



# Improvement of PMTCT through Combined Therapy and Physical Tracking:

*An experience from Chikowa Rural Health  
Centre in Blantyre district rural, Malawi*

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**SRGDI**

Sustainable Rural Growth &  
Development Initiative

# Geographic Location



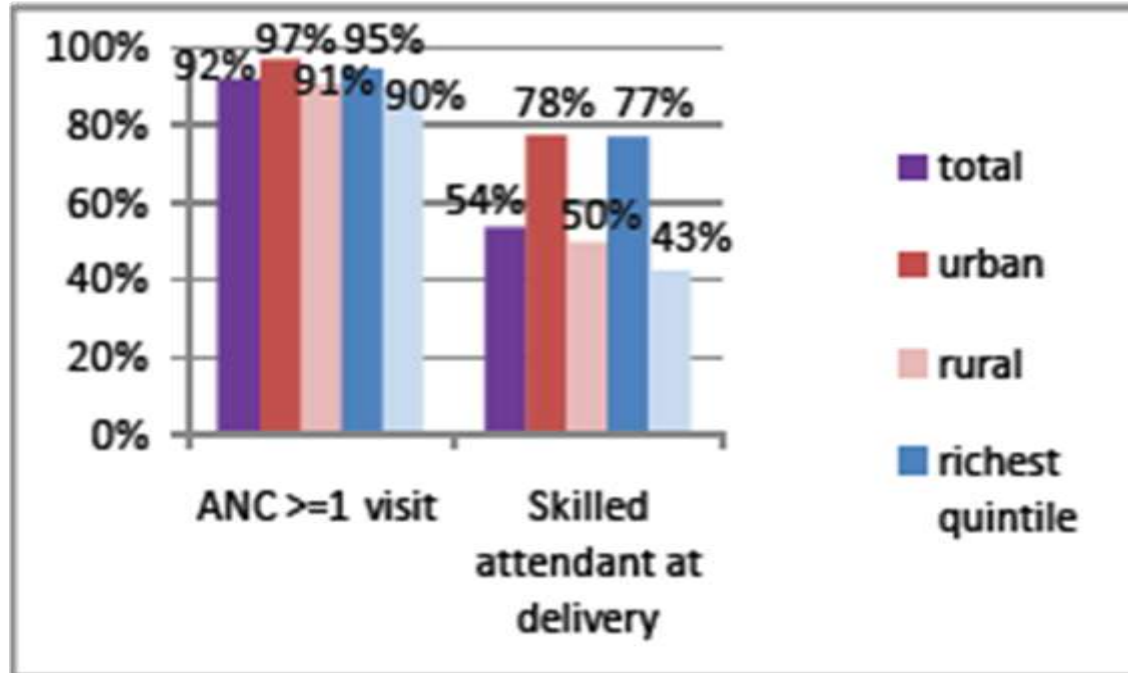
# Basic PMTC Facts in Malawi

<b>Population</b>	<b>15,263,000 (2009)[22]</b>
Estimated # of Children (0-14 living with HIV)	120,000 (68,000-170,000) (2009)
Estimated # of pregnant women living with HIV	57,000 [31,000 - 83,000] (2009)
Under 5 mortality rate	100/1,000 (2008)
% of women attending at least 4 ANC visits during pregnancy	overall: 57% urban: 65% rural: 56% (2004)
% ANC facilities that provide testing and ARVs for PMTCT	95% (2009)
Exclusive breastfeeding for infants <6 months	57% (2006)

Source: Unicef Malawi

## Access to PMTCT Services in Rural Areas of Malawi

*Most women attend at least 1 ANC visit; too few rural and poor women deliver with a skilled attendant*



Above figure shows Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel, 2006 . About 78% of urban pregnant women received care, compared to 50% of rural women. About 77% of women in the richest wealth quintile received skilled care versus 43% of pregnant women in the poorest quintile.

# Problem in Rural Blantyre

Research shows that in rural areas of Blantyre over 80% of pregnant women visit antenatal clinics, only once out of at least the four visits that are required. It is very difficult to make follow up to these disappearing mothers to make sure they access PMTCT services.

# Objectives of the Project

## **Main Objective**

The project was aimed at ensuring that rural pregnant women, new mothers and infants have stable access to PMTCT services

## **Specific Objectives**

1. To increase access to early diagnosis for rural infants, pregnant women and new mothers
2. To increase the number rural infants, pregnant women and new mothers accessing and adhering to ART
3. To increase the number of rural infants, pregnant women and new mothers attending clinics

# TARGET GROUPS

1. Infants who present to under-5 clinic for their set of vaccinations at six weeks
2. Infants identified at Birth as HIV-Exposed
3. Mother infant pairs who do not return for DNA PCR results one month after testing
4. Infants enrolled in paediatric ART clinics or exposure clinics who default on their appointments

# Approach & Methodology

- A Combined Therapy and Physical Tracking Project is a proactive approach which trains and sponsors Outreach Workers on bicycles and motorbikes to find the missing patients, and HIV-positive pregnant women and new mothers in their communities.
- Outreach workers obtain HIV-Exposed information from Clinics documented in infant health passport and uses to collect DBS sample.
- A follow-up appointment is provided 4 weeks from the current date, which allows time for the DBS sample to be processed.
- Outreach workers also conduct awareness and counselling.
- Outreach worker are “unpaid” but “empowered” community based volunteers who work closely with rural health workers and their communities.

