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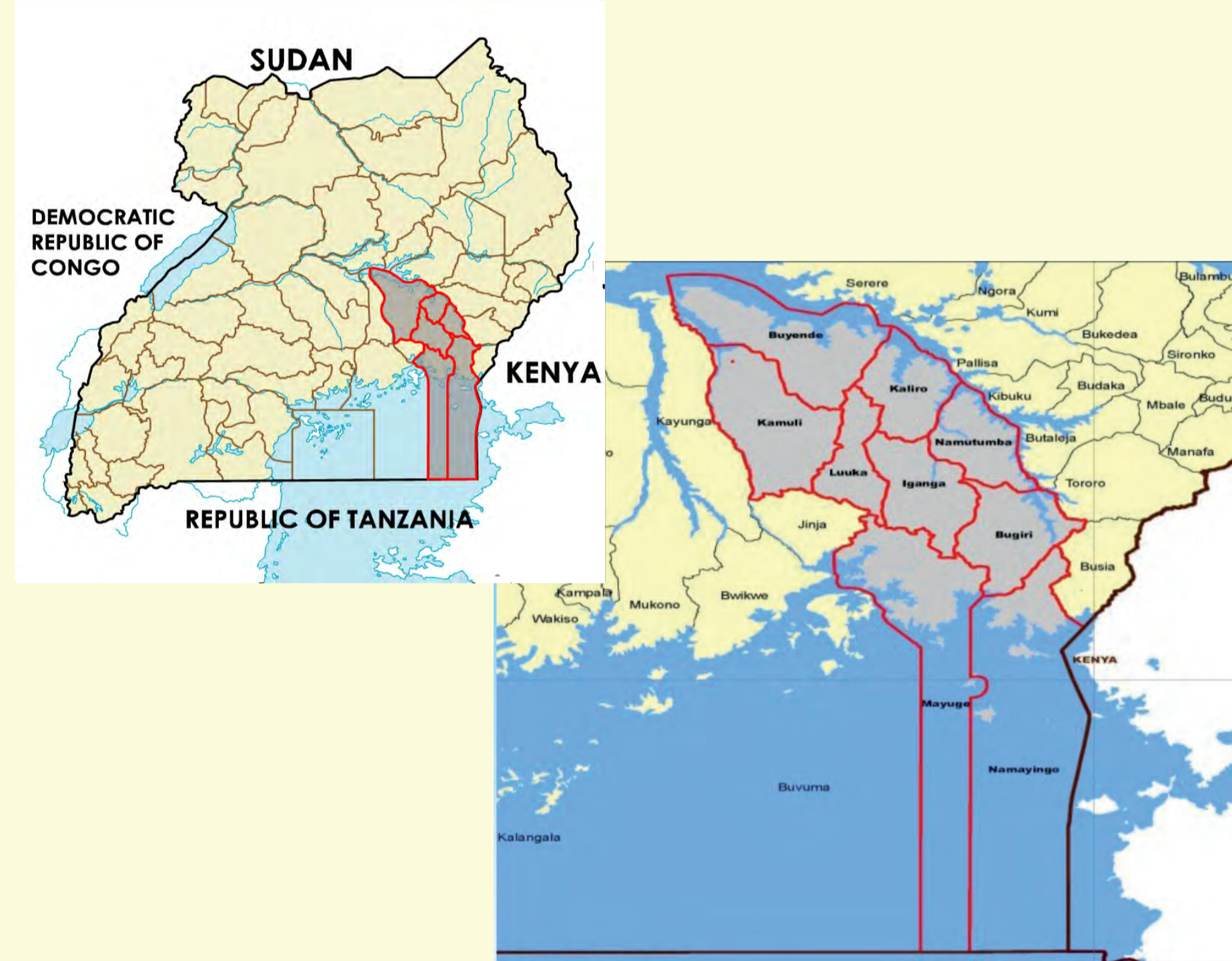
# Rearrangement of the facility setting increases access to TB/HIV integrated services: Lessons from Iganga hospital in East Central Uganda

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## Background

In Uganda the TB/HIV policy was disseminated in 2006, however implementation of the policy varied from district to district and from facility to facility. According to the WHO Global TB Report 2012, the national HCT uptake stands at 80%, cotrimoxazole prophylaxis (CPT) and ART enrollment at 93% and 32% respectively. During the period Oct 2009 – Sept 2010, Iganga Hospital had poor TB/HIV indicators. HCT uptake for TB patients was 80%. CPT and ART enrollment for TB/HIV co-infected patients was 80% and 50% respectively. This was mainly attributed to inadequate TB/HIV integrated services at the facility

**Figure 1: STAR-EC's Geographical area of coverage**



## Methods

JSI with funding from USAID is implementing the STAR-EC program that supports the National TB and Leprosy program (NLP) to strengthen TB activities in nine districts of East Central Uganda. Following a training of Health care providers on TB/HIV co-management and TB infection control, the hospital outpatient department (OPD) staff assigned to the TB clinic rearranged TB service delivery points within the OPD. A 'supermarket' model was initiated at OPD with a triage corner, HIV testing services, laboratory services and TB general clinic accessed within the same setting. The HIV clinic was relocated near the TB general clinic. This rearrangement enabled physical intra-facility referrals for TB/HIV co-infected patients to either clinic. In addition, appointments for TB/HIV co-infected patients to access TB and HIV services were synchronized.

