



USAID REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

CASE STUDY: Engaging Key Health Workers to Address Barriers to Appointment Keeping and Retention for Mother-Baby Pairs enrolled for PMTCT at Iganga General Hospital in East Central Uganda

Background: Early retention¹ of mother-baby pairs (MBPs) in care after delivery is critical to provide effective prevention of mother-to-child transmission (PMTCT) services and reduce the rate of pediatric HIV infection. A comprehensive PMTCT program includes continuous follow-up and treatment for HIV-positive mothers and their children, especially for the first 18 months of the child's life^{2,3}. However, review of data at Iganga General Hospital in East Central Uganda showed that six-month retention rate among lactating women enrolled in the PMTCT program was 52% in September 2018, below the national target of 95%. Similarly, about 14% of mother-baby (MB) pairs missed appointments in the same period. USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) supported the Iganga General Hospital team to identify the major barriers to care and implement the necessary corrective actions. The team conducted a root cause analysis and identified the following barriers to appointment keeping:

1. Long clinic waiting times for newly identified and virally non-suppressed MB pairs, sometimes compelling clients to leave before they are attended to;
2. A weak community follow-up system; and
3. Conflicting personal engagements leading to forgetting appointments.



Photo: A mother-baby pair with a midwife during a clinic appointment at Iganga General Hospital PMTCT Unit.

Interventions: In October 2018, USAID RHITES-EC collaborated with Iganga General Hospital to implement the following changes to address the identified barriers to care and improve HIV clinic appointment keeping and retention in care for MB pairs.

1. Iganga General Hospital assigned a midwife to review, sort and separate client charts prior to the patient's clinic visit to ease identification and triaging of newly identified and virally non-suppressed MB pairs to improve patient flow and decrease patient wait times.
2. The midwife updated the appointment/ART registers at the end of each clinic day and created line-lists of clients who missed appointments to facilitate follow-up. The midwife further engaged linkage facilitators to follow-up with assigned MB pairs. Linkage facilitators made phone calls a day prior to the scheduled clinic visit to remind mothers to return to the clinic with their babies.
3. The linkage facilitator sent appointment reminders via messaging, made phone calls and conducted physical visits to their homes, for clients who had missed their clinic appointments.

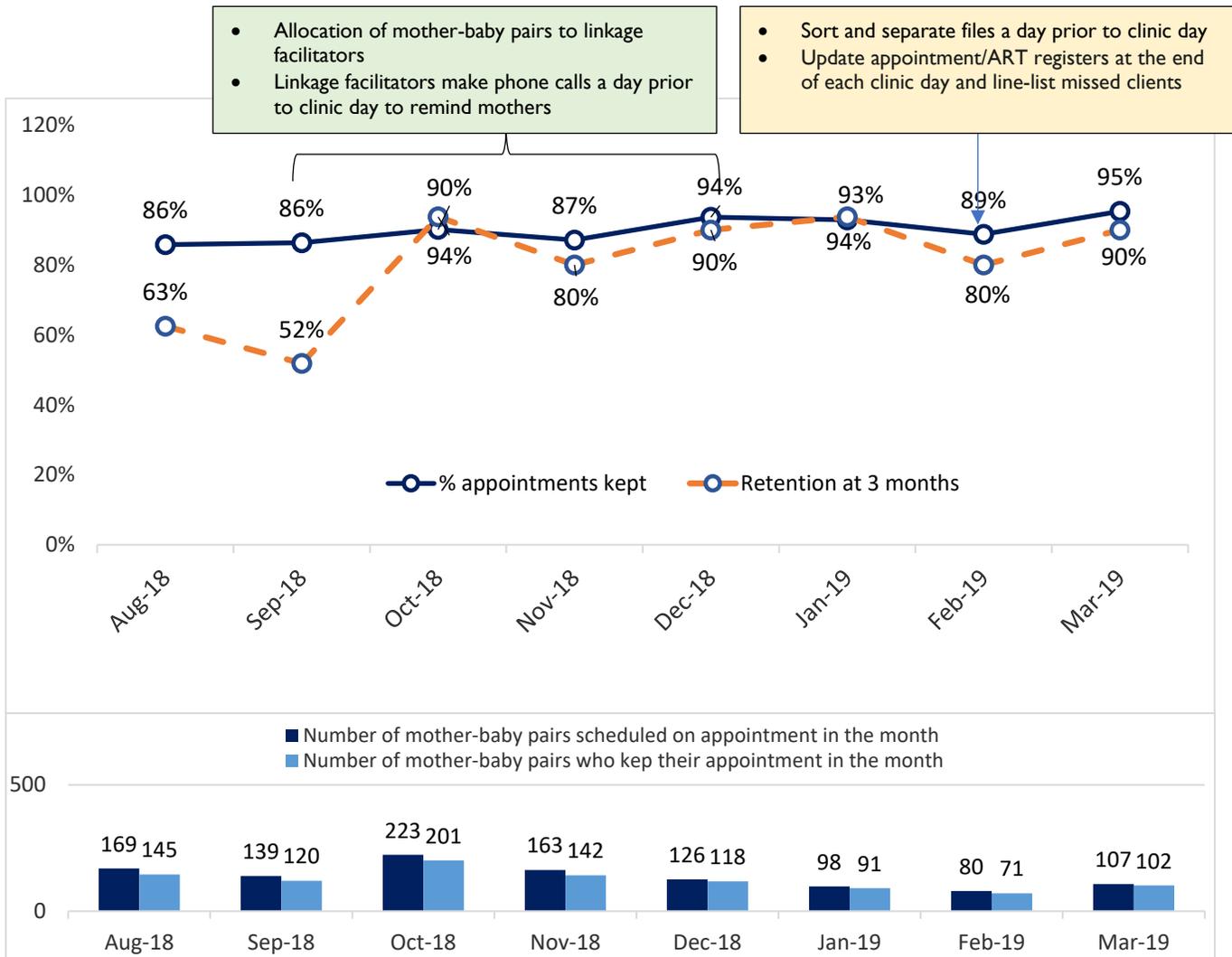
Results: At Iganga General Hospital, the percentage of MB pairs who kept their HIV care appointment improved from 86% in September 2018 to 95% in March 2019. Consequently, retention on ART at 3 months among lactating women improved from 52% in September 2018 to 90% in March 2019.

Lesson Learnt: Engaging midwives and linkage facilitators to address barriers improves appointment keeping of mother-baby pairs and retention in care of lactating mothers on ART.

¹ Early retention is defined as the first six months of care

² UNAIDS, "Report on the global AIDS Epidemic," 2010, http://www.unaids.org/globalreport/global_report.htm.

³ WHO, "Prevention of Mother-to-child transmission of HIV-1," 2011, <http://www.who.int/HIV-1/topics/mctct/en/nm>.



ACKNOWLEDGEMENT: USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

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