

Deuxième Forum National PTME/PECPA sur :Optimiser la collaboration entre les formations sanitaires et la communauté pour atteindre les Objectifs 90-90-90 d'ici 2020 au Cameroun

State of collaboration between health facilities and traditional birth attendants within communities in the Lake Chad Basin Area of Cameroon

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Introduction

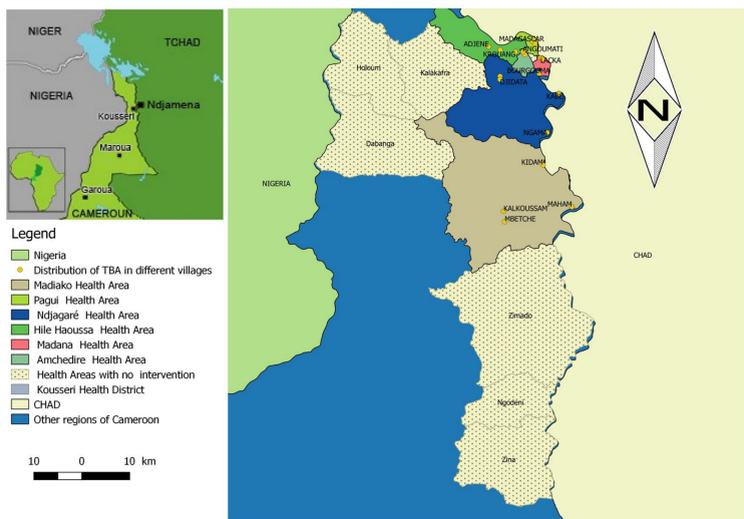
Prevention of Mother-to-Child Transmission of HIV (PMTCT) is among the key HIV prevention strategies in Cameroon (PSNL, 2013). A decrease in use of antenatal care (ANC) services with an increase in home deliveries in varying contexts is affecting the coverage of PMTCT interventions. Incorporating traditional birth attendants (TBAs) in PMTCT service delivery processes through collaboration has resulted in more women and infants having access to ART (Hamela et al 2014). As a result, there is rising need for collaboration between health facilities and TBAs in communities so as to improve access to ANC, HIV diagnosis and treatment services as we work towards the 90-90-90 target for HIV. The Northern regions of Cameroon have the highest proportion of pregnant women delivering at home with the assistance TBAs in the country. This study mapped the distribution of TBAs and assessed the status of collaboration between health facilities and traditional birth attendants in Kousseri and Mada health districts.

Methods

This was a descriptive cross-sectional study conducted in April 2018. A list of all TBAs within Kousseri and Mada health districts were obtained from the health system. All TBAs listed were contacted with the help of the health facility and community health workers. A face-to-face interview with TBAs was done using structured questionnaires. Global Positioning System (GPS) coordinates were collected at each TBA's residence to map their distribution within these districts. Administrative Authorization to implement the study was obtained from the Far North Regional Delegation of Public health and the Kousseri and Mada Health Districts.

Results

A total of 641 TBAs distributed over 254 quarters in 20 health areas were sampled. Among these, 97 (15.1%) and 93(14.5%) TBAs had a maximum of 5 years and greater than 30 years experience in child delivery respectively. Averagely, each TBA delivered 4 (IQR:1-6) new-borns within the last 3 months. Of the 641 TBAs, 608 (94.9%) had not worked together with health personnel while 33 (5.2%) had experienced working with health personnel. Of these 33, some reported collaboration with health personnel during vaccination activities [21(63.6%)], community sensitization for HIV prevention [4 (12.1%)] and malaria prevention [8(24.2%)]. No TBA reported collaboration with health personnel to provide remedy for pregnant women or distribute medications to pregnant women. Majority of TBAs referred pregnant women to the hospital only when there have pains [132(20,59%)] or bleeding [138(21,53%)] before delivery period.



