

## Incidence and predictors of two months sputum non follow-up and patients perceived quality of care, Hoima District

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**Introduction:** The World Health Organization and Ministry of Health recommend monitoring of tuberculosis patients on treatment for progress. Provision of sufficiently high tuberculosis care quality is necessary to achieve the end tuberculosis strategy. However there is limited data on provider's adherence to these policies. Tuberculosis treatment success in Hoima District was only 68% in 2017 compared to the national target of 85%. About 55% of the smear positive tuberculosis patients remain positive at the end of two months of medication. Two month sputum non follow-up reduces chances of early detection of treatment failure.

**Objective:** The main objective was to determine the incidence, predictors of two months sputum non follow-up and explore patient's perceived quality of care among pulmonary tuberculosis patients in Hoima District.

**Methods:** We used a concurrent nested mixed method, retrospective cohorts of 435 pulmonary tuberculosis patients' records from 1<sup>st</sup> January 2017 to 31<sup>st</sup> December 2018 were reviewed and information abstracted from tuberculosis registers and antiretroviral therapy registers. To explore patients perceived quality of tuberculosis care we used phenomenology design, two focus group discussions were held among tuberculosis patients initiated on treatment from 1<sup>st</sup> October 2018 to 31<sup>st</sup> January 2019, one in Hoima Hospital and Kigoroby Health Center IV.

**Results:** The incidence of two months' sputum non follow-up was 26.9% (95%CI=7.0-64.4). The predictors associated with sputum non follow-up include positive versus negative HIV status (aIRR=1.48, P<0.001), not on versus being on directly observed treatment (aIRR=1.31, P=0.002), rural versus urban health facilities (aIRR=1.79, P=0.006), private versus government health facilities (aIRR=2.05, P=0.015), distance >5km versus ≤5km (aIRR= 1.38, P=0.021), Baseline tuberculosis drug sensitivity (aIRR=1.44, P=0.318) confounded health facility location. Patient's perceived quality of tuberculosis care was generally good with regards to availability of health workers at health facilities, being initiated on treatment immediately after diagnosis among others. However counseling was perceived to be inadequate, patients experienced long waiting times in addition to rude treatment from some health workers.

**Conclusion:** Incidence of sputum non follow-up was high. The district health officer and tuberculosis focal person should step up supervision of health facilities emphasizing reduction of waiting time and good patient provider relationships. The counseling services to patients should be strengthened and village health teams should be encouraged to follow-up tuberculosis patients. Special attention should be given to patient living with HIV, not on DOT, attending rural health facilities, private health facilities and travelling beyond 5km from the respective health facilities. Government should recruit more staff especially counselors and nurses to attend to tuberculosis patients in a timely manner.