

UNIVERSITY OF VENDA

EVALUATION OF THE IMPLEMENTATION OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV INTERVENTIONS IN MAFIKENG SUB-DISTRICT CLINICS, NORTH WEST PROVINCE, SOUTH AFRICA

By

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ABSTRACT

Background: South Africa implemented a Prevention of Mother to Child Transmission (PMTCT) programme in 2001 and the impact of this programme has been significant. This impact includes a breakthrough regarding PMTCT intervention findings arising from the study conducted by South Africa's Medical Research Council (MRC), which showed that a reduction in vertical HIV transmission to infants and, in turn, that HIV prevalence had come down to 3,5% at the first immunisation visit between 4 to 8 weeks postpartum.

Purpose: The purpose of this study was to evaluate the implementation of prevention of mother-to-child transmission (PMTCT) interventions both during pregnancy and at post-delivery at clinics in Mafikeng in the Mafikeng Sub-district in the North West province, South Africa.

Methods: The study adopted quantitative, cross sectional descriptive study design conducted between November 2011 and March 2012. Senior Nurses at each primary health care clinic were asked to complete a questionnaire on PMTCT interventions. Separate instrument with list of PMTCT indicators was used to collect Retrospective routine data from DHIS database and NHLS monthly reports from July 2010 to December 2011. DHIS Data was confirmed in routine clinics monthly statistics forms. The research data was captured on Microsoft Excel 2010 and the descriptive statistics analysed using Statistical Package for the Social Sciences (SPSS) V20.0.

Results: Only 5 out of 28 clinics were doing antenatal deliveries. Nurses were aware guidelines and clinics have required guidelines. Nurses were trained and have knowledge on PMTC interventions. Supplies of critical items were available within clinics. There were miss-opportunities on PMTCT interventions on antenatal re-testing of at 32 week (43%) and baby antibody testing (21%), ANC CD4 testing (70%), ANC initiated on HAART (73%). Almost all babies were issued with NVP (98%). PCR positivity rate for babies at 6 weeks was performing at 4% for the period of 12 month from January to December 2011 and at 1% at 6 month intervals from July to December 2011. In this study most clinics (71%) had inadequate human and physical resources and this was identified as a major challenge that fails PMTCT programme implementation. This study also highlighted challenges and barriers such as lack of training and skills transfer, poor training of health care workers, lack of understating of PMTCT guideline and protocols, fear and stigma attached to patient, shortage of equipment, and resources to deliver PMTCT services, lack of coordination and integration of PMTCT with other programmes, poor data quality and management, poor management of programmes, traditional beliefs, long waiting time in a queue for consultation was also

highlighted as one of the major challenges that contribute to failure of PMTCT programme. Twenty five percent (7/28) clinics indicated that they receive PCR test results in less than one week, 8 (29%) indicated that it takes them 1 to 2 weeks to receive PCR results, 12 (43%) it takes them between 4 to 6 weeks to receive their PCR test results.

Conclusion: There is still a challenge as PCR test results are not available immediately. There is high level of miss opportunities on PMTCT interventions. Despite poor recording clinics are doing well to give HIV expose babies with NVP. The sub-district has met the National target as less than 5% babies are reported positive. There is lack of standardised systems to monitor the implementation of PMTCT and poor implementations of referral systems for both ANC and Children.

Recommendations: If access to PMTCT interventions is to be improved then it is essential that the formal health sector, liaison with stakeholders, and community support be strengthened. In addition, much still needs to be done to encourage Antenatal clients to book for their visits before 20 weeks while there is a need to focus on HIV testing and counselling. There also needs to be a more extensive integration of family planning and PMTCT services while more accredited public health facilities should be offering comprehensive PMTCT services, including antenatal deliveries and HAART interventions. The on-going training and mentoring of health care workers would ensure that health care workers are equipped with ART and PMTCT relevant knowledge and skills. In addition, there should be more focus on strengthening the National Health Laboratory Services (NHLS) to ensure that laboratory results, including polymerase chain reaction-enzyme (PCR) and Enzyme-linked immunosorbent assay (Elisa) test results, are available immediately while ongoing support to and monitoring of Antenatal clients after delivery should be provided through home based care.