

**Title:**

**Meaningful Engagement of the Muslim Community for ARV  
uptake through PMTCT**

***The Integrated interventions for young children born into HIV-  
affected families Symposium***

***Venue:***

**Grand Hyatt**

***Melbourne Australia 2014***

***18<sup>th</sup> July 2014***

# OUTLINE

- KCIU overview
- PMTCT Project
  - ✓ Strategy
  - ✓ Achievements
- SDH Project
- Lessons learnt
- Challenges
- Way forward
- Acknowledgement



# THE KENYA COUNCIL OF IMAMS AND ULAMAA

## Overview

- FBO working to promote and enhance community empowerment in Religion, Health, Education, Social and Economic development
- The Organization was established in 1996
- Targets Muslim community with health interventions, who form 25-30% of the total population in Kenya

## Current Projects

- PMTCT – supported by PACF
- SDH – APHIAplus supported by USAID



# PROJECT SITES

- KCIU currently implements its project in the following counties in the Rift Valley
  - Nakuru – Nakuru Central
  - Baringo – Marigat, Mogotio and Eldama Ravine
  - Laikipia – Laikipia East
  - Kajiado - Kajiado Central
  - Narok – Narok South
- ❖ 20 collaborating health facilities



# INTRODUCTION

- Access to PMTCT services has been a great challenge to most pregnant women in Sub-Saharan Africa <sup>1</sup> but more especially to Muslim Women.
- A study conducted by Tawiah (2005) <sup>2</sup> found that Religious affiliation is a significant predictor of institutional delivery in Ghana, **Kenya** and Nigeria where Christian mothers are three times more likely to deliver in an institution **than Muslim** women after controlling for age at birth, birth order, type of place of residence, level of education and partner's occupation

<sup>1,2</sup> E. O. TAWIAH, Maternal Health Care in five sub-Saharan African countries, Regional Institute for Population Studies, University of Ghana



CONT.....

- In Kenya, women within the Muslim Communities are more disadvantaged when it comes to accessing and delivering at the health facilities.



# THE PMTCT PROJECT

## **Title**

“Strengthening Muslim Community Linkages to Health Facilities”

## **Goal**

Reduced transmission of HIV from mothers to children by reducing infections in women of reproductive age and increasing use of PMTCT and post-natal care and support services for mothers living with HIV in Rift Valley

## **Objectives**

- Increase awareness of men and women of reproductive age on primary HIV prevention and PMTCT and CT services
- Increase access to care and treatment for HIV exposed infants and HIV infected young children
- To strengthen and integrate community structures that address SDH using family centered approach focusing on mothers and young children
- Strengthen monitoring and evaluation and documentation of PMTCT and related services

# STRATEGY

- Use of community own resource Persons and structures
- Community friendly BCC/IEC materials
- Working closely with the Ministry of Health, facility staff capacity building, Religious leaders (Imams and Maalimats), the women's groups, and PLHIV CBOs/self-help





# LINKAGE AND INTEGRATION

- Community Family Days as an entry point to:
  - Medical camps
  - Psychosocial support
  - Games
  - Identification of lost to follow-up
  - Nutritional support
- Follow up and linkage to care and treatment:
  - Through mother mentors
  - Formation of BF clubs
  - TBAs/Facility staff/CHEWS
  - Regular feedback forums



# ACHIEVEMENTS

- Trained 25 Imams and 85 Maalimats on the PMTCT concept
- The imams have integrated their religious teaching with PMTC messages during Friday sermons and in other social gatherings
- Maalimats have integrated their FGD with PMTCT messages
- A total of 75,929 people reached with PMTCT related messages since inception of the project
- 12 TBAs now refer and accompany their clients to Health facilities
- 20 focal facility staff capacity build to improve linkages
- 8 staff capacity build on project management



