Assessment of Quality of Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health and HIV Care in Uganda and Kenya

The USAID Office of Health Systems and USAID Office of HIV/AIDS tasked the USAID ASSIST Project with developing a survey toolkit for assessing the quality of care of integrated reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and HIV services and to test the tools in two or three Preventing Child and Maternal Deaths priority countries also supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), since existing facility-based tools did not provide the information necessary for this type of assessment. Uganda and Kenya were identified as two of three countries in the world with the largest HIV epidemics. Both have adopted the main World Health Organization recommended policies for integrated HIV services and for services for prevention of mother-to-child transmission of HIV. The assessment of HIV services focused on quality of integrated RMNCAH and HIV services, including the quality and continuity of life-long HIV treatment among HIV-positive patients.

In 2017-2018, the survey toolkit was developed, and the tools tested and implemented in 10 selected facilities in Uganda and 11 facilities in Kenya. Information related to the assessed services was gathered from: a) self-administered questionnaires for service providers; b) retrospective reviews of individual patient records; c) observation of services being provided for the maternal and newborn care process with supplementation of information for observed patients from their patient chart/card; d) interviews with clients; and e) key informant interviews with managers/providers and observations to verify reported response about facility-level key inputs (e.g., drugs, diagnostics) and supporting systems for quality of RMNCAH and HIV care.

This report presents the findings from the assessment of integrated RMNCAH and HIV services in the sample facilities Uganda and Kenya and concludes with the following recommendations:

- Strengthen the system for identifying eligible HIV-negative women and retesting to ensure that the current HIV status and appropriate measures are taken for PMTCT throughout the pregnancy and breastfeeding period.
- Educate providers and then monitor implementation of a uniform system for recording HIV status and the ARV regimen for HIV-positive women at different times during pregnancy through the postpartum period to improve accurate monitoring of pregnant women and reduce the risk of missing women whose HIV status is not current.
- Monitoring systems around integrated PMTCT and RMNCAH services on one hand and PMTCT and ongoing HIV care on the other should be strengthened and include measures around identified weaknesses (testing for men, retesting of pregnant women, testing of sick children under five years old, monitoring viral load, pre-exposure prophylaxis, and knowledge of HIV status and risky behaviors).
- Methods such as QI coaching and clinical mentoring in combination with provider decision support tools (e.g., posting posters in various service sites to increase awareness of signs/symptoms of HIV infection and to promote patients asking for/providers offering HIV testing for persons at risk of HIV infection) can be considered to reinforce correct and consistent use of evidence-based clinical recommendations. The results of these efforts should be regularly monitored and used for continuous improvement, learning, and adaptation.
Uganda [8]

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Organization(s): URC

ASSIST publication: ASSIST publication

The USAID ASSIST Knowledge Portal is made possible by the generous support of the American people through the U.S. Agency for International Development and its Bureau for Global Health, Office of Health Systems. The information provided on this web portal is not official U.S. Government information and does not represent the views or positions of USAID or the U.S. Government. The USAID ASSIST Project is managed by University Research Co., LLC under Cooperative Agreement Number AID-OAA-A-12-00101.


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