



## DFID MSP PROJECTS: ECHO PROJECT

**Project title: Supporting comprehensive prevention, treatment and care for mothers and children in Limpopo province**

**Service Provider: ECHO Partners; Universities of Limpopo and Witwatersrand; and Limpopo Department of Health**

### **Aims and objectives**

The aim of the project was to support the Limpopo Department of health to improve treatment care and support for mothers and children affected by HIV and AIDS.

It had four key objectives:

1. Improved PMTCT uptake at primary health care clinics through on-site clinical and health systems support.
2. Ensuring effective comprehensive HIV services for pregnant women in hospitals.
3. Effective HIV care and treatment of children in hospitals, and
4. Strategies to increase care and support for HIV-positive mothers and children in the community and health service.

There were several specific outcomes and targets, including increasing the testing rates to 90% of women; increasing testing and care for exposed infants to more than 60%. The team also aimed to reorientate the way health workers perceive and manage mothers and children affected by HIV, and to facilitate improved implementation and support.

### **Location**

The programme was conducted in 12 clinics in the Vhembe District and one hospital in the Mopani district of Limpopo.

### **Project description**

A baseline situational analysis was conducted at hospitals and primary health care sites. The location of the hospital was found to be the cause of low numbers of pregnant women accessing PMTCT at that site. Barrier to uptake in the clinics were found to be:

- Weak referral links between primary health care sites and hospitals.
- Poor documentation of services and inconsistent coding and decoding of health records.
- Lack of PCR HIV testing for infants.
- Inadequate education of HIV-positive mothers about appropriate infant feeding, in particular advice about avoiding mixed feeding.

The ECHO team provided training, on-site monitoring and support to the district management team, hospital and clinic teams to address these issues. Many improvements were made to systems in relation to patient flow; task shifting or delegation of tasks within the health team; and data collection and management. Systematic PCR testing of infants was introduced and staff were trained in the new PMTCT guidelines and the use of Road to Health Cards.

### **Outcomes**

These efforts brought rewarding results. HIV testing rates increased to over 90% in all facilities (in comparison with the provincial average of 74%) and there was a dramatic increase in the number of PCR tests done on babies at 6 weeks. The study also showed that health workers who were initially unmotivated began working enthusiastically as a team to implement comprehensive care for mothers and children.

### **Conclusions**

Broader conclusions that could benefit PMTCT programmes nationally were:

- Communication around revisions to protocols, and policies need to be made clearly and concisely to all health workers. Clinical supervisors must ensure that these are clearly understood and implemented.
- Communication between PHC facilities and hospitals need to be strengthened to facilitate consistent protocols and effective referrals, collection of results and supplies.
- HAART initiated at Primary Health Care clinics will result in easier access and more comprehensive care for mothers and children. However in order for this to happen, attention and resources need to be diverted to staffing and facilities at primary health care level.

The authors concluded that “in Limpopo we will be able to achieve the Millennium Development goal of a two thirds reduction in under-five mortality by 2015. To achieve this we need to take the PMTCT programme to scale. We are on the way to achieving this, and are also working on newborn care and other priority childhood illnesses.”