

TWINOMUJUNI MOSES (2012-M121-10031)

Factors Affecting Entry into Care for HIV Positive Clients Tested from Non-Primary Health Care Settings in Lyantonde District

Background: success of any antiretroviral treatment programme depends on early identification and timely treatment of HIV positive clients. Management of HIV clients takes a wider dimension than just an infected individual and involves a referral and linkage system. Introduction of ART services in Uganda has improved the overall well-being of PLWHAs and their families. However, a number of HIV clients who test positive still do not enrol into care. This study aimed at assessing the factors that influence the time of enrolment into care in Lyantonde district. Methodology: this was a descriptive comparative cross-sectional study of 209 PLHAs. Sample selection was by mixed sampling techniques. Data collection used both qualitative and quantitative methods and analysis was done through the use of the Statistical Package for the Social Sciences (SPSS). Results: sixty six percent of clients tested from non-primary health care settings enrolled into care. The median time between testing and entry into care was one month. Facilitators of early entry into care were: disclosure of sero status, tested as a couple, buddy, start dose of Septrin, VCT approach. Barriers included: stigma, HIV related misconceptions. Both VHTs and inter-facility and community to facility referrals and networking were below desirable level. There were high levels of retesting clients especially when they reached the ART sites. The district health systems lacks a mechanism of tracking HIV positive clients, which results into multiple cases of double or even triple testing. Conclusion: the study shows improved access to ART services; however, there are still barriers related to the individual, the family and the community which the system needs to address. Recommendations: there is need to conduct regular annual service utilisation surveys, dissemination meetings with various implementing partners, operationalisation of the VHT policy and strengthening of the inter-facility referral network by the district health managers. There is also need to start ART outreaches in designated sites such as HC11s.

Key Words: Factors, Affecting, Care, HIV Positive Clients, Non-Primary Health Care Lyantonde District