehensive array of health services. For HIV care and treatment, the continuum starts with HIV diagnosis, followed by referral and linkage to care, retention, initiation of antiretroviral therapy (if required), and achievement of viral suppression. Even though the focus of this document is referral and linkage of those diagnosed with HIV, it is recognized that referral and linkage is not an end by itself but rather part of a continuum of care. The fundamental

principle is to ensure that each service component within the continuum of HIV care and treatment is integrated and patients are retained throughout.

IV. REFERRAL AND LINKAGE PROCESSES

The referral and linkage processes start with an HIV positive test result in a treatment facility, a non-treatment facility, or an outreach setting. The processes are described in this section and are categorized into four phases: **Identification**, **Preparation**, **Outcome**, and **Follow-up**.



POST-TEST COUNSELLING FOR HIV POSITIVE PERSONS:

Counselling for persons with HIV-positive test results aims to provide:

- Psychosocial support to cope with the emotional impact of the test result
- Facilitate access to treatment, care and prevention services
- Disclosure to sexual partners and the prevention of transmission.

This should happen immediately after testing.

NOTIFICATION:

The process of informing the Parish, Regional and National Disease Surveillance System when a new case of HIV is diagnosed. This should occur within 24 hours as HIV is a Class 1 Disease. **It is critical to note that the Class 1 Notification Form should be generated even if the individual is asymptomatic.**



IDENTIFYING APPROPRIATE FACILITY:

Identify the HIV care and treatment facility that the newly diagnosed HIV positive person can be linked to. If the HIV testing facility is a HIV care and treatment facility, it is advisable to link patient to the same facility. If not, referral should be made to appropriate facilities considering location, patient's preference, and other factors as required. The identification of an appropriate treatment site should be done on the same day of testing.

REFERRAL:

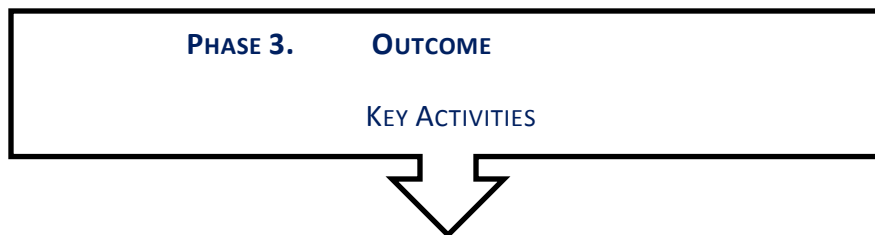
As described above, if the HIV testing facility does not provide HIV care and treatment services, or if testing was conducted in an outreach setting, a referral is made to an appropriate HIV testing site for a confirmatory HIV test as soon as possible. A referral form containing details of the patient is generated and given to the patient from the referring facility to submit to the referral facility by the patient. The tester should also make contact with the point person at the referral facility. The referral process should include helping patients connect to services. This includes setting up of appointments, giving directions to the facility, sending contact details of the patient to the referral facility and following-up to ensure contact between the patient and the service providers in the referral facility.

PATIENT ASSESSMENT:

Orientate the patient on HIV care and treatment services and conduct a review of the patient's situation. This will be done to identify barriers that the patient may face in getting follow-up care such as: *location of treatment site (referral), financial constraints, substance abuse or mental health issues*. An assessment will be conducted to develop a plan in collaboration with the patient to address barriers identified using the resources available to the HIV treatment facility and the patient's personal resources. These activities should occur on the same day of HIV testing.

SAME DAY APPOINTMENT SCHEDULING:

Scheduling an appointment date for a doctor's visit and CD4 test for a newly diagnosed HIV patient on the same day of HIV testing. If appointments are not scheduled on the same day of HIV testing particularly for those patients who need to be referred to a different facility, appointment scheduling should be done no later than on the first day of their referral visit.



LINKAGE:

Linkage to medical care is the desired outcome of the referral processes. This should result in a person being seen by a health-care provider (e.g. physician, nurse practitioner) to receive medical care for his/her HIV infection. For this protocol, a person is said to be linked if he/she attends his/her first doctor's appointment. Linkage should be completed within 2 weeks of being diagnosed with HIV. Close follow-up should be done at minimum for the first six months after diagnosis to ensure that the patient is retained in care.



MONITORING LINKAGE:

Continuous monitoring of the referral and linkage processes using the key performance indicators. (Refer to section on Measuring Linkage).

REFERRAL FEEDBACK:

A process of sending feedback from one facility to another regarding the post referral status/outcomes of a patient. The referral facility should complete the Referral Feedback Form (same form used in health facilities) and send it to the referring facility within a week after referral.

REFERRAL TRACKING:

A process of requesting information from a referral facility by a referring facility on the outcome of a referral. This also includes follow-up with the patient by the referring facility to ensure that the patient has been linked and is getting the attention at the referral facility.

LOST TO FOLLOW-UP:

In the event that a newly diagnosed patient does not show up for the first doctor's visit, the patient should be tracked using the LTFU protocol. (Refer to the Patient Retention and Recovery Standard Operating Procedure).

