USING MOBILE CLINICS AND REFERRAL SUPPORT TO INCREASE ACCESS TO PMTCT SERVICES FOR WOMEN AND CHILDREN IN RURAL MASHEGU, NIGER STATE

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Presentation outline

- About Physicians for Social justice
- Context: Communities we work with, Current situation
- PSJ's Approach to Elimination of MTCT programming
- Results in PMTCT service delivery
- Challenges
- Lessons learned
- Recommendations on way forward

About Physicians for Social Justice

- Founded in 2004 as a community of development workers and health professionals who seek to ensure that families in every rural community in Nigeria live in optimal health and wellbeing
- Based in Nigeria, primary focus: underserved rural communities
- Programs: healthcare, water and sanitation, education, community mobilization and engagement, local capacity development, Advocacy, and recently nutritional micro granting
- Main target groups: marginalized rural communities; women, children, young people, sex workers and PLHIV, PABA.

Profile of rural Mashegu, Niger State

- One of the 25 LGAs in Niger State, northern Nigeria
- A rural LGA with population of about 215,000 (NC2006)
- Comprises of 22 rural communities
- Physician: Patient ratio: 2: 215, 000
- High Poverty rate, about 70 % (NSMDG report)
- Poor rural infrastructure, faces chronic shortage of health personnel,
- Some villages lack any modern health infrastructure
- Safe motherhood still aspirational for thousands of rural women

PMTCT situation in Niger State

- Wide gaps exist in PMTCT service delivery especially for women in hard-to reach rural villages.
- Long distance, lack of paved roads, user fees, and stigma constitute daunting barriers to women accessing health care including PMTCT services
- Based on the 2010 Report, only 56710 pregnant women have had access to HCT in Niger State.
- About 197400 babies are born in Niger State every year.
- Estimated PMTCT burden of 12, 240 (NGSACA)
- 4300 babies will become infected through MTCT in Niger State if current gaps are not filled.

Baseline Analysis of PMTCT uptake in rural Mashegu

Patient attrition or 'PMTCT Cascade' is significant.

- E.g., btw Jan. and Dec. 2010, out of the 382 women that enrolled in ANC at BHC Mashegu,
- 283 (74%) had HIV test done (opt-out strategy),
- 7 tested positive.
- Out of these, 4 positives were successfully enrolled into ARV prophylaxis.

Poor utilization of health services by women.

- Only 122 (11.5%) of 1062 ANC attendees gave birth in the two main health facilities in rural Mashegu

PSJ's Approach to Elimination of MTCT programming

- PSJ currently implements a community-based Elimination of MTCT project in rural Mashegu using the community care cluster approach.
- Community Partnership for Prevention of Parent to Child Transmission (COMPPACT)
- COMPPACT is an integrated Mobile Clinics and Referral Support aimed at increasing Access to PMTCT Services for Women and Children in remote villages
- One of the objectives is to provide pregnant women in remote rural villages without health facilities access to maternal health services including HCT services, ARV prophylaxis and ART.
- 13 remote villages are currently benefiting this new initiative.

COMPPACT Components and Activities

- Community volunteers conduct sensitization and community mobilization to communicate the aim of the outreach and benefits on health of women and children.
- Community dialogue and advocacy is used to achieve local buy-in.
- PSJ's Program team, community stakeholders and the leadership of PHC department do project planning including setting out suitable days of visits.
- Transport usually by means of 4-wheel drive vehicle or motorcycles.

Activities during Mobile Clinic Outreach

- Sensitization of community members on HIV/AIDS and PMTCT generally and group counseling on HTC.
- Mobile clinic team made up of two midwives, two CHW, trained HTC personnel and a physician.
- Synchronized service delivery including HTC, medical consultation, child clinic, ANC and PNC, FP counseling.
- Every villager who shows up is offered HCT (PITC). All women who test positive and their partners are counseled and offered referral support including transport.
- Trained community volunteers also follow-up HIV affected families through home-visits.

COMPPACT collaboration with the local health authorities and Communities

- COMPPACT works as a tripartite partnership of the local health system (PHC Dept.), the local communities (gate keepers) and the civil society (PSJ).
- Role of PSJ
- Project management/ Coordination of activities
- Capacity development/training on PMTCT, and home-based care for community health workers and volunteers.
- Provides the means of transport to convey the mobile team
- Facilitates all the community elements of the project
- Coordinates referral linkages and support

COMPPACT collaboration with the local health authorities and Communities contd

- Role of the communities (gatekeepers)
- Promotion of male involvement in ANC, PMTCT and MCH programs
- Provision of venues for Mobile clinic activities
- Ensuring that mobile clinic/PMTCT activities and days are widely publicized to increase demand and uptake
- Take leadership in addressing community norms and practices that encourage gender inequality and fuel HIV related stigma
- Assist with selection of community volunteers
- Assist in fostering social protection for children affected by HIV.

Collaboration contd…

- Role of the PHC department

- Provides Heath personnel, Midwives, CHEWs and HTC personnel as part of the mobile clinic team.
- Provision of test kits

Results from COMPPACT implementation

- The initial community dialogue on the advantages of PMTCT proved successful in creating demand for HCT even in conservative Muslim communities.
- Within 3months, 3690 villagers were sensitized while 3320 were tested for HIV.
- There was 94% uptake of HIV testing for women sensitized, including 100% uptake for pregnant women,
- 90% HCT uptake for adult men
- 64% uptake for youths

Results of COMPPACT contd…

- Almost 50 percent increase in women's ANC attendance at the Basic health center and rural Hospital Sahon-rami
- Significant variations in HIV positive rates were recorded from one village to the other, ranging from 0% in Kwati to 6% in Kasanga.
- Two communities with proximity to transit points for long distance trucks had high rates of HIV positive women eg Makera 5.2%, Kasanga 6.0%

Follow up

- COMPPACT also provides robust referral support to HIV positve children, mothers and their partners.

- HIV positive pregnant women are supported with transport to access comprehensive PMTCT or ART services.
- PSJ's volunteers sometimes follow HIV positive mothers to the clinics to assist them to access ARV at the ART centers

- Trained community health workers provide continued support for HIV+ pregnant women and their families through home visits if they consent to such visits.

Lessons from community engagement

- Local communities play important roles in creating program awareness, in mobilizing and recruiting volunteers.
- Strengthening community structures like Support Groups can help reduce stigma and improve service uptake
- Meaningful community engagement takes time and effort.
- Are donors willing to be patient for this to happen?
- If women are shut out of MCH/RH, the chances are high that they may miss out in PMTCT

Challenges encountered in implementation

- Weak PHC system with attendant challenges of low personnel morale, dilapidated infrastructure shortage of trained health workers.
- Remote nature of some communities creates a logistical nightmares especially in terms of transportation.
- Resource constraints (Human, and material)

Recommendation on way forward

- Decentralize: This guarantees services are closer to the people.
- And closer services impacts positively on service uptake.
- Strengthening of PHC system to provide comprehensive PMTCT (ARV prophylaxis and EID).
- Service integration of (ANC and PMTCT) to reduce attrition at each step along the continuum.
- Strong referral support for women in remote rural communities. This is key to uptake of services.
- Put incentive mechanisms to attract/retain h. workers in rural areas
- More resources should go into primary prevention of HIV among women including for discordant couples

Conclusion

- With structured links to the health care system and community engagement, successful models of mobile clinics for remote villages can be used to achieve wider access to PMTCT.

What it will take to eliminate MTCT

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