

TRADITIONAL MIDWIVES TRAINING IN HEALTH REPRODUCTION AND HIV PREVENTION IN THE NORTH WEST OF COTE D'IVOIRE

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CONTEXT



- Prevalence of HIV: 3.4% (ONUSIDA, 2010)
- Prevalence of HIV in pregnant women: 4.5% (PNPEC, 2010)
- Level of transmission from mother to child: more than 10%
 - Low attendance of PMTCT services (ANC₁ to 4, PNC)
 - Resort to Traditional midwives in rural areas

CONTEXT

- ACONDA-VS-CI: care extension program for HIV infected people in public sanitary structures in Abidjan and rural areas
 - 11 health areas / 143 health facilities
 - Prevention activities (counseling and testing, PMTCT, community mobilization, communication for behavior change)
 - Care activities (ART drugs supply)

CONTEXT

- **PMTCT intervention**

- Organizing prevention sessions in the community



age

ANC / delivery

nancy / delivery

ty

wc

chi



CONTEXT

**Implementation of this traditional midwives
training project
(from October 2011 to October 2012)**

GOALS OF THE PROJECT

- **MAIN GOAL**

Increase the PMTCT services attendance of 2 rural health facilities

- **SPECIFIC GOALS**

- Train traditional midwives in health reproduction and HIV prevention
- Refer pregnant women to health facilities
- Test pregnant women to HIV

METHOD

- Identification of 2 health facilities



→ CSU Kaniasso

→ CSU Séguélon

- In rural area
- High resort to traditional midwives
- Low attendance of PMTCT services
- Low rate of delivery (less than 40%)
- Low rate of HIV tests (less than 50%)

METHOD

- Identification of 21 traditional midwives by local CBO SOUTRA



1. Koro-Oulé
2. Soliakaniasso
3. Koro-Oulé
Sogotanala
4. Koro-Oulé
Djomagana
5. Koro-Oulé
N'Dokrola

1. Sianso Koroni
2. N'Déou
3. Zangohogba
4. Farakoro
5. Nianzongo

METHOD

- Training of traditional midwives in health reproduction and HIV prevention
- Visits of the pregnant women by the traditional midwives in the community (and refer them to health facilities for ANC, Delivery, PNC)
- Data collection in health facilities by community counselors
- Supervision missions



PRELIMINARY RESULTS

(November 2011- April 2012)

- **21 traditional midwives trained together with**
 - **1 nurse from Kaniasso health facility**
 - **1 midwife from Séguélon health facility**
 - **2 community counselors**
- **550 women accompanied to 2 health facilities**
- **750 visits accompanied (ANC₁ to ANC₄, delivery, PNC)**
- **74% of ANC₁, ANC₄, delivery and PNC were accompanied**
- **69% of deliveries were accompanied by traditional midwives**

PRELIMINARY RESULTS

(November 2011- April 2012)

		2010 annual result before the project	since the beginning of the projects (in 6 months)
KANIASSO	ANC 1	267	170
	ANC 4	14	21 ↑
	Delivery	104	114 ↑
	PNC	168	35
	HIV tests	130	170 ↑
SEGUELON	ANC 1	330	180
	ANC 4	35	51 ↑
	Delivery	96	119 ↑
	PNC	19	2
	HIV tests	160	79

DISCUSSION

- In both health facilities:
 - Most consultations were accompanied
 - Increase 4th ANC attendance
 - Huge increase of deliveries
 - Few PNC
- In Kaniasso health facility
 - Huge increase of HIV tests
- In Séguélon health facility
 - Number of HIV tests remain stable: out of shortage since February

DISCUSSION

NUMBER OF WOMEN REACHED IN THE COMMUNITY ?

- 50 tickets given to each traditional midwife
- One instruction: give 1 ticket each time you visit 1 woman
- 50 tickets – number of tickets left = number of women visited

The instruction was not understood: they kept the tickets

DISCUSSION

EFFECT OF FREE CARES ?

- From April 2011 to December 2011: total free of all cares
- Since January 2012: Selected free for pregnant women and children under 5

 Compare our results with the results of 2 other health facilities in the same area

BUT: The number of accompanied visits is very high (74% of ANC₁, ANC₄, delivery and PNC)

 We expect a limited effect of free cares

CONCLUSION

Preliminary results show that traditional midwives

- **understood the message**
- **could change their practices**
- **could set up a link between community and health facilities**

Traditional midwives are essential community actors

In the future, we would like to extend the project to other health facilities

- **Including prevention sessions in the community**
- **Involving the local health authorities to manage the durability of the project**



THANK YOU FOR YOUR ATTENTION

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OBC SOUTRA