

OROMIA 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

OROMIA Results and Achievements

In Oromia Region, the CPMTCT project provided technical and financial support to 120 health centers to strengthen MNCH services and establish PMTCT services. The 120 health centers comprised 20% of the public facilities providing MNCH/PMTCT services in Oromia with a catchment population of approximately 3.4 million people.

Nearly 3,200 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 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. The project also provided newborn corner kits (newborn resuscitation instruments and medical equipment) and “mama kits” (take-home supplies for newborns). Over a four-year period, 685 joint supportive supervision and 626 follow-up supportive supervision visits

Oromia Health Statistics (DHS 2011)

Total population:	27 million
HIV prevalence (women):	1.3%
Pregnant women attending at least one ANC visit:	31%
Institutional delivery rate:	8%

Table 1: CPMTCT-Supported Trainings	Participants
Comprehensive MNCH/PMTCT Training ¹	1653
BEmONC Training	58
Performance Quality Improvement and Supportive Supervision	207
Basic Mother Support Group Training	147
Community Mobilization and Demand Creation	1023
HMIS and Supply Chain Management	86
Total	3,174

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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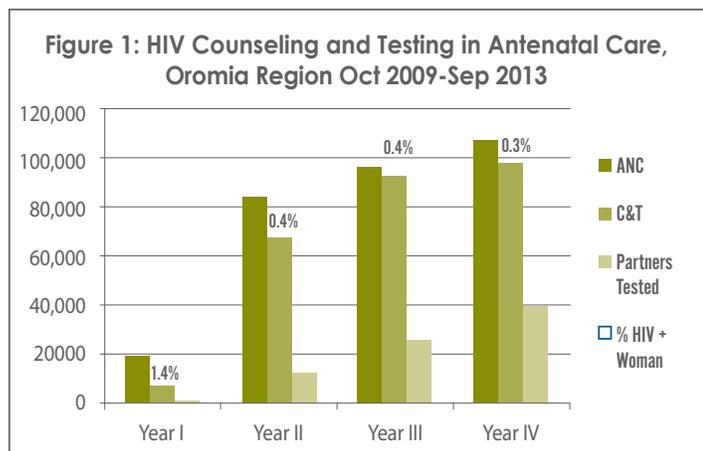


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were conducted with zonal and woreda health bureau staff, as part of the project's mentorship model and transition plan.

In the first two years of the project, when fewer health facilities were supported, many ANC clients were reached with outreach services. In years three and four, the project concentrated only on health centers (Figure 1). Overall, HIV prevalence was very low amongst the pregnant women tested. The prevalence was most likely higher in Year I than the following years because first year activities were primarily in urban (higher HIV-prevalence) areas. With intensified effort in the health centers, the proportion of women attending ANC who received HIV testing increased. In the first year, only 19% of women those women were tested for HIV. This figure increased to 91% by the fourth year.

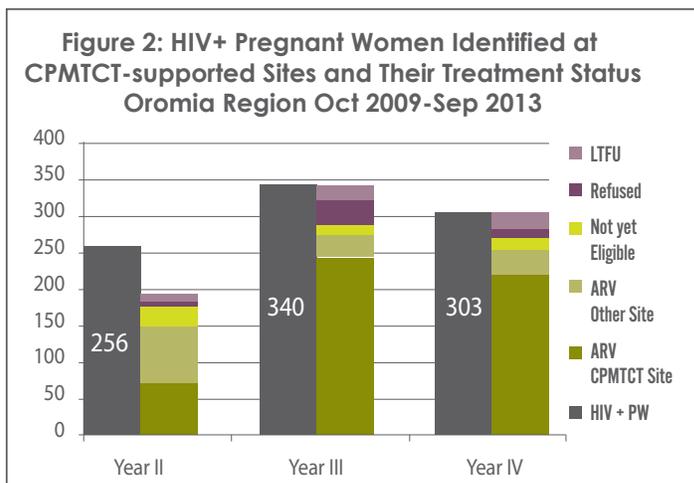
Intensive demand creation and community mobilization (DCCM) activities in 60 sites encouraged women to attend ANC, have themselves and their partners tested for HIV, and give birth in health facilities. Taking into account community mobilization interventions by the Health Development Army, the CPMTCT DCCM activities contributed to the rise in ANC coverage from 31% to 90%, and the institutional delivery rate increasing from 8% to 14% in CPMTCT-supported health centers.



The project noted high levels of loss-to-follow-up (LTFU) of pregnant HIV+ women in the first year, and realized that women may be getting services elsewhere, but weren't being properly

tracked. Therefore, wall charts were introduced in Year II to track individual HIV+ pregnant women and their infants. LTFU rates dropped dramatically. (Figure 2) Approximately 92% of the 346 HIV-exposed infants born in CPMTCT-supported facilities received ARV prophylaxis in Years II, III and IV. (data not shown)

In Oromia, the project established 24 mother support groups with 453 members, to support HIV+ pregnant women with ART adherence and confirmatory testing of their infants. In addition, mentor mothers helped HIV+ pregnant women to disclose their status to their partners.



Future Directions

IntraHealth International has been working in Oromia 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 Oromia Region.

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