



# 8th International Conference on **HIV TREATMENT AND PREVENTION ADHERENCE**

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# Use of Community Expert Clients to Improve Adherence to Clinic Appointments in Swaziland

Presentation by

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# About Swaziland

- Swaziland-small landlocked kingdom surrounded by South Africa and Mozambique.
- Divided into four administrative regions CLP works in two; Lubombo and Hhohho
- Population 1.2 million
- HIV Prevalence 26%, Incidence 2.66% (Swaziland Incidence Measurement Survey 2012)



# Map of Swaziland



# Project Brief

- Community Linkages Project (CLP) is CDC-PEPFAR funded project (ICAP prime & WV subprime)
- Objectives
  - Integration of Home based Care in to clinical care so as to improve community to facility linkages
  - Improve nutrition through backyard gardening & fruit tree growing
- Project duration- 2010-2014



# Project strategy

- Project complements Care & treatment piece
- 35 CHWs (Rural Health Motivators and Home Based Caregivers) per clinic
- 5 Lead CHWs each supervising 7 CHWs
- Community Expert Clients act as link of CHWs at clinic level
- 2 WV Regional coordinators who coordinate & help with supervision
- M&E officer helps strengthen M&E systems



# Definitions

- CEC- Community Expert Clients
- LTFU-Lost to follow up: Patient not at health facility for  $\geq 90$  days after their last appointment date.
- Missed appointments: Patients who are  $\geq 3$  days but  $\leq 7$  days after their last appointment date
- Defaulter: Patients who are  $\geq 7$  days, but  $\leq 90$  days after their last clinic appointment.



# Role of Community Expert Client(CEC)

- Identify patients who miss appointment & follow them up
- Link patients with CHWs
- Act as clinic focal person for CHWs
- Coordinate & link support groups to clinic
- Counseling of HIV patients





# Method

- Used data routinely collected for the project in the 17 supported clinics.
- Defaulters followed up by phone initially
- If phone fails then home visit by RHM/HBC or CEC
- Many patients preferred CEC visits as CECs are also HIV patients



# Methods Continued

- Data compared between 1st (2011) & 2nd (2012) year of introducing CEC
- Compared Mean differences in missed appointment, defaulter & LTFU rates using the paired samples T test
- Data analysed using SPSS



# Patient follow up Outcomes in 2011 and 2012

Outcome	2011	2012	Mean difference	P value
<b>Missed Appointment rate</b>	<b>8.43</b>	<b>3.20</b>	<b>5.23 (2.84-7.62)</b>	<b>P&lt;0.001</b>
<b>Defaulter rate</b>	<b>3.17</b>	<b>3.15</b>	<b>0.02 (-0.60-0.56)</b>	<b>P 0.936</b>
<b>Loss to Follow Up rate</b>	<b>0.41</b>	<b>0.13</b>	<b>0.28 (0.046-0.510)</b>	<b>P 0.023</b>
<b>Return to care rate</b>	<b>43.08</b>	<b>52.35</b>	<b>9.27 (11.32-29.85)</b>	<b>P 0.343</b>

