

The Integrated Management of Paediatric AIDS Care and Treatment (IMPACT) Approach in Zimbabwe



Working to
Improve ART
Access for
Zimbabwe's
Children



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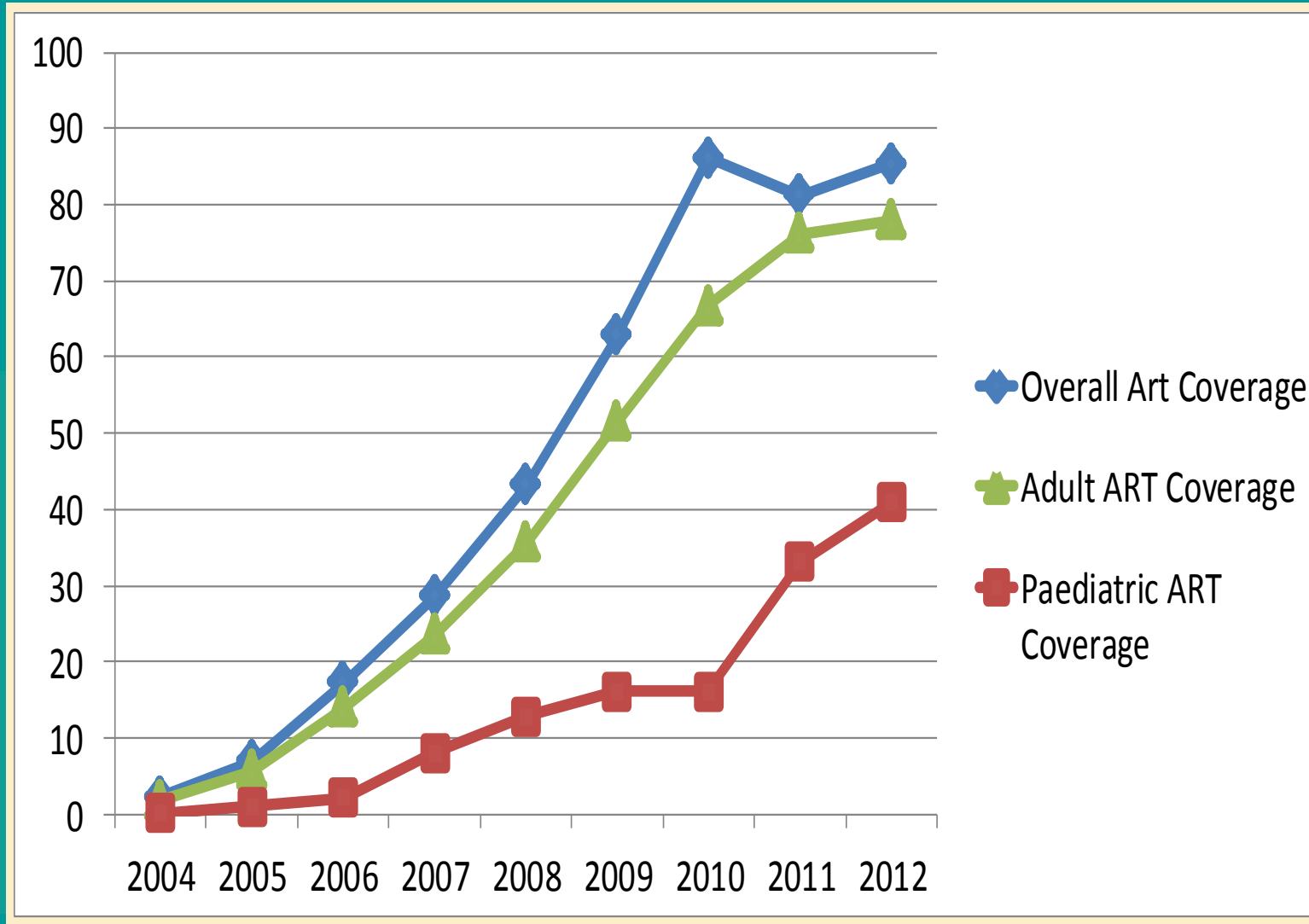
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Zimbabwe Context

- ▶ Paediatric ART coverage is severely lagging behind adult ART
- ▶ Adult coverage is currently **> 85%** and paediatric coverage is **51%**
- ▶ Currently there are **200,615** HIV infected Zimbabwean children <15 years
- ▶ **111,421** children <14 years are in need of ART
- ▶ **9,674** children die of HIV related causes per year