V. ROLES AND RESPONSIBILITIES

A. TESTER

The tester has a critical role to play in delivering quality service to the patient and represents the first point of contact for treatment, care and support. As such the tester should be aware of and understand his/her roles and responsibilities when engaging with patients. The tester can be the Physician, Medical Technologist, Lab Technical Assistant, Contact Investigator or Peer Outreach Counsellor. The tester (Government and NGO) should:

1. Provide pre-test counselling
2. Provide information about the type of test, its purpose, turnaround time for results and what the results mean
3. Provide information on support services available once the results are known
4. Assure the patient that confidentiality will be maintained as best as possible
5. Provide post-test counselling
6. Emphasize the importance of making and keeping appointments
7. Liaise with the Contact Investigator on the same day a positive result is known to start the linkage process to care and treatment
8. Generate Class 1 Notification Form and submit to the Medical Officer of Health for the parish

Key Roles and Responsibilities

- Provide Post-test counselling
- Liaise with Contact Investigator
- Generate class 1 notification

B. CONTACT INVESTIGATOR

The contact investigator has the important role of linking the patient to the health care system. The contact investigator should:

1. Conduct pre and post-test counselling (if he/she is the tester)
2. Generate Class 1 Notification Form and submit to Medical Officer of Health for the parish and the Ministry of Health Surveillance Unit
3. Generate a Confidential Reporting Form and submit to the Medical Officer of Health for the parish and the Ministry of Health Surveillance Unit
4. Encourage patients to provide information on sexual contacts for contact tracing. The patients' rights to deny contact tracing should be disclosed
5. Liaise with the Post Test Counsellor (Government and NGOs) to link patients to appropriate treatment sites
6. Refer the patients to other treatment sites as required using the Referral Form under the referral and linkage forms section (see page)

Key Roles and Responsibilities

- Generate Class 1 Notification & Confidential Reporting Forms
- Link patients to treatment sites
- Same day appointment scheduled

7. Document outcome of the referral to other treatment sites using the Referral Tracking Form under referral and linkage forms section of this document on page
8. Ensure that appointments are scheduled for the patients on the same day of testing
9. Follow up with the patients to ensure that appointments are kept
10. Monitor referral and linkage process

C. SOCIAL WORKER

The Social Worker represents the link between the newly diagnosed patients and support services that are essential for initial engagement to treatment and care. The Social Worker should:

1. Conduct comprehensive assessments (using the Social Worker Intake Tool under Referral and Linkage Forms section of this document on page 14) in order to identify the social, emotional and economic factors that are barriers to linkage.
2. Address barriers identified, this may include referral to support services in collaboration with the Liaison Officer
3. Document the outcomes of the referrals to other support services
4. Document relevant information about appointments
5. Establish and maintain contact between patients, relatives, treatment sites and other relevant institutions in collaboration with the Liaison Officer

Key Roles and Responsibilities

- Conduct patient assessments to identify barriers to linkage
- Link patients to support services

D. ADHERENCE COUNSELLOR

The Adherence Counsellor supports the patient in care and treatment adherence by ensuring ongoing linkage to needed social services and support. The Adherence Counsellor should:

1. Conduct orientation with new attendees to treatment sites
2. Make recommendations about the most effective approaches to ensure that PLHIV adhere to care and treatment
3. Closely monitor and follow up with the patients to ensure that appointments are kept and other aspects of treatment are adhered to (such as laboratory tests etc.)
4. Provide the necessary psychosocial support to PLHIV and their caregivers to improve efficacy in meeting these needs whilst the patients are on ARVs
5. Track patients who are lost to follow up as per the LTFU Protocol

Key Roles and Responsibilities

- New patients orientation
- Follow-up on appointments and adherence to treatment

E. PSYCHOLOGIST

The Psychologist is essential in providing a core element in a holistic model of health care, where psychosocial issues are recognized as integral in managing the patients. With the intervention of the Psychologist, discussions can be had about sensitive issues and other psychological stresses which will help patients to cope with their newly diagnosed HIV status and to make positive changes in their lives.

The Psychologist should:

1. Develop and provide psychosocial counselling and guidance services which assist PLHIV and their families
2. Recommend, select and arrange services and provide the most favorable conditions for PLHIV
3. Maintain contact with referral agencies to provide ongoing communication between the Regional Health Authorities and their treatment sites
4. Provide communication and act as liaison to social agencies/agents of the state

Key Roles and Responsibilities

- Provide psychosocial counselling and guidance
- Maintain contact with referral agencies

F. REGIONAL TREATMENT CARE AND SUPPORT PROGRAMME OFFICER

The Regional (HIV) Programme Officer has the role of overseeing the treatment care and support programme within their respective health region. The Regional (HIV) Programme Officer should:

1. Act as a point person for support and guidance for treatment care and support activities
2. Improve linkages between the health care system and the National HIV/STI Programme
3. Use data from routine reports to calculate linkage to care indicators. The outcome should be documented on the indicator table on page 13
4. Assist with all linkage and retention activities

