Improving Uptake of PMTCT Services and Retention of Mother – Baby Pairs in Uganda; the Role of Peer Mothers

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Introduction

Uganda supports the Joint United Nations Health Organization recommendation of using lifelong HAART among pregnant and lactating HIV positive women for elimination of mother-to-child transmission of HIV (1). Due to insufficient human resource for health (2), we engaged lay women living with HIV with PMTCT experience as peer mothers to support health workers in the provision of PMTCT services. We evaluate the effect of engaging these peer-mothers on theuptake and retention of mother – baby pairs in the PMTCT program.

Materials and methods

Setting and key populations: The peer mothers were engaged to support health workers in 25 health facilities offering PMTCT services in Mbarara district, Uganda. The district population is estimated to be 600,000 with fertility and HIV prevalence rates of 6 and 6.7 % respectively (3,4). For the period 2011 - 2012, the health workers had been trained and mentored in use of lifelong HAART for PMTCT, provided with job aids, care tools, medical supplies and commodities to offer PMTCT with ongoing monitoring and evaluation. This support continued during the intervention period. In addition to supporting provision of HIV counseling and testing, family planning services, lifelong HAART and HIV chronic care services, health facilities had been supported to conduct safe deliveries through provision of mame kits, gloves, disinfectants, delivery kits and those who had no delivery beds were provided with delivery beds.

Interventions: Forty peer mothers were trained in PMTCT demand creation activities, tracking both facility and community referral and linkage processes and tracking mother – baby pairs lost to follow up. These peer mothers had completed and benefited from PMTCT services. The training included updating them on the provision of lifelong HAART for PMTCT, pre ART and ongoing ART adherence counseling, infant and young child counseling, communication skills and use of appropriate HMS tools in promotion of maternal-child – health care. From January to December 2013, they were engaged and distributed to support health workers in the 25 health facilities. The peer mothers were regularly supervised and monitored by the health workers and attended monthly health facility PMTCT referral and linkage meetings.

Results

Following the engagement of the peer mothers, community referral and linkage for PMTCT increased by 88% from 248 (p < 0.05); uptake of HIV counseling and testing among pregnant women increased by 22% from 16,003 (p < 0.01); PMTCT completion rates at 18 months increased by 81% from 156 (p < 0.00); uptake of couple HIV counseling and testing services increased by 50% from 846 (p < 0.00); uptake of family planning services among women living with HIV increased by 79% from 137 (p < 0.00); facility deliveries among HIV positive pregnant women increased by 55% from 581 (p < 0.00); there was no effect on initiation of HAART (p > 0.07).

Conclusions

HIV care services including provision of PMTCT services requires functional health care systems including availability of sufficient human resource (5). Many developing countries with the highest burden of HIV have insufficient human resource for health (2,5,6) Training , mentoring and supervising lay women living with HIV who have undergone PMTCT services can help address the human resource gaps for non-technical health services like community mobilization, referral and linkage processes to increase uptake and retention of mother-baby pairs in PMTCT programs in resource limited settings.

• Peer mothers through primarily engaged to support PMTCT services, can be a useful human resource for demand creation through community mobilization for uptake of other maternal/newborn child health services especially supervised health facility deliveries and post natal care.

• Strengthening PMTCT can improve uptake of Maternal – newborn child health services in resource limited setting with a high HIV prevalence and low attendance for Maternal – newborn child health services.

Literature cited


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Figure 1.
A peer mother facilitating a health talk at a mother – baby care point .

Figure 2.
Flow diagram showing referral and linkage pathways between the Maternal-newborn-child health services, communities and the mother-baby pair care point.

Figure 3.
Antenatal, Post natal and health facility deliveries pre and post engagement of peer mothers.

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