Integrating community-led monitoring into quality improvement to strengthen maternal HIV re-testing for PMTCT in rural Uganda

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Background

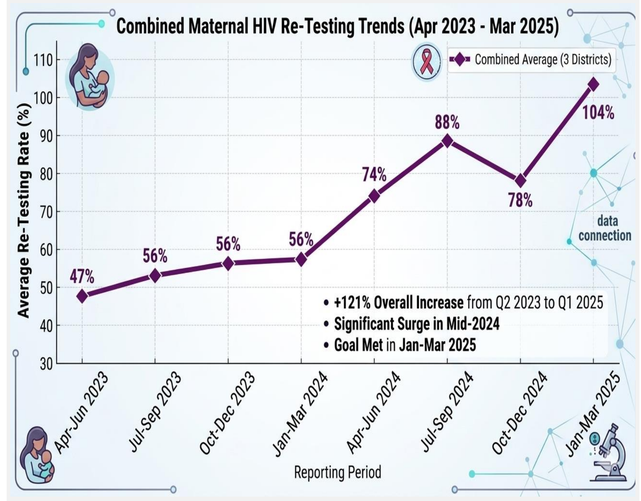
- Maternal HIV re-testing is recommended at key points of the third trimester, labour/delivery, and postpartum.
- The goal is to detect new infections and strengthen PMTCT (Prevention of Mother-to-Child Transmission) outcomes.
- In April 2023, low maternal retesting rates were observed in the districts of Kibaale (40%), Kakumiro (38%), and Kagadi (65%).
- This performance was lower than the national target of 85%.

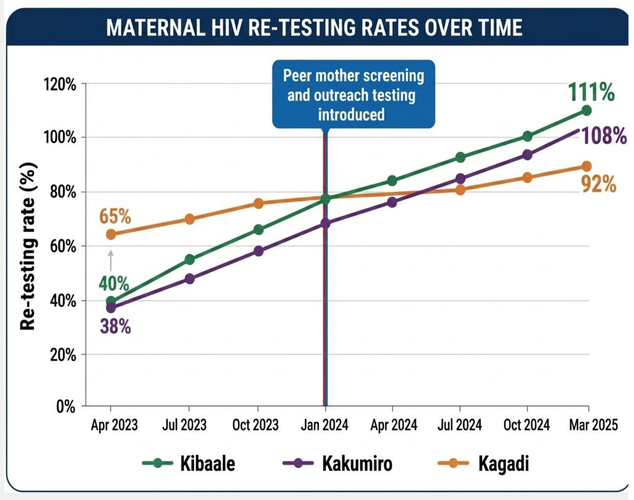
Methods

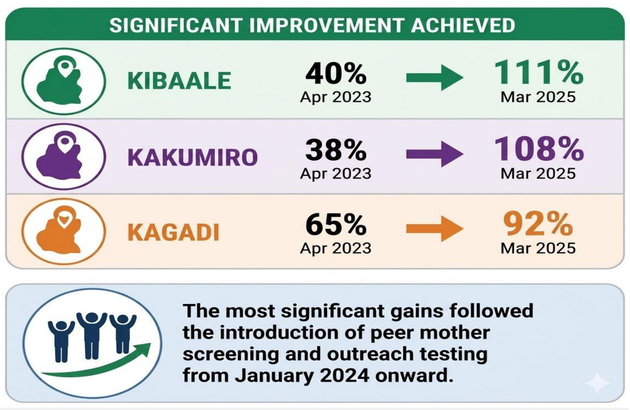
- The intervention targeted 47 health facilities in Kibaale, Kakumiro, and Kagadi.
- District and facility-level QI teams were formed, consisting of health workers, peer mothers, maternal and Child Health (MCH)in-charges, and district mentors.
- Baseline assessments identified low staff awareness on re-testing timing, inconsistent screening, poor documentation, and HIV test kit stock-outs as key barriers.
- Interventions were implemented through Plan-Do-Study-Act (PDSA) cycles.

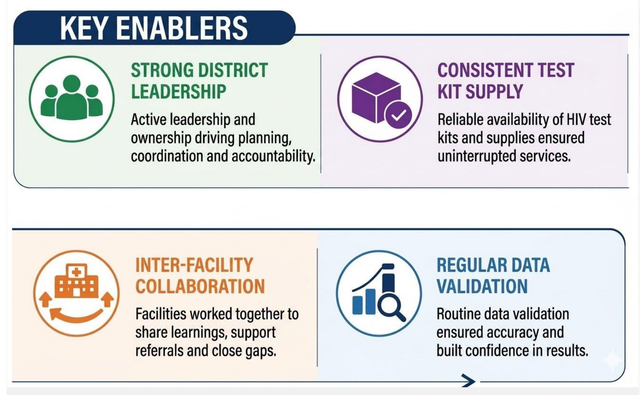
Peer-led screening, structured mentorships, and SOP-guided practice proved cost-effective and feasible in low-resource settings

Results









Conclusion

- Maternal HIV re-testing significantly improved across all districts.
- Peer-led screening, structured mentorship, and SOP-guided practice proved feasible, effective, and cost-efficient in low-resource settings.
- Strengthened PMTCT implementation with a scalable quality improvement model.

Limitations included early data inconsistencies and occasional peer mother attrition.

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