Key Roles and Responsibilities

Assist with all linkage and retention activities

G. BEHAVIOUR CHANGE COMMUNICATION OFFICER

The Behaviour Change Communication (BCC) Officer coordinates outreach testing activities. The BCC Officer should:

1. Support outreach testing and counselling efforts across the island
2. Ensure that **ALL HIV** positive cases are notified and Class 1 Notification Forms are completed and submitted to the Medical Officer of Health for the parish

Key Roles and Responsibilities

Outreach testing and counselling islandwide

3. Coordinate and provide technical assistance to the Medical Officer of Health for the parish and all related personnel

H. LIAISON OFFICER

The Liaison Officer acts as a critical support to other members of the health care team in providing treatment, care and support services. The Liaison Officer should:

1. Facilitate linkage of PLHIV (newly diagnosed etc.) to treatment and care services
2. Promote among health care workers the establishment of PLHIV peer support groups at treatment sites and at the community level
3. Facilitate access and referral to treatment and support services for PLHIV and address individual patient barriers

Key Role and Responsibility

Facilitate linkage of PLHIV to treatment & care services

VI. STANDARDS OF CARE

The process of linking people to the range of treatment and care services available in the health sector has to be evaluated using standards of care. Standards of care are applicable to the administrative and facility level of the linkage to care process. They provide the gold standard in the linkage to care process and also provide a platform to determine how well the actual delivery of health care matches the recommended standards.

A. ADMINISTRATIVE LEVEL

Standards pertaining to this level dictate that all staff that are a part of the referral and linkage process are qualified and understand their roles and responsibilities in performing their duties,

STANDARD 1: TRAINING

All staff directly interfacing with patients should receive ongoing training in HIV/AIDS treatment, care and support. These trainings should include, but not limited to, treatment of HIV, HIV transmission, and prevention. Counselling, referral and related legal issues should also be included in the training sessions. Trainings dealing with issues specific to key populations should also be conducted in order to effectively address the barriers faced in accessing care.

Training in data management is also important in addressing gaps in the data collection and collation processes. The importance of valid and reliable data should also be acknowledged in the monitoring and evaluation of programmes.

Measure: *Documentation of trainings on file*

STANDARD 2: STAFFING LEVELS

Appropriate levels of qualified staffing should exist and be maintained at all times to ensure appropriate services are provided at an optimal level.

Measure: *Requisite positions are filled (both fulltime and part-time) and actions are being taken to fill vacant positions or create new ones as deemed necessary.*

STANDARD 3: JOB DESCRIPTIONS

Health care workers working in referral and linkage should have a clear understanding of their roles and responsibilities. This should be written in clear, simple and unambiguous language.

Measure: *Written job descriptions on file signed by both health care workers and their respective supervisors.*

STANDARD 4: POLICIES AND PROCEDURES

Written policies and procedures regarding the linkage to care process should be available. All members of staff should be sensitized to these policies and procedures. Policies and procedures should also be updated as deemed necessary.

Programme policies and procedures include, but not limited to:

- Rights and responsibilities of patients including the right to confidentiality
- Issues surrounding PLHIV having disabilities
- Disclosure and consent
- Enabling environment

Linkage policies and procedures include, but not limited to:

- Assessing patients' needs
- Referral and linkage
- Adherence

Measure: *Approved written manuals/policies and procedures*

B. FACILITY LEVEL

At this level, standards are relevant to ensure that the facility is safe, accessible and meets the demands of patients.

STANDARD 5: ACCESSIBILITY AND SAFETY REQUIREMENTS

Each treatment site should be located in facility that:

- Is clean and comfortable
- Is in close proximity to patients
- Has flexible hours for PLHIV to access care
- Has adequate testing supplies
- Has adequate supplies for treatment
- Meets safety requirements
- Complies with occupational safety and infection control practices
- Ensures privacy and confidentiality during provision of HIV test results
- Has the capacity to make appointments for treatment immediately
- Has an established process in place to link patients to support services

Measure: Compliance with all regulatory agencies, safety regulations, treatment manuals and other operation manuals.

C. SERVICE DELIVERY

Standards of service delivery outline the minimum set of activities to be performed, the staff responsible and the measurement of the completed activities.

LINKAGE LEVEL	TYPE OF SERVICE	RESPONSIBLE STAFF	MEASURE OF COMPLETION
IDENTIFICATION	<ul style="list-style-type: none"> - Post-Test Counselling - Generate Class 1 Notification 	Tester, CI, other PTC (Government, NGOs, Private)	Class 1 Notification reaches MOH
PREPARATION	- Identify appropriate facility	CI, other PTC (Government, NGOs, Private)	- Patient linked with appropriate facility
	- Referral if required	CI, other PTC (Govt., NGOs, Private)	- Patient reaches referral facility
	- Same day appointment scheduling: for first doctor visit and CD4	Contact Investigator	- Patient gets appointment on the same day of testing
	- Assessment for barriers to linkage (medical, social and emotional) of patient	Social Worker Psychologist Adherence Counsellor Liaison Officer	- Patient linked to social support services
OUTCOME	- Linkage to treatment site (first doctor's visit and CD4)	Combined effort of all CI, SW, AC, LO and others	<ul style="list-style-type: none"> - Patient attends first doctor's visit at treatment site - Patient does CD4
FOLLOW-UP	- Monitoring	Contact Investigator	- Linkage measured using performance indicators
	<ul style="list-style-type: none"> - Follow up with patient to ensure that appointment is kept - Track Lost to Follow up 	Adherence Counsellor	Patient does not miss appointments
	- Assist patient to adhere to treatment regime	Adherence Counsellor	Patient adheres to treatment regime
	Referral feedback and referral tracking	Contact Investigator , Liaison Officer	Outcome of referral is documented

