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# Strengthening PMTCT Interventions in East Central Uganda through Analyzing Client Outcomes: Local Capacity Building and Continuous Quality Improvement Involving Mentor Mothers

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## Background

Mother-to-child transmission (MTCT) contributes to 18% of new HIV infections in Uganda (Ministry of Health; 2009). Uganda and Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) are therefore part of the global campaign spearheaded by UNAIDS to eliminate new HIV infections among children by 2015.

To contribute to eMTCT, STAR-EC with funding from USAID, is implementing the mothers2mothers model which supports simple peer education and follow up initiatives to improve client retention and uptake of PMTCT services. The model engages "Mentor Mothers", HIV-positive women with recent PMTCT experience, in quarterly performance reviews of selected indicators from their respective health facilities.



Mentor mother advising a couple at a health facility

## Methods

- The Mentor Mothers routinely capture longitudinal client data and follow clients through the PMTCT cascade.
- Mentor Mothers review progress on selected client outcomes quarterly
- Random selections of records from 28 high volume health facilities is conducted. The sample ranges from 600 to 400 clients.
- Health facilities are reviewed using Lot Quality Assurance Sampling (LQAS). Records of different cohorts are reviewed every quarter
- Site specific and group results are shared for learning purposes, and action plans are generated.
- Quarterly action plans are shared with health workers back at the health facilities for consensus and action.

## Results

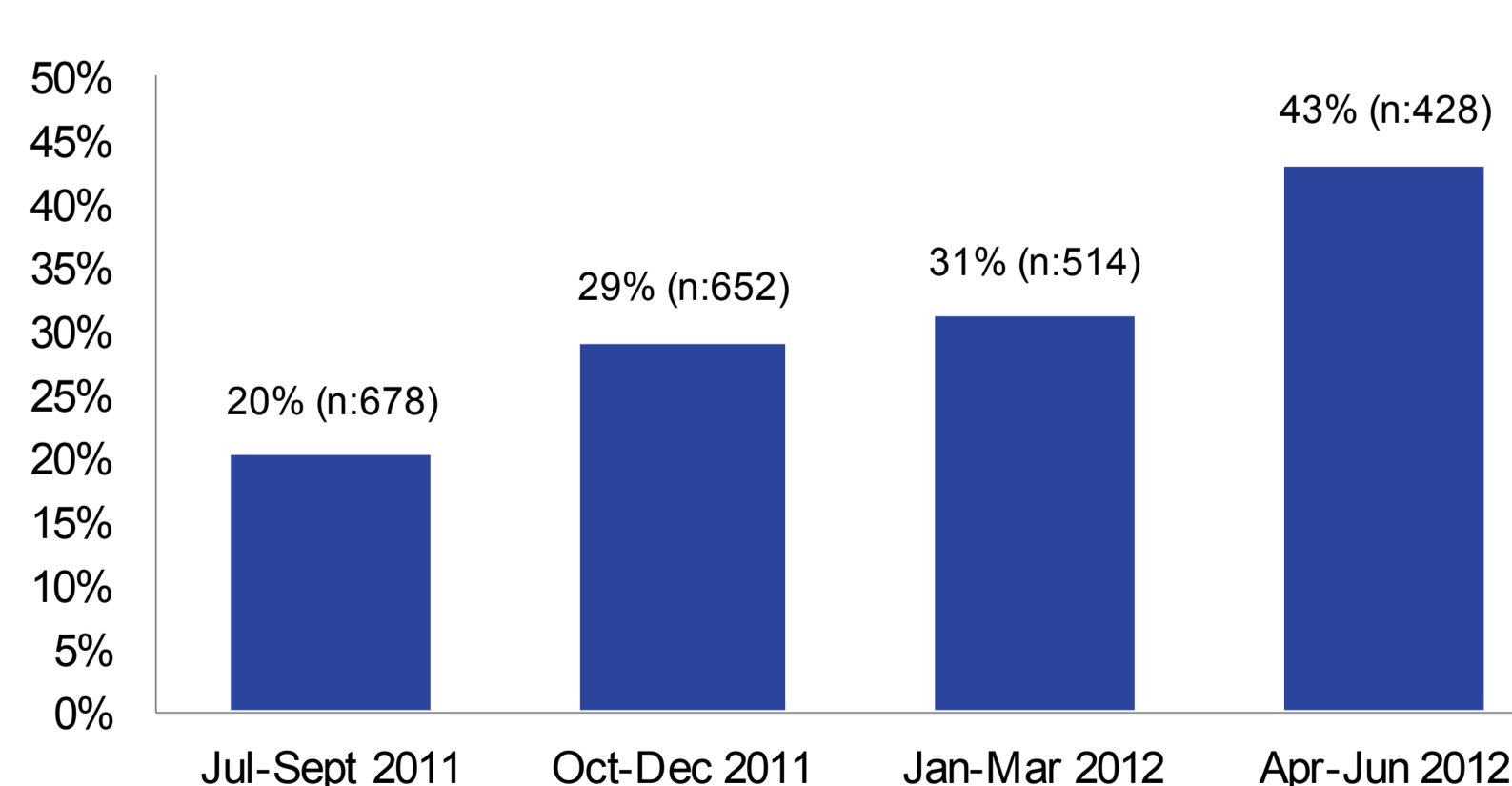


Figure 1: Women Supported by Mentor Mothers from Antenatal and through the Post-Delivery Stage

