ARC Summative Congress
Lusaka, Zambia
6-8 JULY 2017

NAMIBIA
Facility Assessment results

OBJECTIVES

- Assess the context of PMTCT and pediatric HIV services - Katutura Ante natal Clinic (Kat) and Onandjokwe Regional Hospital (OIH)
- Identify facility-level challenges to NML HIV service delivery for PMTCT B+ and pediatric care;


Kavango
Kunene
Erongo
Khomas
Hardap
Karas

Strengths

- National Guidelines for ART (revised 4th edition, 2014) of the Ministry of Health and Social Services (MoHSS) used
- PMTCT Option B+ regime offered
- Patient Charter
- HIV/AIDS Charter of Rights
- N/M involved in documentation of PMTCT and pediatric HIV care data
- Data to the different management levels at the facilities level
- Data to Health Information System of MoHSS
- PMTCT & Ped HIV care (to 18/12) separate from ANC services (Kat)

Strengths (cont.)

- Motivated, confident N/M, cross checking, tasks sharing & referrals
- Auditing of pt files by nurses and physicians every second week (OIH)
- Auditing all pt files every Sunday by nurses, individual case identifications - (OIH)
- Continuous Quality Improvement (CQI) initiatives (Kat) added pap smears for mothers at 6 weeks (after delivery) and a rapid test for babies at the age of 18 months.
- Adolescent HIV services and the Teen Club (OIH) support HIV+ adolescent
- IST & CPD program (Kat)
- Mentorship program (OIH) for PMTCT/Ped services providers

GAPS

- Specific job description for nurses/midwives for PMTCT and pediatric HIV care services
- Formal support for patient/provider interaction and stigma reduction
- Formal human rights support
- Quality Improvement (QI) in planning phase (OIH)
- Management of sexually transmitted infections
- Partner testing
- Viral load monitoring

GAPS (cont.)

- Family planning
- No program for special populations
- No community outreach program
- No IST/CPD grogram (OIH)
- No mentoring program (Kat)

BARRIERS

- PMTCT/Ped HIV services integrated in ANC services (OIH)
- Knowledge deficits -Inadequate trained – quality services influenced:

❖Ability to initiate ARVs with HIV/TB co-infection

❖ Prescribing first line ARVs

❖Recognizing and managing side effects of ARV medicine in infants & children

❖Recognizing treatment failures in HIV+ children and initiate or refer for 2nd line treatment

❖Pre-service education did not prepare participants to render effective care

❖Lack of knowledge to record clinical information and data effectively

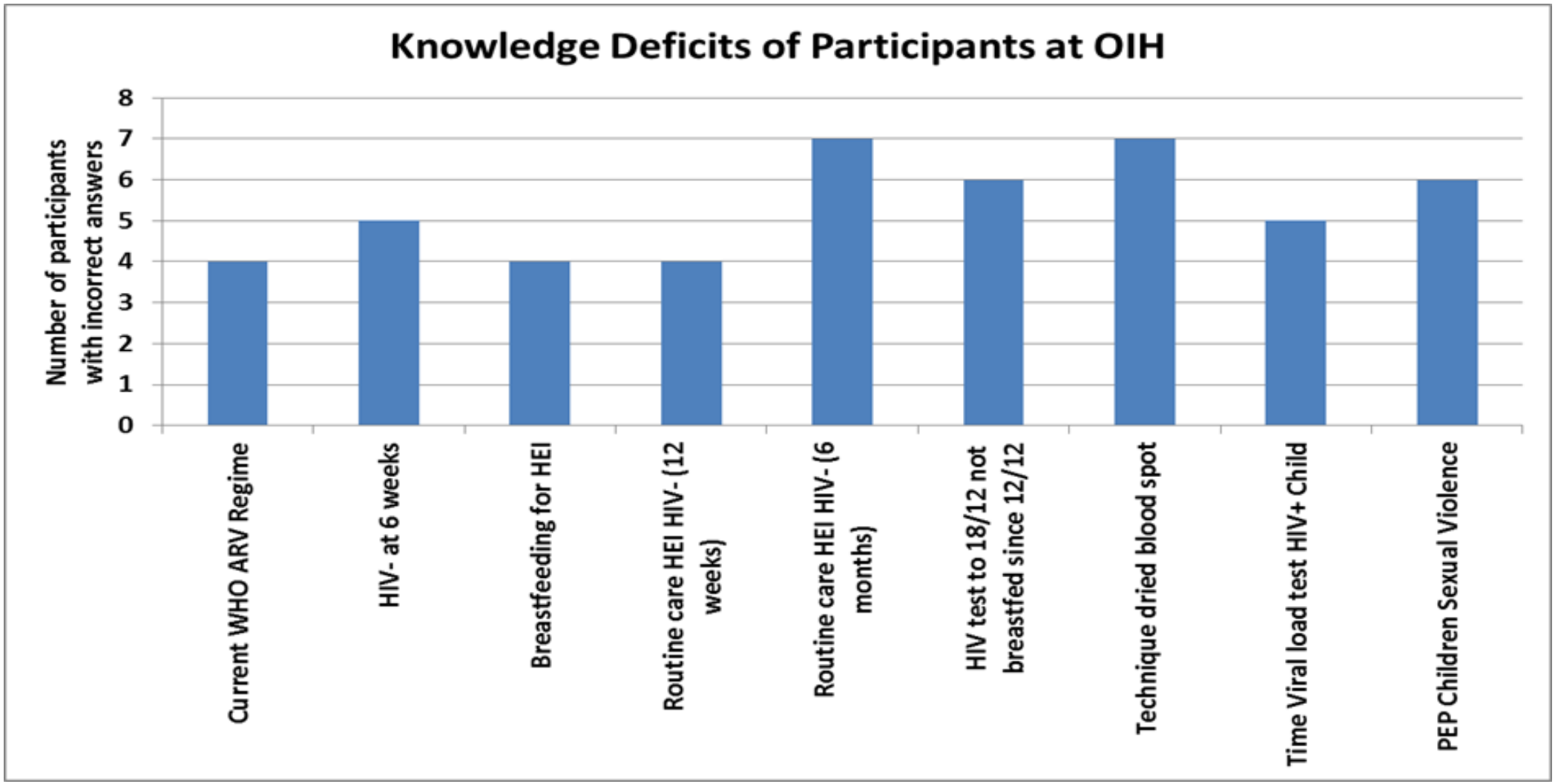
BARRIERS (cont.)

- Rotation of staff monthly - new staff orientation & induction (OIH)
- Lack of communication to mothers for follow-up on 6 weeks after delivery Mothers leaving after delivery with Nevirapine for babies
- Mothers defaulting and coming late for medication.
- Counselling HIV zero-discordant couples on HIV transmission, birth control and conception
- No feedback on HIV service delivery based on chart reviews or other assessments
- Shortage of equipment and supplies
- Lack of authority and support to provide the service
- Lack of time to provide the needed service

RESPECTFUL CARE IMPROVEMENTS SUGGESTED

- Stop reluctance or refusal to care for HIV+ woman and children
- Improving respect and kindness
- Do not neglect the counselling needs of woman and children
- Stop gossiping about HIV+ woman and children with others
- Stop verbal abuse of HIV+ pregnant woman and children by shouting or calling them names

Knowledge Deficits of N/M at OIH



IYALOO TANGI
(THANK YOU)