NURSES AND MIDWIVES-AGENTS OF CHANGE

An Evaluation of the Implementation of Antiretroviral Therapy in City of Chitungwiza Zimbabwe
AUTHOR

PISIRAI NDARUKWA

DPH(AIU-US-Student) MPH (AU Zimbabwe)
PGC-CLINICAL AND PUBLIC HEALTH RESEARCH(HARVARD UNIVERSITY)
BSc Ned (CUT)/RMN/RGN.

SENIOR TUTOR AND RESEARCH COORDINATOR
CHITUNGWIZA SCHOOL OF NURSING & MIDWIFERY
INTRODUCTION

Approx. 25 million people in sub-Saharan Africa are infected with the human immunodeficiency virus (HIV), the cause of acquired immunodeficiency syndrome (AIDS) (WHO 2011). Every year, about three million more people become infected with HIV and two million die from AIDS in this region. The pandemic has reduced life expectancy, orphaned many children, and reversed economic growth.
INTRODUCTION

According to (ZDHS 2010) HIV and AIDS is an important public health problem and it remains a major cause of morbidity and mortality worldwide. However, Zimbabwe is one of the few countries where incidence has declined by more than 25% between 2001 and 2009. It has continued to decline from a high of 36% to 13%.
INTRODUCTION

The introduction of Anti-Retroviral Therapy (ART) for HIV infected persons is one of the global strategies that have had an impact in reducing the suffering of people living with HIV and AIDS.


It also developed a nationwide scale up ART plan to run from 2005 to December 2009.
INTRODUCTION

Since 2003 the Government of Zimbabwe in line with international codes and commitments has prioritised the expansion of Opportunistic Infections Clinics and ART services to enhance access to antiretroviral therapy to all the citizens of the country who require the treatment.
Introduction

The aims are to

• reduce mortality and morbidity rates
• improve the quality of life of people who are HIV positive in the context of comprehensive care.
• provide universal accessibility to all people with HIV/AIDS.

The expansion of the services to the Health Department of Chitungwiza City was part of this strategy.
INTRODUCTION

Chitungwiza Hospital started providing ART follow-up services in November 2009.

When the numbers of patients expanded beyond the capacity of the Hospital to cope, City of Chitungwiza was allowed to initiate ART in the community clinics in September 2012.
INTRODUCTION

This is the first time that the ART community outreach programme for the City of Chitungwiza has been evaluated since its inception in 2012.
Objectives of the Study

• To describe the staff, medicines, diagnostics equipment and material resources required to run the ART programme
• To assess the knowledge levels of health workers on ART programme management with regards to the National standards on implementation and decentralization
• To identify staff members’ adherence to ART protocol with regards to National Standards on decentralization
• To establish the extend of implementation of the ART programme in the City of Chitungwiza
Methods

Study design
A descriptive cross sectional study design was used with a logic framework to evaluate the process of implementation of ART in the City of Chitungwiza.

Study Setting
City of Chitungwiza Community Health Clinics
Study Population

Health Workers involved in the ART programme in the City Health including
Doctors, nurses and laboratory technicians,
Coordinators of the ART programme at Zengeza and Seke South,
Director Health Services, City Health Matron and patient’s files.
Zengeza and Seke South Clinics staff were purposively selected for this study. One hundred and fifty patient files were selected using systematic random sampling. These files were reviewed. Available ART registers covering the period September 2012 to May 2013 were examined.
Data Analysis

Quantitative data was analyzed using EPI INFO version 3.5.4. to generate frequencies and means of variables.

Qualitative data was summarized, sorted and analyzed manually for content.
Results

Findings from the Key Informants

Table 1: Category of the Key Respondents

<table>
<thead>
<tr>
<th>Category of the respondents</th>
<th>N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Health Services</td>
<td>1</td>
</tr>
<tr>
<td>City Health Matron</td>
<td>1</td>
</tr>
<tr>
<td>ART Coordinators</td>
<td>2</td>
</tr>
<tr>
<td>Deputy Director City Health</td>
<td>1</td>
</tr>
<tr>
<td>Laboratory Scientist</td>
<td>1</td>
</tr>
<tr>
<td>Health Information</td>
<td>3</td>
</tr>
<tr>
<td>Pharmacy Assistant</td>
<td>1</td>
</tr>
</tbody>
</table>
# Table 2: Health Workers findings

