UGANDA

Community quality improvement teams; a vehicle for improving retention of patients on antiretroviral treatment:

A Case of East Central Uganda

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BACKGROUND

Retention in care is critical to the health of people who are on antiretroviral treatment (ART). The contribution of community quality improvement (QI) teams in promoting facility-community linkages and retention on ART is considerable and should not be underestimated. Cognizant of this unexploited contribution, STAR-EC implemented community QI interventions to support health facility care and treatment outcomes between Oct 2013 and Sept 2015.

PROCESS

The project selected 14 villages served by two high-volume, poorly performing health facilities that had retention rates of less than 85% and kept-clinic appointments of less than 70%.

Eight health workers (QI mentors) and 70 village health team members (14 village QI teams), including persons living with HIV (PLHIV), were trained in basic HIV chronic care and QI principles.

Those trained were supported through monthly onsite mentorship meetings on data collection, monitoring improvement changes, effective use of referral tools, educating clients about patient self-management and quarterly learning session to promote sharing of best practices..

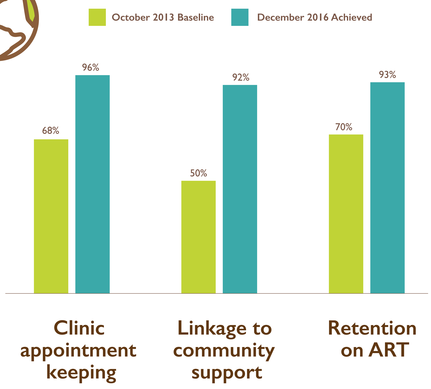
RESULTS

96% clinic appointment-keeping improved from 68% to 96%

92% PLHIV linked to community support structures increased 50% to 92%

93% Retention on ART increased from 70% to 93%

Improvements in Key Linkage and Referral Indicators



CONCLUSION & NEXT STEPS

- Community QI teams are very important in promoting community-health facility linkages and HIV-client ART retention.
- Community QI teams have the potential of helping HIV&AIDS programs achieve the UNAIDS 90-90-90 and Zero New Infections targets.
- These community structures should be used by health care systems because they can be implemented with minimal financial and zero additional human resources.

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Peers facilitating an EMTCT community Family Support Group.

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