426 (66.5%) TBAs from Kousseri HD

Figure 1. Distribution of TBAs in Health Areas within Kousseri Health District

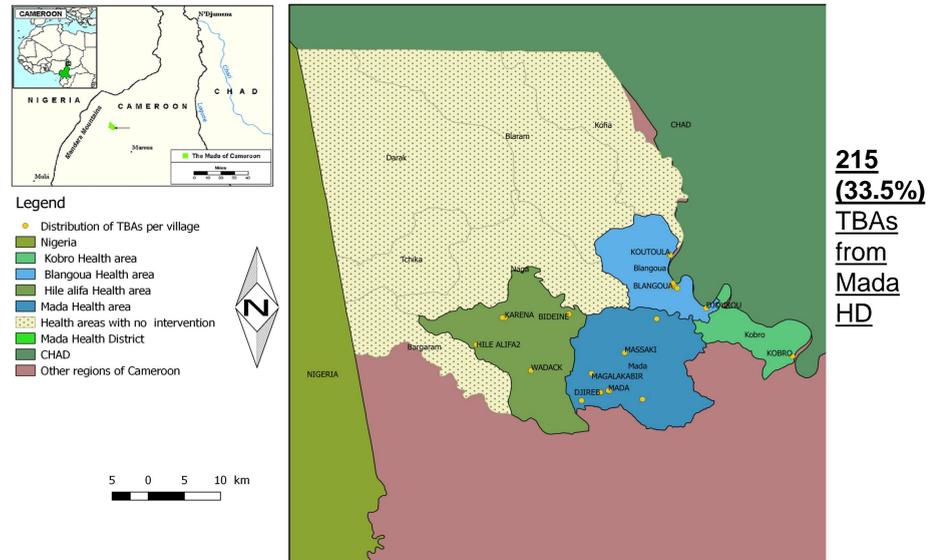


Figure 2. Distribution of TBAs in Health Areas within Mada Health District

Only 0.62% (4 out of 641) of TBAs interviewed had collaborated with HF personnel on HIV prevention activities

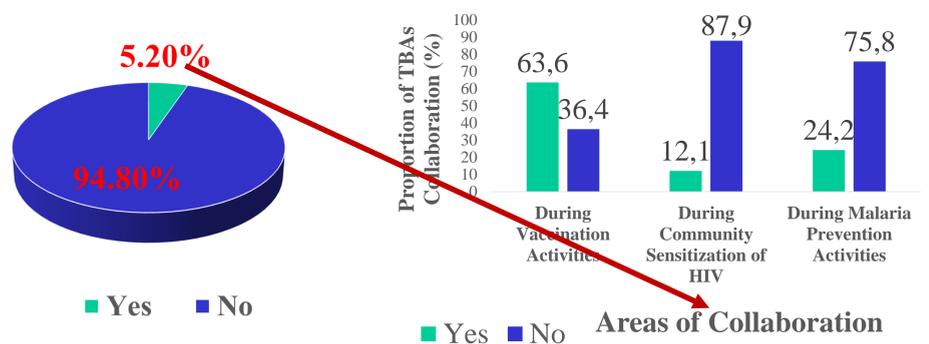


Figure 3. State of Collaboration between TBAs and health facility personnel

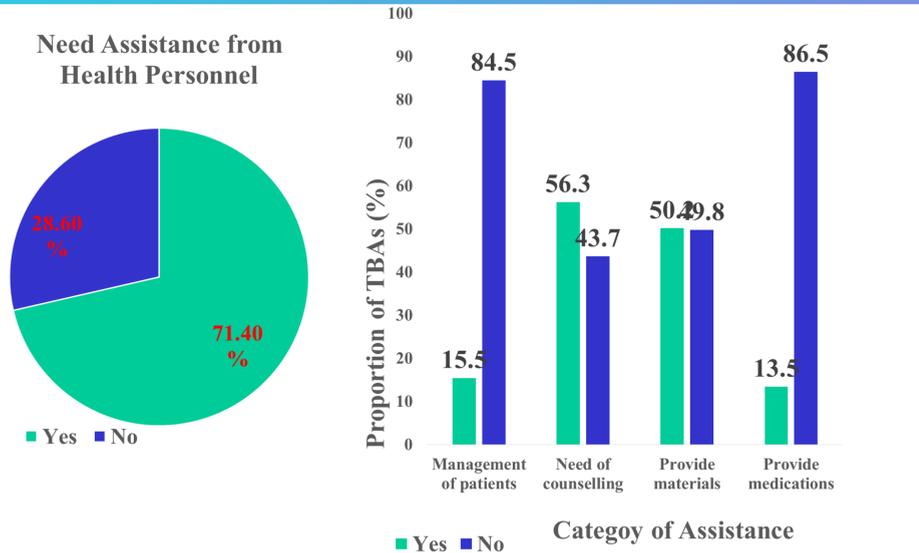


Figure 4. Areas of TBAs Assistance Need Assessment for Collaboration with health facility personnel

Conclusions

Only 1 of 20 TBAs collaborate with the health facility in few domains which may limit pregnant women and new-born access to PMTCT services. Actions planned to improve maternal and new-borns access to health services should consider involving TBAs during activities to ensure scale-up in the uptake of PMTCT services.

Further research studies should be conducted to better assess and understand TBAs need for collaboration with health facility personnel in the country.