In Figure 1, there was consistent improvement in antenatal client retention especially in lower health facilities because of peer support from Mentor Mothers (MMs), task shifting, good working relations between the MMs and health workers and improved PMTCT services at lower health facilities

### Uptake of Selected PMTCT Services for 2011/2012

Figure 2: Exposed Infants Given ARVs for Prophylaxis

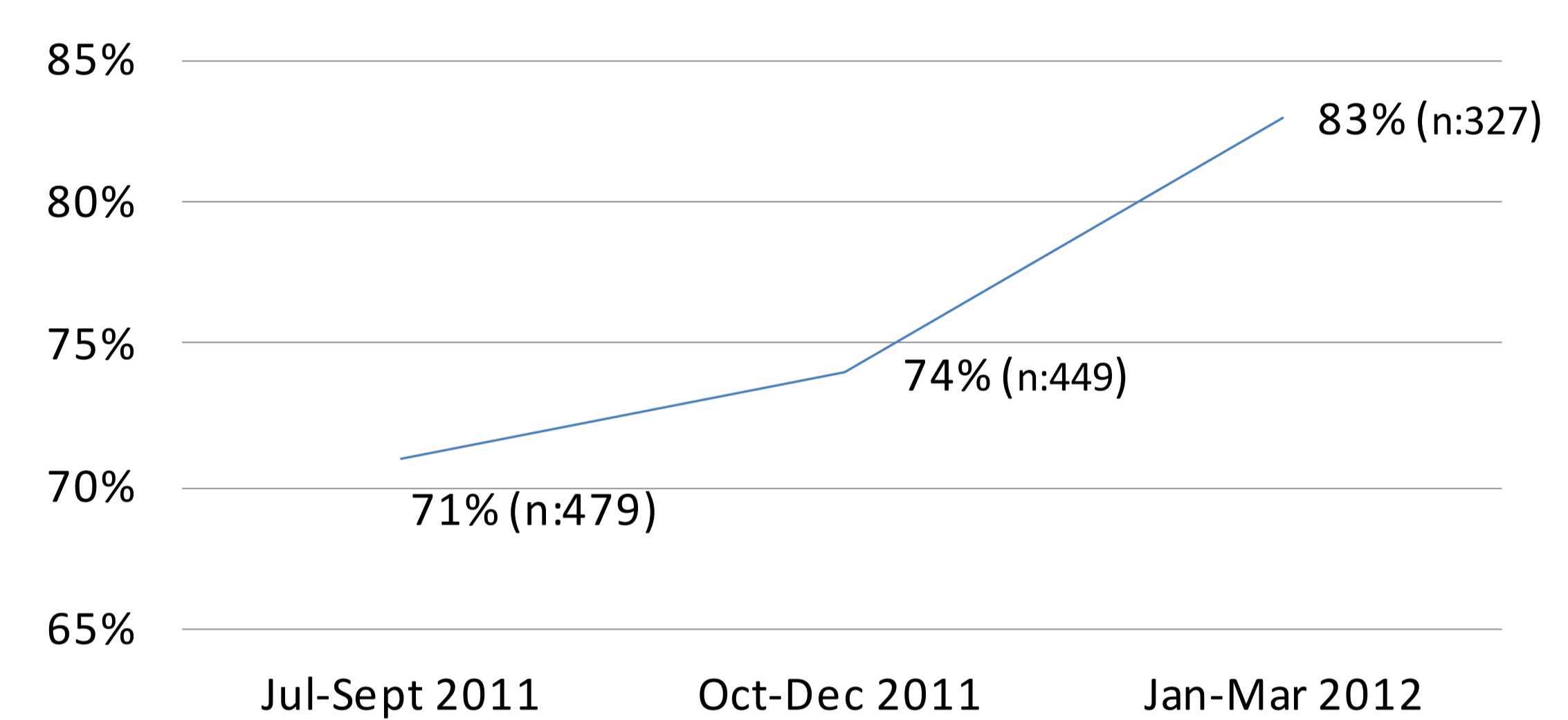
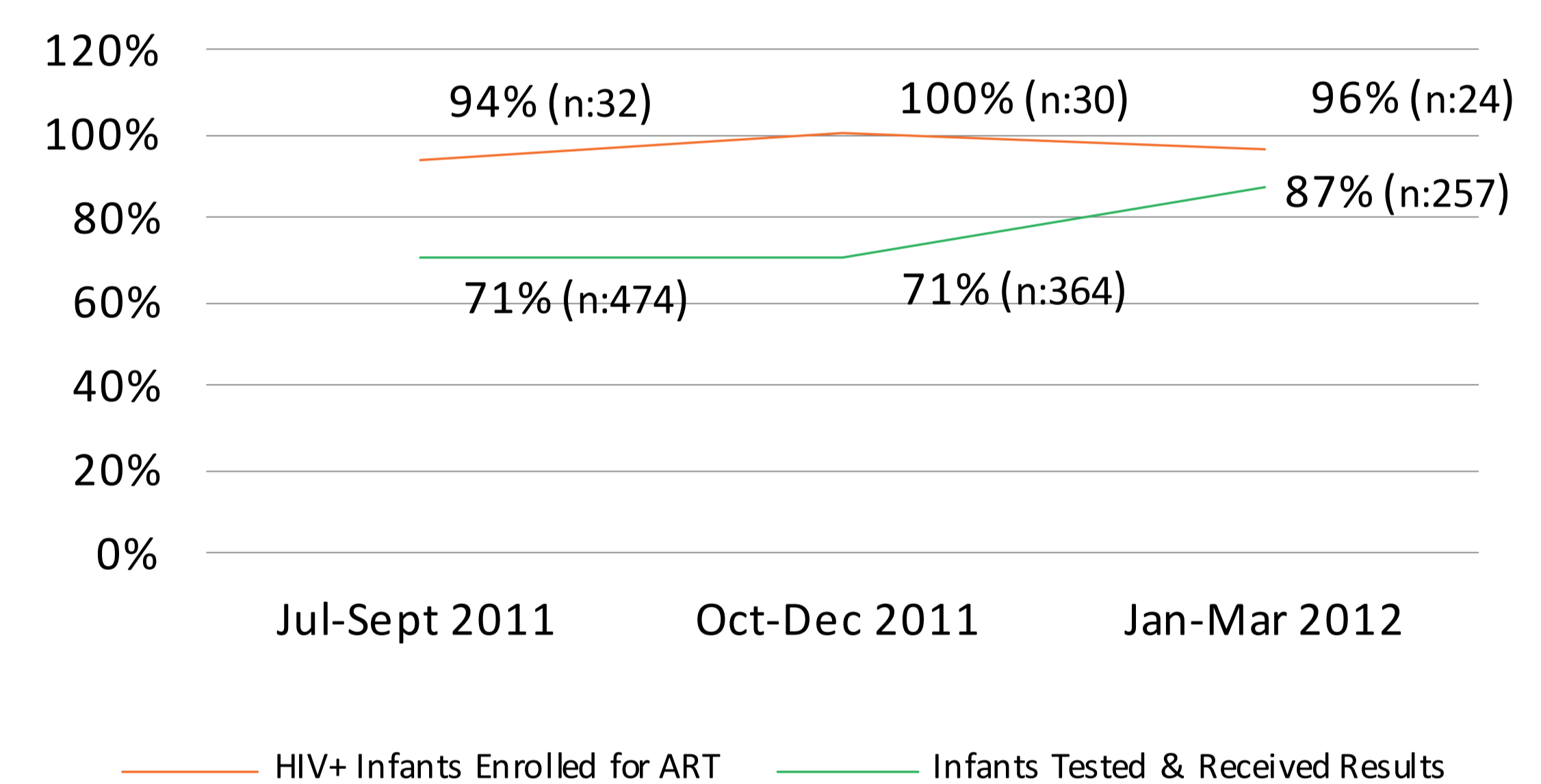


Figure 3: Access to PCR Testing and ART Services for Infants



The upward trends for infant PCR testing and ARVs for infant prophylaxis (figure 2 & 3), were attributed to re-directing efforts to gaps identified during the quarterly reviews, active client follow up of HIV positive pregnant women and mother-baby pairs in the community, and technical support from STAR-EC. In figure 3, the drop in infants enrolled on HAART was as a result of the time lag between receipt of PCR results and return of mother-baby pairs to the health facilities for enrollment

## Lessons Learned

- Regular performance reviews of PMTCT service uptake provides insight in the quality of service delivery over time and enables health workers and MMs to redirect efforts in filling gaps and keeps them motivated.
- A participatory approach in performance reviews create ownership of the process, and enhances practical responses to service delivery.

## Conclusion

Mentor Mothers/lay health workers can be a key resource in performance monitoring and quality improvement initiatives intended to improve PMTCT service uptake. The STAR-EC program will continue to support the involvement of Mentor Mothers in quality performance reviews to input in the general health quality improvement initiatives.

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