

MALAWI

Strengthening HIV Exposed Infants follow-up, Diagnosis and Paediatric Care

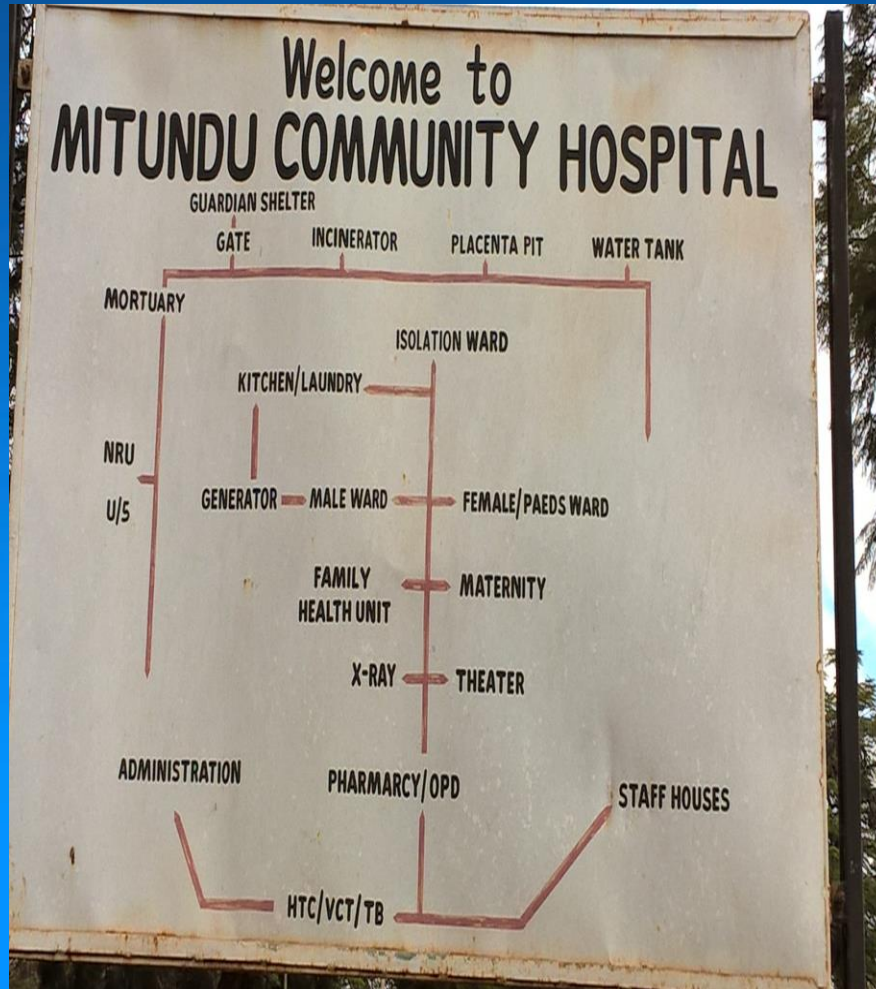
Summative Congress: Final Project Results

Thokozire Lipato, Director Monitoring and
Evaluation,
Nurses and Midwives Council of Malawi
Lusaka, Zambia
Date 6th to 8th July 2017

ARC/ Quad plus PROJECT TEAM



ARC Project Context



- National HIV prevalence rate :8.8%
- National ART coverage : 89%
- Viral suppression : 91%
- # of nurses midwives : 14,000
- Partners active(M2M,LightHouse,PACAM,U NC,COWLHA

ARC Project Summary

Overarching Goal	AIM Statement	Project Intervention
<p>Goal</p> <ul style="list-style-type: none"> - To Improve retention rate of Infants on EID program 	<p>AIM (goal): Increase the number of infants retained along the EID cascade from 60% to 90% at Mitundu Community Hospital by June 2017.</p> <p>Metric (project indicators):</p> <ul style="list-style-type: none"> • Number of exposed infants retained in HEI care • Total Number of Exposed infants enrolled in HEI care <p>ACHIEVEMENT (actual): Increased defaulter tracing and identification from 20% to 83% by June 2017 . 97% Retention rate(131enrolled and 3 defaulted)</p>	<ul style="list-style-type: none"> - Establishment of Mentorship program - Use of HAS and Expert Clients in defaulter tracing - Training of Health workers and Support staff - Proper data management/Proper documentation - Monthly Data Review meetings

