



Meeting the HIV/MNCH Health Social Support Needs of Mothers and Their Young Children



The Bwafwano Experience
(Zambia)

Program Context



- Implemented in the context of an integrated Home Based Care set-up using the household/community approach model.
- HIV+ mothers are identified and linked to the Maternal and Child Health program: 4 prongs of PPTCT accessed.
- PPTCT babies and their siblings are linked to the Community-Based OVC Care and support program.
- Mothers are linked to clients support groups including skills training for increased income generating base.
- One stop facility/community center for care and support services including OVC.

Description of Intervention



- PLWHA are identified through HTC, PPTCT and HBC. HIV positive women and mothers followed up through Maternal and Child Health as well as Home Based Care.
- The baby/mother pairs are followed up at community and health facility levels for clinical care, post- natal PPTCT follow up care, immunization and growth monitoring.
- Mothers receive nutrition counseling and sometimes food supplements especially for weaning off babies.
- PPTCT mothers are provided with skills training so as to increase their income generating base.



Description of Intervention OVC

- Children are enrolled into Early Child Development

Program at the ages between 4 and 6 with current

enrolment at 150.

- Children are entered into primary school at the age of 7. Currently have 650 children accessing the primary school, with over 2,000 sent to government schools for upper primary and secondary school. Bwafwano continues to support OVC in government schools.
- Access nutrition support (Provided with 2 meals a day from Monday to Friday)



Description of Intervention OVC

- Continue accessing health promotion and curative services.
- Access to child protection services, Psychosocial support, and sometimes assisted with shelter through community / Habitat Zambia partnership.
- Older OVCs are provided with skills training so as to facilitate their entry and access to gainful employment or Income Generating Activities.



Lessons Learned

- Integration and comprehensive service provision has resulted in :
 - Low mortality rate among the cohort
 - Low HIV rates in children born from HIV+ mothers
 - Very low treatment defaulter
 - High retention in care and support programs as clients don't have to be referred somewhere else
 - Improved adherence to treatment by mothers and children due to pediatric ART Support Groups and follow-ups by trained Community Volunteers



Lesson learned (Cont.)

- Improved access to basic child services including education
- Stigma and discrimination is tackled early in the pediatric ART support groups
- Clients are already identified and enrolled under the Home Based Care Program and can easily be followed up



Challenges

- Inadequate resources to meet the growing population of children born of HIV positive mothers.
- Inadequate infant feeding options for HIV+ infants.
- Lack of social support services from the MCDSS for HIV positive and vulnerable households.



Actions to Address the Challenges

- Introduce nutrition counseling to help affected clients explore locally available feeding options for babies of HIV+ mothers
- Establish linkages with other stake holders both public and private
- Increase community income generating activities so as to ensure community involvement in the provision of comprehensive care and support services
- Advocacy for Ministry of Health to work with the Ministry of Community Development and Social Services so that the center can have more government support for social service provision

Key Considerations for Replication



- Implement an integrated and comprehensive program with PPTCT, MNCH and OVC services
- Engage community for program sustainability
- Establish linkages with both public and private sector



Key factors hindering progress

- Cultural aspects.
- Traditional Myths.
- Negative beliefs by other churches.
- Gender inequality.
- Non-commitment of political and community leaders.
- High poverty levels in the country.
- Poor retention for health personnel
- Limited Resources e.g. transport and finances



Best Practices

- Collaboration with Government departments ensures sustainability of the program.
- Engagement of Community Leaders ensures program ownership and community participation.
- Men if fully engaged, actively participate in MNCH.
- Engaging celebrities and public leaders to raise awareness Promotes favorable policies and allocation and implementation of resources.
- Provision of free health services for under 5s and pregnant women promotes access to MNCH services..
- Sensitization of religious leaders improves access to MNCH services.



Thank You!!!!!!