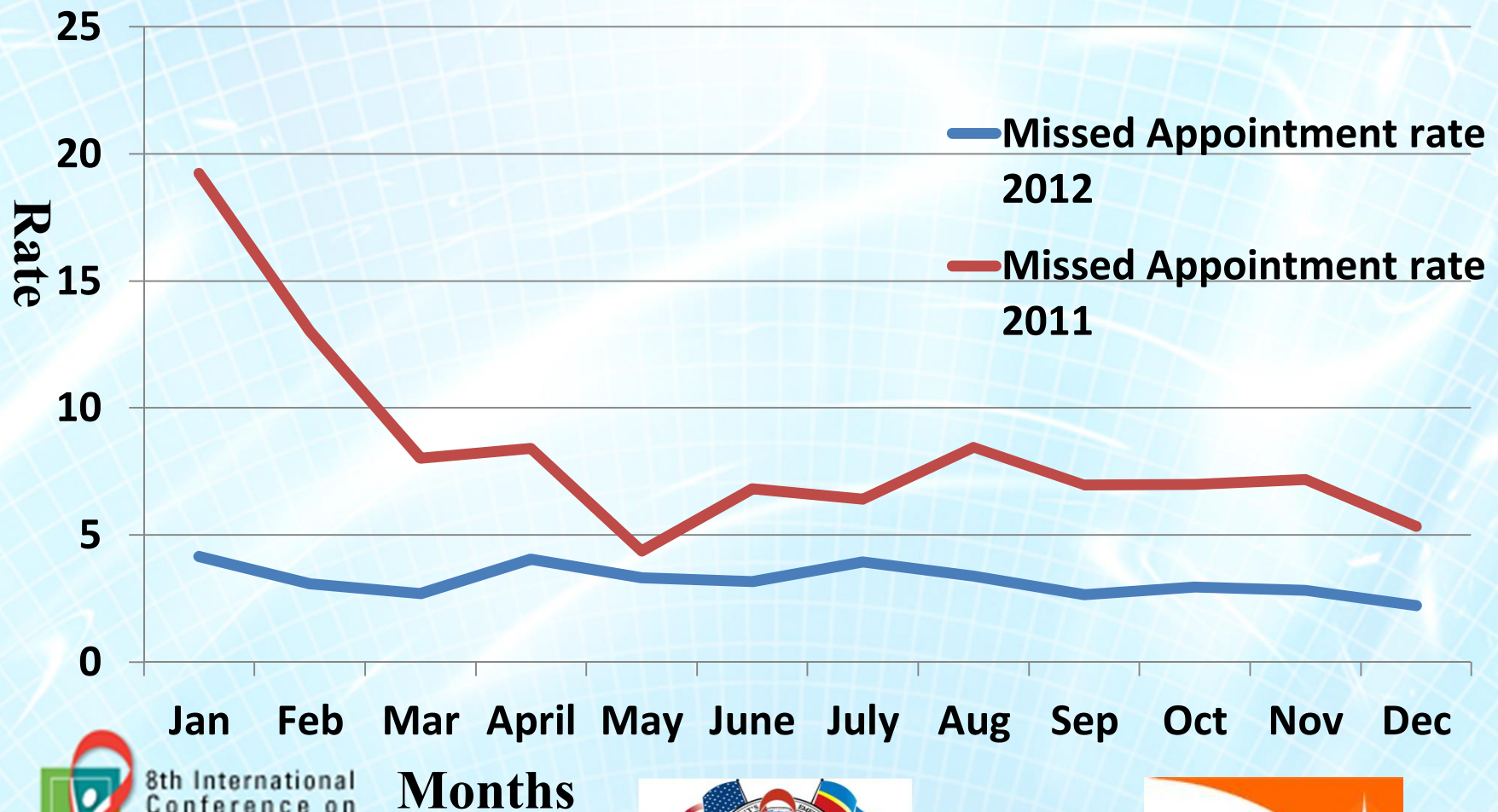


# Results Summary

- Average total appointments were 198 in 2011 and 248 in 2012 (25% difference)
- Significant differences in Missed appointment & LTFU rates between 2011 and 2012
- No significant differences in Defaulter rates between the two years.