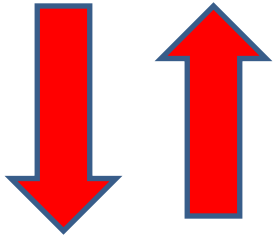


# Combined Therapy and Physical Tracking System



## Referral Hospital

Conduct PCR Test on DBS collected by Outreach workers



## Rural Health Centre

Provides training and information to outreach workers on Missing patients, and HIV-positive pregnant women and new mothers in their community

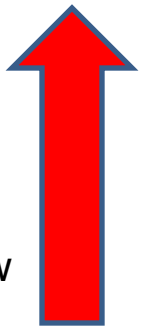


## The community

Outreach workers conduct HIV Testing using DBS and get samples to Rural Health Centre, conducts pre and post test counselling and also providing PCR results

## Outreach workers

Outreach workers track and follow up Missing patients, and HIV-positive pregnant women and new mothers in Communities



# Planning Meeting with Ministry of Health ( Blantyre District Health Office)



# Community Mobilisation & Awareness Meetings



- *Local Leaders involvement in PMTCT*
- *Local Knowledge on Combined Therapy and Physical Tracking Approach*
- *Drawing of community action Plans*
- *Identification of community Outreach workers*
- *Encourage Pregnant women, New Mothers and their husbands to visit clinics*



# Training Outreach Workers



Outreach workers were chosen by communities with help from clinics and were trained by the District Health Office –MCH Department and were given bicycles

# Early Diagnosis for Children



The project used Dried Blood Spot tests for HIV, which was ideal in resource constrained rural area. DBS allows blood sample to be collected and dried on filter paper and then transported from the clinic to the health facility (Queen Elizabeth Central Hospital-QECH). At QECH sensitive polymerase chain reaction (PCR) test is carried out which accurately tests HIV exposed infants to the virus.

# Mrs. Edina Lloyd and her baby Lloyd



In the picture on the left is Mrs. Edina Lloyd and her baby Lloyd. To her right is a trained volunteer in the Combined Therapy and Physical Tracking project. The volunteer tracked Mrs. Edina Lloyd through Chikowa Clinic and made a follow up to find her in the village. Mrs. Edina Lloyd lives at Kuthawira village T/A Kuthembwe in Blantyre District, Malawi. Mrs. Edina is a mother of 5 children and one of them is Retiness Lloyd (baby in the picture), who was born on 28th March, 2011.

Through the DBS test carried out by the project the baby was found positive. Lloyd's Dry Blood Spot was collected by the volunteer on 11th September, 2011 and the results were out on 26th October, 2011. Lloyd was administered to ART programme at Chikowa Health Centre. The volunteer visits Lloyd and her mother twice per week to offer counselling and ensure she adheres to treatment and also visit clinics for important procedures.

There are 30 volunteers covering 30 villages around Chikowa clinic. Now she can easily get advice and follow ART programme right in her home village. In her condition she could not walk over 20 Kilometres to Chikowa Clinic. She was tested right in her home and receives some support right in her home. She can now be retained in ART.

# Mrs Chiziwa and her baby Aaron



Here is Mrs Chiziwa of Mwamadi Village T/A Machinjiri in Blantyre

The Dried Blood Spot sample for Aaron (baby) was collected at Bangwe Health Centre by PMTCT volunteers through Positive Action for Children Funded Combined Therapy and Physical Tracking Project.

The sample was tested on 25/08/2011 at Queen Elizabeth Central Hospital and resulted negative, this was on 26/09/2011. Aaron was born on 19th May, 2011 to a positive mother and father. The trained volunteers are making follow-ups to Aaron and her mother to ensure that Aaron does not get the HIV virus from the positive mother. The project is also offering counselling to family.

Aaron Chiziwa who is five months old is one of the babies benefiting from the tracking and follow up visits made by the sponsored outreach workers

# Major Achievements

There are 30 Outreach workers Tracking, following up and diagnosing mothers, pregnant women and babies in rural areas. Each Worker makes at least two follow visits per week. Through the 30 Outreach workers the project has achieved the following;

