



Impact of a male centered rapid results initiative approach on PMTCT services in FACES supported MOH facilities in Nyanza Province

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Introduction

Studies have shown that male partner participation in antenatal care (ANC) increases Prevention of Mother-to-Child-Transmission (PMTCT) intervention uptake by their female partners.

We evaluated the impact of a male-centered Rapid Results Initiative (RRI) aimed at increasing male involvement, skilled delivery, time to and linkage to antiretroviral services.

Methods

Family AIDS Care and Education Services (FACES) and the Ministry of Health (MOH) implemented the RRI at 116 MOH-FACES-supported ANC clinics in Nyanza Province. Strategies encompassed abbreviated male medical checkup, calling and visiting men who did not accompany their partners to ANC, and text and call reminders to pregnant women to bring their partners to ANC. We compared aggregated site level cohort data of women attending first ANC at baseline (Jan. – Mar. 2013), during RRI (Apr. – Jun. 2013), and post-RRI (Jul. – Sep. 2013) using frequencies, relative difference (RD) risk ratios (RR) and 95% Confidence Intervals (CI).

Results

There were 7236 pregnant women at baseline, and 7426 and 7123 during and post-RRI periods, respectively. Male involvement increased from 7.4% to 54.2% (RD 0.47 CI 0.45-0.48) during the RRI and was 43.4% post-RRI (RD 0.36 CI 0.35-0.37). Facility delivery among all women increased from 48.1% to 62.5% (RD 0.14 CI 0.13-0.16) during the RRI and to 74.5% (RD 0.26 CI 0.25-0.28) post-RRI. Among HIV-infected women, facility delivery increased from 40% at baseline (N=1,535) to 49.9% during RRI (N=1,701) and to 65% post-RRI (N=1,476). Linkage of HIV-infected pregnant women to HIV care increased from 58.6% at baseline to 85.9% during the RRI (RD 0.27 CI 0.24-0.30) and to 97.3% post-RRI (RD 0.39 CI 0.36-0.41). Among women newly initiated on HAART (N=4388), the median time to initiation, from the date medically eligible reduced to 14 (interquartile range [IQR] 0-28) days during RRI and to 7 (IQR 0-20) days post-RRI compared to 29 (IQR 6-56) days at baseline (both p<0.001).

Indicator	Baseline		RRI Period		Post-RRI Period	
	Jan-Mar2013	Apr-Jun2013	Apr-Jun2013	Jul-Sep2013	Jul-Sep2013	Jul-Sep2013
Male Involvement	7.4%	54.2%	0.47(0.45-0.48)	43.4%	0.36(0.35-0.37)	
Skilled Delivery (all)	48.1%	62.5%	0.14(0.13-0.16)	74.5%	0.26(0.25-0.28)	
Skilled Delivery (HIV+)	40%	49.9%	0.11(0.06-0.13)	65%	0.25(0.22-0.28)	
HIV+ Linked to Care	58.6%	85.9%	0.27(0.24-0.3)	97.3%	0.39(0.36-0.41)	
Median Time To HAART (IQR)	29(6-56) Days	14(0-28) Days	p-value <0.001	7(0-20) Days	p-value <0.001	

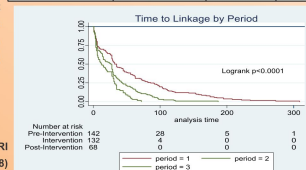


Figure 1: Kaplan Meier Curves Showing Time to Linkage to Care by Period. The logrank test of equality on Kaplan Meier gives significant difference between baseline, intervention and post intervention periods, p < 0.001

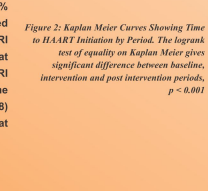


Figure 2: Kaplan Meier Curves Showing Time to HAART Initiation by Period. The logrank test of equality on Kaplan Meier gives significant difference between baseline, intervention and post intervention periods, p < 0.001

Conclusions

A male-centered, scalable RRI can drastically increase men's engagement in ANC and increase female partner's utilization of PMTCT services and health facility skilled delivery. This approach has the potential to reduce both maternal and perinatal morbidity and mortality in affected regions.

Literature cited

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