



Poster Exhibition

E20 - Quality improvement interventions to improve systems performance

TUPE0826 - The impact of quality improvement initiatives in a mobile ART program: experience gained by Kitovu Mobile AIDS Organization (Kitovu Mobile) providing ART to people living with HIV and AIDS (PLHA) in the South West Uganda

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Issue: Providing quality antiretroviral therapy (ART) for PLHA is a major goal for HIV/AIDS programs. To minimize HIV drug resistance, challenging mandatory HIV/ART care indicators were introduced in Uganda for all patients under chronic care. Can a rural mobile ART program implement these high standards of care and documentation?

Description: Kitovu Mobile has made a significant impact in delivering ART to 'hard to reach' villages in Uganda. Success is attributed to the home based model of care with meticulous follow-up of clients. 85 Expert Clients (25 Male, 60 Female) (PLHA trained in ART), act as treatment supporters and 750 community workers collaborate.

Out of 4003 clients registered 1003 (278 Male, 725 Female) receive ART of whom 98.4% (269 Male 718, Female) are on first line and 1.59% (Male 9, Female 7) on second line regimens.

To ensure quality ART care in resource limited settings, a quality improvement (QI) team was formed to monitor HIV/ART indicators. Staff received training and data and logistic systems were monitored. QI meetings were held and linkages set up with national networks. QI gaps were identified and addressed and QI journals filled.

QI initiatives outcomes:

- ART adherence rose from 93.0%-96.8%;
- TB assessments increased from 63.7% to 100%;
- Monitoring of clients improved. Increased collaboration with other stakeholders;
- Ministry of Health evaluation for early warning resistance indicators revealed almost 100% performance.

Prescribing practices 100%, Lost to follow up 0%, Retention of clients on first line 100%, Appointment keeping 90% and continuous ARV supply 8 months (target 12 months).

Lessons learned: Adopting QI initiatives significantly improved patient care and data management showing that it is possible for a rural mobile program to provide quality ART in resource limited settings.

Next step: Step up monitoring mandatory HIV/ART indicators and maintain the high standard of care and data management.

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