Engaging the Community to Improve the Quality of PMTCT Services in Malawi

In Malawi, over one million people are living with HIV, including 55,000 pregnant women.\(^1\) Another 4.3 million women are of reproductive age and will likely need HIV testing, care, and treatment services in the future.\(^2\) The percentage of women receiving antiretroviral therapy (ART) treatment to prevent transmission of HIV to their babies increased from 83\% in 2015 to 92\% in 2017.\(^1\) Malawi was the first country to adopt Option B+: a World Health Organization strategy that provided lifelong ART for pregnant and breastfeeding women, both to prevent HIV transmission and to improve the women’s health. Despite these successes, Malawi continues to face challenges with retaining pregnant and breastfeeding women and their infants in HIV care services. Research studies from Malawi and other sub-Saharan African countries indicate that women who are diagnosed with HIV in antenatal care (ANC) and initiate ART for prevention of mother-to-child transmission (PMTCT) are less likely to be retained in care compared to non-pregnant women who initiate ART to improve their own health.\(^3-4\)

The Malawi Ministry of Health (MOH), the United States Centers for Disease Control and Prevention (CDC), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and Cooperative for Assistance and Relief Everywhere, Inc. (CARE) adapted and evaluated use of the Community Score Card© (CSC) approach to improve the quality of PMTCT services in 2017. CARE Malawi developed the CSC approach to positively influence the quality, efficiency, and accountability of health services, by increasing communication between health care workers (HCWs) and their clients.
From July 2017 - December 2018 CARE implemented the CSC approach in 11 health facilities in the Ntcheu and Dedza districts, and EGPAF led a multi-component evaluation of its effectiveness in improving PMTCT services. Client health outcomes from before and after the CSC approach implementation were compared. In addition, perceptions from both HCWs and clients in PMTCT care were assessed and compared, before and after the intervention, through a collective action survey and focus group discussions. Topics included perceptions of PMTCT service quality, client satisfaction with services, trust between clients and HCWs, and opinions regarding the usefulness of the CSC approach. The evaluation also tracked the development and implementation of action plans that were jointly created by community leaders, PMTCT clients, their male partners and family members, as well as PMTCT HCWs. This tracking took place through all three rounds of the CSC. Information about the costs of the program was also collected.

The CSC evaluation found that retention in PMTCT services and early infant diagnosis (EID) uptake were not significantly different for CSC participants before and after the intervention. Other components of the evaluation, however, did highlight many other observed benefits of the CSC intervention.

**Improved Relationships**

Both clients and HCWs reported that CSC was a productive process that created meaningful changes to PMTCT services, improved client-HCW relationships, and generated greater mutual respect. Clients and HCWs liked having a platform to express their concerns.

“Previously, we had a lot of concerns which lacked a platform where they would be addressed the same with health care workers. However, with the introduction of CSC we had that platform to express ourselves. During these meetings we were able to understand other challenges that exist in the system.”

– PMTCT Client, Golomoti Health Center

“The process is good because we were able to see the gaps we have in offering the services based on the discussions we had. We were able to understand what community members expect from us, and also the community had a chance to know what we can offer based on what we have on the ground.”

– HCW, Kasina Health Center

Clients also noted that they better understood why it was important to bring their male partners to health visits, and felt community and political leaders gained more knowledge about HIV.
Changes in HCW Behavior

HCWs and clients both reported that after the CSC, HCWs were friendlier towards their clients and more considerate about opening and closing the clinic on time. HCWs felt more confident in speaking up about ways to improve the facility and its service delivery.

“When we have an appointment at the clinic we come with free mind, with no worries since we know that we are being welcomed at the facility and we leave with no any issues only smiles on our faces.”
– PMTCT Client, Nsiyaludzu Health Center

Changes in Service Delivery

Discussions regarding concerns identified through the CSC process led to important service delivery changes at the facilities, towards a more client-centered approach. For example, facilities began to provide services in larger rooms and offer integrated services, such as weighing children. Before the CSC, some facilities only offered ART pick-up on a certain day of the week. After the CSC, facilities began offering ART pick-up on other days, to improve client privacy and avoid unintended disclosure.

By engaging community leaders, the CSC approach also led to mobilized resources for the needs of clients and HCWs. Government funding and community member labor resulted in a new extension to one facility’s maternity wing. Local government authorities funded the construction of bathrooms for pregnant women and caregivers at another facility. Use of local development funds and pooled community funds also improved facility access, due to better road maintenance near the location and provision of fuel for ambulances. The district health management team worked with development partners to purchase container tents to provide additional rooms at the ART clinic, which made ART pick-up more convenient and confidential for PMTCT clients.
The Way Forward

Results of the evaluation suggest that the CSC approach was successful at building stronger relationships between women and HCWs, improving self-efficacy among HCWs, making service delivery more client-centered at the facility level, and mobilizing resources to support quality service delivery. Analysis of the facility and community expenses showed that costs are reasonable for this type of quality improvement approach. Expenses associated with the CSC primarily went towards human resources and meetings.

The results of this project suggest that the CSC approach can be a tool for facility-level quality improvement forums, used to better comprehend the perspectives and challenges experienced by clients receiving care and HCWs providing HIV services. To sustain the achievements under this project, existing forums at the 11 participating facilities, or within the broader implementation districts, should continue to engage client representatives to provide ongoing feedback on their experiences with health service delivery. Facilitators trained in community engagement or quality improvement should lead ongoing issue scoring, gap analysis, action planning, and monitoring.

By establishing trusting and respectful relationships between clients and HCWs, adjusting service delivery to be more client-centered, and sustaining dialogue between clients, community leaders, and HCWs, the CDC approach may lead to further improvements in service delivery through collective action. Ultimately, positive client-HCW relationships and improved service delivery is likely to result in higher client satisfaction in services and better overall outcomes in Malawi’s effort to eliminate mother-to-child HIV transmission.

References

2. UNICEF, 2018 Progress for Every Child in the SDG Era Malawi Country Profile

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