Paediatric ART in Zimbabwe



Challenges in Paediatric & Adolescent HIV Care in Zimbabwe

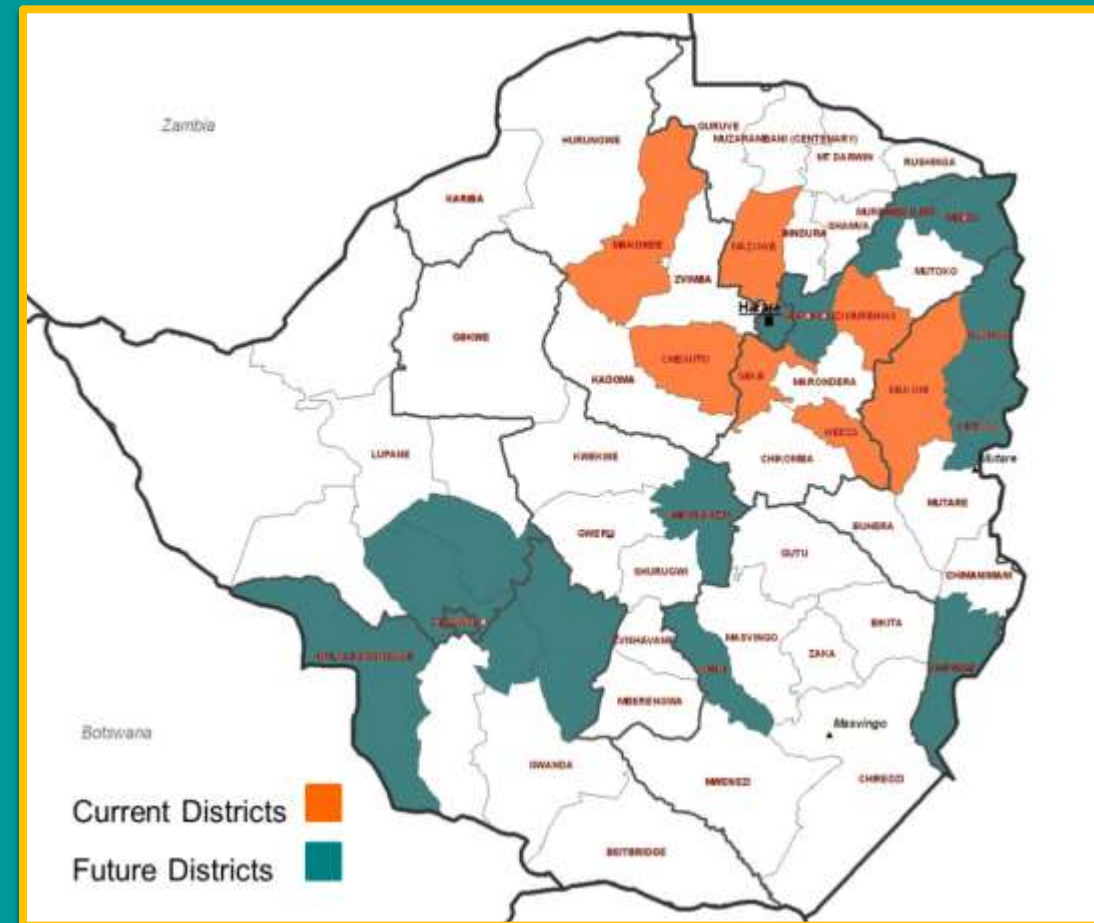
- ▶ **Loss to follow-up** of HIV-exposed infants
- ▶ **Poor identification** of HIV infected children
- ▶ Families **reluctant to seek care** near home due to confidentiality issues
- ▶ Cases come in late (i.e. **high viral loads, low CD4 count**)
- ▶ **Access** – cost of transport to health centers
- ▶ Centralized care –slow to scale-up and out to local clinics in rural areas
- ▶ **Lack of confidence** of clinical staff to prescribe



IMPACT Goals and Objectives

- ▶ To **identify** HIV+ve children and **address barriers** inhibiting their access to ART services
- ▶ To **connect HIV+ve children with ART services** including, testing, counseling, CD4 monitoring and treatment adherence
- ▶ To **identify, mobilize, and follow up** HIV+ve children from ages 2 - 18 years, through trained community volunteers
- ▶ To offer a **safe space for families to share experiences** and gain knowledge on how to live positively with HIV

IMPACT is a component of Vana Bantwana, a 5-year OVC Care and Support program, funded by USAID/PEPFAR



