ASSESSMENT OF THE IMPLEMENTATION OF INTENSIFIED TUBERCULOSIS CASE FINDING AMONG HIV POSITIVE CLIENTS ATTENDING KAMPALA CAPITAL CITY AUTHORITY PUBLIC HEALTH FACILITIES IN UGANDA

BY
OKELLO DAVID
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MHSR

SUPERVISORS: DR ESTHER BUREGYEYA
MRS JUSTINE NAMAKULA-MUSOKE

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ABSTRACT

Background: Uganda is among the 22 high TB burden countries in the world. Kampala district has the highest TB burden among all districts in Uganda,with its health facilities reporting up to 20 percent of the tuberculosis cases in the country. Ministry of Health Uganda (MOH) adopted Intensified Case Finding (ICF) strategy from World Health Organization (WHO). However, ICF implementation in Kampala Capital City Authority (KCCA) public health facilities is not known. This study sought to determine the level of ICF implementation, facilitators and its barriers in KCCA public health facilities.

Methods: A cross-sectional study design employing both quantitative and qualitative methods of data collection was used. Six KCCA public health facilities were purposively selected. Exit interviews were conducted with patients attending HIV clinics to assess whether they were screened for TB. In addition, records for HIV clients attending the HIV clinics in the six health facilities were reviewed to assess loss to follow up during TB diagnostic process for those who were presumed to have TB. In-depth and key informant interviews with health workers to explore experiences in implementing ICF were also conducted.

Results: Overall, ICF implementation in KCCA was low. Less than 10% (30/321) clients reported being screened for four TB symptoms. Conversely, 90.0% (289/321) clients reported screened for atleast one TB symptom. Kawala HC III had 14% (7/50) clients screened for all the four TB symptoms while Komamboga HC III had none of the clients screened for all the four TB symptoms in KCCA. Of 131 clients reporting having atleast one TB symptom, 36.6% (48/131) were sent to the laboratory, 2.3% (3/131) for X-Ray and 61.1% (80/131) to pharmacy.

From records review, 98.3% of 410 (403/410) clients were fully investigated. Of the total (410) clients, 7.8% (32/410) were screened using smear microscopy while 92.2% (378/410) used GeneXpert. Of the 32 clients who used microscopy, 21.9% (7/32) were lost to follow up

while all (378/378) clients submitted one sample for GeneXpert. More than a fifth of the clients (21.6%; 87/403) were diagnosed with TB. Of those diagnosed with TB almost all (98.9%; 86/87) were initiated on TB treatment. From the qualitative results; training, support supervision, proper coordination, support from implementing partners were reported to facilitate ICF implementation. Staff attitude, irregular supply of ICF related inputs/materials, high workload, transport and stigma were key barriers to ICF policy implementation.

Conclusion: Generally ICF implementation in KCCA Public health facilities ART clinics was low because health workers were not following WHO recommended guidelines of screening patients for all the four symptoms of TB. Therefore, health wokers attitude, training and support supervison and stigma of TB by clients among others should be addressed for better ICF implementation.