ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Strengthening District Capacity to Rapidly Scale Up PMTCT Services in Zimbabwe : The District Focal Person Approach

B.J.L Chikwinya, T.Nyamundaya, A. Mahomva –
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Zimbabwe
Children and HIV: Closing the Gap Symposium
July 2012

1

Background: HIV and ANC

- Population ~ 12 million
- Adult HIV prevalence 14.7%[1]
- Prevalence among women in ANC 16.1%[2]
- ANC coverage[3]
  - ANC bookings 90%
  - At least 4 ANC visits – 65%
  - ANC booking before 16 weeks – 19%
- Births by skilled attendants– 66%
- New HIV infections in children ~ 15,000/year[1]

1. Zimbabwe National HIV & AIDS Estimates, MoHCW 2009
2. Zimbabwe ANC sero prevalence survey – MoHCW 2009
3. Zimbabwe Demographic and Health Survey, 2010-11

Background: Health System

- Total districts = 62
- Average district population = +/- 250,000 people
- Average health facilities/district ~25
- Total MNCH (PMTCT) sites 1560

Background: PMTCT Scale-Up

- By end of 2011, all 1,560 MNCH facilities were providing PMTCT services
- Option A of 2010 WHO PMTCT guidelines adopted in 2011
- National goal to reduce MTCT to <5% by 2015 and reduce new HIV infections in children by 90%
- District-level PMTCT services overseen by district nursing officers (DNO), who oversee many other services

District Focal Person Model

- Developed in consultation with MoHCW in 2011 to strengthen PMTCT program
- Seconded by EGPAF to MoHCW district health teams
- Work under the direction of the DNO
- Each DFP supports PMTCT in 1-3 districts
- Provides training supportive supervision and mentoring to health facility staff
- Temporary cadre (5-year term)

DFP Model

- DFPs are registered nurses with community nursing experience
- All undergo 5 weeks of training:
  - IMAI/IMPAC
  - Point of Care CD4 testing
  - Early Infant Diagnosis
  - Supportive supervision
  - Monitoring and Evaluation
  - Program management
  - Computer basics

DFP Deployment

- Recruited and trained 30 DFPs in April 2011 to support 60 districts
  - Good knowledge of the districts
  - All nurses with considerable PMTCT implementation experience
- Deployed in May 2011
- DFPs provided with vehicles

Results (1)

- All DFP activities conducted with members of the district health teams – providing ample opportunities for capacity building
- By end of December 2011
  - All districts had conducted a baseline situation analysis on PMTCT services
  - DFPs supported all districts to include comprehensive PMTCT activities in their 2012 district work plans
  - All districts had health workers trained on the WHO 2010 guidelines for PMTCT
  - 1344/1560 PMTCT sites supported by DFPs

Results (2)

- By end of December 2011
- Over 95% of supported sites received at least two DFP supportive supervision visits
  - DFP accompanied by a member of district health executive
  - Supportive visits conducted with standardized tool
- All supported sites (100%) submitted timely routine monthly PMTCT aggregate reports (within two weeks of closure of the month)
- 1,272 sites (95%) submitted additional program monitoring indicators that are not collected through the routine national health information system

Results (3)

By December 2011:

- 96% of women at the supported sites had received HIV testing
- 99% of supported (86% of total sites) sites were offering maternal PMTCT prophylaxis as per the 2010 guidelines
- Only six supported sites still offering single dose Nevirapine as prophylaxis
- Proportion of ART eligible pregnant women initiated on treatment for their own health increased from 17% at the end of 2010 to 37% by end of 2011

Conclusions

- DFP contributed to rapid roll-out of revised PMTCT prophylaxis regimens per 2010 guidelines
- Other PMTCT components, while improved, require further strengthening
- DFP vehicles supported integrated supportive supervision, with MoHCW program officers from other units to regularly travel to sites

Recommendations

- The DFPs should continue to actively monitor all aspects of the PMTCT cascade and move beyond quantity to improve quality of care.