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STRENGTHENING UGANDA'S SYSTEMS FOR TREATING AIDS NATIONALLY

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Improving Chronic Care Enrollment for HIV-positive Pregnant Women: Experience from Fort Portal Regional Referral Hospital, Uganda

Background

At the Fort Portal Regional Referral Hospital (RRH) in the Kabarole District of Uganda, approximately 375 pregnant women attend the antenatal care (ANC) clinic each month. Nearly all of these women receive provider-initiated HIV/AIDS counseling and testing services in an effort to prevent mother to child transmission of HIV/AIDS.

In 2011, the HIV/AIDS prevalence rate among these women was 11%. Although the uptake of counseling and testing services in the ANC clinic provided an opportunity to identify and enroll HIV-positive women into long-term care and treatment services, only 1% of HIV-positive women were enrolled into chronic care services between July and September 2011. In addition, only 20% were assessed for antiretroviral (ART) treatment eligibility at the ANC clinic using the World Health Organization (WHO) clinical staging guidelines.

HIV-positive pregnant women and partners, who were escorted from the ANC clinic by a healthcare worker, receive orientation at the HIV/AIDS chronic care clinic.

Intervention

Through support from the Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) Project, healthcare workers at the Fort Portal RRH identified several factors that contributed to the low rates of enrollment and assessment. These factors included: a weak referral system between maternal and neonatal care entry points and the HIV/AIDS chronic care clinic; poor documentation; lack of designated personnel responsible for ensuring that infected mothers were enrolled into care; and the misconception that enrollment requires CD4 testing. In December 2011, the clinical team identified the following ways to improve their performance:

- *Review of quarterly data* through meetings with stakeholders to identify gaps in performance.
- Promotion of team-based problem solving through weekly *interdepartmental review meetings* as well as monthly *case conferences* to focus on addressing individual cases.

> *"It's a great honor and a privilege [to be escorted]. You know the nurse. You have someone to talk to as you are seen at the clinic. Your fears of being HIV-positive are calmed down. You get the confidence and strength to move on despite being positive."*
>
> A pregnant woman who tested HIV-positive in the antenatal clinic

June 2012

SUSTAIN is funded by the United States Agency for International Development (USAID) and is made possible by the generous support of the American people. SUSTAIN is managed by University Research Co., LLC (URC) in partnership with The AIDS Support Organization (TASO), Integrated Community Based Initiatives (ICOBI), Health Research Inc. (HRI), and Initiatives Inc. For more information, please contact Cordelia Katureebe (ckatureebe@urc-chs.com), Olivera Stojanovic (ostojanovic@urc-chs.com), or Kate Howell (khowell@urc-chs.com), or visit URC's website at www.urc-chs.com.

> *[Most of the mothers] are very tired and some are stressed due to positive HIV test results. They wouldn't want to wait in the long queue at the ART clinic after being seen in the ANC clinic. That is why I escort them. Escorting them also encourages others, because they tell them to come and test, since they will be escorted if found to be HIV-positive. More health workers should join us and escort mothers.*
>
> Sister Betty Kabatongole, Fort Portal Regional Referral Hospital

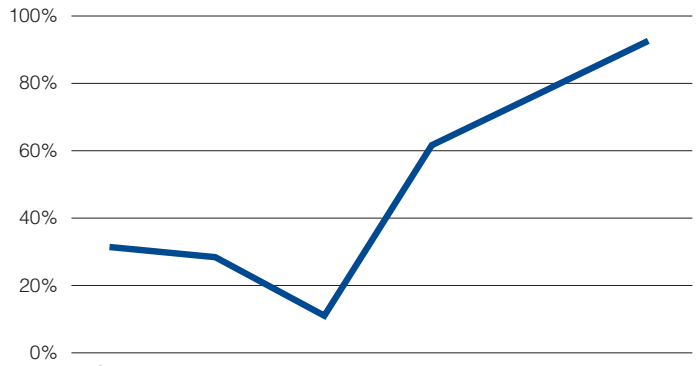
- *Designation of qualified escorts* to lead HIV-positive pregnant women from the maternal or perinatal point of care to the HIV/AIDS chronic care clinic where they are promptly attended.
- Use of a *linkages registry* to document the transition of newly diagnosed HIV-positive pregnant women to the HIV/AIDS chronic care clinic. Referral forms and counseling and testing registries were provided to all service delivery points to proactively track weekly performance.
- *Strengthening of skills through training, mentoring, and coaching* for ANC and chronic HIV/AIDS care service provider teams so as to offer an effective continuum of services for HIV-positive pregnant women and their exposed infants.

Results

After reviewing data and initiating improvement changes, both assessment for eligibility for ART treatment and enrollment into care for HIV-positive women improved:

- From January to March 2012, 129 of the 154 women (84%) who tested HIV-positive in the ANC clinic and maternity ward were enrolled into care. This was a major improvement from only 1% (July to September 2011) and 20% (October to December 2011), in the previous year.
- An additional 12.2% were referred to or enrolled in HIV/AIDS care at nearby health care facilities. Only 2.3% chose not to be enrolled. Thus, only 3 out of 154 women who tested HIV-positive were unaccounted from January through March 2012.
- Assessment for ART treatment eligibility using WHO clinical staging or a CD4 test within the ANC clinic increased from 20% (July through September 2011) to 75% (January through March 2012). Subsequently, 47 of the HIV-positive women began ART for their personal health.

Figure 1. Percentage of HIV-positive pregnant women seen in ANC that are enrolled into care at Fort Portal RRH (October 2011 – March 2012)



	Oct 2011	Nov	Dec	Jan	Feb	Mar 2012
N	12	8	8	21	23	85
D	38	28	60	33	30	91
I	31.58	28.57	13.33	63.64	76.67	93.41

Numerator (N): Number of HIV-positive pregnant women enrolled into HIV care during the reporting period.

Denominator (D): Number of pregnant women that tested HIV-positive in ANC during the reporting period.

Data Source: HIV Care/ART Card, Pre-ART Register, and ANC Register

Improvement changes introduced: ANC staff escort pregnant women from ANC to HIV clinic enrollment, holding quarterly data review meetins with stakeholders, conducting weekly inter-departmental meetings and monthly case conferences, and using a linkage registry.

Conclusion

Teamwork, regular review of performance data, and identification of feasible, locally available solutions can result in significant performance improvement. The interventions utilized at Fort Portal RRH will be shared, adapted and replicated for other hospitals implementing HIV/AIDS service delivery.

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