D. SUPPORTIVE ENVIRONMENT

STANDARD 7: SUPPORTIVE ENVIRONMENT

Testing and treatment sites should:

- Not discriminate because of social status or sexual preferences
- Be tolerant of diverse sexual orientations, disabilities and other issues affecting access to health care
- Be culturally sensitive, and aware of cultural practices e.g. alternative medicines that might be barriers to accessing health care
- Be familiar with dialect and jargons used in local communities

Measure: Adherence to non-discriminatory and enabling environment policies

VII. MEASURING LINKAGE

Rolling out the referral and linkage protocol for HIV should be accompanied by an ongoing monitoring and evaluation process. Facilities should monitor the implementation and outcomes of referral and linkage monthly. The monitoring process should be led by Contact Investigators. Key indicators to be used for monitoring are:

- **INDICATOR 1:** Proportion of newly diagnosed HIV positive patients who were given a doctor's appointment on the same day of HIV testing or confirmation.
 - (Number of patients tested HIV + given a doctor's appointment on the same day of testing during the month/ Number of patients tested HIV + during the month¹)
- **INDICATOR 2:** Proportion of patients who tested HIV positive linked to HIV care
 - (Number of patients tested HIV + linked to care during the month/ Number of patients tested HIV + during the month)
- **INDICATOR 3:** Proportion of HIV positive patients linked to HIV care who are retained in care in the first six months
 - (Number of HIV positive patients linked to HIV care who are retained in care for the first six month / Number of patients tested HIV + who are linked to care)

Indicators should be calculated by the Regional Treatment Care and Support Officers on a **monthly basis**. Sources from which data can be gathered to calculate these indicators are the National HIV Programme's Monitoring and Evaluation database and the Referral Tracking Form.

Targets should be set for each indicator and compared with achievements and reasons given for variances. This information should be documented in the table below:

¹ Number of patients tested HIV + during the month should include: those tested onsite, those tested and referred from other facilities, and those tested on site but referred to other facilities.

REPORTING PERIOD YEAR:	TARGET VS. ACHIEVEMENT								
	INDICATOR 1			INDICATOR 2			INDICATOR 3		
	Target	Achievement	Variance	Target	Achievement	Variance	Target	Achievement	Variance
JANUARY									
FEBRUARY									
MARCH									
APRIL									
MAY									
JUNE									
JULY									
AUGUST									
SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									

VIII. REFERRAL AND LINKAGE FORMS

a. REFERRAL FORM

The Referral Form needs to be filled out in **triplicate**. One should be sent to the referral facility, the second is kept at the referring facility and the third is sent as feedback from the referral facility to the referring facility.

b. SOCIAL WORKER INTAKE TOOL

The tool will be used to develop a plan in collaboration with the patient to address barriers identified using resources available to the HIV treatment facility and the patient's personal resources.

**Ministry of Health
National STI/HIV Programme
Social Work Intake Form**

Place of contact: CLINIC WARD HOME VISIT OTHER: _____ Date of intake: _____

REFERRAL SOURCE: _____ Reason for referral: _____

DEMOGRAPHIC INFORMATION Name: _____

Alias: _____ Docket #: _____ Tx Site: _____

D.O.B.: _____ Age: _____ Sex: _____ TRN: _____

Address: _____ Tel.: _____

Marital Status: Married () Single () Separated () Widowed () Divorced () Cohabiting () Visiting ()
Common Law ()

FAMILY INFORMATION

Next of Kin: _____ Age _____ Sex _____

Relationship to client: _____ Disclosure _____

Address: _____ Tel.: _____

Partner Name: _____ Age: _____ Sex _____

Partner address: _____ Tel: _____

Name of Child(ren)	Age/gender	Status	School / Work Address	Phone#

EDUCATION AND EMPLOYMENT HISTORY

Highest level of education reached: Primary () Secondary () Tertiary () Vocational () Other () _____

Training Received/ Occupation: _____

Employment Status: Employed () Unemployed () Self employed () Seasonal ()

Last /current job _____ Date: _____

Monthly/Weekly Income: _____ Other Sources of Income: _____

SUPPORT SYSTEM: Client lives Alone () With Partner () With Friends () Family ()

Other () _____

LIVING CONDITIONS:

Type of house: _____ Number of rooms: _____

House is: Owned () Leased () Rented () Other () _____

Do other persons live in the yard? Yes () No ()

Number of persons per room: _____ Electricity () Piped water () Stored water ()

Toilet facilities: Pit latrine () Flush indoor () Flush outdoor ()

Other: _____

Homeless () institutional Care () Other () _____

MEDICAL HISTORY

Medical conditions: _____

Alternate medications: _____

Are you currently on any form of contraceptive? YES () No () if no state reason

Have you ever done a CD4 test? Yes () No () Date: _____

Have you ever done a Viral Load test? Yes () No () Date: _____

Other Tests Done: _____ Date: _____

MENTAL HEALTH ASSESSMENT

Initial reaction to diagnosis: Denial () Anger () Bargaining () Depression () Acceptance ()

Do you experience any of the following?

