

TIGRAY 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.

TIGRAY Results and Achievements

In Tigray, the CPMTCT project provided technical, material and financial support to the Regional Health Bureau (RHB) and 122 health center-based Primary Health Care Units (PHCU). The health centers comprised 51% of the public facilities providing MNCH/PMTCT services in Tigray and covered a catchment population of approximately 2.5 million. The project supported a variety of trainings (Table 1), provided MNCH and infection prevention supplies and equipment, and provided health facilities with job aides (including ANC, labor and delivery and post natal care cards, birth preparedness and complication readiness posters, cue cards translated into Tigrinya, 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.

From 2009 to 2013, the percentage of project-supported facilities offering PMTCT services increased from 45% to 100%. By 2013, 97% of women in CPMTCT-supported catchment areas were attending ANC, up

Tigray Health Statistics (DHS 2011)

Total population:	5.1 million
HIV prevalence (women):	2.2%
Pregnant women attending at least one ANC visit:	50%
Institutional delivery rate:	12%

Table 1: CPMTCT-Supported Trainings	Participants
Comprehensive MNCH/PMTCT Training ¹	1651
BEmONC Training	195
Performance Quality Improvement and Supportive Supervision	173
Basic Mother Support Group Training	230
Community Mobilization and Demand Creation	1272
HMIS and Supply Chain Management	1022
Total	4,543

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.

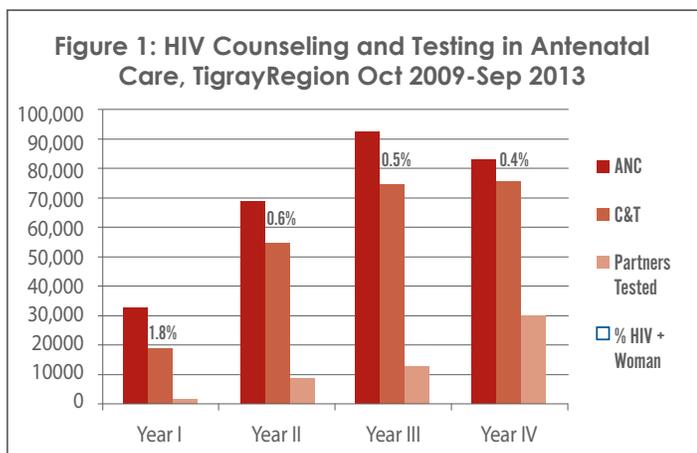


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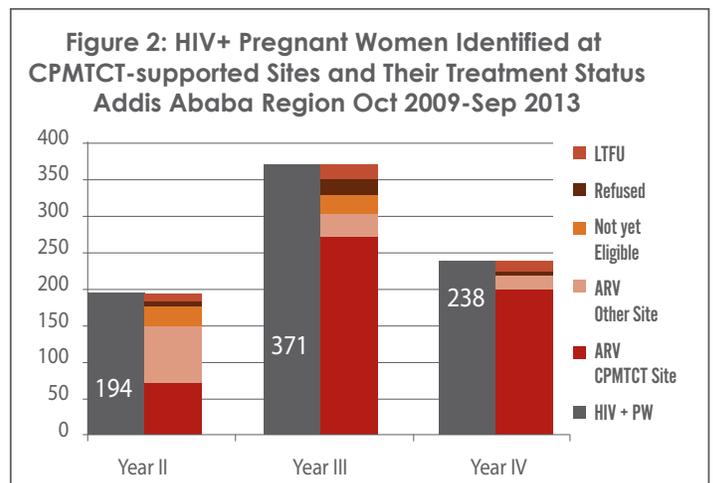
from 50% in 2011. As the number of facilities covered by the project increased, so did the number of women coming for their first ANC visit. Figure 1 shows the improvement in HIV-testing among women attending ANC, and the improvement in partner testing. HIV prevalence seemingly declined but this was due to the project expanding from higher prevalence, urban sites to lower prevalence rural areas.



Tigray created a Reaching Zero Home Delivery campaign, aimed to ensure that every pregnant woman delivers in a health facility. In tandem with the sensitization work of the Health Development Army, the CPMTCT project supported this by conducting intensive demand creation and community mobilization (DCCM) activities in 42 health-facility catchment areas. With project support, religious fathers and community leaders created awareness of and demand for ANC, facility delivery, and PMTCT services. Between this and the improved availability and quality of MNCH/PMTCT services, the rate of institutional deliveries increased from 12% in 2011 to 29% in the CPMTCT –supported catchment areas.

Wall charts to track individual HIV-positive pregnant women and their infants were implemented in Year II to prevent loss-to-follow-up. In Years II-IV, 91% of the 576 HIV-exposed infants identified in CPMTCT-supported facilities received ARV prophylaxis.

HIV+ pregnant women were supported to deliver in health facilities, adhere to treatment, and test their infants through the formation of 15 Mother Support Groups (MSGs). Between 2009-2013, 479 HIV+ pregnant women and 391 HIV+ lactating mothers were newly enrolled in MSGs. The rate of health facility delivery was 98% among MSG members, 95% of the mothers and 96% of their infants received ARV prophylaxis or were on HAART, and 98% practiced exclusive breast feeding with infants less than 6 months of age. 97% of infants born to MSG member mothers started prophylactic cotrimoxizole and 96% of infants born to MSG mothers who received confirmatory HIV testing were found to be free of HIV.



Future Directions

IntraHealth International has been working in Tigray 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 Tigray Region.

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