

Title: Community leader engagement and peer group attendance improves selected MCH and PMTCT services uptake and retention: preliminary findings from Project ACCLAIM.

Track and Category: TK

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Background: Project Advancing Community Level Action for Improving maternal and child health (MCH)/prevention of mother-to-child HIV transmission (PMTCT) (Project ACCLAIM), a three-arm randomized trial with 45 PMTCT-implementing health facilities and their catchment areas across Swaziland, Uganda and Zimbabwe, aimed to improve access, uptake and retention in MCH and PMTCT services.

The study evaluates three interventions: Arm 1) Community leader (CL) engagement (participation in the Community Leaders Institute, mentoring in community action including dialogues; Arm 2); CL plus community days (CDs), a community event with structured dialogues on MCH/PMTCT and provision of health services; Arm 3) CL plus CDs and male and female MCH classes: four structured peer-led sessions. We report preliminary results on the outcomes of increased proportions of HIV exposed infants (HEI) receiving HIV testing at 6-8 weeks, health facility deliveries and male partners tested.

Methods: Routine health facility data were collected prior to implementation (July 2013, Swaziland and Zimbabwe, January 2014, Uganda) and for each quarter through June 2015. We compared changes in proportions pre-implementation and the last quarter after implementation in the three arms using chi square tests for linear proportions.

Results: The interventions had differing effects in the three countries. In Uganda, the proportion of HEI tested increased from 31% (56/182) to 48% (56/116), $p < 0.001$ in Arm 1, and in Arm 3 from 19% (20/106) to 43% (22/51), $p < 0.001$; male partners tested increased from 11% (224/2,067) to 22% (533/2,475) $p < 0.001$ in Arm 1 and 10% (71/728) to 15% (119/797) in Arm 3, $p < 0.001$. The proportion of women delivering in health facilities increased from 60% (1,252/2,083) to 94% (1,694/1,797) $p < 0.001$, Arm 1. In Swaziland the proportions of women delivering in a health facility increased in both Arm 1 and Arm 3-49% (160/325) to 81% (264/324) $p < 0.001$, and 50% (100/199) to 78% (153/195) respectively, $p < 0.001$. In Zimbabwe, the proportions of male partners tested increased in Arm 1 from 42% (66/159) to 73% (130/178), $p < 0.001$.

Conclusion: The CL and peer group interventions appeared to increase MCH/PMTCT services uptake and retention, with Uganda registering the most improvements. The CL plus CD intervention, Arm 2, appeared to have no effect on the outcomes.