

SUCCESS STORY

Unique Identifier Codes Create Continuity and Improve Client Tracking for LINKAGES Mali

“I am not afraid of seeking out services because I know that no one other than the staff who enrolled me will know my name and identify me as a sex worker. Because I trust in this total anonymity, I participate in prevention services, and I will stay in good health while engaging in the sex work I do at so much risk.” - Female sex worker

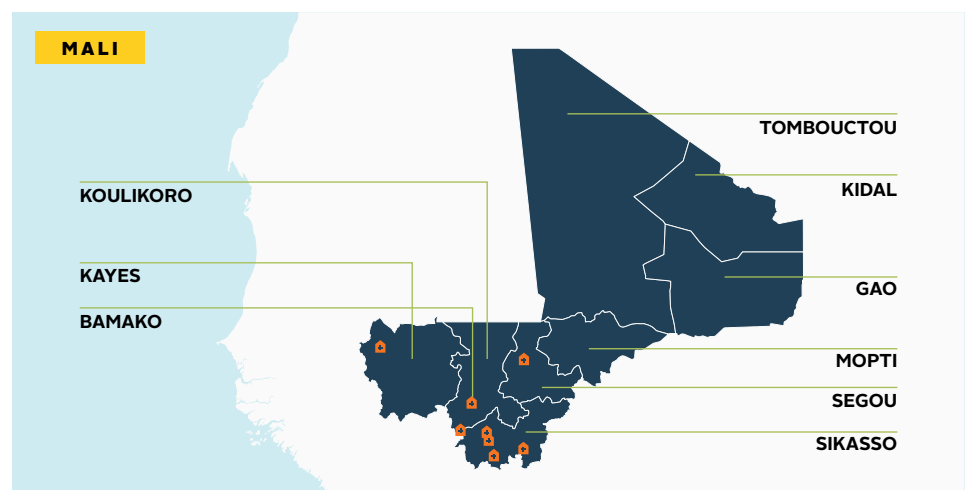
Soutoura client

In 26 countries around the world, the seven-year USAID- and PEPFAR-funded LINKAGES project, or Linkages across the Continuum of HIV Services for Key Populations Affected by HIV, is reducing transmission of HIV among key populations (KPs)—sex workers, men who have sex with men, transgender people, and people who inject drugs. To accomplish this, LINKAGES staff are working with local partners to develop innovative solutions to reach more KP individuals with HIV prevention outreach and testing, as well as to increase enrollment and retention in treatment and care.

In Mali, LINKAGES identified a critical need for the development of efficient logistical responses to improve record keeping, data compilation, and data analysis to track progress toward project goals over time. Setting up a unique identifier code (UIC) system was the first step.

LINKAGES Mali and local implementing partner Soutoura joined forces to develop a system of UICs—essentially, anonymous identification codes—for the KP individuals reached with HIV-related services in seven locations throughout the country (Figure 1). This replaces the distinctly unsystematic conventions in place previously, in which individuals frequently had many different identifier codes assigned to them on a single document or across multiple documents for services rendered at different times or locations. This made it difficult to track clients receiving services across the continuum of HIV prevention, testing, care, and treatment.

Figure 1. Locations of Soutoura clinics in Mali



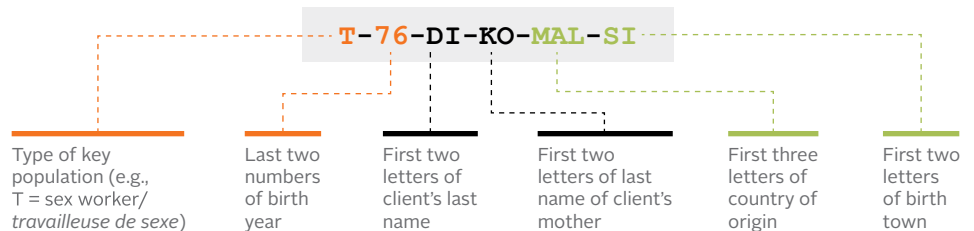
Soutoura needed a way to identify how many unique individuals were being reached and served, both to fulfill LINKAGES, government, and funder reporting requirements and to identify areas for improvement in its program. Working together with Soutoura, LINKAGES staff provided technical support to develop the new UIC system. Then, following a joint LINKAGES- and Soutoura-led training of 28 Soutoura doctors, peer coordinators, and peer educators, the system was launched in June 2017.

Creating the Code

A key feature of the UIC is that the letters and numbers are based on information the client will be able to recall readily. If the client forgets to bring his or her UIC card when seeking services, it will be easy to recreate the same unique code and link the client's records from different dates for different services. The composition of a code is shown in Figure 2.

Figure 2. Example of a LINKAGES/Soutoura UIC

I am Ms. Diarra, daughter of Ms. Kone, born in Sikasso in 1976, Malian FSW: T-76-DI-KO-MAL-SI



During Soutoura's first contact with the client, peer educators and facilitators explain the importance of the code. They tell clients that it allows them to be tested, referred, and treated anonymously, without links to any personally identifiable information. In fact, no personally identifiable information is recorded at all except telephone numbers for follow-up purposes. This is especially welcome news for members of KPs, who are commonly exposed to discrimination and violence and may be reluctant to receive services openly.

UICs Improve Follow-up and Client Satisfaction

Soutoura's ability to track clients has improved its service records since the introduction of UICs in June 2017, because now staff can identify specific clients as they use services at various stages of the cascade. The improved documentation and tracking of clients served by the project have allowed for more accurate data. Duplication of the number of reached clients has decreased. Identification of first-time HIV testing clients versus repeat testers has improved, in turn improving the accuracy of case-finding rates. In addition, accurate tracking of clients at health facilities has led to effective client tracing, translating into an increase in patients on ART. It has also enabled providers to follow up with clients who miss appointments, thereby positively affecting retention in care and treatment.

For one service provider, the benefits are multifold. The UIC system promotes trust between Soutoura's program managers and providers by verifying the number of people reached through sensitization. In addition, the provider explains, "The flow of the different steps—explaining the code to the client, creating it, and assigning the code—has improved my interactions with clients. This strategy has allowed me to introduce kinship-related pleasantries based on the last name of either the client or their mother. This creates a friendly ambiance and encourages clients to open up and actively participate in sensitization and referral sessions."

The benefits are just as tangible for the clients as for Soutoura. In the words of one client, a female sex worker, "Before, I was shy about going for HIV prevention services. I was afraid I would be recognized as a sex worker because of having to go over my identity at every prevention activity I participated in. With the introduction of the unique identifier code, once I was enrolled, it follows me to all the services without anyone having to ask for my personal details. I now participate regularly in prevention activities. I am not afraid of seeking out services, because I know that no one other than the staff who enrolled me will know my name and identify me as a sex worker. Because I trust in this total anonymity, I participate in prevention services, and I will stay in good health while engaging in the sex work I do at so much risk."

Training of Soutoura medical doctors
and facilitators on UICs.

Photo credit: LINKAGES Mali



The Future of UICs

The government of Mali has already adopted the UIC system for the delivery of services to key populations. Eventually, records will be accessible electronically no matter where the person obtains services, whether at a community-based organization, government clinic, or hot spot; during delivery of home-based services; or even in a different town—greatly reducing the likelihood of loss to follow-up and increasing the accuracy of the data reported.

 LINKAGES@fhi360.org

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