

Background: MTCT was adopted by Uganda in 2012 with the goal of achieving virtual elimination of mother to child transmission of HIV. It involves initiating ART in HIV positive pregnant or lactating women on the same day they test HIV positive, regardless of their CD4 or clinical stage, and continuing for life. The infant is given 6 weeks of daily Niverapine. The eMTCT program has achieved substantial progress with a country wide enrolment of 20,485 women by June 2013. Even still, loss to follow up with a recorded rate of 58.8% remains a challenge.

Objective: The study aimed at determining the factors influencing loss to follow up among mothers on the eMTCT program in Mukono Health Centre IV.

Methodology: It was a cross sectional survey with both qualitative and quantitative data obtained. A sample of 190 pregnant and lactating mothers enrolled into the eMTCT program at Mukono Health Center IV within the period of January 2013 - April 2014 was selected conveniently on clinic days after stratification by residence. Data was collected using provide administered questionnaires, review of patient records, two focus group discussions with mothers and a key informer interview. Analysis was done using the STATA version 11 statistical application. Univariate, bivariate, multivariate analysis and statistical tests of were conducted to obtain frequencies and assess associations between the variables under study. Independent variables were; client health provider and health facility factors and the dependent was loss to follow up.

Out of 189 mothers enrolled in the study most, 63 (33.3%) were aged 20 – 24 years, majority 104 (56.2%) had attained primary level education and 134 (74.4%) earned no monthly income. The number of mothers who were lost to follow up was 38 (20.1%). Loss to follow up was associated with the following factors; non-disclosure, earning no monthly income, high CD4 cell counts, high patient work load and long patient waiting time at the health facility. Health facility factors including; lack of space, the “test and treat” policy recommended by Uganda Ministry of Health and inadequate follow up services were contributing factors to loss to follow up.

Recommendations: Recommendations to reduce loss to follow up included; support of mothers to disclose their HIV status to their partners, through counselling and preparing mothers for negative reactions from their partners by the health facility, financial empowerment of women through community linkages to access income generating activities and small interest loans by the health facility, continued counselling of mothers to emphasize the outcome of an HIV negative baby, since most mothers have high a CD4, training more peer mothers to help with clinic activities as volunteers. In addition, the health facility should include in the plan for the new maternity structure an area for integrated eMTCT care including the mother baby care point. The Ugandan ministry of health should consider modifying the “Test and Treat” policy is recommended as an area for further research to determine the influence of initiating ART on the same day of diagnosis on loss to follow up. Finally the health facility should lobby for continued funding for follow up activities from

implementing partners and Mukono Municipal Council.