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BARRIERS TO IMPLEMENTATION OF PMTCT PROGRAM IN THE EASTERN CAPE OF SOUTH AFRICA

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XVII International AIDS Conference, 3-8 August 2008, Mexico City

Funded by Centre for Disease Control

AIMS OF THE STUDY

- To assess barriers to the implementation of PMTCT program at provincial, district, facility, community and household levels

SUMMARY OF METHODS

- A qualitative cross-sectional study was conducted in July 2004 in a rural district municipality of the Eastern Cape (EC) of South Africa.
- Indepth interviews were conducted with 3 provincial PMTCT officials and 22 PMTCT co-ordinators and 4 focus group discussions with 21 sub-district officials and another 4 with 71 PMTCT clients.
- Thematic Content Analysis was done
- The study was approved by the Walter Sisulu University Ethics and Bio-safety committee

RESULTS

Barriers at Provincial level

- **Poor management systems,** i.e. *"The provincial financial system is not user-friendly, it keeps on changing and this causes delays with the loading of budgets and in creating costs at province, resulting in delays to process requests from LSAs"*
- **Inadequate human and physical resources,** i.e. *"There are no permanent full time PMTCT posts; the program uses seconded staff. This affects program continuity, progress, quality as well as supervision at lower levels"*
- **Lack of coordination and integration of PMTCT with other programs** e.g. TB, STIs, MCHW and nutrition.

Barriers at District/sub-district Level

- **Inadequate human resources:** There is no dedicated PMTCT staff: *"Available staff is overloaded dealing with VCT, HIV, STIs, ordering of test kits, ordering of formula and distribution of ARVs in addition to overseeing PMTCT services"*
- **Limited Geographical Coverage:** "When we started with the PMTCT program at another sub-district, we had only one site serving a population of 460 000 people".
- **Poor Program Receptiveness:** *"There are generally no reading material, information leaflets with pictures, no brochures and no videos on PMTCT".*
- **Lack of proper monitoring:** "*The lack of records makes it difficult to assess whether the program is effective or not; sub-districts have the DHIS which is not used effectively"*
- **Lack of integration, coordination and communication:** There is a confusion of roles and responsibilities between the HIV manager and the PMTCT co-ordinator in some sub-districts and there is limited PMTCT information sharing among sub-district managers. This affects progress in terms of PMTCT service delivery.

Barriers at Facility Level

- **Limited PMTCT trained nurses in the facilities** due to high staff turnover and transfer of staff.
- **Poor Infrastructure:** *"In some facilities one consulting room is used for the support group meetings, ANC mothers counseling, ARV drugs roll-out, VCT, testing, issuing formula and general health consultation"*
- **Poor management system**: *"Facilities have no: effective drug monitoring system, uniform protocol for formula distribution,, adequate inventory control, monitoring and evaluation system"*
- **Lack of support and supervision:** "*Limited supervision, if any, is given to PMTCT patients due to time constraints as they have to oversee the VCT, STI, and PMTCT programs as well as attend other meetings and workshops. There is no support from facility staff*"

Barriers at household/community level

- **Stigma and discrimination: There is stigma from spouses, parents, in-laws and community:** *"Our spouses, parents, in-laws and communities do not accept us, they think we contracted HIV because of being promiscuous; they distance themselves and gossip saying she has a disease with "Amagama amathathu" meaning a disease with three words".*
- **Traditional beliefs: "***Sometimes babies do not receive NVP 72 hours after delivery because of the belief that the new born baby should be given "isicakati" (traditional drink) as their first feed for couple of days; some mothers are not allowed to go to hospital 14 days following delivery as they are to receive home-based postnatal care (Efukwini) provided by their families and some people*

believe that the new born baby should be taken to "ilawini", which means to a "coloured" traditional healer to make sure they get a relief of evil spirits"

- **Negative attitude by some of the nurses:** *"Some of the nurses used to shout at us saying we are too many and that they even regret why they tested us"; "I was tested and came for results; I was ill-treated and not given the results for my status. As I was leaving, the water broke and immediately I gave birth to the child. I didn't get NVP though the baby got the syrup".*

- **Unavailability or limited supplies:** *"Sometimes when we go to the clinics to fetch formula on a scheduled date we are told that the formula is finished and when the formula comes, we are not given the formula in retrospect. If it was out of stock that month you forfeit it"; "The facility is using laser, which means clients have to come back some other time for the results. Sometimes clients deliver before getting the results and therefore without getting NVP if they have been found to be HIV"*

- **Poor health care organization:** "*Nurses take their time during lunch and tea breaks and when it is time to knock off, they stop working irrespective of whether or not there are still patients on the queue;* there is a general laxity in dealing with patients in very long queues; we *sometimes spend the whole day in queue and nurses don't bother"*

Conclusion

- There are many barriers in implementing PMTCT at all levels which need to be addressed to ensure program effectiveness
- Many of the barriers are systemic in nature and relate to the functioning of the health care system in general as opposed to the functioning of PMTCT program specifically.
- The barriers identified in this study are common across other parts of South Africa (Peltzer et.al., 2005; McCoy, 2002; Bassett, 2002; Mashego and Peltzer, 2005; Health Systems Trust, 2004; Mavundla, 1998; Gilson et al., 1994; Ramlagan et al., 2006; Dorkenoo et al., 2003; Visser et al., 2005).
- Lessons learned in this study should be considered when identifying best practices for expanding and providing PMTCT services.