

STRENGTHENING UGANDA'S SYSTEMS FOR TREATING AIDS NATIONALLY

~ SUCCESS STORY ~

Establishing mother-baby care points: A strategy to increase retention of HIV-infected pregnant and lactating mothers and their infants in care

Prevention of mother-to-child transmission of HIV (PMTCT) consists of more than simply giving anti-retroviral therapy (ART) to an HIV-positive mother. It calls for an appropriate treatment and care plan to ensure adherence on medication for mothers living with HIV. According to the 2013 Progress Report of the Global Plan on elimination of mother-to-child transmission of HIV by 2015, 50% of eligible women or their infants globally did not receive anti-retroviral (ARV) medicines during breastfeeding. Moreover, modeling suggests that nearly half of all children in the 21 Global Plan priority countries (including Uganda) who are newly infected with HIV acquired the infection during breastfeeding, because of low anti-retroviral coverage during this period.¹

Evaline (21) is a client at Soroti Regional Referral Hospital ART Clinic, Eastern Uganda. She has a four-month-old breastfeeding infant who is on Nevirapine syrup and she has missed one month of her own HIV treatment because of the inconvenience that arises from unharmonised clinic appointments for her and her baby. As she explains, "Because my baby and I are treated at different clinics within the same hospital, I always receive separate appointments. This means that I come for my medicine and my baby's on different days and I have to go to these clinics on separate days to collect the ARVs. Each time, when I arrive at the hospital, I have to wait a long time to get the medicine. One day, I waited for 8 hours."

To achieve the global goal of eliminating mother-to-child transmission of HIV by 2015 and address the challenge faced by mothers like Evaline, there is an urgent need to streamline healthcare facility service delivery systems and to closely monitor HIV treatment for pregnant and breastfeeding mothers and their babies.

The USAID/SUSTAIN project supported the Uganda Ministry of Health to roll out PMTCT Option B-Plus interventions to 12 regional referral hospitals and 2 general hospitals country-wide



Evaline receiving part of routine HIV care for her exposed baby.

in 2012. The project provides both technical (service provider clinical skills strengthening through mentoring and coaching, management and coordination) and logistics support to ensure all pregnant and breastfeeding mothers and their babies receive appropriate interventions in time and are retained in care.

USAID/SUSTAIN supports improved retention of mothers and babies in care by supporting establishment and functioning of mother-baby care points where maternal and HIV-exposed infant care services are delivered together. Twelve of the fourteen supported hospitals now have functional care points. These care points will improve retention of mother and baby clients into care and improve provision of HIV services by:

- ◆ Ensuring correct usage of client appointment books and antenatal and postnatal care and HIV exposed infant registers that integrate both mother and baby attendances to facilitate regular monitoring of patients.

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USAID/SUSTAIN PMTCT Programme Officer Dr. Maureen Kwikiriza working with Moroto RRH ANC/ART team to identify and establish ways of improving retention of mothers and babies in care.



A senior nurse at Soroti RRH is assisted to arrange mother and baby care cards into a single file for use in the hospital's mother-baby care point. Placing the cards together will also enable stronger patient-tracking.

- ◆ Enhancing provision of logistical support to hospitals so that mothers and babies who miss follow-up appointments are tracked by telephone and through home visits.
- ◆ Emphasizing provision of HIV treatment adherence counselling for pregnant and lactating mothers.

The project is monitoring performance of these care points and will share results every quarter, starting end of June 2014.

Since Uganda adopted implementation of the Option B-Plus approach for prevention of mother-to-child transmission of HIV in 2012, national HIV prevalence rates among exposed infants have dropped from 9-10 % in 2012 to 6- 8 % as of September 2013.² USAID/SUSTAIN continues to support the Uganda Ministry of Health to implement strategies towards the global target of virtual elimination of mother-to-child transmission by 2015.

1 UNAIDS 2013 PROGRESS REPORT ON THE GLOBAL ACTION PLAN towards the elimination of HIV new infections among children by 2015 and keeping their mothers alive (Accessed June 12th, 2014)

2 Uganda Ministry of Health Progress Report on Implementation of Option B-Plus