

# Solutions to Operational Challenges in PMTCT Implementation, SA: Selected Experiences and Case Studies

(Previously called 'Best Practices' in PMTCT)

## Presentation to PMTCT A-Plan Critical Review Workshop

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# Introduction and Background (1)

- PMTCT programme - implemented since 2001
- Numerous operational bottlenecks exist; however innovative solutions to some bottlenecks described
- Need to collate 'best practices' / solutions to bottlenecks in PMTCT implementation so that these can be shared with implementers

## **Aim of the work**

- To document 'best practices' used to overcome key operational bottlenecks in PMTCT implementation
- To package the information in a user-friendly format

## **Target audience for document / info**

- Health care providers, including nurses, doctors, managers at facility / district levels

# Actual Methods (April-June)

- Desk Review to:
  - Clarify what is meant by a 'best / good practice
  - Decide how to select sites
- Key informant interviews and snowball techniques used to identify 'BP' sites
- Key informants interviewed - telephone / self admin questionnaire
- Site visits – based on convenience (short time frame) - Cape Metro. Ethekeweni, UKZN
- Clarifications via e-mail / telephone



## WHO definition: 'Best' Practice

What works in specific situations and contexts without using inordinate resources to achieve the desired results?

Results may focus on only 1 aspect of practice

## Criteria for Choosing Best Practices / Solutions:

\*Effective

\*Relevant

\*Sustainable

\*Based on partnerships

\*Efficient

\*Ethically sound

\*Can be duplicated

\*Political commitment

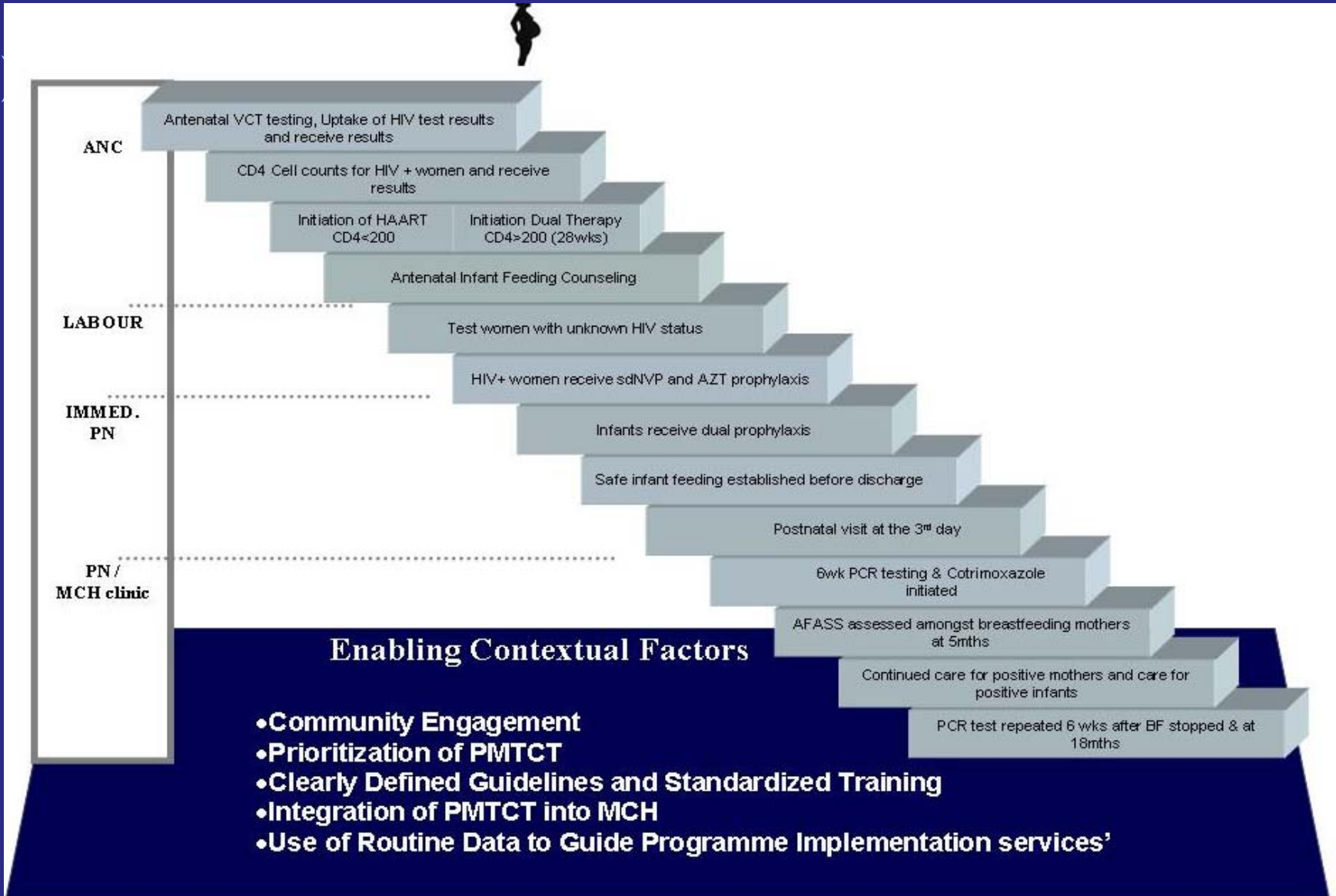
# Our Definition of Best Practices

- Strategies, processes, activities or systems

that have been shown in practice in routine settings

to be effective in overcoming  $\geq 1$  challenges/bottlenecks in PMTCT implementation

