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Using Quality of Care (QoC) teams to improve the quality of HIV&AIDS and TB services in the East Central Uganda

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Issue

Delivering quality care is a critical pillar in HIV&AIDS and TB service delivery but achieving this amidst the scarcity of resources is a challenge. Over time, the East Central Uganda region scaled up HIV care to many lower health facilities and communities but due to the scarcity of qualified health workers, more non-professional and lay community persons have been brought on board to deliver needed services to clients. The use of these various cadres of personnel however threatens the quality of care unless special attention is paid to it. June 2010 data showed that only half of HIV patients received screening for TB, only half of clients eligible for antiretroviral therapy (ART) were started on drugs and only 14% of HIV positive pregnant women received antiretroviral (ARV) drugs for prophylaxis.

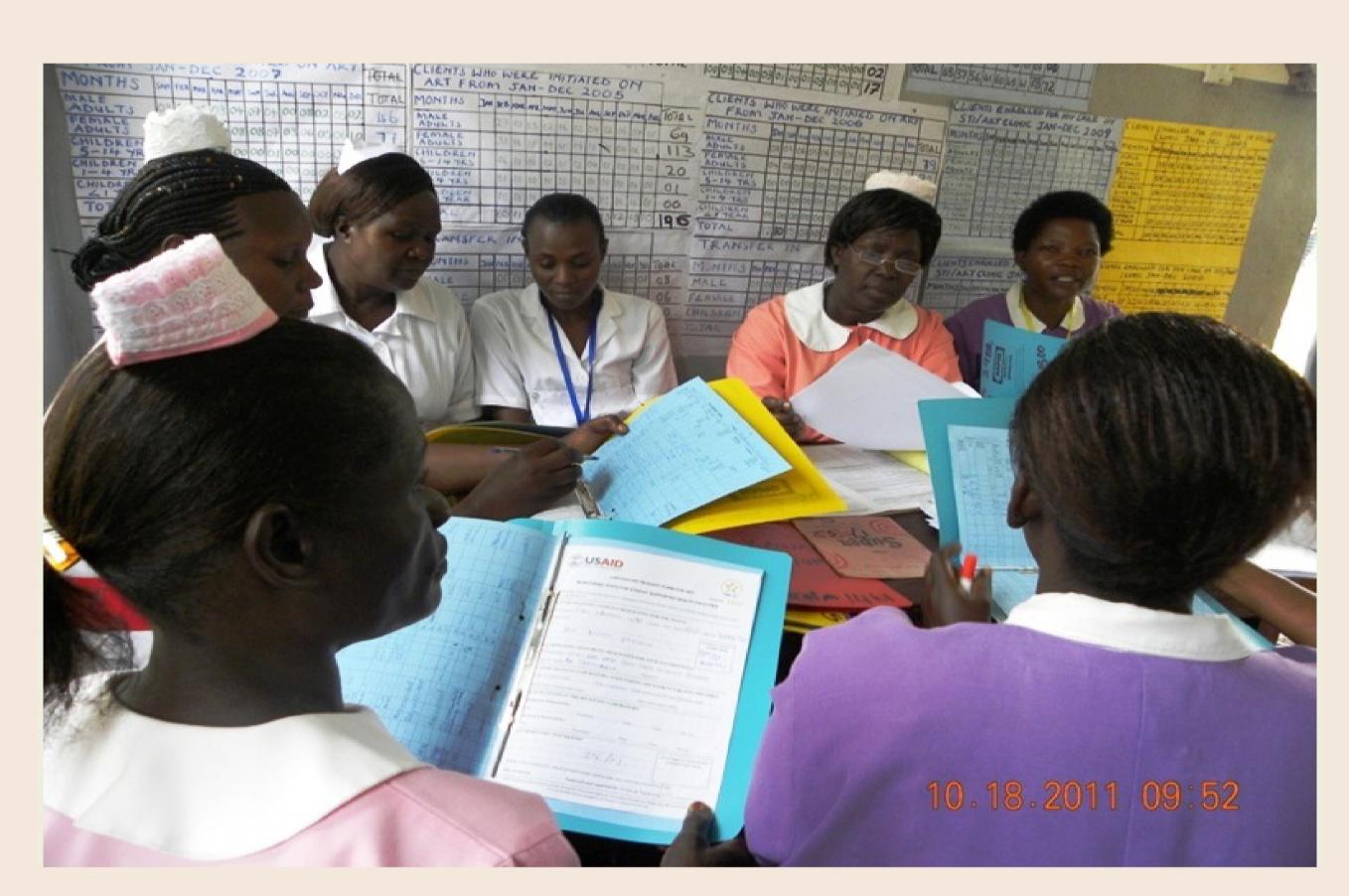
Description

STAR-EC partnered with the Ministry of Health to implement a model which utilizes Quality of Care (QoC) teams to improve the quality of HIV&AIDS and TB services offered in East Central Uganda. These teams comprise of a variety of health workers who are trained and mentored by the district and regional quality teams to improve health care. Since June 2010, 61 teams have been established at 61 health facilities and have monitored improvements in service areas of TB; prevention of mother-to-child transmission of HIV (PMTCT); HIV chronic care including ART; and laboratory monitoring. In addition, these teams use the 'plan-do-study and act' approach to identify gaps in clinic processes, strategize to fill them, and periodically review their performance.

Results

In a period of nine months, TB assessment for HIV clients improved from 54% to 96%, 78% of eligible clients were started on ART and 96% of HIV positive pregnant women were given ARV prophylaxis. Client waiting time also reduced from about 4 hours to 2 hours (measured from time of registration to receipt of drugs).

Indicator	July-Sept 2010	Oct –Dec 2010	Jan-Mar 2011
% of HIV Clients assessed for TB	54	82	96
% of HIV eligible clients initiated on ART	45	52	78
% of HIV positive pregnant women given ARV prophykaxis	14	67	96



The quality of care team at Iganga General Hospital actively identifying gaps in patient data

Lessons Learned

- This model empowers health workers to continuously analyze their performance and own any changes observed
- The use of QoC teams promotes use of data at facility level and motivates health workers to set targets and aspire to achieve them
- Regular mentorship offered to the teams helps to build team work

Next steps

QoC teams will be established in all health facilities supported by STAR-EC and best practices will be shared out nationally.

