

**ADHERENCE TO CLINICAL STANDARDS OF QUALITY HIV/AIDS CARE AND
ANTIRETROVIRAL THERAPY IN HEALTH FACILITIES IN WEST NILE REGION,
UGANDA**

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Abstract

Introduction: Almost one quarter of an estimated one million people living with HIV in Uganda are receiving ART, creating unprecedented demand for long term high quality HIV/AIDS care.

Objectives: To assess adherence to clinical standards of HIV care at facilities, so as to inform the design of appropriate strategies to improve the quality of HIV care in West Nile.

Methods: A descriptive cross sectional study of 9 health facilities including records review for a cohort of 270 ART clients was undertaken. Indicator standards of quality HIV care were analyzed as proportions and the performance of each facility compared to national targets.

Results: In all the facilities, national standards were met for CPT (98.5%) and prescribing a standard 1st line ARV regimen (100%). Laboratory monitoring was inadequate especially at general hospitals and HC's where 42.2% and 36.7% of HIV clients respectively were monitored. Only 51% of HIV clients received ART adherence support, performance reducing with subsequent visits. All facilities had basic lab tests except CD4 and RFT/RFT's, only available at the regional hospital. Over half of district hospitals and health centers experienced stock outs of 1st line ARV drugs. The KI interviews revealed inadequate trained personnel; irregular supply of ARVs; and inadequate infrastructure as common challenges in provision of ART services.

Conclusion: Facilities generally adhered well to standards of HIV care, performance being poorer at the health centers. Challenges in accessing CD4 tests and stock out of ARV's and OI medicine are still prevalent at lower level facilities.

Recommendations: The DHT should target support particularly to lower level facilities by providing recent HIV care guidelines and job aides to enable observation of the standards of HIV care. They should strengthen laboratory support supervision and revitalize the district therapeutic committees to do regular ARV stock monitoring and advice on re-allocations within districts.