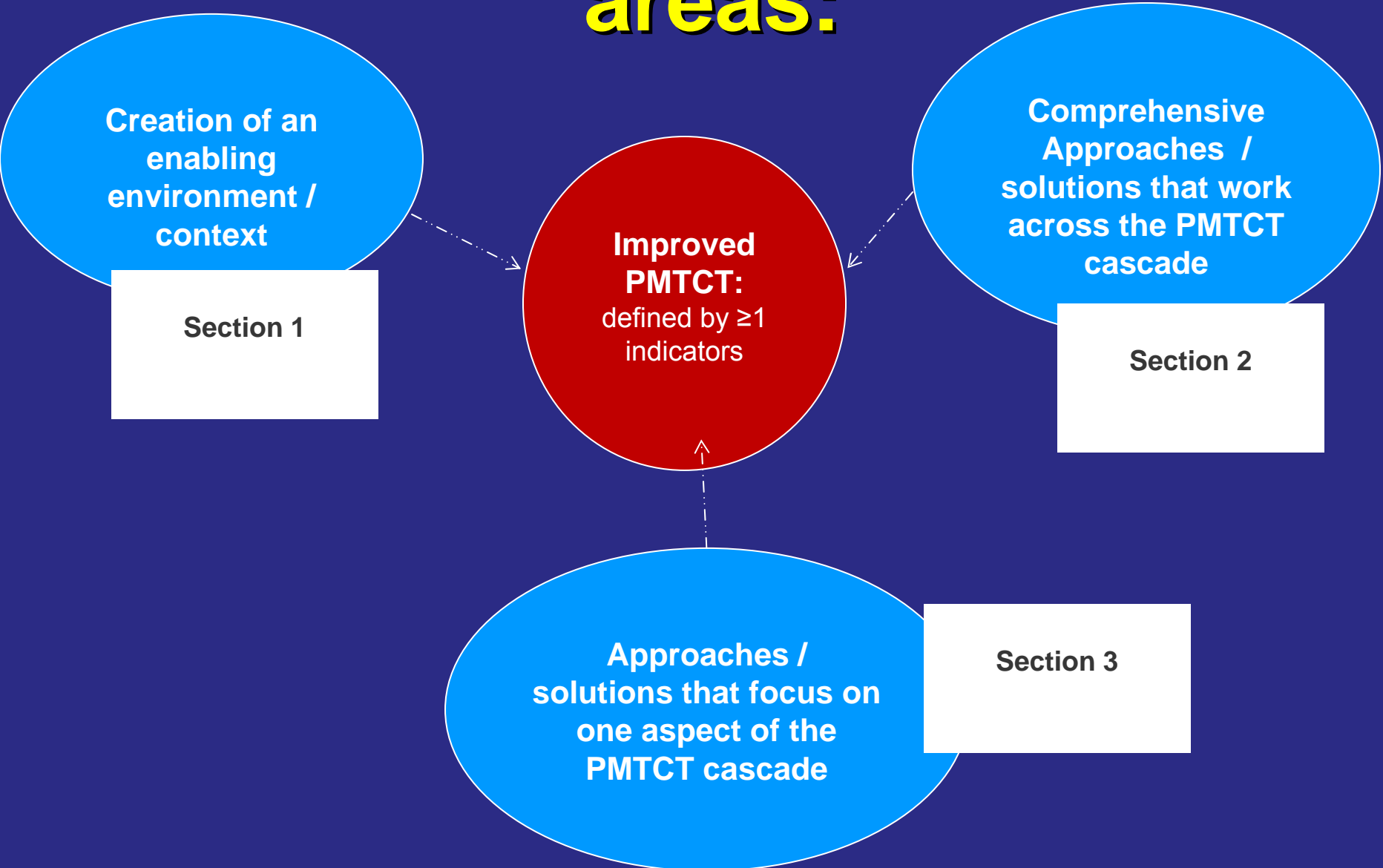
# Cascade of 13 Basic PMTCT services



# Results



# Best Practices in 3 main areas:



# Results

- Best Practices / Solutions summarized under the following headings:
  - Context in which BP operates
  - What is the BP?
  - What effect has the BP had?
  - What has made it sustainable?
  - Implications for other sites?
  - Key contact people
  
- Examples of tools used to assist BPs included in Annex

# Section 1: Creating an enabling environment:

Key PMTCT Focal area: Section 1: Creating an enabling environment:	Site & what we documented
