Improving the Capacity of Community Health Workers to Provide Quality Positive Health, Dignity and Prevention (PHDP) Services in Lwebitakuli Sub-County, Sembabule District

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Introduction

• The majority of HIV prevention strategies have concentrated on HIV negatives

• Positive health, dignity and prevention (PHDP) also known as **Prevention with Positives** (PWP), helps reduce new HIV infections while targeting the PLHIV themselves

• Per next generation PEPFAR indicators, the Prevention with Positives minimum package is mandatory for PLHIV

• Community volunteers offering HIV prevention, care and support services in Lwebitakuli Sub county are currently performing below average in the Prevention with Positives minimum package
Background

• WellShare International has implemented HIV, malaria and Maternal Child Health programs in Uganda for 30 years.

• Implemented a community HIV/AIDS prevention and care project from 2009-2011 in Mubende and Sembabule

• Partnered with 5 Faith /Community Based Organizations

• Used cascading model of service delivery to offer Prevention with Positives services

• In Sembabule, partnered with Sembabule AIDS Counseling Services (SACS) who used community health workers (CHWs) to offer PwP services to PLHIV
Prevention with Positives Minimum Package
(PEPFAR indicator P7.1.D)

Assessment, service provision and referral in the key areas:

• Sexual Risk Reduction
• Partner status, partner testing or referral
• Sexually Transmitted Infections (STIs) and referral
• Family Planning, safer pregnancy counseling and provision or referral
• ART adherence and support or referral for adherence counseling
• Support and referral for PLHIV in community-based programs
CQI Problem Identification

• Formed a team of 8 people

• Concept of Continuous Quality Improvement (CQI) introduced to the team

• Participatory methods were used to identify a CQI problem

• **Problem:** CHWs lacked knowledge and skills to offer quality Prevention with Positives minimum package
CHW average self-reporting score per positive prevention intervention in percentages (baseline)
Community Health Workers’ gaps in Positive Prevention service delivery

• Focus Group Discussion indicated CHWs lacked knowledge and skills in:
  • risk reduction counseling skills
  • continuous condom distribution and demonstration
  • follow up of serodiscordant couples with regular testing
  • active referrals on STIs
  • signs and symptoms of STIs
  • information on STI treatment adherence
  • about FP methods and FP counseling
  • Relapse in adherence
  • Enrolling PLHIV in support groups
Project goal and objectives

Goal:
• Improve the knowledge and skills of Community Health Workers to provide positive prevention minimum package in 2 parishes of Lwebitakuli Sub County, Sembabule District

Objectives:
• To improve the knowledge and skills of Community Health Workers of Kabale and Lwebitakuli parishes in positive prevention from 47% to 70% by August 2012

• To increase client satisfaction with the quality of services provided by Community Health workers in offering the positive prevention minimum package from an average of 30% to 60% by August 2012
Project Activities

- Train Community Health workers in knowledge and skills to deliver positive prevention minimum package

- Conduct monthly on ground support supervision of Community Health Workers in Positive prevention minimum package delivery

- Conduct monthly performance reviews with Community health workers in positive prevention minimum package delivery

- Conduct a client satisfaction survey on positive prevention services offered to them by the Community Health workers
PROJECT OUTCOMES
Community Health Workers’ self assessment score comparisons

Community Health workers’ self assessment scores improved from an average of 47% to 84%
Levels of client satisfaction in PHDP services

Baseline low at 30% End of project 77%

Nobody was very satisfied with the Community Health Workers’ services at baseline but they increased to 10 at end of project
Challenges

• CQI team from Wellshare staff left in November 2011 at the end of project.
  • Fellow worked with SACS staff and TOTs

• Project implementation delayed due to late submission of proposal
  • Fellow negotiated with management to devote more time in Sembabule till project had taken off
Lessons Learned

• Training Community Health workers without effective continuous supervision does not improve quality of services

• Community volunteers can greatly decrease new cases of HIV infection when trained and continuously supervised in Positive prevention services

• Continuous performance review meetings with Community Health workers is an avenue for continued learning through sharing

• Supportive supervision improves Community Health workers’ self esteem and creates room for continued growth
Way Forward

• Scaling up the project in another Combination prevention program of WellShare-Arua CSF project (CQI fellow incorporated the Positive prevention strategy)

• Integrate the approach in Capacity Building of Partners’ strategies

• Introduce the CHW strategy used in Sembabule as a new innovation to donors
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