No energy () Nervousness () Depression () Hear voices () Falling/staying asleep () Angry outbursts () Poor appetite () Excessive Worry () Poor memory () Sadness () Anxiety ()

Very happy then very sad () Other: _____

Have you ever thought of or attempted to harm yourself or others? Yes () No () If yes, when and how?

Do you feel the need for additional counselling? Yes () No ()

Have you ever been a part of a support group? Yes () No ()

Would you like to be a part of a support group? Yes () No ()

What do you do when you are feeling stressed? _____

Do you use alternate substance? Yes () No () State _____

Describe the role Faith/Spirituality plays in your illness?

DISCLOSURE

Name	Relationship	Reaction

HISTORY OF ABUSE

Have you ever felt discriminated against or stigmatized? Yes () No () If yes, please explain _____

Does stigma affect your utilization of the services provided? Yes () No () If yes, explain _____

Verbal: Yes () No () _____

Physical: Yes () No () _____

Sexual: Yes () No () _____

Mental: Yes () No () _____

Neglect: Yes () No () _____

Domestic Violence: Yes () No () _____

Have you reported the incident: Yes () No ()

To whom: _____

Outcome: _____

Risk Assessment/Prevention Education

IX. REFERENCES

Aids.gov. (2013). *HIV/AIDS Care Continuum*. Retrieved on December 17, 2013 from <http://aids.gov/federal-resources/policies/care-continuum/>

Connecticut department of Public Health. (2010). *Early referral and linkage initiative protocol*. Retrieved on December 10, 2013 from http://www.ct.gov/dph/lib/dph/aids_and_chronic/care/hcss/pdf/erli_protocol_forms.pdf

Linkage from HIV testing to HIV care: Standards of care. (May 2009). Retrieved on December 10, 2013 from http://www.sfhivcare.com/PDFs/linkages_from_testing_to_care_best_practices.pdf

World Health Organization. (2007). *Guidance on Provider-Initiated HIV Testing and Counseling In Health Facilities*

X. ANNEX

i. LIST OF APPROVED HIV TREATMENT SITES IN THE PUBLIC HEALTH CARE SYSTEM

REGION/ORGANIZATION	HIV CARE SITE	CLINIC DAY(S)		
		ADULT	PAEDIATRIC	PMTCT
SRHA	Mandeville Regional Hospital	Tuesday	2nd & 3rd Friday	Monday & Wednesday
	Mandeville Comprehensive Clinic	Monday & Thursday		
	May Pen Hospital		4th Friday	Tuesday
	May Pen Health Centre	Wednesday & Friday		
	Chapelton Community Hospital	1 st and 3 rd Wednesday		
	Black River Health Centre	Wednesday	1 st Friday	
SERHA	St. Jago Park	Tuesday & Wednesday		
	Spanish Town Hospital		Wednesday	Wednesday & Thursday
	Old Harbour Health Centre	4 th Thursday (proposed)		
	Linstead Hospital	1 st & 3 rd Thursday		
	Kingston Public Hospital	Friday		
	Victoria Jubilee Hospital			Thursday & Friday
	Bustamante Hospital for Children		Tuesday (referral from hospital and new patients) & Thursday	
	National Chest Hospital	Monday		
	Comprehensive Health Centre	Monday to Friday	Wednesday	
	Windward Road Health Centre	Wednesday & Friday		
	Maxfield Park Centre	Monday & Thursday		
	Duhaney Park Health Centre	Tuesday & Wednesday (4-8pm)		
	Bellevue Hospital	Wednesday		

REGION/ORGANIZATION	HIV CARE SITE	CLINIC DAY(S)		
		ADULT	PAEDIATRIC	PMTCT
SERHA	CHARES	Monday, Tuesday, Wednesday & Friday		
	UHWI		Wednesday	Thursday
	Morant Bay Health Centre	Friday	Friday	
WRHA	Cornwall Regional Hospital	Friday	Wednesday	Monday & Tuesday
	Montego Bay Type V	Monday to Friday		
	Savanna-la-mar Public General Hospital	Thursday	2 nd and 4 th Tuesday	Monday
	Falmouth Hospital			Wednesday
	Noel Holmes			Thursday
NERHA	St. Ann's Bay Hospital		2 nd Friday	Tuesday
	St. Ann's Bay Health Centre	Tuesday & Friday		
	Annotto Bay Health Centre			Wednesday
	Port Maria Hospital	Wednesday & Thursday	3 rd Wednesday	
	Port Antonio Hospital	Wednesday	Tuesday (referral) & Friday	Tuesday
	Buff Bay Health Centre	3rd Friday		
JASL	Kingston Clinic	Thursday 10am – 2pm & 5:30-9:30/10pm		
	Ocho Rios Clinic	1st, 2nd, 3rd Thursday 5:30-9:30/10pm, 4th Friday 5:30-9:30/10pm		
	Montego Bay	Tuesday 5:30-9:30/10pm		