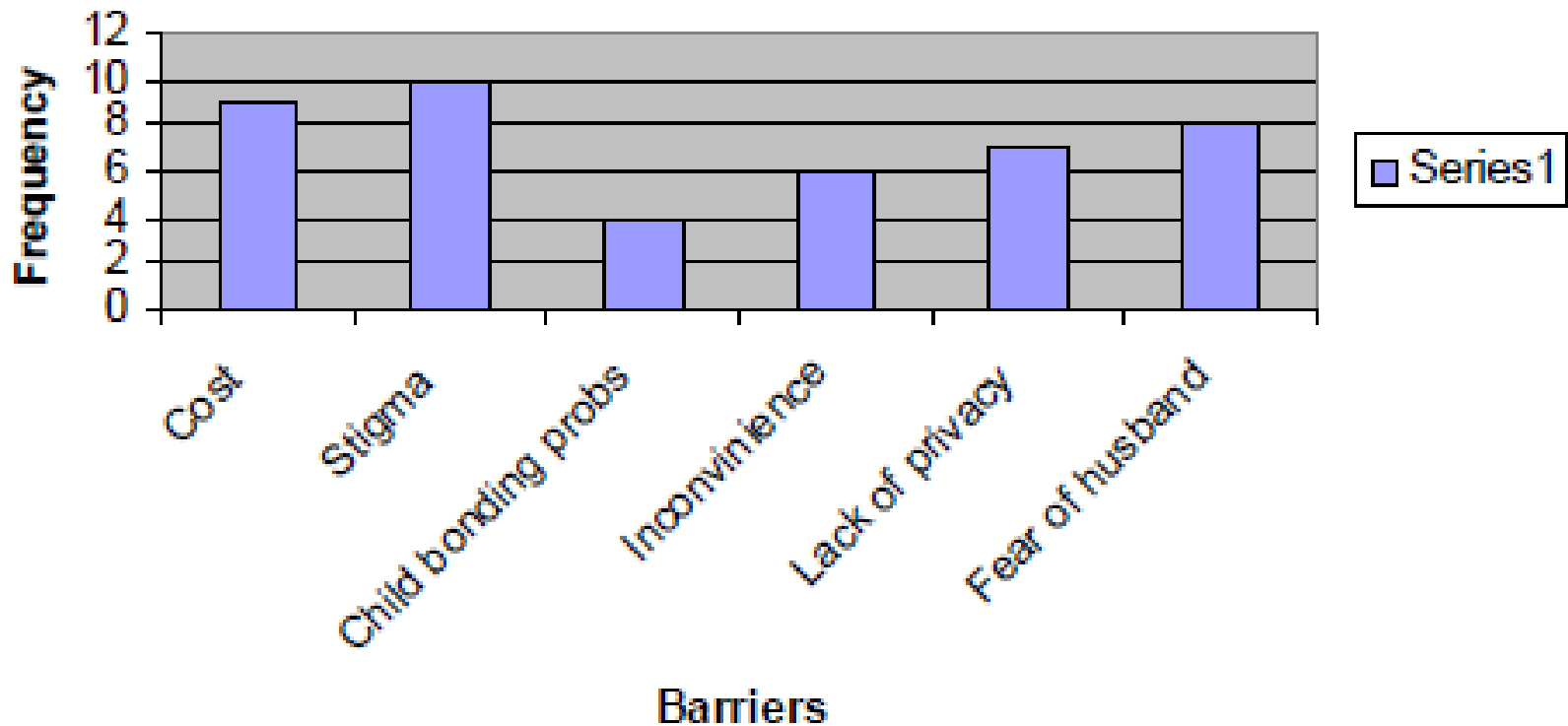
- 1) At least 250 mothers and babies per month in rural Chikowa are diagnosed early.**
- 1) All mothers and babies diagnosed HIV positive are now accessing ART treatment**
- 2) At least 80% of missing patients are attending clinics and are adhering to ART treatment and other PMTCT services**
- 3) Bylaws formulated by Local Leaders on Male Involvement- Non Complying husbands a fined by paying - goats/chicken**



# Major Challenges

- Gender inequality and inadequate male involvement
- Stigma and discrimination were reducing the success of the project.
- Transportation of DBS samples from community to the health centre and then to PCR testing Machine for early Diagnosis.
- Inadequate PCR Machines delays results

## Reasons for declining PMTCT services



# Lessons learnt

## **Working with Ministry of Health and community leaders brings multiple benefits**

1. Working with the Ministry of Health has helped in Technical support , DBS Kits and PCR Test Machine
2. Community leaders assisted with mobilisation of the community and established bylaws that would see uncooperating husbands get punished
3. Follow up visits by Outreach workers helped to understand social and economic factors that affect women in accessing PMTCT services. Having visited women in their homes you have more understanding of their challenges. Women are more open to discuss some issues with Outreach Workers right in their homes

## **The Combined therapy and physical tracking approach is Labour Saving, Time Saving & Affordable**

- A. The training ensures that scarce nurses be able to perform other duties like examining patients, post-test counselling and dispensing drugs.
- B. The project also saves the labor of walking long distances .

# Up-scaling

## ***a) Increasing Size and Coverage of the Project***

The project seeks to train more community based health workers from a greater number of clinics in a single training session to track disappearing women. The project will also increase the coverage (number of clients tracked, visited, tested, adhering to ART).

## ***b) Increase Engagement of Ministry of Health***

We are planning to engage the Ministry of Health through the Blantyre Health Office to train community based health workers / sponsored outreach workers in the combined therapy and physical tracking as part of the routine training that the ministry of health carries out for health surveillance assistants.

## ***c) Increase Number of sensitive polymerase chain reaction (PCR) testing Machines***

## ***d) Grafting of Male Involvement, stigma and discrimination, gender issues to the Project***



Zikomo! Thanks!