



**Innovative Approaches for
Eliminating Mother-to-Child
Transmission of HIV**

**Community Client Tracing Through
Community Health Workers in
Côte d'Ivoire**

Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA), a UNICEF-supported initiative with funding from the Governments of Norway and Sweden, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Uganda. Option B+ is an approach recommended by the World Health Organization in which all pregnant and breastfeeding women living with HIV are offered treatment with antiretrovirals for life regardless of their CD4 count.¹

The OHTA Initiative's primary focus was to strengthen the capacity of the primary health care system to deliver lifelong HIV treatment to pregnant and breastfeeding women; create demand for programmes aimed at preventing mother-to-child transmission (PMTCT), increasing uptake and timely utilization of PMTCT programmes by women, and retaining women in care; and strengthen monitoring and evaluation for decision making to improve service delivery.² The OHTA Initiative was implemented between 2012 and 2017 through in-country implementing partners.

“[The best component is] working with the community to make it more sustainable. ... the community is more empowered and involved to continue implementation.”

— District Health Official, Côte d'Ivoire

Crucial progress has been made in recent years in scaling up treatment and PMTCT programming in Côte d'Ivoire. Between 2010 and 2016, new HIV infections and AIDS-related deaths decreased by 20 per cent and 14 per cent, respectively. In addition, the number of children acquiring HIV declined by an unprecedented 40 per cent. However, in 2016, there were 20,000 new HIV infections among the general population and 2,600 AIDS-related deaths among infants and children 14 years and younger. Additionally, although 73 per cent of pregnant women living with HIV were on ART, approximately 3,300 children were newly infected with HIV in 2016 and only 25 per cent of children living with HIV were on treatment.³



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Better service delivery and improved uptake, adherence, and retention in care are essential to achieving universal access to lifelong antiretroviral (ART) for people living with HIV, and innovative approaches are often required. Community engagement programmes are an example of such innovative approaches. They have been implemented in a myriad of ways around the world including through support groups, trained health counsellors, partner engagement, and community meetings. Community engagement programmes make use of readily available personnel, such as volunteers, peer educators, community health workers (CHWs), and religious leaders. They have been shown to increase ART initiation and retention among pregnant women living with HIV; increase uptake of testing and prevention services; and improve knowledge about HIV prevention.⁴ They also have been shown to positively impact the supply and demand for PMTCT services and to support the creation of an enabling environment for PMTCT services.⁵

Community engagement has been identified as a promising practice to support PMTCT outcomes.⁵ Therefore in Côte d'Ivoire, the OHTA Initiative supported Fondation Ariel Glaser, Akwaba, Organisation des Femmes Actives en Côte d'Ivoire, and Santé Espoir Vie Côte d'Ivoire in the implementation of a community client tracing programme to improve PMTCT retention and treatment adherence among mother-infant pairs in four districts – Bouaké, Daloa, Port Bouët Vridi Koumassi, and Treichville. Lessons learned from the implementation of this programme can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.

What Role Do Community Health Workers Play in Community Client Tracing?

CHWs participating in the community client tracing programme in Côte d'Ivoire supported early antenatal care (ANC) attendance and improved PMTCT retention and treatment adherence among mother-infant pairs. These CHWs were unique among CHWs in the country in that they also provided follow-up services with pregnant women and exposed children through reminder phone calls and home visits, in addition to their regular duties. The community client tracing programme aimed to strengthen the capacity of the primary health care system to provide quality PMTCT and maternal, newborn, and child health services, as well as increase demand, uptake, and timely utilization and retention in care for pregnant women – both those living with HIV and those without HIV – and their children.

“The CHWs are like our representatives at the community level.”

– District Health Official, Côte d'Ivoire

Each CHW was assigned a zone in the community by the health facility. CHWs and clinic health workers maintained client logs indicating pregnant women with upcoming ANC appointments. CHWs conducted reminder phone calls to these women prior to their appointments. Pregnant women who missed appointments were identified for follow-up services. First, CHWs called these clients to remind them to come back to care. If the CHWs were not able to reach the clients by phone, or if the clients did not come back to care after the reminder call, the CHWs then conducted home visits. During home visits, CHWs provided families with essential health information and encouraged them to visit the health centre. The programme provided all CHWs with transportation reimbursements to conduct home visits and phone credits to make reminder phone calls.

Each CHW was also tasked with registering each pregnant woman in her community catchment area and providing the woman with a referral form to attend ANC at the health facility. CHWs also conducted individualized and group health sessions on PMTCT, HIV testing and counselling, and general health information at the health facility for those attending ANC.



