

Track D - Social Science, Human Rights and Political Science

Category: Social and Behavioral Features of HIV Prevention, Treatment, Care and Support Services

D77 Holistic and comprehensive approaches in service delivery

Title: Improving the continuum of care by promoting male involvement in PMTCT in Nzega District, Tanzania

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Background: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) – supports 5 regions with funding and support from PEPFAR. Uptake of PMTCT services has reached 96% of all women attending antenatal clinics (ANC), but enrolment of HIV-positive mothers into HIV care and treatment is only 42%. Male partner testing in PMTCT was 36.3% in the first quarter of 2011 in EGPAF-supported PMTCT sites in the country. Men, as traditional decision makers, may influence the willingness of HIV-positive mothers to access treatment for their health and test and treat their HIV-exposed infants. Nzega District was chosen as a pilot site for supporting increased male involvement in PMTCT because of its high HIV prevalence of 6.8% (compared to 5.6% nationally).

Methods: EGPAF supported Ministry of Health and Social Welfare (MOHSW) staff to train 24 Nzega district ANC service providers in August 2011 on 'male friendly' services after which the service providers sensitized 170 community leaders in 25 villages to increase male participation in PMTCT. The program also trained 120 community volunteers to increase awareness on male involvement in the elimination of pediatric HIV transmission.

Public meetings in eight villages conducted by health facility staff and village leaders explained gender issues and encouraged couples testing and adherence. Men were offered other services at the clinic, such as blood pressure and malaria tests.

Results: three months after initiating the male involvement activities, testing in the 40 ANC facilities in Nzega rose from 10% in the first quarter of 2010 to 43% by the third quarter of 2011. During the same period, the proportion of HIV-exposed infants receiving ARV prophylaxis rose from 35% to 41% and testing of HIV-exposed infants increased from 28% to 39%. The proportion of HIV-positive women enrolled into care and treatment increased from 22% to 57%.

Conclusion: Male involvement in antenatal clinics may improve uptake of PMTCT services and linkages to other relevant care