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

Presentation by
Bindza Ginindza
Dr. Steven Malinga
World Vision Swaziland
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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)
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 ≥ 90 days after their last appointment date.
• Missed appointments: Patients who are ≥ 3 days but ≤ 7 days after their last appointment date
• Defaulter: Patients who are ≥ 7 days, but ≤ 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 prefered 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

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

- Missed Appointment rate 2012
- Missed Appointment rate 2011

Rate

0 5 10 15 20 25

Jan Feb Mar April May June July Aug Sep Oct Nov Dec

Months

World Vision

8th International Conference on HIV Treatment and Prevention Adherence

Swazis and Americans in Partnership to Fight HIV/AIDS
Defaulter rates for 2011 and 2012

Rate vs. Months graph showing the defaulter rates for 2011 and 2012.
Loss to Follow Up Rates in 2011 and 2012

Loss to follow up rate 2012

Loss to follow up rate 2011

Rate

Months

Jan Feb Mar April May June July Aug Sep Oct Nov Dec
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
• Dr. Gloria Ekpo- WV US HIV & AIDS specialist
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