Community engagement	Ndawana-Edzimakulu – Sisonke district m2m
Prioritisation of PMTCT	Gauteng PMTCT steering committee – how was it started? What makes it sustainable? successes?
Developing standardised guidelines / protocol	Western Cape experience

Com engagement to build facility and develop community awareness.  
 Led to com-based VCT, basic ANC and PCR.  
 Documented increased VCT and ARV uptake, f/up, higher CD4 cell on entering ARV prog, earlier ANC and fewer home deliveries

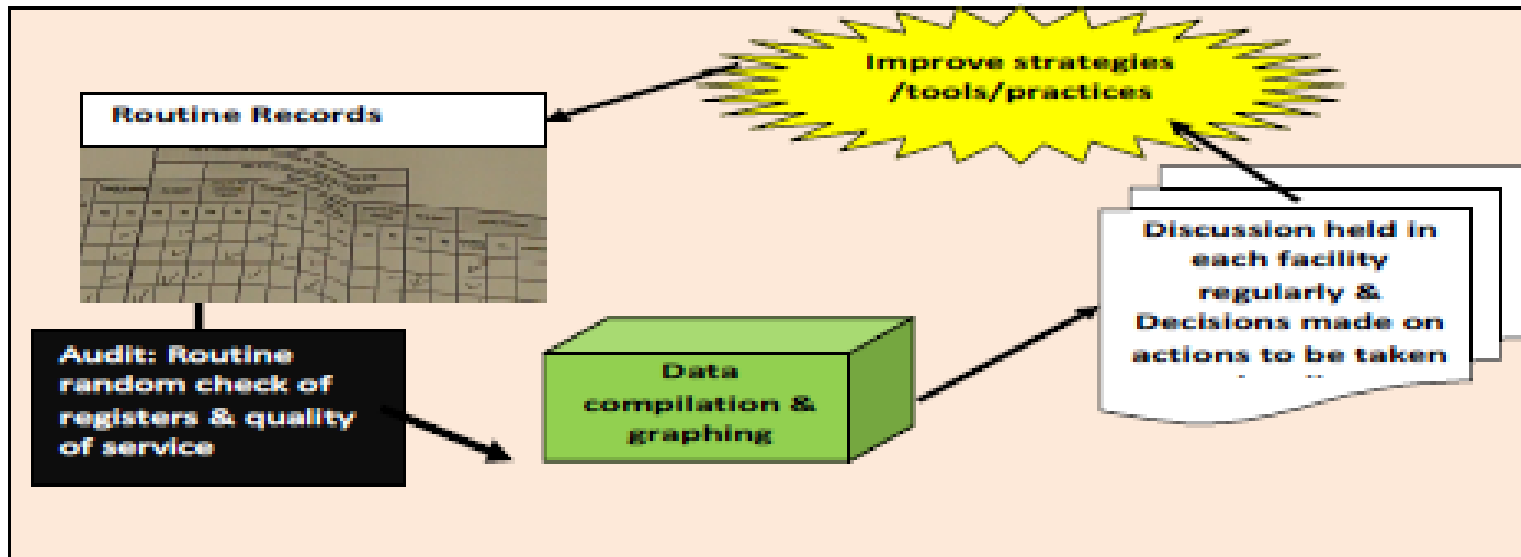
how was the protocol development process started? Completed? Benefits of prov protocol? Implications for other sites