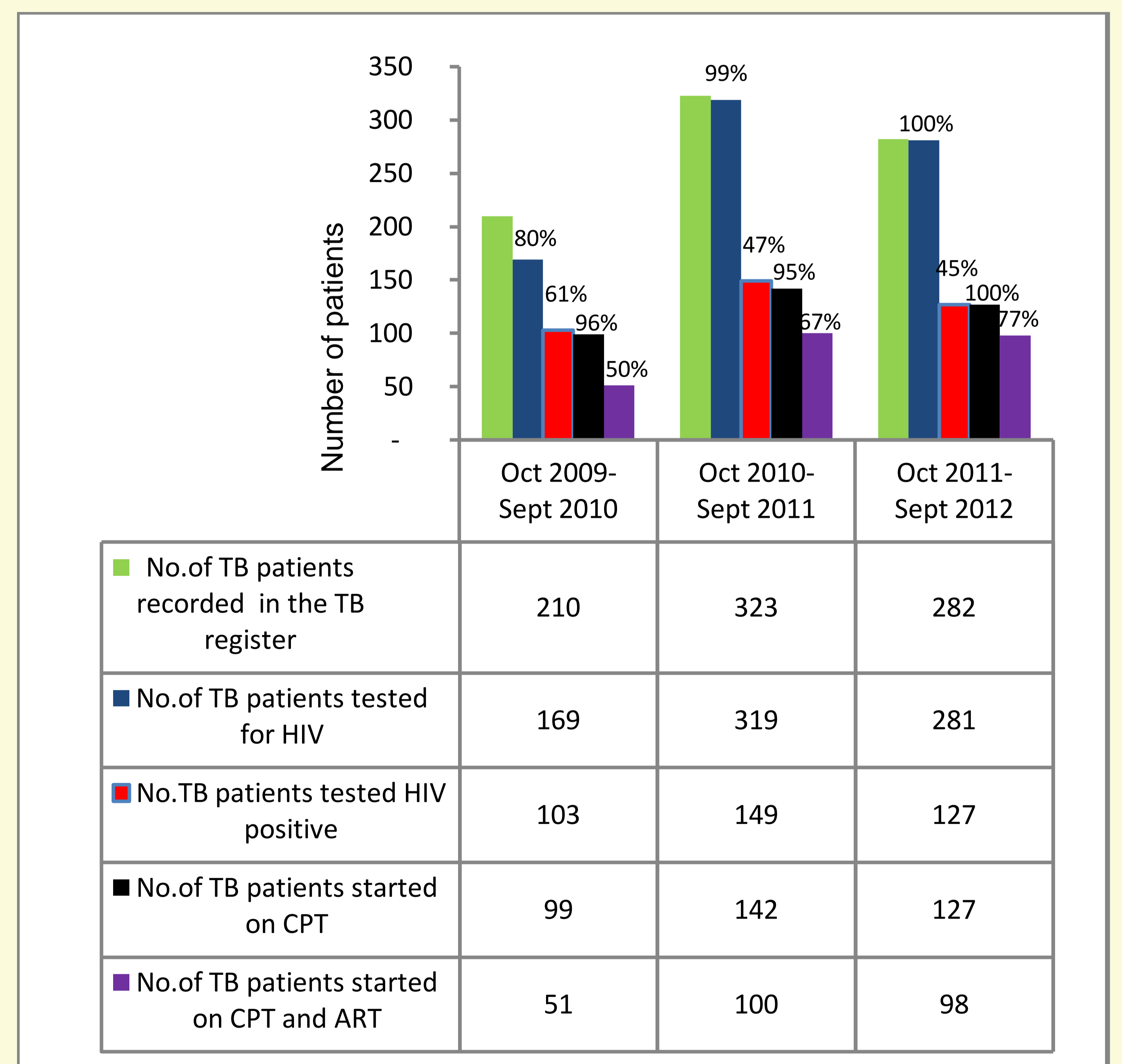
An 'expert client' conducting a group Health Education session on TB to HIV clients before being screened for TB in Iganga Hospital



## Results

Over a period of two years, there was progressive improvement in the indicators. HCT uptake to 99%, CPT and ART enrollment for the TB/HIV co-infected patients to 100% and 77% respectively

**Figure 2: Progress of TB/HIV indicators in Iganga hospital during the three program years following the rearrangement of the facility**



## Conclusion

- Strategic rearrangement of facility TB service points increases access to integrated TB/HIV services.
- Synchronization of patients' appointments enables patients to receive both TB and HIV services on the same day

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