Background: The AIDS Support Organization (TASO) implements a mixture of ART service delivery models (facility, home and community models since 2005. An increasing numbers of ART lost to up, 1433 (6.4%) and 1498(6.7%) deaths from a cohort of 22315 was noted between 2000 to 2009. Community drug distribution points (CDDPs) were started to improve ART retention and adherence among clients on the programme. Little has been known about structural interventions that can sustainable very good ART adherence and retention of patients into the ART. A study to assess and compare adherence and retention out comes from the community and facility ART delivery models was conducted.

Methodology: Analytical retrospective study by design. Data collection was electronic data review for all registered TASO Jinja clients who have been on ART for the period above two months by July 2010. Uni-variates and bi-variates analysis was done. A comparison of outcomes was done using the chi-square test. Retention was based number of patients reported not lost to follow up and dead while on ART. Good adherence was defined as taking ART doses at 95% and above of the prescribed treatment. P- Value < 0.05 was considered to statistically significant for the study.

Results: A total of 3457 clients were studied with 1055(30.5%) males and 2402(69.5%) females.1302 (37.65%) were facility based and 2155(62.35%) CDDPs based. Loss to follow-up was four times higher in the facility arm with 215(16.5%) of 1302 patients compared to103 (4.28%) of 2155 CDDP clients, p=0.074 for facility clients. Fewer deaths were reported in the CDDP arm 84(3.9%) compared to facility with 77(5.7%), p=0.008. 

Conclusions: Community drug distribution points (CDDPS) model has better patient retention outcomes evidenced by four times reduction in lost to follow up. CDDPs is a good retention approach especially for health facilities with high volume ART clinics supplementing the traditional facility based model.