

Reaching Marginalized Communities with Quality HIV Services through Community Drug Distribution Points: A Case Study from the Batwa Community in South Western Uganda

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BACKGROUND / INTRODUCTION

Improving availability, access, and demand for quality TB/HIV services is one key result area implemented under the USAID Local Partner Health Service Kigezi and Lango Activity. Muko Health Centre (HC IV) in Rubanda district in South Western Uganda is a beneficiary of this support.

By the end of December 2020, the health facility had registered a high rate of interruption in HIV treatment among the marginalized community of the Batwa ethnic group. Key factors contributing to interruption in HIV treatment for the Batwa include their secluded life in the impenetrable Bwindi forest; long distances to the health facility; and poverty, limiting their ability to pay for transportation and food. In response, a community drug distribution point was started in December 2020.



METHODS

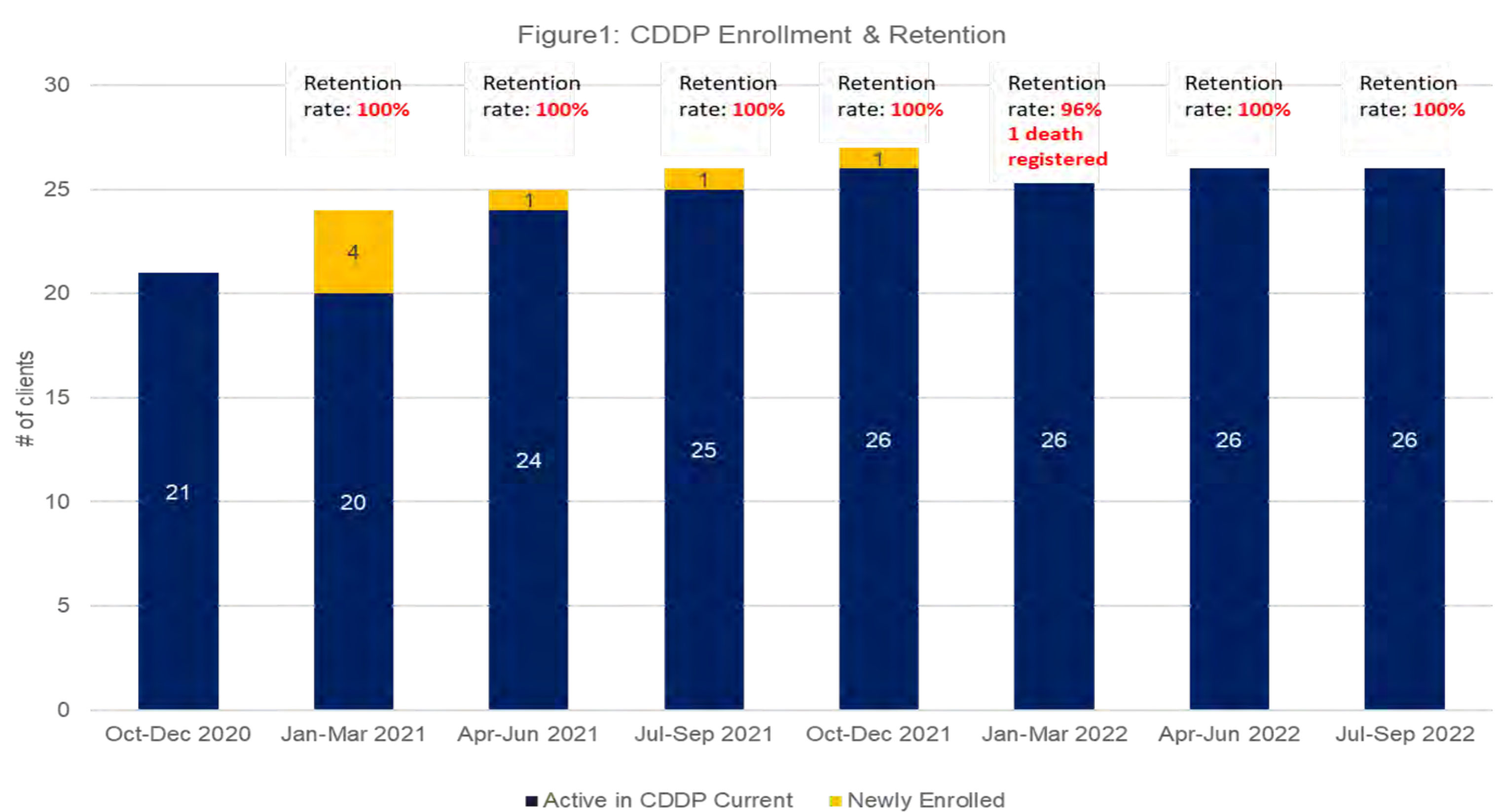
Uganda's National Consolidated Guidelines for the Prevention and Treatment of HIV and AIDS defines Community Drug Distribution Points (CDDP) as a community-based individual model for stable clients, who collect ART refills from distribution points at community locations serviced by counsellors with support from expert patients and community health workers. A clinical outreach team from the facility typically provides six-monthly clinical assessments at the CDDP location.

For this project, data analysis and community mapping guided CDDP group formation. The CDDP location is selected with input from the Batwa community and all services provided are supported by a counsellor (1), clinical officer (1) laboratory assistant (1), peer educators (2).

The Muko HC IV CDDP is located at Rwamahano Primary School located approximately 38.1kms from Muko HC IV and services provided include: Multi-month drug refills; psychosocial care and support; index client testing; CD4, viral load and EID sample collection and transport; TB screening; assessment for gender-based violence; nutritional assessment; and OVC support. Community outreach and demand creation was conducted by health workers, who conducted facility and community CDDP sensitization sessions and identified clients interested in CDDP enrolment. Batwa community influential mobilisers (spiritual leaders, areal local council chair person and the tribal elder) were identified, and mobilisation of Batwa clients was done via their group leaders who act as contact persons for the health care workers supporting the CDDP.

RESULTS

Twenty one (21) Batwa clients were enrolled in CDDP in December 2020. Over the next two years, CDDP enrollment grew to 26 clients (Figure 1), representing 100% of Batwa being treated for HIV at Muko Health Center.



From January 2021 through September 2022, retention in care was 100% with exception of January-March 2022 that registered one death due to natural causes.

- The CDDP has 26 active clients 27% males and 73% female with median age of 31 years. The average years on ART is 3 years and 81% of the clients are on a DTG based regimen.
- All 26 clients (100%) have had one clinical assessment within 6 months, 100% receiving 6 months drug refills and 92% viral load coverage.
- Quality of care services provided include: Advanced HIV Screening (61%) with two with CD4 count <200 receiving TB LAM & serum CRAG screening, 100% index client testing & Assisted partner notification yielding 4 new HIV positives
- 100% screening for Gender Based violence with 10 clients identified as having faced violence at least once during the review period.
- 100% Psychosocial and OVC screening for target population with 2 CAHIV receiving food relief from the OVC partner.

DISCUSSION

Generally, there has been low acceptability of community DSD approaches compounded by the introduction of multi-month dispensing with only 1.72% (525) of the 30,469 clients served in 77 health facilities considering this option to access their care and treatment. However, in marginalized communities like the Batwa with socio economic challenges affecting access to care the Community Drug Distribution Point has become a feasible and acceptable option by the community due to proactive engagement of health workers & community leaders. As a result sustaining treatment continuity for all Batwa clients at Muko HC IV.

