

AMHARA REGIONAL PROFILE

Community Prevention of Mother To Child Transmission Project (2009 – 2013)

PROJECT OVERVIEW

The five-year USAID/PEPFAR funded Community Prevention of Mother to Child Transmission (CPMTCT) Project improved MNCH/PMTCT service utilization and case follow-up for HIV-positive mothers and their infants. IntraHealth led implementation with partners Pathfinder International, PATH, and International Orthodox Christian Charities (IOCC). The project focused on improving MNCH/PMTCT service management, quality, access and demand. Between 2009 and 2014, the project scaled up to support 519 public health centers with a catchment population of 14.2 million in Addis Ababa City Administration, Amhara, Oromia, SNNPR, and Tigray.

AMHARA Results and Achievements

In Amhara Region, the CPMTCT project provided technical and financial support to 142 health centers to strengthen MNCH services and establish PMTCT services. The health centers covered with a catchment population of approximately 3.7 million people.

Over 5,150 people received training in a variety of topics (Table 1). The project provided health facilities with job aides (including ANC, labor and delivery and post natal care cards, birth preparedness and complication readiness posters, cue cards, danger signs during pregnancy, tracking wall charts, and referral cards). The project provided essential newborn care equipment and integrated family planning services within the MNCH platform.

The project built the capacity of health facility managers to navigate the supply chain system and financing mechanisms to ensure that the health facilities had sufficient supplies of infection prevention materials, laboratory reagents, and HIV test kits.

Joint supportive supervision (JSS) with zonal and woreda health bureau staff played a key role in the project’s mentorship model and transition plan. Project staff also worked very closely with regional, zonal, woreda,

Amhara Health Statistics (DHS 2011)

Total population:	20 million
HIV prevalence (women):	2.2%
Pregnant women attending at least one ANC visit:	47%
Institutional delivery rate:	10%

Table 1: CPMTCT-Supported Trainings	Participants
Comprehensive MNCH/PMTCT Training ¹	2538
BEmONC Training	203
Performance Quality Improvement and Supportive Supervision	250
Basic Mother Support Group Training	191
Community Mobilization and Demand Creation	1844
HMIS and Supply Chain Management	129
Total	5,155

¹ Includes basic MNCH/PMTCT, infant and young child feeding and HIV rapid testing, CD4 and dried blood spot HIV testing. Health center providers and Urban Health Extension Professionals were trained.

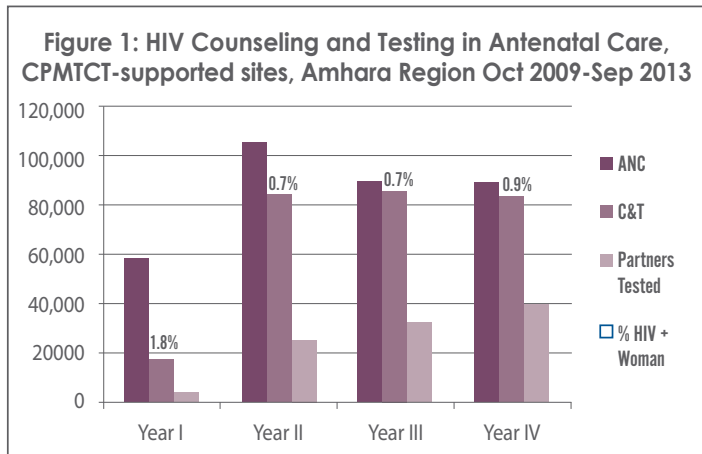


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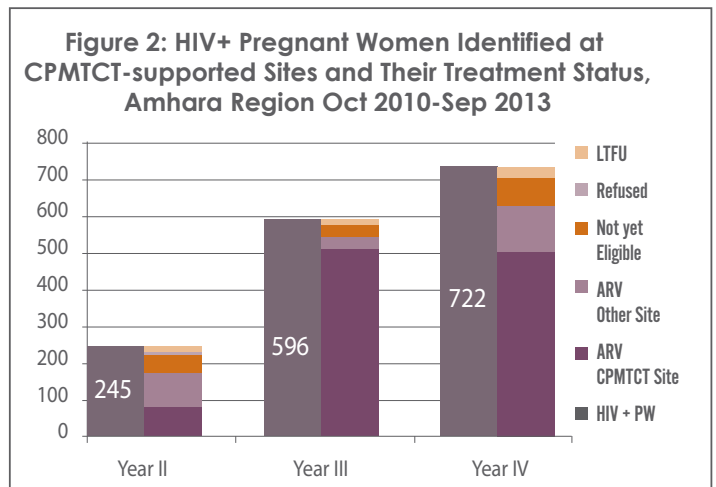
health center and health post personnel to strengthen their management skills (planning, implementation and evaluation) and ensured an efficient transfer of MNCH/PMTCT technical knowledge.



During the first two years, the project supported few facilities and most ANC clients were served through outreach services. As a result, the number of ANC visits dropped in the third year, when the project concentrated work only in the facilities. (Figure 1) With intensified effort in the health centers, the proportion of women in ANC receiving HIV testing increased. In the first year, only 31% of those women were tested for HIV; this figure increased to 93% by the fourth year. The DCCM activities creating community awareness for service utilization contributed to this increase. In addition to the community sensitization activities, Amhara region held a series of “conferences” for pregnant women and their partners, where midwives discussed the importance of institutional delivery, postnatal care, exclusive breastfeeding and FP, among other topics. In all, 17,040 men and women participated in these conferences. Subsequently, the facilities experienced an increase in institutional deliveries and partner testing.

Overall, HIV prevalence was very low in the project-supported catchment area, with the exception of the first year in which more urban areas were supported. These urban sites were later handed over to other USG partners as the CPMTCT project expanded to more rural facilities. As the project expanded, the work focused more on facilities than on outreach services, such

that by Years III and IV, over 90% of HIV-positive pregnant women identified by the project were tested in the health centers. The project noted high levels of loss-to-follow-up (LTFU) in the first year, and realized that women might be getting services elsewhere, but they weren’t being properly tracked. To address this, wall charts to track individual HIV-positive pregnant women and their infants were implemented in Year II. Where this was implemented LTFU rates dropped dramatically. (Figure 2) Approximately 90% of the 766 HIV-exposed infants identified in CPMTCT-supported facilities received ARV prophylaxis in Years II, III and IV.



Future Directions

IntraHealth International has been working in Amhara region for the past ten years, successfully introducing the first PMTCT services in the region and providing BEMONC training to midwives to maximize skilled birth attendance. IntraHealth continues to be dedicated to contributing to an AIDS-free generation, enhancing quality MNCH services and strengthening health systems in Amhara Region.

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