



Module 10: Establishing a PMTCT Site

SECTION 1 Essential Requirement for PMTCT Service Sites

SECTION 2 Logistics and Supplies

After completing the module, the participant will be able to:

- Discuss steps involved in setting up a new PMTCT site
- Describe the roles and responsibilities of PMTCT service providers (role of programme manager needs emphasis)
- Organise a reasonable client flow system for their centres
- List the essential commodities for a PMTCT programme
- Suggest innovative ways to source for funds for the programme
- Describe a systematic way of forecasting needs for a PMTCT programme
- Understand warehousing and rational use of commodities

SECTION 1: Essential Requirements for PMTCT Service Site

PMTCT Site:

This is defined as a health facility that provides the whole range of activities required in the prevention of mother-to-child transmission of HIV. These include:

- ANC services supervised by a trained medical practitioner
- The site should have a minimum client flow of 300 new ANC attendees per quarter.
- Delivery services with capacity for elective/emergency caesarean section or access to one.
- Neonatal care
- Post-natal care
- Paediatric outpatient follow-up
- Immunisation
- Family planning
- Breastfeeding and infant feeding support;
- Growth monitoring and promotion.
- A functional side laboratory for HIV test, preferably in the ANC
- Some capability to deliver ARV
- In addition to medical practitioner, there should be trainable health staff for patient counselling and follow-up.

ANC T&C site:

This is a voluntary counselling and testing unit located within the antenatal clinic with capacity to provide pre and post test counselling and HIV testing. Smaller health facilities (e.g. primary health centres, private maternity centres etc.) that do not possess the capacity to provide the full range of PMTCT services, shall fall under this category. They shall be linked to tertiary or secondary facilities providing the full range of services

PMTCT Implementation Steps

1. Advocacy and Sensitisation

Advocacy visits targeting States, local government areas (LGAs), private health care providers, health facilities and community leaders should precede the establishment of PMTCT centres with a view to sensitising, mobilising and enlisting their support. This activity should start with a big zonal meeting, which draws participants from all the States in the zone. As fallout of this zonal activity, State PMTCT Management Teams should be formed. This team shall be broad based with membership representing all stakeholders.

2. Needs assessment of new sites

Conduct needs assessment in all prospective health institutions. The assessment will include human resources; services available – pre and post test counselling, HIV testing, ANC, post natal care, Family Planning, STI services, immunisations and growth monitoring services, laboratory services, commodities; institutional policy, service delivery space, facility conditions – water, electricity etc; and review of service statistics. Available tools will be adapted for this use. (e.g., FHI facility assessment tools)

If no relevant study has been done in that area, conduct a rapid formative appraisal so as to generate data on the knowledge, attitudes, beliefs and practices of health care providers and community members and mapping of community resources as it relates to HIV/AIDS and PMTCT. The data generated should be used to develop site-specific communication interventions. It will also form a baseline for subsequent evaluation of the programme.

3. Capacity Building

It is important that institutions offering PMTCT services have requisite infrastructure and the personnel with the relevant knowledge and skills for qualitative service provision.

Human Resource Development

In each zone, a tertiary health centre in the zone with the requisite capacity should be identified and strengthened to serve as the zonal training centre. Zonal master trainers should be trained for each geo-political zone. These master trainers should conduct training for state level trainers. These trainers should be responsible for site training of personnel for the sites and the various aspects of the programme including:

- Counselling
- Infant feeding counselling
- Laboratory scientist training
- Record Clerks training
- Information, Education, Communication (IEC) material development
- Monitoring and evaluation

Infrastructure/Equipment upgrading

These will include:

- Renovation of centres
- Provision of side laboratories at the ANC for HIV testing.
- Universal precaution materials
- Kits and consumables (test kits, BMS, gloves, needles and syringes)
- Computers, printers, consumables, access to Internet
- Equipment for the central laboratories for HIV screening and confirmation, CD4 count and viral load and PCR; clinical chemistry and haematology tests.
- Fridges and freezers

4. Integration of T&C (Including partner involvement) into ANC and labour ward settings Testing and counselling for HIV should be routine services in ANC and labour ward settings. The option of declining should be given to the client. This approach improves uptake of testing. Stigma is less likely since the service is offered to all on routine basis.

5. Establish a local protocol for PMTCT services (including referrals and feedback). Sites need to develop peculiar protocols for handling ANC attendees and HIV-infected women to ensure smooth client flow. This ensures confidence in the system and improves patronage. In situations where clients wait for long on cues, moral decrees, and many who decide to test may actually change their minds.

6. Establish Linkages to other relevant hospital services. Programmes that need to be linked to PMTCT include the ART programme, TB Programme, Paediatric Clinic and so on. This gives confidence and a sense of hope to the HIV infected women. Stigma reduces with this kind of linkages.

7. IEC materials. The development/adaptation, production and distribution of IEC materials is important in generating demand for PMTCT services. Materials that take into account local customs and language of communication make a lot more impact. Strategies for distribution should include common points at community meetings and at centres of religious worship.

8. Upgrade facilities. Facilities for universal precautions in labour room, theatres, postnatal wards, Special Care Baby Unit, and laboratories need upgrading to meet the challenges.

9. Strengthening/establishing of community-based activities. These activities including home-based care, support groups, mobilisation of CBOs and male involvement etc. They give the community ownership of the programme and end up as the main pillars in encouraging uptake of services and sustainability.

SECTION 2: LOGISTICS AND SUPPLY

The essential commodities for the PMTCT programme are:

- HIV Test Kits/Reagents
- IEC materials
- Consumables
- ARVs
- Drugs for Opportunistic Infections
- Starter packs for PEP
- Breast milk substitutes
- Family Planning commodities
- Supplies for Cervical Screening
- National PMTCT guidelines
- Registers and forms for M&E
- Universal precaution items

Critical Issues in Logistics and Supplies

The following factors represent critical areas for successful logistics and supplies:-

- Source(s) of funds for the implementation of the programme
- Scope of the programme
- Effective forecasting
- Effective procurement
- Warehousing and distribution
- Rational use
- Record keeping
- Monitoring

Module 10: Key Points

- A PMTCT site, in the Nigerian context, is defined as a health facility that provides the whole range of activities required in the prevention of mother-to-child transmission of HIV.
- ANC T&C site is a voluntary counselling and testing unit located within the antenatal clinic with capacity to provide pre and post test counselling and HIV testing. It does not offer the full range of PMTCT services.
- Steps involved in the setting up of a PMTCT site include:
 - Advocacy and Sensitisation
 - Needs assessment of new sites
 - Capacity Building
 - Establish a local protocol for PMTCT services (including referrals and feedback).
 - Establish linkages to other relevant hospital services
 - Development/adaptation, production and distribution of IEC materials

- Upgrade facilities for universal precautions in labour room, theatres, postnatal wards, Neonatal Intensive Care Unit/special care baby unit, and laboratories.
- Strengthening/establishing of community-based activities including home-based care, support groups, mobilisation of CBOs and male involvement, etc.
- Logistics is the process of sourcing, warehousing, distribution and rational use of supplies. In regard to the PMTCT program, supplies represent the various commodities employed in the program.
- Critical areas for successful logistics and supplies include:-
 - Source(s) of funds for the implementation of the logistics programme
 - Scope of the programme
 - Effective forecasting
 - Effective procurement
 - Warehousing and distribution
 - Rational use
 - Record keeping
 - Monitoring