

# SNNPR 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.

#### SNNPR Results and Achievements

In SNNPR the project provided technical, material and financial support to the regional health bureau (RHB) and 113 health-center based Primary Health Care Units (PHCU) to strengthen MNCH services and establish PMTCT services. The health centers comprised 28% of the public facilities providing MNCH/PMTCT services in SNNPR with a catchment population of approximately 3.3 million people.

More than 3,250 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). In addition, essential newborn care equipment, infection prevention materials, rapid test kits and laboratory reagents were provided by the project. Integration of family planning services within the MNCH platform was essential in providing women with reproductive health services. The project also provided “mama kits” (take-home supplies for newborns) to encourage institutional delivery.

The project built the capacity of health facility managers to navigate

#### SNNPR Health Statistics (DHS 2011)

Total population:	15 million
HIV prevalence (women):	1.0%
Pregnant women attending at least one ANC visit:	27%
Institutional delivery rate:	7%

Table 1: CPMTCT-Supported Trainings	Participants
Comprehensive MNCH/PMTCT Training <sup>1</sup>	1734
BEmONC Training	160
Performance Quality Improvement and Supportive Supervision	237
Basic Mother Support Group Training	110
Community Mobilization and Demand Creation	862
HMIS and Supply Chain Management	159
<b>Total</b>	<b>3,262</b>

<sup>1</sup> 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.



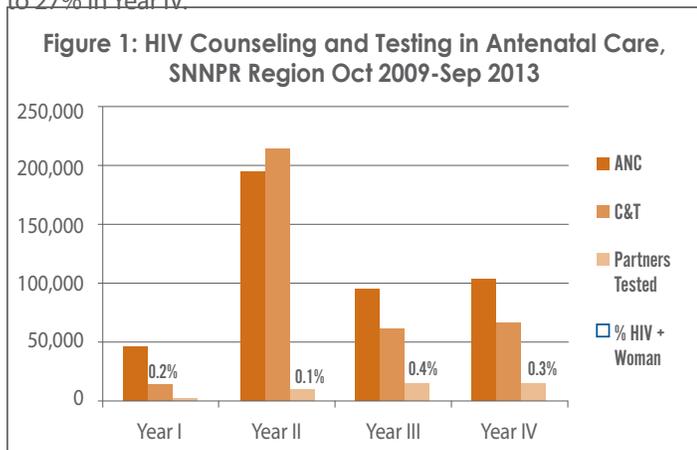
**USAID**  
FROM THE AMERICAN PEOPLE



# SNNPR REGIONAL PROFILE

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.

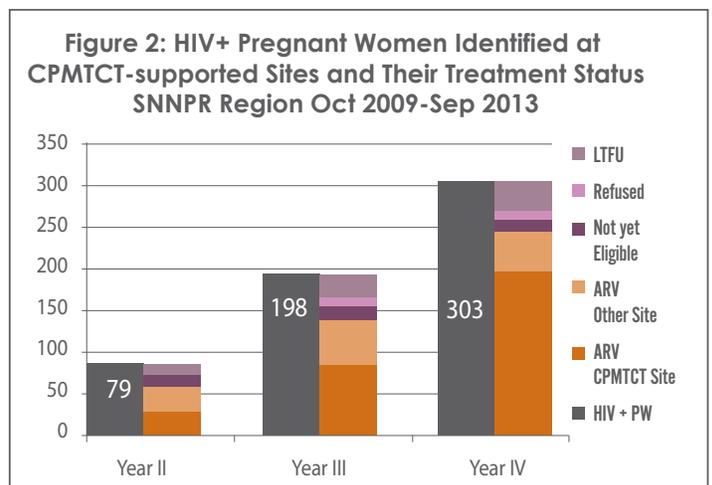
In the first two years of the project, when fewer health facilities were supported, many ANC clients were served through outreach services. The number of total ANC visits dropped in the third year, when the project concentrated only on health facilities. (Figure 1) However, nearly 100,000 women were tested in CPMTCT-supported health centers each year in Years III and IV, which constituted an increase in ANC coverage from 27% in 2011 to 89% in those health center catchment areas. Over a four year period, the rate of institutional delivery doubled from 8% to 16%. As institutional support increased, health centers were also able to test a greater proportion of ANC clients for HIV. In Year IV, 70% of ANC clients had a known HIV status. Partner testing also increased to 27% in Year IV.



Overall, HIV prevalence was very low in SNNPR. As the project expanded the number of sites it supported, the work focused exclusively on facilities and not on outreach services. By Years III and IV, over 90% of HIV-positive pregnant women identified by CPMTCT 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. Charts tracked women wherever they were receiving services, and LTFU rates dropped

dramatically. (Figure 2) Approximately 92% of the 111 HIV-exposed infants identified in CPMTCT-supported facilities received ARV prophylaxis in Years II, III and IV.

In SNNPR, the project established 17 mother support groups (MSGs) with 332 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. As part of sustainability, the project team linked MSG members with other institutions to encourage income generating activities (IGA), which resulted in 110 MSG members engaged in various IGA activities.



## Future Directions

IntraHealth International has been working in SNNPR 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.

## Contact

Misrak Makonnen  
Country Director  
mmakonnen@intrahealth.org  
www.intrahealth.org