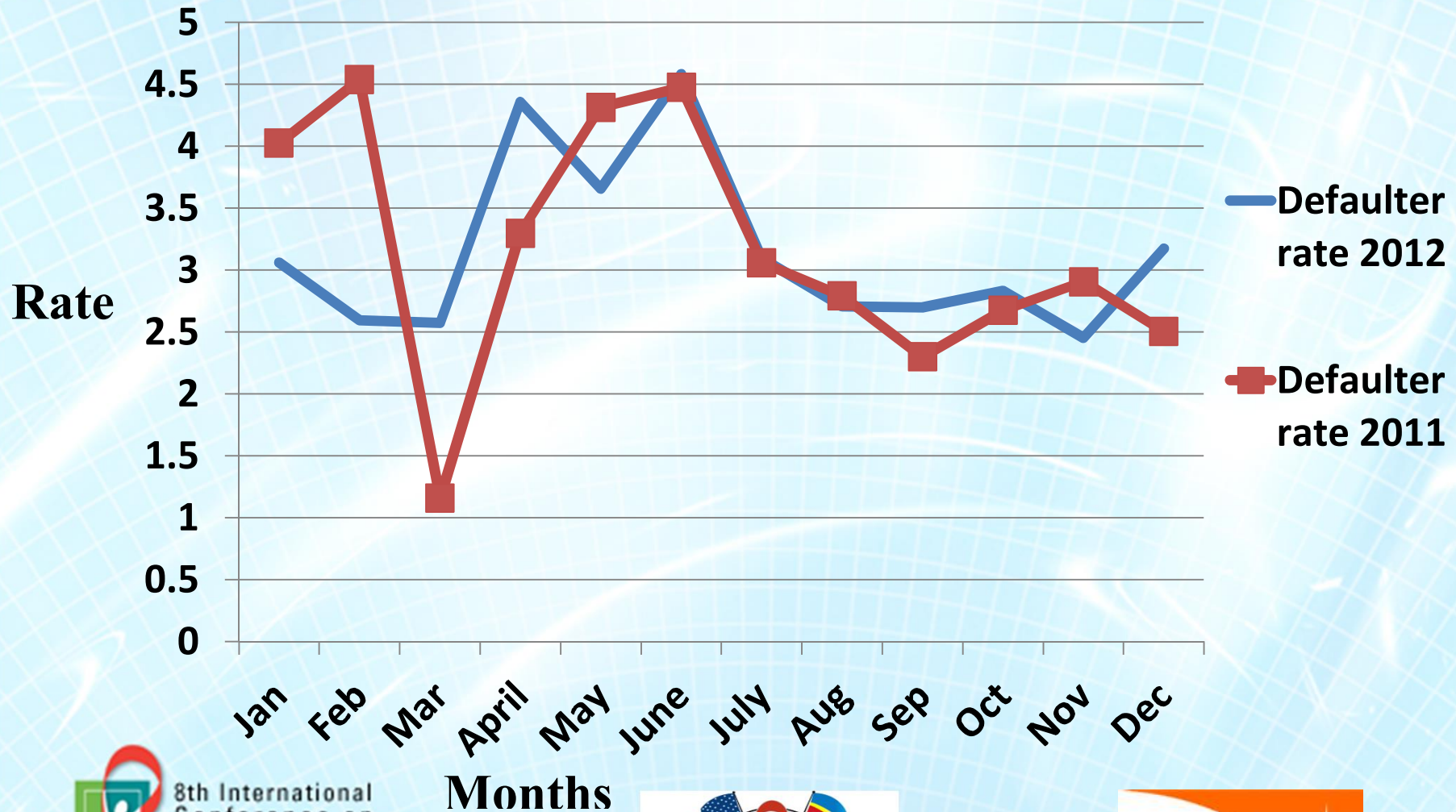
# Missed Appointment Rates between 2011 and 2012



