



# Integration of PMTCT/MNCH services - we are willing but are we ready?

## An inventory of health care worker training in Rushinga District, Zimbabwe

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Figure 1. Number healthcare workers trained and in-post Jan 2011 – Dec 2013, Rushinga District, Zimbabwe

### Background

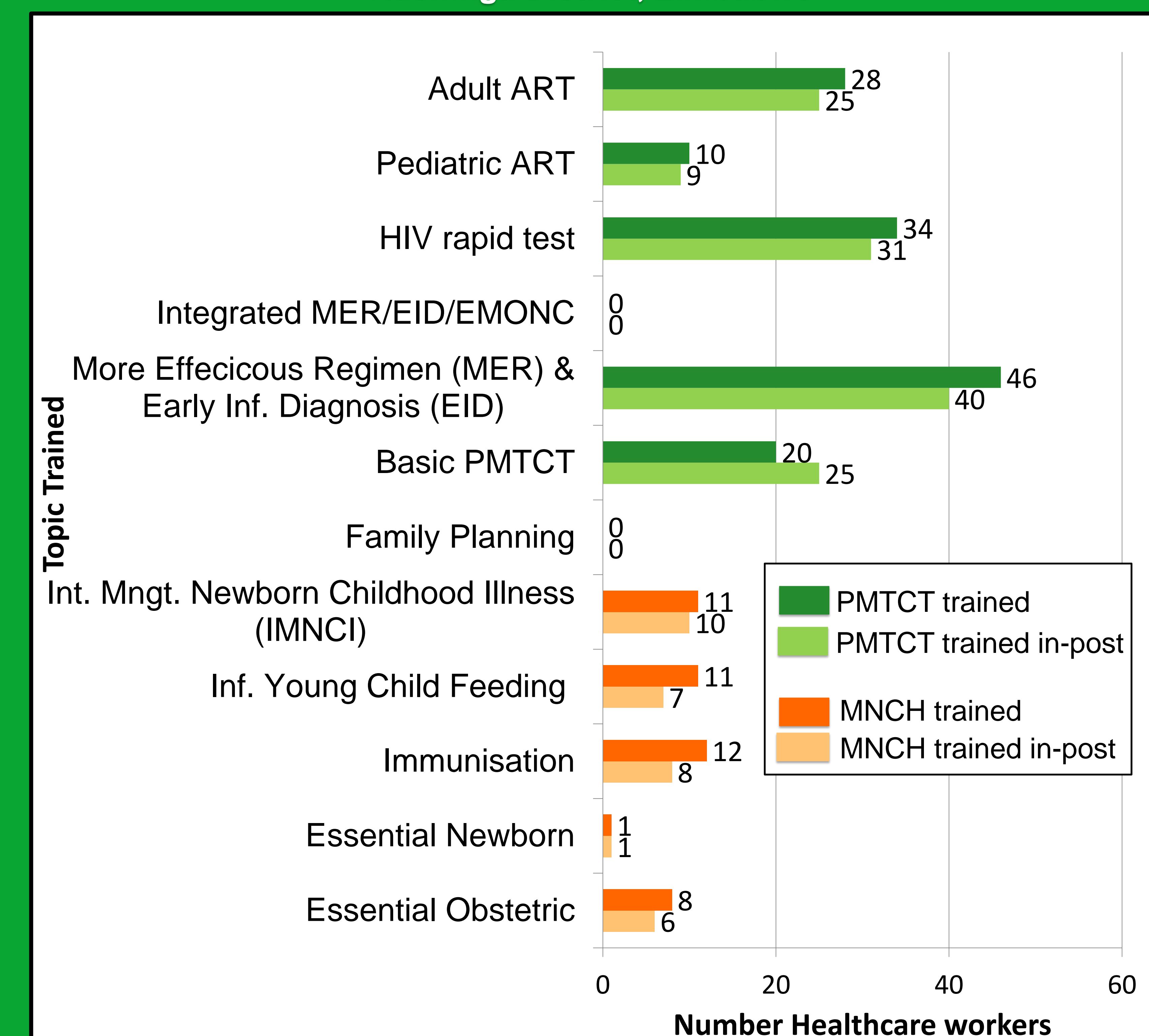
- Zimbabwe has an HIV prevalence among women attending antenatal care 15.9%<sup>1</sup> and maternal mortality ratio of 470 [270-790] per 100 000 live births.<sup>2</sup>
- More than 1/3 of all childhood deaths in Zimbabwe occur within the first month of life.<sup>3</sup>
- WHO guidelines promote decentralisation and integration of HIV prevention, care and treatment services including prevention of mother to child transmission (PMTCT) into facilities providing maternal newborn and child health (MNCH) services.<sup>4</sup>
- Quality integrated services are intended to improve patient follow up and adherence, and lead to healthier outcomes for both mothers and newborns.
- Little is known about the existing gaps in health care workforce capacity to provide quality integrated PMTCT/MNCH services in Zimbabwe.
- Goal of the assessment was to determine existing health care worker capacity to provide comprehensive PMTCT/MNCH services.

