Women and Children First
PMTCT tool
Ready for pressure-testing

WOMEN AND CHILDREN FIRST (UK)

The issue
In 2015, 150,000 children became infected with HIV – 400 children per day.[1]

The PMTCT tool
It supports communities to come up with local answers that help to prevent mother-to-child transmission of HIV. It engages community members concerned about maternal, newborn and child health in groups and guides them through 12 monthly meetings in a four phase action cycle to: a) identify problems affecting mothers and newborns, including HIV; b) identify local solutions to these problems; c) plan and implement these solutions; and d) evaluate these solutions. Local female facilitators use discussion prompts, picture cards and other tools to stimulate discussion. In parallel community health workers (CHWs) are trained to share information to groups and follow-up HIV exposed infants to encourage them to continue accessing care. Finally, health workers at facilities are trained in PMTCT guidelines.

Evidence
Before birth the approach increases[2]:
- ANC in 1st trimester – 20%
- Women tested for HIV – 10%

During childbirth it increases:
- ARV prophylaxis – 26%

After birth, for HIV exposed infants it increases:
- HIV testing at 6-weeks – 38%
- Following-up 12-mths – 35%

The PLA methodology
The group component of the PMTCT tool is based on the Participatory, Learning and Action (PLA) a sustainable[3], cost-effective[4] and equitable[5,6] methodology to support communities to find local answers for global problems.

Application
PLA methods like the PMTCT tool work best in rural4 settings, but there is increasing evidence that they can also work in urban and humanitarian settings. They can be scaled through local volunteers[7], CHWs[8], NGOs[9] or hybrid systems. For maximum impact, delivery in parallel with supply side interventions is advised.

Policy
The PMTCT tool has the potential to promote community engagement, a key area in the WHO Global Strategy for Women's, Children's and Adolescents' health (2016-2030).

Other approaches
Other tools based on PLA:
- MNH tool, which can successfully improve mother and newborn health and survival. This approach is recommended by the WHO. Ready for scale-up.

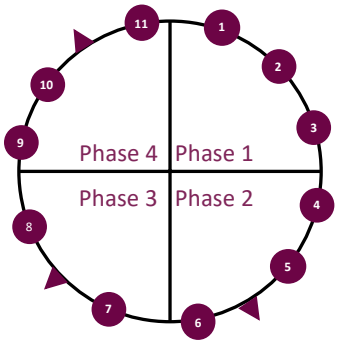
Figure 1: The PMTCT tool

Phase 1: Identify problems
1: Group formation
2. Identify child health problems
3. Identify maternal health problems

Phase 2: Identify solutions
4. Identify prevention and management practices
5: Identify solutions
6: Community meeting 1

Phase 3: Implement solutions
5: Plan solutions
6: Mobilise resources

Phase 4: Evaluate solutions
7: Evaluate solutions
8: Plan for the future
9: Community meeting 2



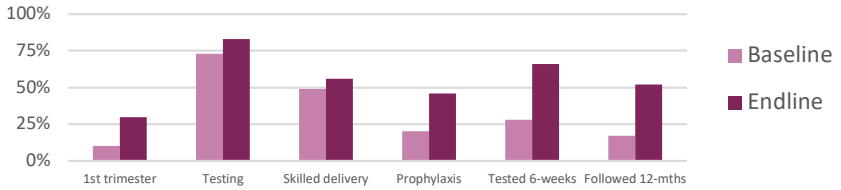
CHWs share information with groups and follow-up HIV exposed infants lost to follow-up.

Health workers at local facilities are trained in PMTCT guidelines

District Environmental Health Officer:

"I feel there has been a big improvement in PMTCT during the project. We have made gains in 1st trimester ANC due to [the groups]. This has enabled early HIV screening. I believe [the project] has contributed to the district recording a lowest HIV prevalence rate of just 3%"

Figure 2: Impact of PMTCT tool on key vertical transmission prevention interventions



Pilot > Transition > Scale-up
Pilot: Tool is ready for pilot testing.
Pressure-testing: Tool has been pilot tested and is ready for pressure-testing at scale.
Scale-up: Tool is effective and ready for scale-up.

The PLA methodology was developed in collaboration with partners
BADAS—PCP – Bangladesh; Ekjut and SNEHA – India; MaiMwana and MaiKhanda – Malawi; MIRA – Nepal; UCL – UK

References
1 UNAIDS (2016). Children and HIV fact sheet. http://www.unaids.org/sites/default/files/media_asset/FactSheet_Children_en.pdf
2 Women and Children First (2017). Addressing loss to follow up in PMTCT in the community and preventing unintended pregnancies in Salima District, Malawi Annual Report. WCF, London
3 Sondaal, A (2018). Sustainability of community-based women's groups: reflections from a participatory intervention for newborn and maternal health in Nepal, Community Development Journal, bsy017, https://doi.org/10.1093/cdj/bsy017
4 Prost, A et al (2013). Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. Lancet. 2013; 381: 1736-46.
5 Houweling, et al (2015). Reaching the poor with health interventions: programme-incidence analysis of seven randomised trials of women's groups to reduce newborn mortality in Asia and Africa. Journal of Epidemiology and Community Health. 2015; (0): 1-11.
6 Morrison, J et al (2015). Disabled women's attendance at community women's groups in rural Nepal. Heath Promotion International. 2015; 1-11.
7 Fottrell, E (2017). Community Led Evidence-based Action for Newborns (CLEAN) at scale through participatory women's groups and health workers in rural Bangladesh. Personal communication.
8 Tripathy et al (2016). Effect of participatory women's groups facilitated by Accredited Social Health Activists on birth outcomes in rural eastern India: a cluster-randomised controlled trial. Lancet Global Health. 2016; 4(2): e119-e128.
9 Tripathy, P et al (2010). Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial. Lancet. 2010; 375: 1182-92.

More information
www.womenandchildrenfirst.org.uk

For more information please contact us:
Women and Children First,
United House, North Road, London, N7 9DP
+44 (0)207 700 6309
info@womenandchildrenfirst.org.uk

WOMEN AND CHILDREN FIRST (UK)