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**Title :** Experience of providing free generic Infant Formula to mothers in the nevirapine implementation program at Mulago hospital in Kampala, Uganda

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**Experience of providing free generic Infant Formula to Mothers in the Nevirapine Implementation Program at Mulago Hospital in Kampala, Uganda**

**Background:** As part of the UNAIDS/UNICEF initiative to prevent mother to child transmission (PMTCT) of HIV in Uganda, UNICEF provides free generic infant formula to women who opt not to breast feed. Women who opt for formula are asked to return their infants for 6-week visit for HIV PCR testing and additional formula. In the first year of the programme with passive follow-up only 50% of women receiving infant formula returned for 6 week visits. A system of active follow-up was initiated in August 2001. Objectives 1. To improve 6 weeks postnatal follow-up of infants receiving infant formula. 2. To better assess the impact of infant formula on mother to child transmission (MTCT).

**Methods:** All women leaving the hospital after delivery with infant formula were asked to participate in the active follow-up. Women accepting follow-up were visited at home every two weeks by a health visitor who monitored the progress of the women at home and offered advice and feeding support.

**Results:** From August 8th, 2001 - December 31st, 2001 69 women chose infant formula after delivery. 21 (30%) women refused active follow-up 8 (38%) defaulted 6 week visit. 13/21 (62%) expected at 6 week visit returned. 1 HIV infected infant. 48 (70%) women accepted active follow-up. 9 (21%) women defaulted 6 week visit. 5 not yet due for 6 week visit. 34/43 (79%) expected at 6 week visit returned. 2/34 HIV infected infants.

**Conclusion:** Challenges including practicing mixed feeding and poor/low follow-up of babies on free generic infant formula can be reduced by putting in place active follow-up services/programmes in PTMCT services.