# Section 2: Comprehensive Approaches

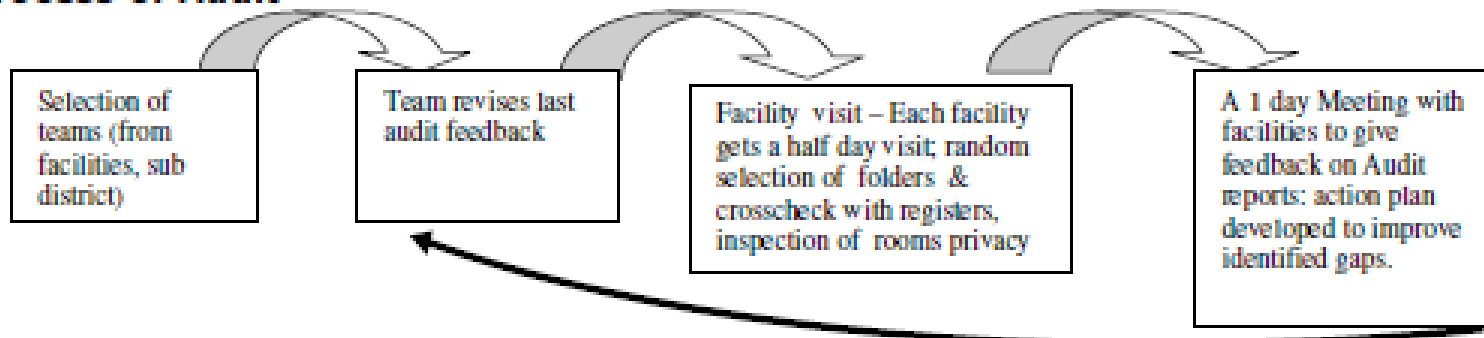
- Integrating PMTCT into routine services
- Use of mentoring teams to improve the quality of integrated PMTCT care
- Use of the audit cycle to identify gaps in PMTCT service delivery



# Section 2: Data Review / Audit Cycles



## Process of Audit



# Section 3: Specific interventions addressing 1 area of PMTCT cascade

Key PMTCT Focal area:	Site
HIV testing for all pregnant women: changing flow of clinic	Soweto/RHRU, IHI (WC)
HIV testing bundled with CD4 count / changing transport schedules	Amajuba, Soweto PHRU
SMS contacting or patients with CD4<200	PHRU
Paediatrics / Mothers HAART day	WC –IHI
Staff screen RTHC for codes to identify HIV exposed infants – task shifting / Training of EN and lay counsellors on PCR testing	Amajuba
5 finger approach to counsel on infant feeding options	KZN
Flash heating breastmilk	KZN
PMTCT stamp / PN card / labour ward check list / follow-up registers/ special needs registers to facilitate follow up	Amajuba, WC, Tshwane, Mpumalanga

# What Can We Learn From Documented Case Studies?

- Solutions were characterised by:
  - Accountability ... someone taking responsibility for outcomes e.g. data / quality of care...
  - Leadership
  - Team work cutting across sectors / service delivery points e.g. facility and community / different cadre of workers within community
  - Integration of PMTCT into routine MNCH care

# Next Steps

- Minor changes made to Aug 2009 doc.
- Work on Integration of PMTCT into MNCH:
  - MRC will develop a checklist / protocol that outlines what an effective integrated service should look like
  - DoH will implement the package – with partners
  - Consultations with community mobilisers will occur so that checklists consider both demand and supply side
  - MRC will develop tools (with appropriate indicators) to monitor and evaluate

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