ii. LIAISON OFFICERS' CONTACT INFORMATION

NAME	REGION	CONTACT NUMBER	EMAIL ADDRESS
Huntley Walker	SERHA	549-1105	huntwalks@yahoo.com
Dahlia Martin	NERHA	770-6134	dahlia_dmartin@yahoo.com
Natesha Bent	SRHA	776-8497	natesha.bent@srha.gov.jm
Tasha Sutherland	WRHA	299-9844	sutherland.tasha@gmail.com

iii. SOCIAL WORKERS' CONTACT INFORMATION

INSTITUTION	NAME	CONTACT #	EMAIL ADDRESS
SERHA			
St. Jago Health Centre/Linstead Health Centre	Clara Odih	538-8445	clara_odih@yahoo.com
Comprehensive Health Centre, Windward Road Health Centre, Bustamante Hospital for Children	Maureen Wright	792-7898	lil_mo@live.com
CHARES	Carol Davis	549-5670	caandray@yahoo.com
CHARES	Sherene Williams-Hemmings		hemmings.sherene@gmail.com
Bellevue Hospital	Jhnell Reid	317-7899	jhnellreid@gmail.com
KSA Health Dept.	Rose-Marie Ryder	549-0481	rosieryde@yahoo.com
Comprehensive Health Centre, National Chest Hospital	Heather Wilberforce	549-0484	heather_willy@yahoo.com
Morant Bay Health Centre	Irene Richards	538-6305	rinerich@hotmail.com
KSA	Maureen Wright		
WRHA			
Cornwall Regional Hospital	Gail Reid	537-3807	socialworkergr@hotmail.com
Savanna-la-mar Hospital	Melesa Bacchas		melesabacchas@yahoo.com
Falmouth Hospital	Angella Lumley-Powell	537-3806	
St. James Health Dept.	Hillary Jerry-Lyons	537-3804	hillyjl@hotmail.com
NERHA			
St. Ann's Bay Health Dept.	Rose-Marie Brown-Mwamwifu	770-8968	rmwamwifu@yahoo.com
Buff Bay Community Hospital	La-Toya Cameron-Hill	770-0458	latoyacameron06@yahoo.com
Port Maria Health Centre	Lesia Bhagwandat-Vassell	770-3039	lesiabhag@yahoo.com
SRHA			
SRHA	Keith Gayle	778-9933	keith.gayle@srha.gov.jm
Black river Health Centre	Sandra Peterkin	793-7321	sandra_peterkin@yahoo.com

iv. ADHERENCE COUNSELLORS' CONTACT INFORMATION

NAME	TREATMENT SITE	CONTACT NUMBER (CUG)
SERHA		
Lavern Dennis	Comprehensive Health Centre	791-7007
Kirk Morris	Comprehensive Health Centre	791-7005
Charles Farquharson	Kingston Public Hospital	791-7031
	National Chest Hospital	
Elizabeth Grant	Kingston Public Hospital	791-6989
Nicole Haughton	Windward Road Health Centre	791-6981
	Maxfield Park Health Centre	
	Duhaney Park Health Centre	
Paula Samuels	Morant Bay Health Centre	791-6995
Beatrice Magaw	Linstead and St. Jago Park Health Centre	791-7016
Cheryl Feutardo	St. Jago Park Health Centre	791-7022
Natalie Samuels-Rhoden	CHARES	791-7010
Carol Flemmings	Bustamante Hospital	791-7026
SRHA		
Bernard Williams	Mandeville Health Centre	779-2548
	Mandeville Regional Hospital	
Leonard Salmon	Black River Health Center	
Jennifer Barrett-Green	May Pen Health Centre	792-2821
NERHA		
Kera Cummings	St. Ann's Bay Health Centre	791-7048
Patricia Walford	St. Ann's Bay Health Centre	791-7043
Carlene Dawkins	Port Maria Hospital	791-7049
Isolyn Rowe	Port Maria Hospital	791-7034