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All participating CHWs were equipped with job aids including tools for community sensitization on the importance of ANC and HIV service uptake, condoms, and demonstrative props. The community client tracing programme was advertised through community radio, with participation from local village chiefs, to increase awareness of the programme.

Recruitment and Motivation of CHWs

Health facilities identified existing CHWs and recruited those who were recommended by the village chief for the community client tracing programme. CHWs were motivated to participate in the programme by their desire to save lives in their communities and impact the well-being of their neighbours. They also appreciated the community and government recognition. Finally, the transportation and phone reimbursements, as well as the small monetary incentive received in some areas, also provided motivation.

Training and Supervision of CHWs

CHWs received an initial training at the beginning of the programme. The training focused on HIV/AIDS, community engagement, family planning, social and behaviour change communication, and new directives or guidelines from the Ministry of Health. During the initial training CHWs conducted practice home visits under the supervision of the trainer. Additionally, CHWs received refresher trainings approximately once a year and were supervised and supported by health facility nurses. These nurses were also tasked with reviewing the CHW logs of the home visits they conducted.

Outcomes of Community Health Workers for Community Client Tracing

Through the course of the programme, CHWs who conducted community client tracing:

- Strengthened and expanded the provision of ANC and PMTCT services
- Nurtured a supportive environment for mother-infant pairs to stay in care
- Reinforced the importance of HIV testing among exposed infants and families
- Improved coordination between health facility staff including nurses and CHWs
- Strengthened community-facility linkages to reduce loss to follow-up among mother-infant pairs
- Increased knowledge of the importance of ANC and PMTCT in the community

“ANC is a good entry point for PMTCT; the impact allows us to provide sensitization and then make services more available more often.”

– District Health Official, Côte d’Ivoire

Essential Components and Factors for Success

Several factors were identified as essential to the success of the community client tracing programme through CHWs including:

Individual:

- Small monetary and non-monetary incentives, such as community recognition, motivated the CHWs to participate in the community client tracing programme

Interpersonal:

- Personalized support and education provided by the CHWs encouraged women to attend ANC services and stay in care

Community:

- Community radio advertising and engagement of village chiefs sensitized the community on the importance of adherence
- CHW identification of pregnant women in their communities and the provision of ANC referrals at the household level encouraged community-facility linkages

Facility:

- Collaboration with district health facilities and nursing staff ensured CHWs received supportive supervision and support

Structural:

- Leveraging existing CHW structures and health facility staff to add community client tracing helped to ensure efficiencies and promote sustainability
- Buy-in at the national level about the importance of community engagement enabled a supportive environment

Considerations for Scale-Up and Sustainability

Through the community client tracing programme in Côte d’Ivoire, CHWs strengthened community-facility linkages and supported PMTCT activities. Several factors should be weighed when considering replicating or scaling up this practice nationally or in other settings.

- **Adaptability:** A key component of community-based engagement programme is to adapt to the specific needs of the community. Different strategies should be considered to meet the needs of each context. For example, strategies to identify pregnant women may be different in rural versus urban areas.
- **Standardization:** While adapting to specific contexts is important, so also is standardizing certain elements of the programme where possible. For example, standardized data collection forms across health facilities will help to ensure data are comparable across sites. Additionally, the roles and responsibilities and type of support that supervisors are expected to provide should be clear and standardized.
- **Financing:** Consistent funding should be available to support the needs of the programme and ensure continued motivation and participation of CHWs, such as including transportation reimbursements and cell phone minutes for CHWs.

- **Supervision:** Existing health workforce structures should be examined in scaling up this programme to ensure that there are adequate numbers of nurses for supervisory responsibilities. Supervisory tasks could also potentially be shifted to other cadres of health workers to help ensure nurses are not overworked.

References

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For more information about the OHTA Initiative, visit <http://childrenandaids.org/optimizing%20HIV%20treatment%20access>.

For more information about UNICEF's HIV and AIDS programme, visit childrenandaids.org.

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Methodology for Documenting Male Study Circles as a Promising Practice

The Johns Hopkins Center for Communication Programs (CCP) supported the documentation of this promising practice. Information and data were collected through a desk review of existing OHTA Initiative documents, including annual reports, partner reports, and presentations. Site visits by CCP and project staff were also conducted, including interviews and focus group discussions among implementing organizations, Ministries of Health, and programme implementers.