



Getting back on track, together, the role of improvement plans in covering cervical cancer prevention services among WLHIV in Eastern Uganda

Sub-theme 2: Quality Assurance and Health Infrastructure

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Background: Cervical cancer, a preventable disease, remains a cause of morbidity and mortality among women living with HIV (WLHIV). The Ministry of Health recommends screen-and treat for cervical cancer. By week 37 COP 21, USAID LPHS-E had achieved 39% (5185/13417) of the cumulative target for screening WLHIV against the expected 100%.

Related factors among healthcare providers were:

- Lack of roles and responsibilities
- Low competence among trained teams,
- Poor documentation,
- Lack of reference material
- Few trained teams
- Low competence among trained teams
- Lack of site-level targets,
- Low data use

The beneficiaries' factors were:

- Lack of awareness of the services,
- Low male participation in decision-making,
- Myths and misconceptions on the procedure, HIV stigma
- Long waiting times for CXCA services

Supervisors' factors were:

- Sub-optimal tracking of trained staff to enhance translation of skills to knowledge,
- Irregular CXCA stock and supplies tracking, Limited joint data review, low engagement of district stakeholders and supervisors,
- Ill-informed data tools distribution

Methodology:

- A catch-up team (lay and skilled staff from implementing partners, districts, health facilities, and community representatives) brainstormed on solutions
- Held weekly stakeholder coordination and performance review meetings,
- Conducted service quality assessments at 10 HFs
- Dissemination of a client flow chart merged with job roles
- Trained 60 health workers on cervical cancer prevention
- Used client audit tools to improve access to services
- Conducted peer-led education and mobilization of WLHIV for cervical cancer screening
- Held mop-up campaigns and redistribution of supplies.

Results: Increment of WLHIV screened for cervical cancer, resulting in a cumulative achievement of 139% (2152/1547) wk 40 to 51, 2022.

Conclusion:

Engagement of stakeholders, peer-led interpersonal communication and skills development are important in closing gaps in cervical cancer screening.

To sustain the gains in the program, supplies should be tracked and maintained to support the increasing demand for cervical cancer screening.