NAME	TREATMENT SITE	CONTACT NUMBER (CUG)
NERHA		
Jarnett Downer-Patterson	Port Antonio Hospital	791-7036
Jeneive Shaw	Port Antonio Hospital	791-7040
WRHA		
Tenesa McLaughlin	Cornwall Regional Hospital	791-7072
Tameka Adlam	Cornwall Regional Hospital	791-7082
Annickae Stone	Montego Bay Type V	791-7052
Caretta Williams	Montego Bay Type V	791-7055
Alecia Jackson	Sav La Mar Hospital	791-7057

v. LIST OF ARV DISPENSING SITES

PHARMACY SITE	
Bellevue Hospital	Savanna-la-mar Public General Hospital
Bustamante Hospital	Spanish Town Hospital
Caledonia Mall Pharmacy	St. Ann's Bay Health Centre
Charlie's Pharmacy	St. Ann's Bay Hospital
Cornwall Regional Hospital	St. Catherine Adult Correctional Centre
Drug Serv: Black River Hospital	Tamarind Farm Adult Correctional Centre
Drug Serv: Diabetes Centre	Tower Street Adult Correctional Centre
Drug Serv: Glen Vincent Clinic	UWI (CHARES/JAPPAIDS)
Drug Serv: Greater Portmore Health Centre	Windward Road Health Centre
Drug Serv: Mandeville Regional Hospital	
Drug Serv: May Pen Hospital	
Drug Serv: Princess Margaret Hospital	
Drug Serv: Santa Cruz	
Drug Serv: Savanna-la-Mar	
Drug Serv: Union Square Pharmacy	
Duhaney Park Health Centre	
Falmouth Hospital	
Fort Augusta Correctional Centre	
Horizon Remand Centre	
Kingston Comprehensive Health Centre	
Kingston Public Hospital	
K's Pharmacy	
Mandeville Comprehensive Health Centre	
Maxfield Park Health Centre	
Medicine Chest Pharmacy	
Montego Bay Type 5	
National Chest Hospital	
Port Antonio Health Centre	
Port Maria Hospital	
Rio Cobre Juvenile Correctional Centre	

F. List of Non-Governmental Organization offering Support to People Living with and Affected by HIV/AIDS

Organization	Contact Details	Population Served	Services Provided
ACOSTRAD	Tele: 967-2234 Fax: 967-0169	General population	Educates the Jamaican public on STDs and their prevention
Ashe Performing Art Company	16 Waterloo Road Kingston 10 Tele: 968-5414	Youth	HIV awareness through educational entertainment, life skills building workshops
African Methodist Episcopal Church	Kingston	Congregants	Sensitization of congregants to HIV/STI prevention
Boy's Brigade	National Programme Officer 2E South Camp Road Kingston 5 Tele: 876-929-0089	Boys and young men	Skills training
Women's Centre of Jamaica Foundation	42 Trafalgar Road Kingston 10 Tel: 929-7608/929-0977	Women	Address the problems that confront women, given the impact of patriarchy and sexism such as high rates of unemployment, violence against women in various forms such as spousal abuse, rape, incest and sexual harassment.
Children First	9 Monk Street Spanish Town St. Catherine Tele: 984-0367/984-2839 /9375574 Email: claudettepious@yahoo.com vandreat@yahoo.com	General population	Education and counselling services, employment & entrepreneurial skills training, youth and elderly empowerment, mobile health clinic.
Combined Disabilities Association	18 Ripon Road Kingston 5 Tele: 929-1177	Persons living with disabilities	Provides access through advocacy to mobility, housing, training/education, recreation/rehabilitation, employment and health care
Council of Voluntary Social Services	Coronation Building 122-126 Tower Street, Kingston Tele: 9229365-6	General population	Training and resource development, advocacy, networking, data collection and dissemination, inter-agency

F. List of Non-Governmental Organization offering Support to People Living with and Affected by HIV/AIDS

Organization	Contact Details	Population Served	Services Provided
			collaboration and sensitization
Eve for Life	7 Keesing Avenue Kingston 10 Tele: 342-6107/758-7049 Email: evejamaica@gmail.com info@eveforlife.org	Adolescent mothers, women and children affected by HIV/AIDS	Care, counselling and psychosocial support
Food for the Poor	Ellerslie Pen Spanish Town Tele: 984-5005	General population	Established a treatment site, Provide medication to the Ministry of Health on a monthly basis, Provision of food for the needy
Hope for Children Development Company	74 Spanish Town Road Kingston 13 Tel.: 923-3594/757-3909 Email: hcdc@kasnet.com	Children	Improve the quality of life of children in extremely difficult circumstances
Hope Worldwide	7 Oxford Park Avenue Kingston 5 Tele: 754-4446 Fax: 754-4012 Email: hopeja@gmail.com hopenworldwidejamaica@gmail.com	In school youth (grade 11) Out of school youth 10-14 and 15-24	HIV Peer educator training, mentorship and vocational skills training
Independent Jamaica Council for Human Rights	131 Tower Street Kingston Tel.: 967-1204 Email: ljchr@mail.infochan.com Website: www.ijchr.org	General population	Pursues the protection and promotion of human rights through advocacy, public education and legal aid and assistance in breaches of fundamental rights and freedom
Jackson Town Baptist Church	Falmouth PO Trelawny	Congregants	Facilitate VCT
Jamaica AIDS Support for Life (JASL)	2 Douglas Close, Ocho Rios, 16 East Street, Montego Bay 3 Hendon Drive, Kingston 20 Tele: 925-0021-2	OVC, Marginalized youth, Hearing impaired, women and girls at risk	Onsite testing, treatment care and support, pap smears, trainings, skills building GBV, advocacy, research, Life's work - business arm