IMPACT Model – Stakeholders

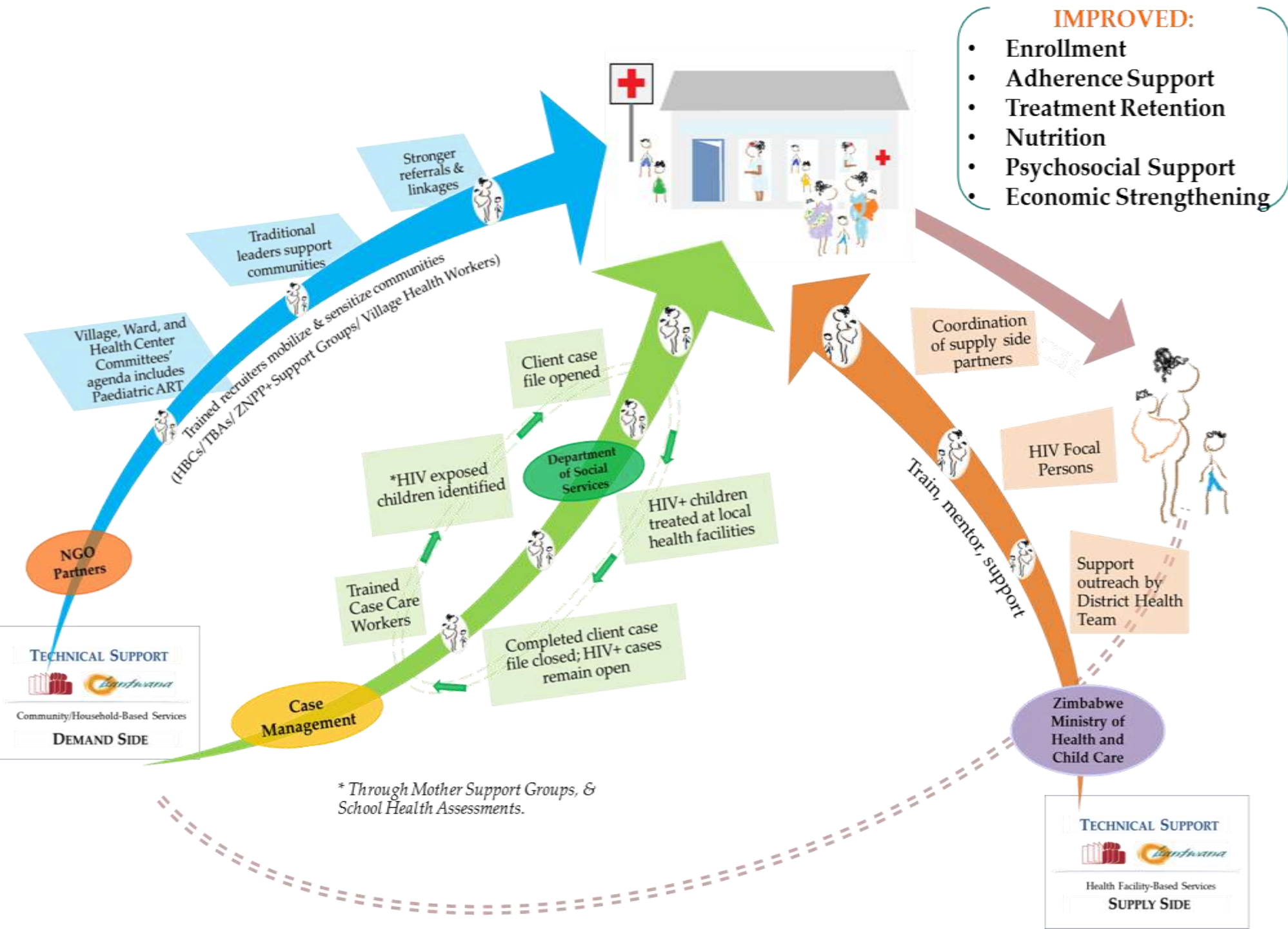
- ▶ **Community-Based Volunteers** (Village Health Workers, Case Care Workers, NGO volunteers): Identify and follow up HIV-exposed infants and children to ensure they have regular access to care, treatment, and support
- ▶ **Local Health Facility:** Co-ordinates regular meetings between themselves, CBOs and community-based volunteers; conducts community outreach, counseling & testing and initiates HIV+ve children on treatment
- ▶ **Local NGO Partners:** Provide critical wrap-around services, referrals and information for families with HIV+ve children