Key Activities/Intervention

- Establishment of Clinical mentorship program
- EID Training for all Health workers
- Data management
- Use of Health Surveillance Assistant(HSA) and expert clients in defaulter tracing
- Monthly data review meetings
- Use of support staff and volunteers as patients escorts

Output Indicator Matrix

Describe your monitoring activities

Output Indicator	Frequency of monitoring	Comments – How was the experience?
Number of Mentorship visits Number of exposed Children enrolled on EID Number initiated on Nevirapine	Every week for 2 months and every fortnight for 5 months	Late enrollment in the HIV Care Clinic(HCC) Register was done at Six weeks No filling of ART unique number on initiation on ART No confirmatory tests on patient starting ART
Number of DBS Results Communicated	6 weeks	Results just being filed and not attached to pink cards
Number of data review meetings held	Monthly	Completed monthly data reviews with each facility, and made adjustments to address identified barriers, filling, Monthly report writing, documentation problems.
Number of defaulters identified Number of defaulters traced	Monthly	Identification was a big problem due to poor documentation

Outcome Indicator Matrix

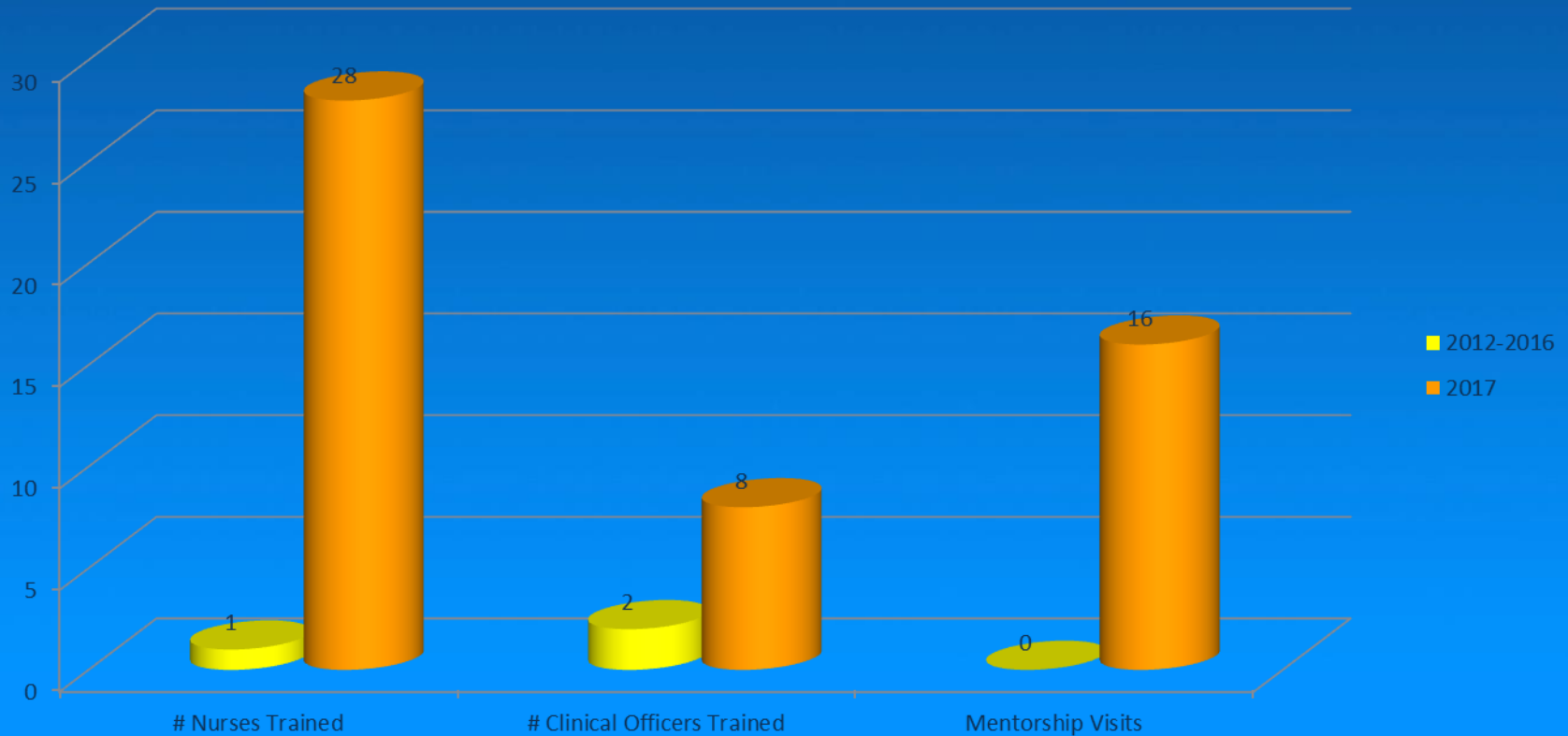
Describe the impact of activities

Outcome Indicator	Impact – What is the significance of the change?
