Investing in processes to improve retention of HIV-positive clients in care: Experience from Gulu Regional Referral Hospital

Despite the growing availability of HIV care and treatment services in Uganda, significant barriers to retention (continuous engagement of HIV-positive clients in appropriate medical care) continue to affect client treatment outcomes. Since 2010, healthcare facilities supported by the USAID Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) project have been battling to improve retention of clients in care. Clients default on treatment regularly due to various reasons, such as lack of transport, unplanned travels (common for business men and women), failure to disclose sera status to a partner and sickness. At times, clients self-transfer to receive services from another, usually closer, healthcare facility without knowledge of the initiating facility, which also increases the rate of loss to follow-up. The good news is that for each set of factors, a number of specific strategies were identified which have made a difference.

Gulu Regional Referral Hospital (RRH) in Northern Uganda is one of the facilities supported by the USAID/SUSTAIN project which has made strides in improving retention of HIV positive clients in care. Various approaches were implemented to achieve life-long, effective utilisation of anti-retroviral therapy (ART) and other health services by clients, including the following:

Identifying clients who miss scheduled appointments*:* The Community Linkages Coordinator (CLC) at the ART clinic generates a list of clients who miss appointments, from the Open Medical Records System reporting software weekly. In addition, he reviews other departmental registers and allows a two-week grace period before the final list is generated for follow-up by the clinic team.

Torach, a Community Linkages Coordinator at Gulu RRH, identifies files for some of the clients who have been dropped or transferred out

Encouraging clients to contact the hospital: At the reception, clinical rooms, pharmacy and general clinic notice board, the clinic number is displayed for clients to note so that they can easily communicate with healthcare staff. This number is also shared with clients during triage sessions for use when clients want to request for advice or make inquiries before coming to the healthcare facility.

"Clients usually use the clinic number to tell us when they are sending a treatment supporter to collect the drugs on their behalf, or inquire about the side effects of the drugs," explains Torach, the Community Linkages Coordinator at Gulu RRH.

Actively following up clients by phone: Using telephones provided by USAID/SUSTAIN (with airtime), the adherence teams conduct follow-up calls, identify challenges and schedule subsequent follow-up clinic appointments with clients. Client contact details which are captured on individual cards stored in clients' files are updated during subsequent visits. Sometimes client contacts are invalid or not provided; other information, such as clients' physical addresses, names of villages, local leaders or nearby trading centres, are used to physically trace and follow-up lost clients.

Clinic phone number displayed on the notice board in English and local language-Acholi

Using inter-facility collabourative meetings*:* This is a new and inexpensive method where service providers from different healthcare facilities within the same district meet on selected days to compare and update their registers. The approach has been helpful in tracing HIV and TB clients who have self-transferred to other facilities, but also proved vital in sharing information about challenges encountered and how different teams address these challenges.

Conducting home visits**:** Gulu Hospital uses part of the sub-grant fund provided by USAID/SUSTAIN to conduct physical follow-up of lost clients through home visits. Because of the limited funds, priority for using this approach was given to tracing HIV-exposed infants whose HIV test results are positive. This is because tests are conducted off-site using dried blood spot (DBS) samples and results are returned after several days, therefore tracing HIV-positive infants is critical and ensures early initiation on treatment. Otherwise, without ART, half of HIV-infected infants die in the first year of life. Home visits include counselling and education to the families on benefits of early initiation and treatment.

A Records Officer during a home visit for one of the clients whose child's test results had turned HIV-positive; July 2014

Retention of clients in care is critical since it reduces HIV-related morbidity and mortality, the incidence of new infections in children and adults, and development of ART resistance. With the rising use of modern technology - telephones and data management systems – clinic teams can easily find, share, manage and update client files. USAID/SUSTAIN project supports similar processes at other 12 supported healthcare facilities to improve retention in care