Months



# Defaulter rates for 2011 and 2012



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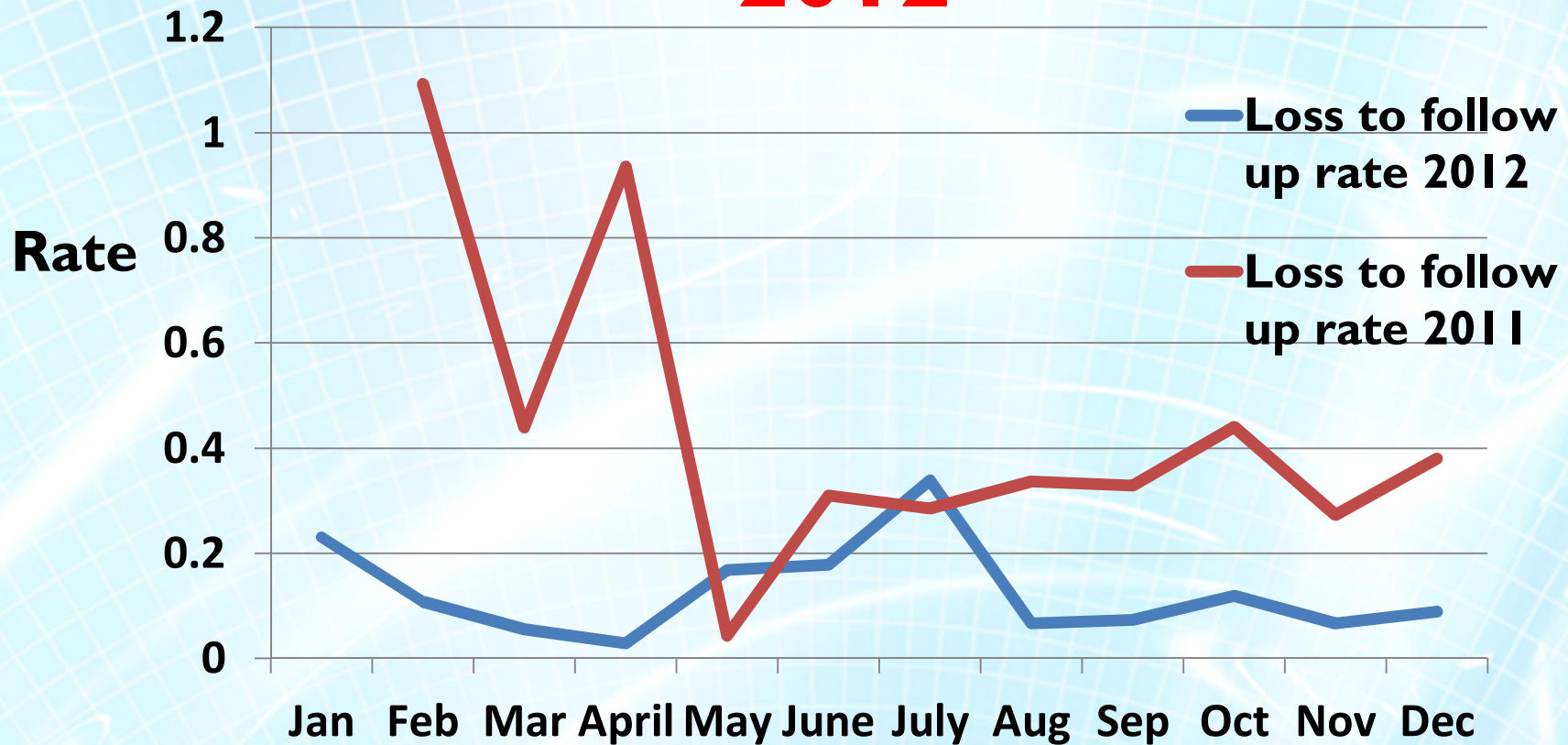


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# Loss to Follow Up Rates in 2011 and 2012



Months



# Limitations

- Data was analyzed retrospectively.
- Data was not randomized hence it was difficult to completely eliminate confounding factors





# Conclusion

- Use of CECs significantly reduced the Missed Appointment and LTFU rates
- Reduction in LTFU was mainly due to improved patient follow up after CEC introduction
- Use of CECs should be considered as an effective means of patients follow up in resource limited settings



# Authors/Contributors

- Bindza Ginindza-Monitoring and Evaluation Officer
- Dr. Steven Malinga-Project Manager
- Shelby Benson- WV US based Program Officer
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# Special Thanks

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- CDC/PEPFAR-Funder of project
- ICAP
- CECs
- Clinic staff
- Clients in the project