<table>
<thead>
<tr>
<th>Category of the Respondents</th>
<th>N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Managers</td>
<td>4</td>
</tr>
<tr>
<td>Doctors</td>
<td>2</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>34</td>
</tr>
</tbody>
</table>

| Median age                     | 36years(Q1=30, Q3=52) |
| Median years of experience in the OI/ART programme | 4.0yrs(Q1=2.0, Q3=6.0) |
| Median Years of experience working for City Health | 11.0years(Q1=5.5, Q3=26.5) |
## Improvement of ART implementation in the City Health

<table>
<thead>
<tr>
<th>Response</th>
<th>N=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decongesting facilities</td>
<td>1</td>
</tr>
<tr>
<td>Ensuring Adherences to treatment in OI/ART patients</td>
<td>22</td>
</tr>
<tr>
<td>Increasing acceptability of the Programme by the community members</td>
<td>14</td>
</tr>
<tr>
<td>Increasing Coverage</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1</td>
</tr>
</tbody>
</table>
Who are the members of the Implementation/initiation team in the City Health

<table>
<thead>
<tr>
<th>Members of the OI/ART implementation/initiation team response</th>
<th>N=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>9</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>0</td>
</tr>
<tr>
<td>Laboratory Scientist</td>
<td>0</td>
</tr>
<tr>
<td>Nurses</td>
<td>0</td>
</tr>
<tr>
<td>All of the above</td>
<td>31</td>
</tr>
</tbody>
</table>
100% of the key informants showed their awareness of the National Guidelines for OI/ART and the 2008-2012 ART Decentralization Guidelines (follow up and initiation).

However the knowledge exhibited by these key informants was not reflected by the health workers who are the members of the initiation/implementing team on the ground.

23% of the health workers (nurses) thought that the initiation/implementation of the ART programme was the duty of the doctors only.
100% of respondents agreed that there are challenges in the offering of ART services in the City of Chitungwiza’s community clinics. They include:

- understocks of ART medications,
- inconsistent supply stocks,
- unavailability of X ray services and full laboratory support for the ART Clinic.
- challenges related to payment of salaries for health workers in the City Health Department for the past 7 months.
80% of the respondents involved in the ART implementation programme had not received any training in the programme.

20% had received training in

- rapid testing for HIV,
- ART drug initiation,
- basic adherence counselling,
- integration of HIV and TB, HIV/AIDS quality care initiative,
- HIV prevention, care and treatment in children Zimbabwe ART distribution programme.
100% respondents were aware of decentralization of OI/ART services. They were aware that this was done to reduce the burden on the central hospitals who were the initial implementers of the ART programme. Documentation was a major challenge in 60% of the patient files reviewed. 98% of the OI/ART programme patients were initiated on ART based on the CD₄ count %. Most patients were not tested for FBC, U&Es, LFTs and viral load.
Four community clinics were assessed for availability of resources for the implementation of ART programme. Out of the required minimum stock of 10 registers per facility, there was an average of 2 registers available at the OI/ART clinics. All the clinics stocked adequate OI/ART return forms and OI/ART patient forms.
Clinics also lacked:

- Vehicles and fuel
- Functional telephones

However, each facility does have a minimum required number of Guidelines for ART in Zimbabwe that are needed to guide the implementation of the ART programme in the City of Chitungwiza.
Conclusion

Based on this evaluation, the researcher concluded that documentation is not being done effectively in the city health.

There are no adequate resources for the ART programme to be run effectively and this may affect decentralization of the ART initiation to the other community clinics of Chitungwiza City Health Department.

Key informants are knowledgeable about the ART programme in the city yet 80% of the health workers working in the ART programme have not received training and there is an urgent need to reduce the knowledge gaps that exist amongst the health workers.
Twenty three percent (23%) of health workers in Chitungwiza city health department do not know the OI/ART programme team.

The lack of payment of salaries to Health Workers is a major factor in the lack of motivation of the workers towards implementing of ART programme.
Recommendations

There is need for the Chitungwiza City to urgently pay its health workers if they are to address the implementation challenges they are facing in the health department.

Health workers need to be trained in the importance of documentation as it is the cornerstone of effectiveness of the programmes.

A pharmacist should be employed to provide expert management and supervision of the OI/ART programme.
Laboratory and X-ray services should be fully developed for the OI/ART programme. Resources such as telephone services and utility vehicle should be availed for the OI/ART programme to be effective. No patient should be commenced on ART without first having a full range of investigations.
Guidelines for Antiretroviral therapy in Zimbabwe (May 2010)
National Drug and Therapeutics Policy Advisory Committee
and The AIDS and TB Unit, Ministry of Health and Child Welfare.


Thank You!!