



COMMUNITY MOBILISATION FOR PMTCT IN ZIMBABWE

Children and HIV: Closing the Gap
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INTRODUCTION

- The Pan-African Treatment Access Movement (PATAM) is a social movement dedicated to mobilising communities, political leaders and all sectors of society for access to universal treatment, care and support for all people living with HIV and AIDS in Africa.
- The movement was formed in August 2002 and this resulted in the formation of a number of national level treatment access movements.

FOCUS ON PREVENTION

- From 2009, PATAM and a number of other organisations started working on a 6-country campaign to eliminate paediatric AIDS.
- The campaign revealed a number of implementation and policy bottlenecks that hinder universal access to PMTCT services.
- On the other hand, PMTCT remains a realistic and cost-effective method for averting hundreds of thousands of new infections in sub-Saharan Africa.

LOCAL INTERVENTION

- From 2011 PATAM started working in Hatcliffe Extension for proof of concept on the effectiveness of channelling pregnant HIV+ women into the PMTCT program.
- Hatcliffe Extension is a community on the outskirts of Harare which was created as a transient camp for people who were internally displaced during the 2005 clean-up operation.



BASELINE SURVEY

- The first step was to conduct a baseline survey of the community.
- Key findings were:
 - More than 85% of the dwellings were shacks made of wood, plastic, metal and other components.
 - Most of the pregnant women had never heard of PMTCT.
 - No static health centre in the community.
 - High levels of gender-based violence.

BASELINE SURVEY (cont)

- Human rights abuses rampant, partly due to poverty.
- More than 60% (estimate) of the pregnant women opted for home births.
- A number of pregnant women delivered on the way to the clinic.
- During the rainy season the main road is impassable making access to the clinic difficult.
- High levels of poverty, unemployment and despondency.

BASELINE SURVEY (cont)

- The baseline survey included all sectors of the community, including:
 - Community leadership
 - Pregnant women
 - Youths and adolescents
 - Men
 - Adult women
 - People living with HIV



PMTCT MOBILISATION

- With community input, some 15 PMTCT Promoters were selected.
- 9 women and 6 men of all ages from 20 to 60 years.
- The Promoters were trained for 5 days in HIV, HIV testing, SRHR, PMTCT and STIs.
- They were given a uniform comprising of a hat, a dress (for women) and a shirt (for men).







COMMUNITY ACTIVITIES

- In order to ensure that the community was reached, a 'blitz' approach was adopted.
- This entailed visiting each dwelling in the community and having a talk with the inhabitants.
- If the dwelling was inhabited by a couple, the Promoters would speak to them at the same time.

COMMUNITY ACTIVITIES (cont)

- One strategy used is to ensure that the Promoters would target people of their age group.
- This helped in ensuring acceptance.
- A community day on PMTCT was also held, and this brought together women who had already been through PMTCT, community leadership, clinic staff and men.



RESULTS

- More than 5,000 people have been reached with information on HIV testing, PMTCT and SRHR.
- More women are now reporting for antenatal care, and accurate figures should be available by end of month.
- 17 babies have been born to HIV+ mothers referred by Promoters since March 2012.

RESULTS (cont)

- The general reaction of the community since we started has been: “Where have you been all along?”
- The program has since been expanded due to necessity to include condom distribution, addressing gender-based violence and following up on infants on early infant diagnosis.

OBSERVATIONS

- There is an urgent need to focus on resource-poor settings if paediatric HIV transmission is to be eliminated.
- Resource-poor settings tend to harbour a plethora of challenges which include illiteracy, human rights abuses, high unemployment and high risk sexual behaviour, most of which impact on HIV transmission.

FUTURE PLANS

- With more funding, PATAM intends to expand the program to more urban and semi-urban settlements experiencing similar challenges.
- More engagement with traditional birth attendants is important.
- Plans to empower the youths are under way – strategy to curb high-risk sexual behaviour.

FUTURE PLANS

- Plans are at an advanced level to create a broad-based civil society consortium of organisations working on PMTCT mobilisation in Zimbabwe.
- Advocacy planned to ensure that more civil society organisations work on elimination of paediatric HIV, including PATAM affiliates.
- Targeting the Governments to provide universal PMTCT- is can be done.

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