### Description

- In May 2013, local organisation, OPHID Trust, conducted a rural health care worker capacity inventory in Rushinga District, Mashonaland Central Province, Zimbabwe
- Data was collected for period ending December 2013.
- A structured questionnaire was used to record the number of MNCH and PMTCT related-trainings received by all health care workers at each site over the previous two years (Jan. 2011 – Dec. 2013).
- Among those trained, the number currently still working at the health facility was indicated.
- Forms were completed in collaboration with District and site level health care authorities.



OPHID Trust and Burnet Institute, supporting Ministry of Health and Child Care to provide high quality MNCH services, including PMTCT for happy, healthy families



### Lessons Learnt

- In May 2013, 10 rural health facilities, serving 601 villages and a population of 18, 212 women aged 15-49 participated in the assessment.
- Figure 1 demonstrates the number of health care workers trained in previous 2 years on PMTCT/HIV-related topics and currently in post (n=130), greatly outweighed those trained/in-post on MNCH topics (n=32).
- Among those trained, 74% trained on MNCH topics vs. 94% trained on PMTCT/HIV topics in the past 2 years were currently in-post.
- Very rural sites reported fewer trained staff in-post on both PMTCT and MNCH topics.

#### MNCH Training

- Site-level analysis revealed zero staff in-post trained in essential obstetric or newborn care at 6/10 and 9/10 rural health facilities respectively.
- Zero healthcare workers were reported to have received in-service training on family planning, including insertion of IUDs or implants in previous 2 years.

#### PMTCT/HIV Training

- Zero healthcare workers reported having received integrated training on PMTCT, Early Infant Diagnosis (EID) and MNCH.
- Fewer healthcare workers were trained in pediatric ART (n=9) than adult ART (n=25)

#### Acting on skills needs assessment

- To address identified skills gap, targeted training and mentorship of rural nurses in Rushinga on basic emergency obstetric and newborn care was implemented in 2013.

### Conclusions

- Substantial efforts have been placed on increasing health care worker capacity to provide comprehensive HIV services for PMTCT in Zimbabwe.
- Training of health care workers on critical skills required for high quality MNCH services have lagged.
- Integrated PMTCT/MNCH pre-service and competency-based trainings are required to ensure quality obstetric and newborn care services for rural women who deliver at health facilities, including PMTCT.
- Effective service integration will require an identification of both PMTCT and MNCH-related skills gaps among rural health care workers.
- Further evidence is required to demonstrate impact of PMTCT/MNCH integration upon intervention coverage, equity, service uptake, quality of care and health outcomes

#### Literature cited

- <sup>1</sup>Zimbabwe Ministry of Health and Child Care. National Survey of HIV and Syphilis Prevalence among Women attending Antenatal Clinics in Zimbabwe 2012. Harare: MOHCC; 2013.
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