KABASINDI GRACE (2011-M092-20010)

The Effects of Early Infant Diagnosis on HIV/AIDS Treatment in Kiboga District: A Case of Kiboga Hospital.

This study set out to identify the early infant diagnosis packages available in Kiboga Hospital; to assess the key resources required in early infant diagnosis for effective HIV treatment; and to examine the challenges faced by the early infant diagnosis services on HIV/AIDS treatment. It was a non–experimental, cross-sectional study that employed both qualitative and quantitative data collection tools. A sample size of 40 respondents was involved. A multi-stage sampling procedure was adopted and was carried out in two stages. The quantitative data from the questionnaire and the checklist were cleaned; field edited and entered into the Statistical Package for the Social Sciences (SPSS) version 16.0 software for analysis. Analysis was done using frequency tables and figures. Primary data was gathered from the research tools and was both quantitative and qualitative in nature. Quantitative data was got from the respondents‟ questionnaires while the qualitative data was got from Key Informant Interviews. Secondary data was got from review of existing records. The results provided a significant contribution to the study; only a fraction of children in this setting who test HIV PCR-positive within the EID programme, are successfully linked in ART services. This proportion increased substantially during the period when the HIV infected infants had a subsequent HIV viral load indicating their attendance at ART services. In parallel, among HIV-infected children who were successfully linked to ART services, the time delay between HIV PCR-positive test results and first attendance at ART services decreased in each successive year, although the median delay remained greater than 1 month. It is, therefore, safe to conclude that the scale-up of programmes that provide early diagnosis of infants exposed to HIV and treatment for children who are infected is an essential component to child survival. Early initiation of treatment significantly reduces AIDS-related mortality in infants and young children, highlighting the urgent need to expand access to virological testing for infants and start them promptly on treatment. The following recommendation was drawn: existing national HIV-testing policies should embrace testing in early infancy as a pillar of early infant diagnosis. These policies need to be widely disseminated to ensure that health providers are aware of the content.

Key Words: **Early Infant Diagnosis, HIV/AIDS Treatment, Kiboga District**