Platforms of Service Delivery

The IMPACT Model

- IMPROVED:**
- Enrollment
 - Adherence Support
 - Treatment Retention
 - Nutrition
 - Psychosocial Support
 - Economic Strengthening



IMPACT: Numbers Reached

	Total IMPACT Reach with HIV Services			Children on ART		
By Age	Male	Female	Total	Male	Female	Total
<15 (age 1-14)	805	873	1,678	593	571	1,164 (85%)
>15-18yrs	173	123	296	103	102	205 (15%)
Total	978	996	1,974	696	673	1,369

IMPACT Program Results

- ▶ Marked **improvement** in the general health of HIV+ children
- ▶ **Improved adherence of HIV+ve children** on treatment
- ▶ Children are able to access a continuum of **wraparound services** --health, nutrition, economic strengthening, education, legal services etc. through support from community volunteers
- ▶ Children have **better school attendance** without illness related interruptions
- ▶ Adolescents in the program are a **positive influence** on their peers



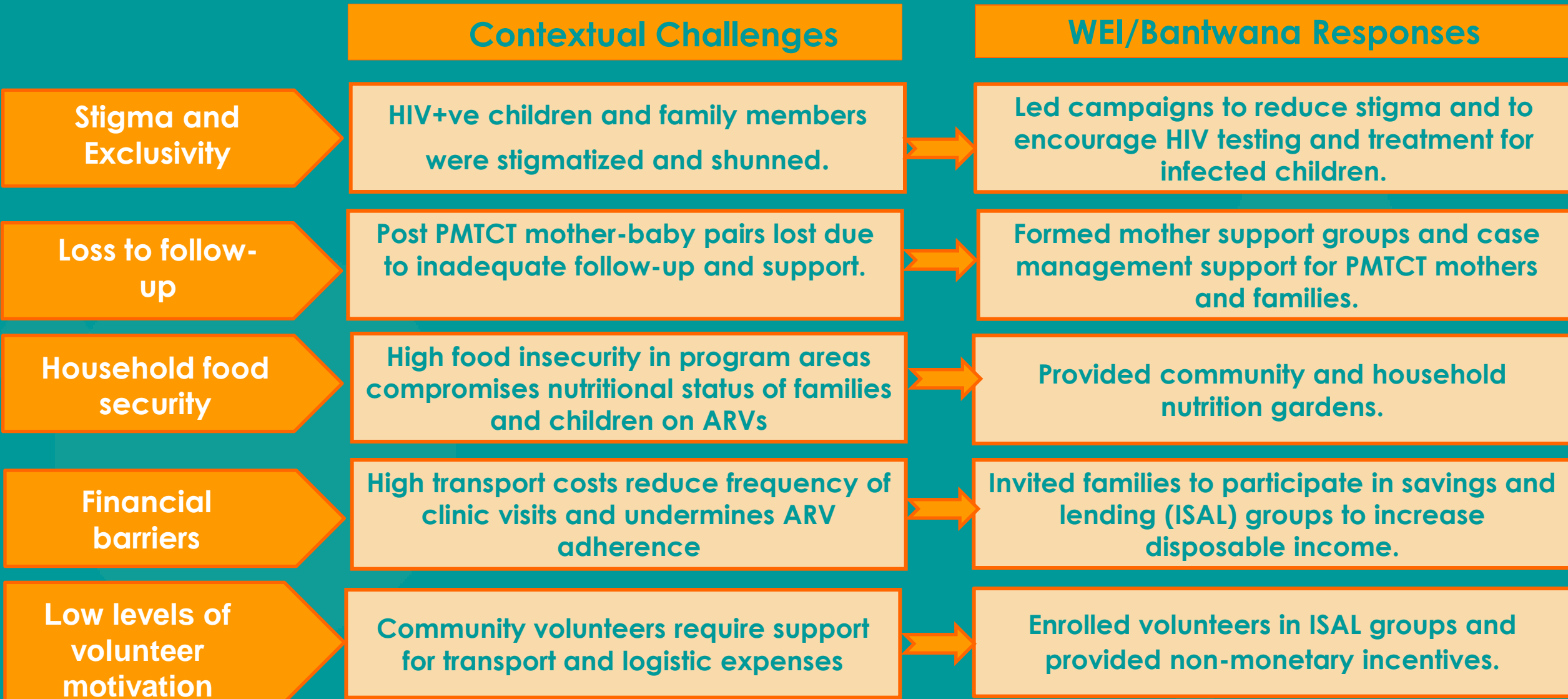
Program Results (Cont)



