



UGANDA

Using Program Evaluation Data to Design Strategies for Improvement of Early Infant Diagnosis (EID) at Health Facilities A Case of East Central Uganda

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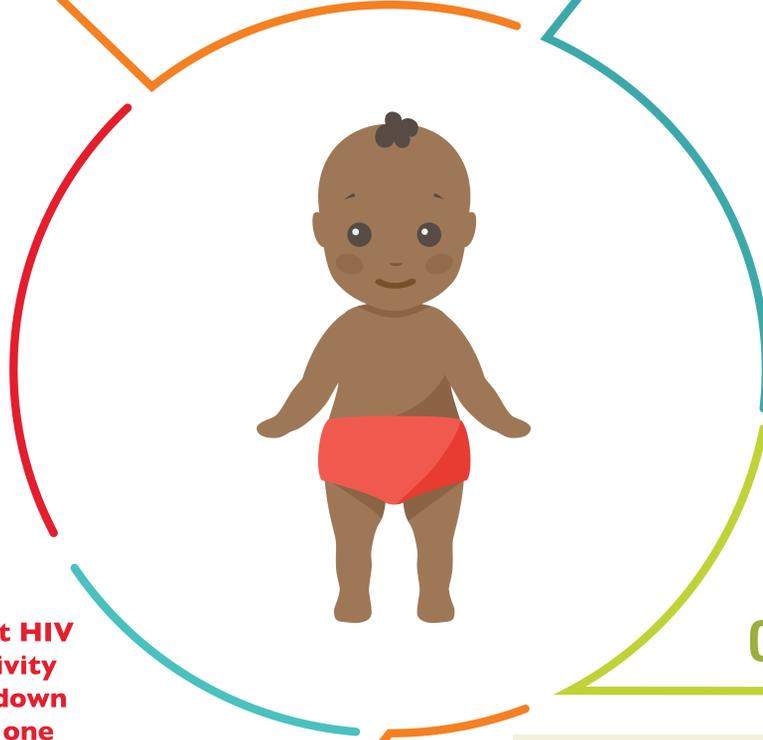
In May 2015, the STAR-EC project conducted an evaluative study of its PMTCT and early infant diagnosis (EID) efforts to determine why HIV positivity rates in infants were not coming down as dramatically as expected. The results would be used to improve the existing strategies.

The study was cross-sectional, employing a mixed methods design. Retrospective quantitative data were extracted from existing records for 98 HIV-positive infants and their mothers (April 2014-March 2015), selected from health facilities in the region that had HIV positivity rates above 5%. Qualitative data was collected through key informant interviews and focus group discussions with health workers.

Factors contributing to sustained high positivity rates in infants included: little to no uptake of antenatal care (ANC)—only 19% of mothers had accessed any ANC; high rates of home-based deliveries, clients lost to follow up, late enrolment of children for EID, lack of male involvement, and lack of adherence to treatment by HIV-positive pregnant women.

The ultimate aim of prevention of mother-to-child transmission (PMTCT) of HIV interventions is for infants to be born HIV negative. HIV positivity rates among infants born in East Central Uganda have consistently remained higher than the national target of under 5%, despite numerous attempts to reduce them.

METHODS



BACKGROUND



CONCLUSION

1.4% Infant HIV positivity rate down after one quarter

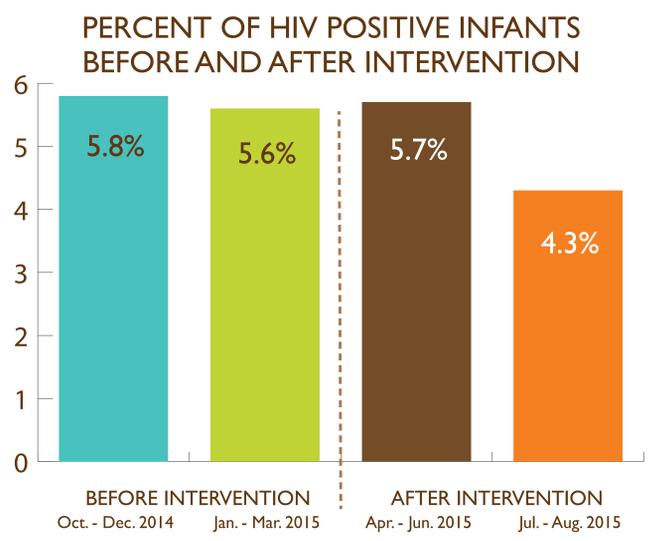
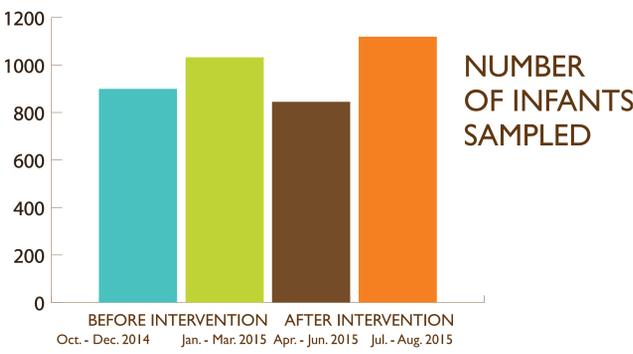


RESULTS

Based on the evaluation findings, the following strategies were designed or strengthened: community sensitization, client follow up by village health teams (VHTs) and community mentor mothers, community mapping and referral of pregnant mothers for ANC by VHTs, Option B+ campaigns, and HIV testing at mother-baby care points.

The change in interventions has already had an effect on bringing down the HIV positivity rate in infants in the region. It has gone from 5.7% in the preceding quarter to 4.3% in the quarter immediately following.

Infant rates of HIV infection can be reduced through a better understanding of the factors that affect HIV positive mothers uptake of PMTCT services. Efforts to improve ANC attendance, and better linkages and referrals through community structures hold the promise of a continued reduction in HIV positivity rates among infants in East Central Uganda.



New strategies are reducing HIV-positivity rates in infants.



The Strengthening TB and HIV & AIDS Responses in East-Central Uganda (STAR-EC) project is focused on increasing access to and coverage and utilization of quality comprehensive HIV/TB prevention, care, and treatment services within district health facilities and their respective communities. This work was done with funding from the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) under the terms of cooperative Agreement 617-A-00-09-00007-00