F. List of Non-Governmental Organization offering Support to People Living with and Affected by HIV/AIDS

Organization	Contact Details	Population Served	Services Provided
Jamaica Business Council on HIV/AIDS	2a Ruthven Road Kingston 10 Tele: 920-2937	PLHIV	Assist national efforts to increase access to health care and garner financial resources to sustain the response to HIV/AIDS
Jamaica Forum for Lesbians, All Sexuals and Gays (JFLAG)	Tele: 754-2130 Fax: 754-2113	Lesbians, Gays, Bi-Sexuals & Transvestites (LGBT)	Promote social change in the LGBT community through public education, crisis intervention & empowerment, research, rights based advocacy, legal aid and legal reform
Jamaica Network of Seropositives	3 Trevennion Park Road Kingston 10 Tele:929-7340 Email:jnplusgipa@hotmail.com	PLHIV	Receives complaint about discrimination, provides referral to treatment care and support, skills training, education on HIV and issues affecting PLHIV
Jamaica Red Cross	Central Village Spanish Town Tele: 984-7860-2	General population	Prevent and alleviate human suffering and protect human life and dignity through disaster preparedness, first aid, search and rescue, health services, HIV/AIDS, social welfare, environmental problems, information/dissemination and youth
Jamaicans for Justice	1 Grants Pen Road Kingston 8 Tel.: 755-4524-6 Email: ja.for.justice@mail.infochan.com Website: www.jamaicansforjustice.org	Victims whose rights have been breached	Legal response, public education and advocacy, policy and legislative advocacy
Joy Town Community development Foundation	4 ½ Camp Road Kingston 4 Tele: 928-4631/930-0841	Sex Workers	Voluntary Counselling and Testing (VCT)
Mustard Seed Community (Martha's House)	3 Windsor Road Spanish Town Tele: 984-1775/984-6495	Children aged 2 to 13	Facilitate treatment, education Counselling, care and support, accommodation

F. List of Non-Governmental Organization offering Support to People Living with and Affected by HIV/AIDS

Organization	Contact Details	Population Served	Services Provided
Mustard Seed Community (Dare to Care)	3 Windsor Road Spanish Town Tele: 984-1775/984-6495	Teenage girls	Facilitate treatment, education, counselling, care and support, accommodation
Mustard Seed Community (Mathew 25:40)	P.O. Box 267 Kingston 10 Tele: 923-6488 infojamaica@mustardseed.com	Teenage boys	Facilitate treatment, education, counselling, care and support, accommodation
National Council on Drug Abuse	2-6 Melmac Avenue Kingston 5 Tele: 926-9002-4 Email: smalcolm@ncda.org.jm	General population	Establish and facilitate community facilities to offer services in primary treatment for substance use, HIV/AIDS, violence prevention and life skills initiatives. Operates a mobile clinic offering testing and other services among HIV drug using homeless population in Kingston and St. Andrew
New Testament Church of God	8 Fairway Avenue Kingston 5 Tele: 927-3712	General population and congregants	Half way house for the homeless including HIV positive individuals, Raining for pastors on HIV prevention
Seventh Day Adventist Church	10A Grants Pen Road Kingston 8 Tele: 924-1410	General population and congregants	Advocacy for ending violence against women and girls, VCT in communities Train the trainers programme for pastors
Stewart Town Baptist Church	Rev. Stephen Henry Stewart Town P.O, Trelawny Tele: 370-5040	Youth in and out of church	Facilitate VCT, educational information
Stewart Town Seventh Day Adventist Church	Stewart Town PO Trelawny Tele: 284-1240	Congregants and wider community with focus on youth	Counselling, education Support, referrals

F. List of Non-Governmental Organization offering Support to People Living with and Affected by HIV/AIDS

Organization	Contact Details	Population Served	Services Provided
The Associated Gospel Assemblies	15 Dunrobin Avenue Kingston 10 Tele: 969-1350	Congregants	Sensitization on abstinence
Bethel Baptist Church	6 Hope Road Kingston 10 Tele:	General population and congregants	CARE program, which provides food, medication for PLHIV HIV testing and access to medical services, training of other churches in the development of protocols on HIV management Education of the church community on HIV-related issues through Sunday School, drama productions, PLHIV testimonials, collaboration with the Jamaica Forum for Lesbians, All-Sexuals and Gays (J-FLAG) to expand its reach to other communities
The Moravian Church	3 Hector Street Kingston 4 Tele: 928-1861	Congregants	Sunday school lessons on sex, HIV and AIDS, Health education, VCT
The Roman Catholic Church	3 Golding Avenue Kingston 6 Tele: 970-1804	Congregants and wider community	The Lord's Place Hospice for PLHIV
The Universal Church of the Kingdom of God	110 Hagley Park Road Kingston 11 Tele: 757-0226	Congregants and wider community	Counselling
William Knibb Memorial Baptist Church	Rev. Devere Nugent Falmouth PO Trelawny Tele: 363-9794	Congregants and wider community	Counselling, education, support
Young Men Christian Association	General Secretary 21 Hope Road Kingston Tele: 926-8081,754-9034	General population	Skills training Reproductive health education