Increased utilization of EID services	All exposed babies enrolled on EID(Enrolled 131 , 3 defaulter who were not traced.
Improved documentation and proper Data management	Results attached to each pink card and communicated to parents Improvement on documentation on Pink Cards Registration of exposed Infants in labourward Improvement in Data entry, monthly report writing Improvement in Case filling
Improved retention of exposed infants on EID program	All defaulters are identified and a good number of defaulters traced and brought back into the care system
Improved confidence levels and competencies	Communication of Results to parents, Provision of EID services Able to perform baseline physical assessment monthly data(Muac and weight)

Intervention Table

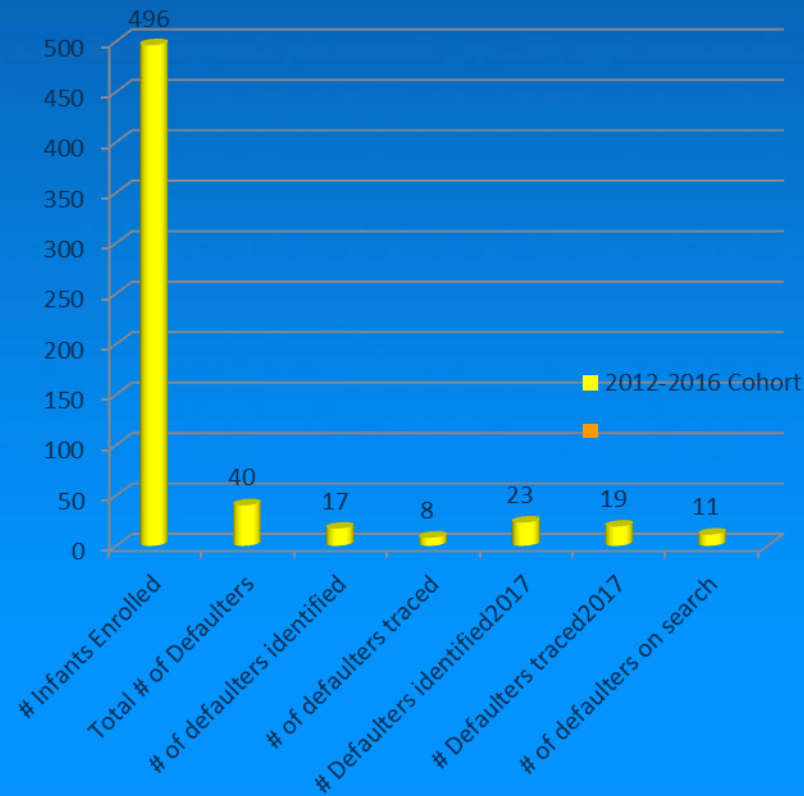
Activity	Before Project	After Project	
Training of Health Workers on EID	Nurses-1 Clinical officers -2	Nurses- 28 Clinical officers- 8	
Use of Mentors and Mentorship Visits	NO Visits /No mentors/Only National supervisions	Weekly visits and fortnight visits	
Data Review Meeting	Quarterly	Monthly	
Number of Exposed infant Enrolled on EID	496(2012-October 2016)	131 (November 2016-Jun 2017)	
Number of defaulters identified	17	2012-2016	Nov-Jun 2016-2017
		23	3
Number of defaulters traced	8	19	0
Number remained defaulters still on search	9	4	3

