Improving Uptake of Services along the Early Infant Diagnostic Cascade through Participatory Quality Improvement Approaches among mothers2mothers Supported Health Facilities in East Central Uganda

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Background

mothers2mothers (m2m) in partnership with Ministry of Health, JSI and UNICEF, is implementing the m2m Mentor Mother Model in East Central Uganda to improve retention and enhance service uptake along the PMTCT cascade. The m2m Mentor Mother Model empowers Mentor Mothers living with HIV to support their peers through providing access to psycho social services and support uptake of medical care during their PMTCT journey.

Analysis of the 2013 quarterly SOAR (Strengthening Outcomes by Achieving Results) session with Mentor Mothers and health workers from 45 m2m supported health facilities shows low uptake of EID services along the cascade - i.e. 42% of exposed infants had a 2nd PCR test and 34% had a final HIV test between 18-24 months.

Method

On a monthly basis Mentor Mothers and health workers jointly identified infants due for testing, and actively followed up consenting mothers to support them to return for services, tested infants at home with support from HTC volunteers and laboratory technicians, and linked mother-baby-pairs returning on clinic days to testing points. Quarterly through the SOAR approach Mentor Mothers and health workers abstracted records, conducted basic data analysis and did action planning to address gaps identified. For the purpose of longitudinal comparison of uptake of EID services, 19-21 month mother-baby pair cohorts were abstracted from the registers in November 2013 (n: 4223), June 2014 (n: 946) and December 2014 (n: 781).

Results

Statistically significant improvements were seen in infant HIV test uptake between November 2013 and June 2014 (p<0.001, see figure 1). Specifically, the proportion of exposed infants receiving a 1st PCR test increased from 67% (CI 66-68%) in November 2013 to 96% (CI 95-97%) and 97% (CI 96-98%) in June and December 2014, respectively. Uptake of the 2nd PCR test also increased from 42% (CI 41-44%) in November 2013, to 50% (CI 47-53%) and 56% (CI 53-60%) in June and December 2014. A significant improvement was also observed in the proportion of babies receiving a final HIV test, which increased from 34% (CI 33-36%) in 2013 to 59% (CI 56-62%) and 64% (CI 60-68%) in June and December 2014, respectively.

Conclusion

Participatory Monitoring and Evaluation approaches such as SOAR should be facilitated to track and take action on key PMTCT indicators, which subsequently improves and sustains service uptake.