



BACKGROUND

- Controlling the HIV epidemic among mobile fishing communities will require patient-centred care.
- By end of 2018, continuity on anti-retroviral therapy (ART) and Viral Load (VL) suppression was 78% and 67% respectively, among fishing communities living with HIV at Mahyoro fishing site, Kitagwenda district.
- We describe a continuous quality improvement initiative (CQI) to improve continuity in care and VL suppression from baseline to over 95% among these communities.

METHODS

- Baylor Uganda Care and Treatment team conducted technical support supervision in 2019, to support Mahyoro HC III team with CQI interventions to address the gap.
- Root cause analysis showed frequent movements in search of fish by fisher folks, long client waiting lines and poor transport as the leading causes for lost to follow-up.

Tested Changes:

- ✓ Formed CCLAD groups
- ✓ Attached peers to each group and trained them in leadership skills
- ✓ Established seven drug distribution points (DDP) at the lake shores for services like groups monitoring and drug distribution

- Data from the drug distribution points were collected weekly to review the progress.

RESULTS

Figure 1: Trends in Total Viral Load Suppression among CCLAD group clients and overall Viral Load Suppression at Mahyoro HC III (January 2019 – June 2022)

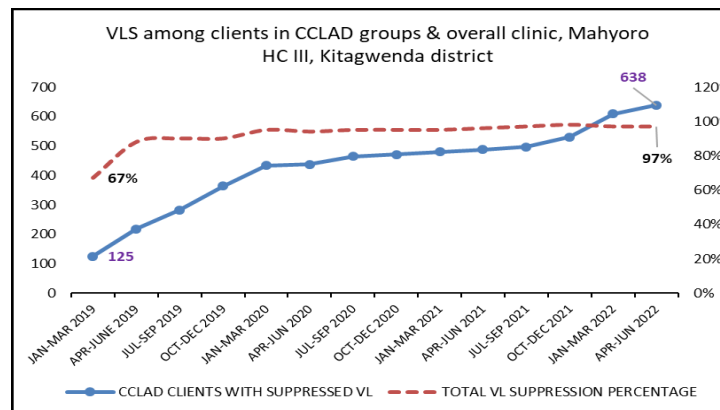
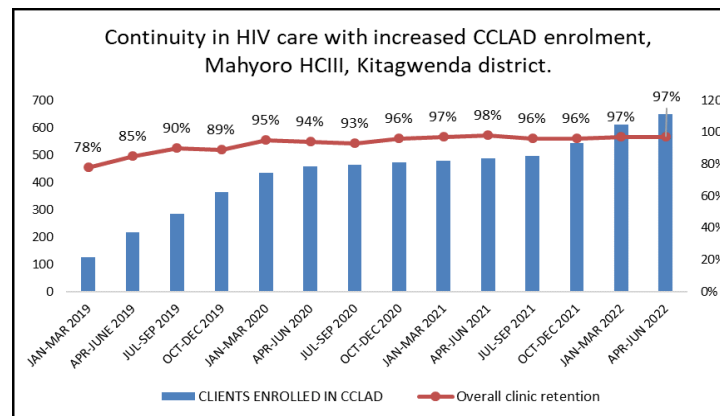


Figure 2: Trends in overall Continuity in HIV care with increased CCLAD enrolment (January 2019 – June 2022)



DISCUSSION

- Limited information exists on retaining fisher folks in care. Such mobile communities require greater interventions to ensure retention and achieve VL suppression.

CONCLUSION

- CCLAD groups contributed to significant improvement in continuity on treatment and VL suppression among the fishing community at Mahyoro landing site.
- These findings will guide implementation of CCLAD groups and other community-based initiatives for mobile populations living with HIV in Uganda and globally.

LESSONS LEARNT

- Innovations including community drug distribution points, training peers on leadership skills and peer-to-group attachment could assist hard-to-reach populations achieve quality care without treatment interruption.

ADDITIONAL KEY INFORMATION

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Acknowledgements

This program has been supported by Kitagwenda District Local Government, Baylor Uganda and Medicines Sans Frontieres (MSF).

