

Preventing Mother-to-Child Transmission of HIV by Strengthening Maternal, Newborn and Child Health (MNCH) and Early Infant Diagnosis Services

The USAID-funded Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) project aims to support delivery of comprehensive, quality HIV prevention, care and treatment services. The project also supports increased stewardship by the Uganda Ministry of Health to sustain the delivery of these services within the public healthcare system. As part of the effort, USAID/SUSTAIN supports implementation of interventions for Prevention of Mother-to-Child Transmission (PMTCT) of HIV.

To achieve a national target of reducing the rate of mother-to-child transmission of HIV to less than 5% and the number of new paediatric HIV infections by 90% by 2015, the Uganda MOH adopted implementation of PMTCT Option B-Plus interventions as a national standard in 2012. USAID/SUSTAIN supports the roll-out of Option B-Plus through the following activities.

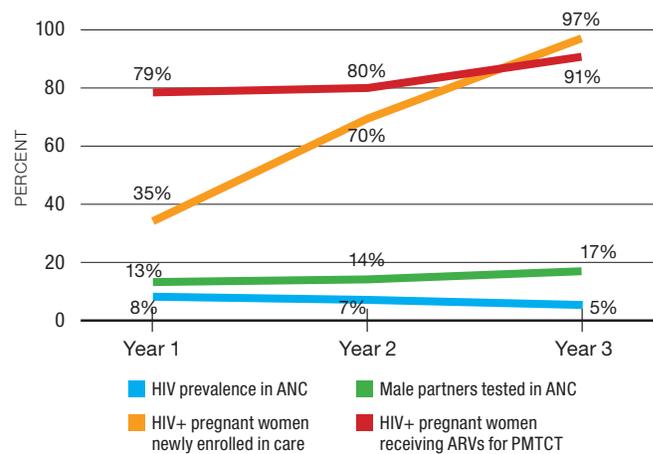
PMTCT Option B-Plus: Lifelong highly active anti-retroviral therapy (HAART) for pregnant and lactating HIV-infected women and six weeks of Nevirapine syrup for their babies

Strengthening systems for HIV treatment within MNCH units

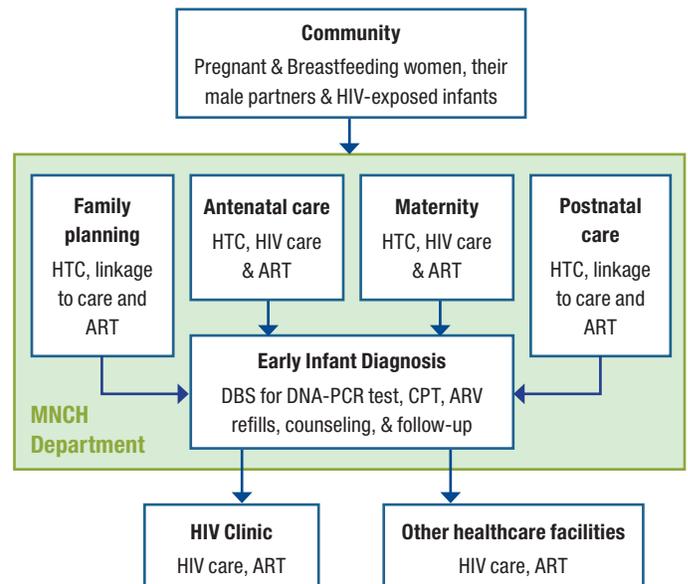
In order to more effectively integrate HIV services into MNCH and reproductive health (RH) units, USAID/SUSTAIN:

- Trains and mentors service providers in the implementation of national guidelines for HIV management of pregnant and lactating women and their babies, including psychosocial support, and PMTCT programme logistics and records management.
- Supports MNCH units in the various hospitals to creatively utilise available staff to ensure adequate service delivery coverage by shifting selected tasks to expert clients and volunteers. Unit in-charges are assisted to better manage their staff by continually clarifying roles and responsibilities, regularly working with their teams to review their performance at unit and individual staff levels, and setting and tracking improvement goals.
- Works with individual hospital teams to reorganise service delivery systems to provide HIV testing and counselling (HTC) and anti-retroviral therapy (ART) within MNCH settings, and ensure effective intra- and inter-facility linkages and referrals for other reproductive health (RH) services, as shown in this model:

Performance of 16 project-supported hospitals in PMTCT service delivery



Linkages and referral system for MNCH/HIV care



Supporting systems to promote adherence to ART and scheduled follow-up appointments

To increase retention of clients in care, USAID/ SUSTAIN:

- Introduced use of appointment books to MNCH units to assist identification and tracking of missed appointments
- Supports active telephone follow-up of clients, family support groups and partner engagement for pregnant and lactating mothers to enhance adherence to treatment, appointments, disclosure and better management of stigma

In response to low partner engagement (6%) in the Western and Southern regions of Uganda, USAID/SUSTAIN piloted an intervention package at Mbale Regional Referral Hospital (RRH) to improve partner engagement in ANC.

The package included male client health education sessions, medical check-ups for males, nutritional counselling and HTC

and direct linkage to safe male medical circumcision services. In addition, clients who attend as couples are given priority to access ANC services.

By the numbers: October-December 2013



Across the 16 hospitals, 84% of all scheduled follow-up monthly appointments for HIV-infected pregnant and lactating mothers were kept.



214 HIV-infected pregnant and lactating mothers newly enrolled into family support groups at the 16 hospitals.



Couples attendance rates in antenatal care improved from 11% in January 2013 to 86% in October 2013 at Mbale RRH, following the pilot intervention.

Use of QI methods for better client outcomes

USAID/SUSTAIN supports hospital teams to utilise performance data to identify key gaps in service delivery and subsequently design and implement improvement projects to address gaps.

QI Case Study: Entebbe General Hospital improves enrolment and retention of mother-baby pairs in care

Entebbe Hospital, on average, receives 150 pregnant women for first antenatal visits and 50 new HIV-positive women per month. At the Early Infant Diagnosis (EID) care point, nurses attend to an average of 25 clients per day. At the start of the Option B-Plus programme, the hospital had significant performance gaps: many cases of incomplete and inaccurate documentation; missing or untraceable patient files; low ART access for HIV-positive pregnant women and a high loss to follow-up rate.

The USAID/SUSTAIN project, working closely with the hospital leadership and service provider team leaders, introduced improvement interventions through training, regular mentoring and coaching for the teams. The care package for HIV-positive pregnant women was revised to include:

- Intensified counselling of mothers and health education and sensitisation for clients
- Escorting mothers from other MNCH units to the EID care point to improve enrolment into care
- Reorganisation of the client flow system to ensure optimum utilisation of available staff and reduce client waiting time
- Routine and immediate follow-up (by telephone) of pregnant women not adhering to scheduled appointments

Other changes included staff deployment according to workload needs to reduce client waiting time, introduction of weekly performance review meetings in the MNCH unit, adherence to duty rosters and utilising daily evaluation checklists to track performance. The MNCH Unit In-Charge also started conducting regular spot checks in client registers to ensure that clients received the required services and were not lost.

In just one year, positive results of the intervention were evident:

- A decline in HIV prevalence among HIV-exposed infants from 10.8% observed in 2011 to 2.6% in 2013.
- The number of HIV-positive pregnant women accessing ART increased from 24% to 99% from December 2012-2013.

HIV prevalence among exposed infants at Entebbe GH; October 2011 – December 2013

