

SUCCESS STORY

Accurate Record Keeping Makes a Difference in Improving TB Preventive Therapy Completion Rates in Namayingo District

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

James, 38, is a fisherman living with HIV. For the past nine years, he and his wife Catherine receive their HIV antiretroviral treatment from Sigulu Health Centre III on Sigulu Island, Namayingo district, Uganda. Together, they have three children who are all HIV negative and are thus a role model family for many people living with HIV receiving care at the same facility. The model couple have consistently maintained their HIV viral loads as suppressed. They also share with other people living with HIV on how to adhere and live with HIV positively as a family. Despite their good health, they had fears of falling sick with tuberculosis (TB). In July 2019, the health worker who provides them with antiretroviral (ART) medications informed them that the Uganda Ministry of Health had introduced a short course of TB preventive therapy (TPT) to help reduce the risk of developing TB, a major cause of death for people living with HIV (PLHIV).

After several health education sessions, the couple decided to start on TPT and faithfully adhered to the TPT medications until they finished their 6-month course of treatment in December 2020. It was thus a surprise for James and Catherine to receive a call from the health facility requesting them to return to the facility and pick medications to complete their TB preventive therapy (TPT), as the TPT



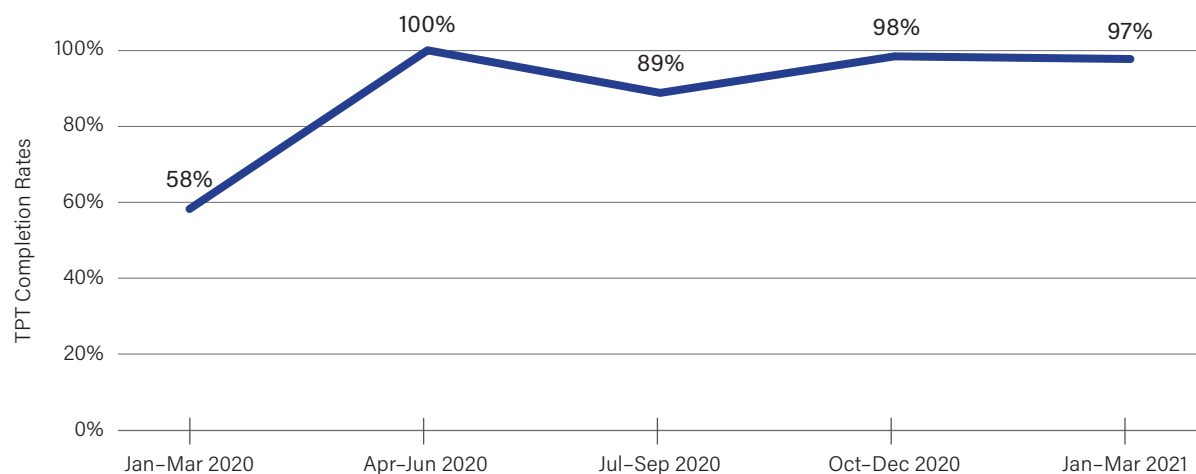
A patient receiving adherence counseling on TB preventive therapy at a routine clinic visit to a health facility in East Central Uganda
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register indicated that he and his wife had not yet taken some of their TPT prescriptions. During the phone call, James confirmed to the health workers that both he and his wife had completed their 6-month TB preventive treatment. This prompted the health worker to review their patient records which confirmed that they had actually received and completed 6-months of TPT, despite this not being documented in the TPT register. This was an eye-opener to the Sigulu health centre III staff, who subsequently did

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Figure 1. TPT completion rates in Namayingo district have steadily improved from 58% to 97% over a 12-month period from March 2020 to March 2021.



a patient file audit which revealed that a significant number of PLHIVs on TPT did not have their data updated in the TPT register. This negatively affected TPT completion rates for the health facility.

At a district level TB performance review meeting held in February 2020, suboptimal TPT completion rates were identified as a district-wide challenge, with an overall district performance of 29% (235/807) for the period October to December 2019. The health facility in-charges, TB focal persons and the RHITES EC team decided to find a lasting solution to the suboptimal performance of TPT completion rates. This meeting identified incomplete updating of registers as one of the key causes of suboptimal TPT completion rates. This was further attributed to knowledge gaps amongst the health workers in the ART clinic on how to correctly update the TPT register, as well as a weak supervision mechanism at the facility level to quickly identify patient files whose information had not yet been updated in the TPT register.

To address the performance gaps identified, USAID RHITES EC working with the district health team members organized an onsite mentorship to orient facility-based staff on how to correctly update the TPT registers and the importance of real time updating of the TPT registers. This orientation helped

"I now understand why we need to update client files and fill in the register daily to get a real picture of what's going on in the clinic and set our priorities," says Bernard Akol, the ART clinic clinician at Sigulu HC III.

to improve the health workers confidence and improved their understanding of the importance of good TPT register documentation.

In addition, the health workers implemented district wide file audits at all health facilities offering TPT. These file audits helped determine which clients had completed TPT but whose records were not yet updated in the register. The audit also helped identify clients who had dropped off from the TB preventive therapy course, and follow-up was done to ensure they finished the 6 month TPT course.

Addressing these performance gaps alongside other interventions to ensure the availability of TPT stocks at health facilities in Namayingo helped improve the TPT completion rates in Namayingo district over 12 months from 58% (January 2020) to 97% (January-March 2021).