- ▶ Stigma and discrimination reduced as evidenced by guardians bringing their children for **HIV testing**
- ▶ Identification of HIV-infected children increased due to support from **community leaders**
- ▶ Waiting period from diagnosis to commencing ARVs reduced from **three months** to **two weeks**
- ▶ Through formation of **child support groups**, children now have a voice to share their experiences in a non-threatening environment
- ▶ **Community forums and parent support groups** created to act as safety nets for infected and affected children

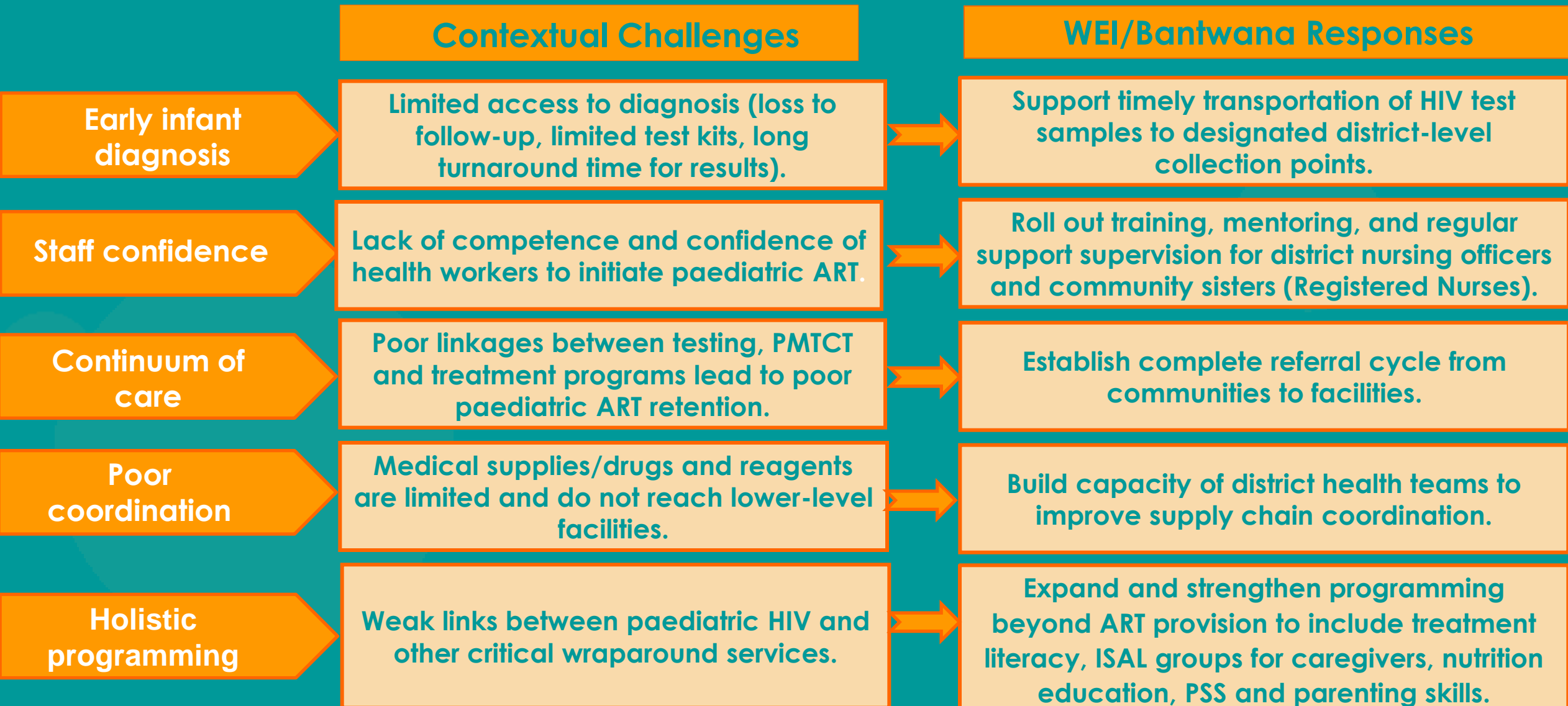
IMPACT Considerations for Program Scale Up

► Household and Community Challenges (**Demand Side**)



IMPACT Considerations for Program Scale Up

► Health Center Challenges (Supply Side)



Thank you!

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