

## ABSTRACT

**Background:** Antiretroviral therapy restores immune function, maintains maximal suppression of viral replication, reduces HIV-related morbidity and mortality, improves quality of life and prolongs survival. Attrition of patients on HAART remain poorly documented in resource-limited settings like Uganda, including socio-demographic factors and clinical factors was well the survival factors of HIV.

**Objective:** To establish attrition from antiretroviral therapy program among HIV positive patients from TASO Jinja ART records between March 2015 and March 2017

**Method:** This was a retrospective cohort study on 100 HIV/AIDS patients HAART from the records in TASO Jinja. Extraction tool was used to obtain secondary data on the patients' treatment. Survival analysis were used to assess the association between demographic factors and clinical factors with attrition of HIV patients on facility and community treatment models.

**Results:** Attrition was significantly more realized in facility model than community based model. The overall mean and median survival time by which attrition dropped by half was 21.07(CI: 18.62 – 23.51) and 25.0(CI: 22.03 – 27.97) respectively. Attrition was significant with education levels (Log rank  $\chi^2 = 9.745$ ,  $P = 0.045$ ), marital status (Log rank  $\chi^2 = 11.423$ ,  $P = 0.022$ ) among the demographic factors and Baseline CD4 (Log rank  $\chi^2 = 4.619$ ,  $P = 0.032$ ), Baseline HAART (Log rank  $\chi^2 = 66.966$ ,  $P < 0.001$ ), Viral load (Log rank  $\chi^2 = 4.648$ ,  $P = 0.022$ ), Counseling (Log rank  $\chi^2 = 20.479$ ,  $P < 0.001$ ), and Entry point (Log rank  $\chi^2 = 7.523$ ,  $P = 0.023$ ) were significant clinical factors.

**Conclusions and recommendations:** The survival rate was higher in community based model compared to the facility treatment model. However much as attrition was realized more in the facility treatment model, the community model might not be ideal since it is much more expensive to implement and patients have to be monitored on ART progress at the facility. Therefore, it is recommended that TASO should strategize to improve on the facility retention of the clients. This can be done through increased and improved counselling, drug stocking, waiting time and provision of friendly care of the clients.