Intervention Table

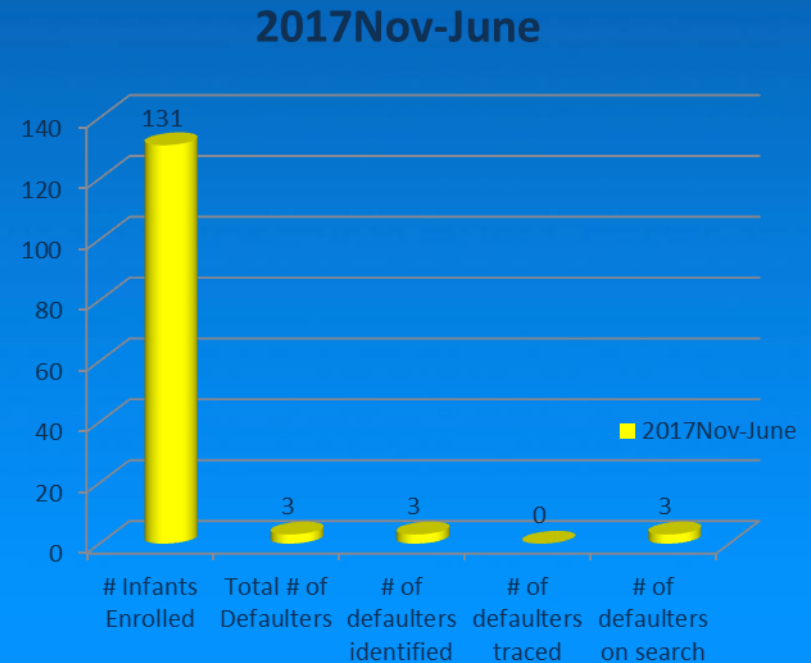


Intervention Table

2012-2016 Cohort



November 2016 to June 2017



Lessons Learned

Improved Defaulter Identification and Tracing

- Filing system: grouping patients files according to Cohort based on birth month of HEI
- Documentation: completion of Pink Cards by Midwives for HEI soon after delivery

Lessons Learned

- Identification of defaulters who were enrolled outside the project period. For example those who were 12months old and 24months
- Synchronizing Care Visits
- Decreased Patient waiting time

Lessons Learned

Enhanced Nurses' EID/HEI Knowledge

- Monthly data review meetings- increased understanding of the issues
- Timely interventions
- Patient contact information
- Communication of Results: Improved

Lessons Learned

QUAD MEMBERS

- Leadership capabilities strengthened
- Project Management
- Increased Knowledge on EID
- Data analysis and Management and its use to improve quality of services
- Collaboration among the QUAD

Sustainability

- Mitundu focal Person: Coordinating the work at Mitundu.
- Satellite Clinics- all nurses and Clinical officers received EID training
- National EID Facilitators: used as mentors for this project and Mitundu is part of their supervision area.
- CDC -Malawi

What Needs Improvement

- Reinforce Support Groups
- Utilization of HSAs
- Utilization of Expert Clients. Conduct a Mapping exercise

Way Forward

- Results would be shared with: National HIV Technical working group, HIV AIDS Unit,
- Submit project report to CDC, MOH. Ask for Audience
- Conference, Pacha, NAC,
- WhatsApp forum for QUAD, QUAD plus meetings
- Facility endline survey
- Scheduled country Visits for TAs, Increase financial support.

Acknowledgements

- ARC faculty
- CDC
- MOH
- MOH- HIV Unit
- DHMT Lilongwe District
- Mitundu Hospital Management

- Thank you
- Zikomo Kwambiri