## CONT...

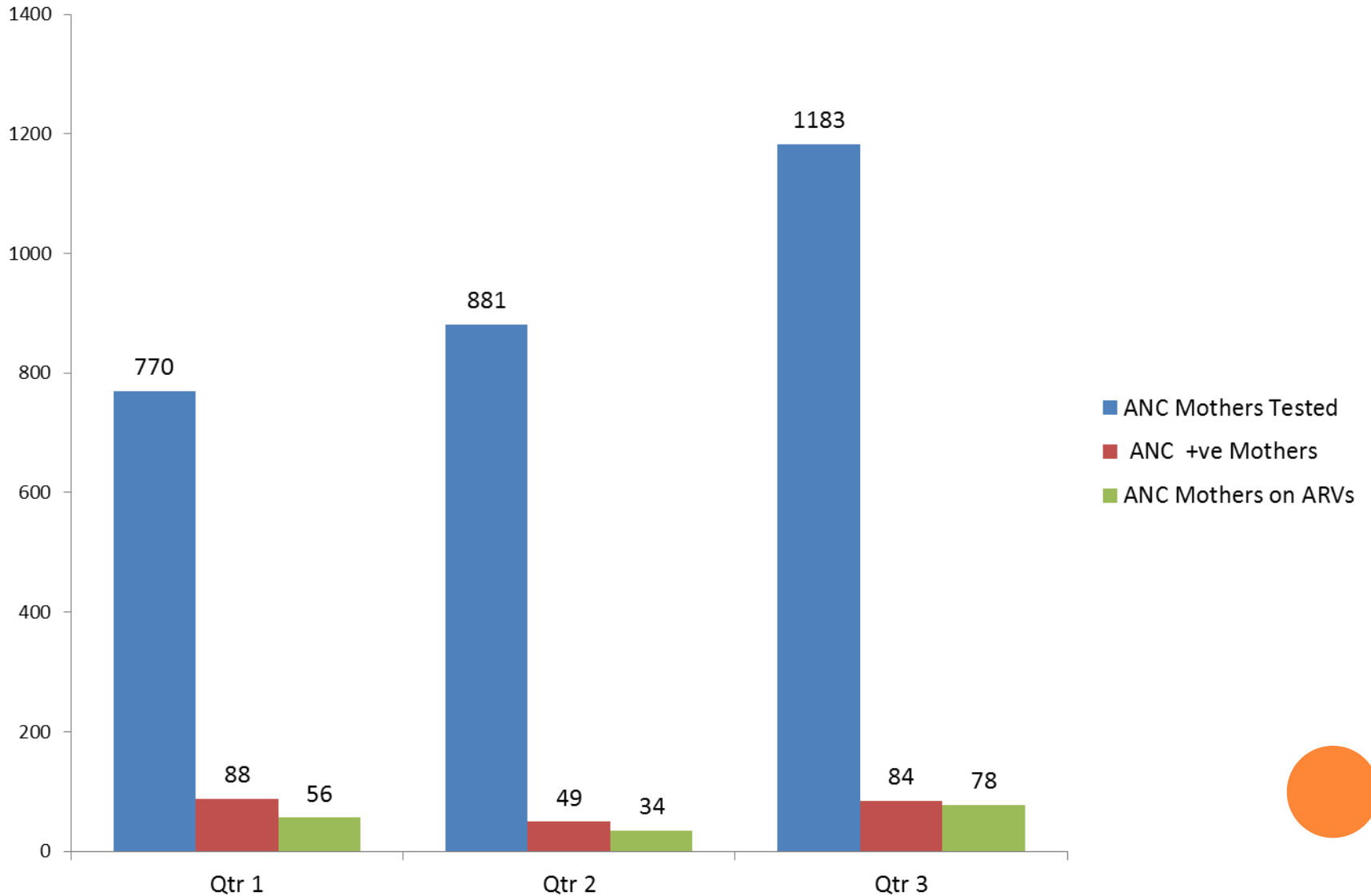
As a result, there has been

Increased community awareness, demand and utilization of PMTCT services

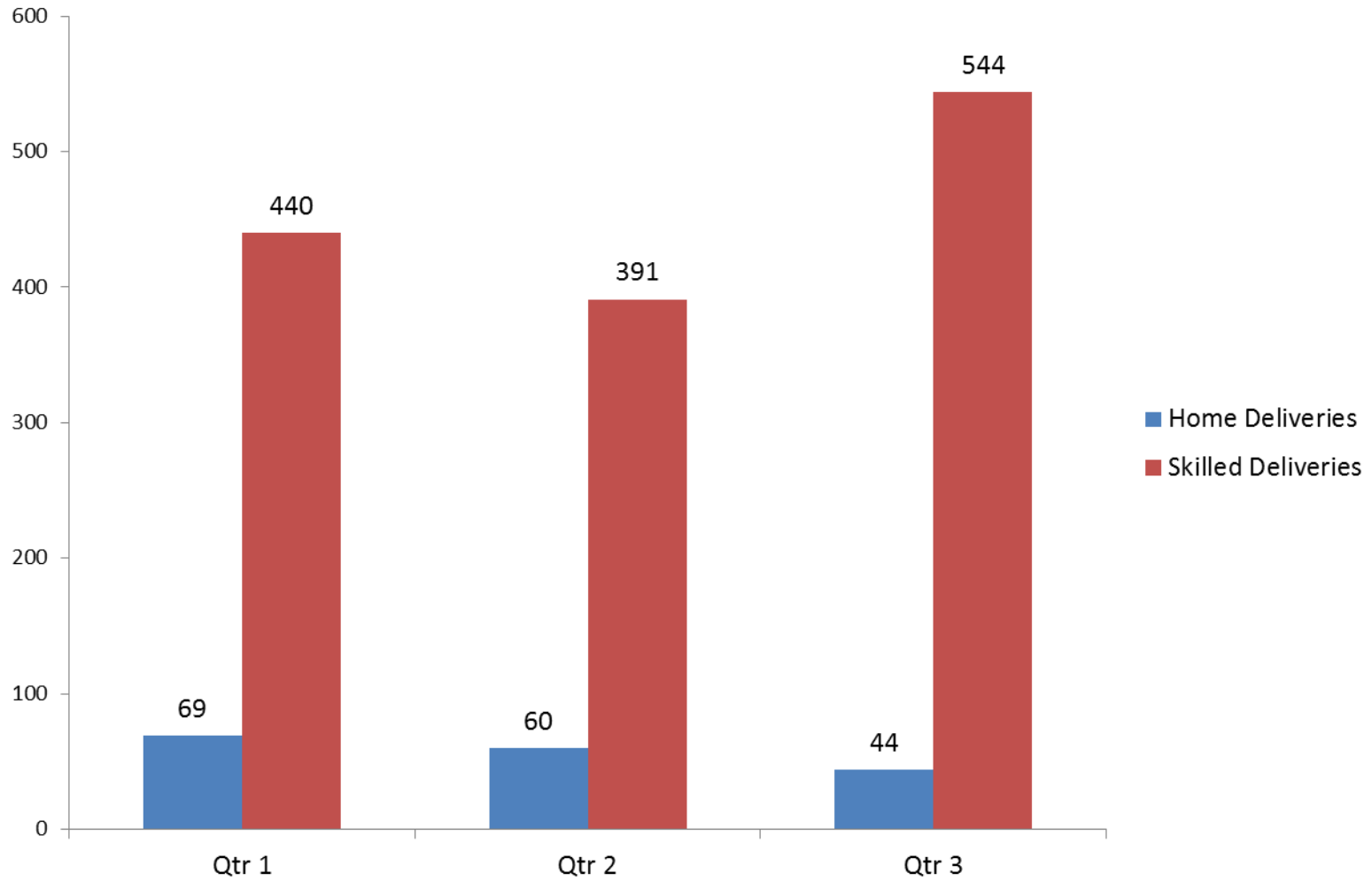
- Increased skilled deliveries of HIV+ve Mothers
- Increased PNC attendance and FP uptake
- Increased HEI follow up
- Establishment of 3 community support groups for PMTCT clients
- 18 SILC groups formed
- Strengthened community referral systems and linkages
- Increased male partner involvement



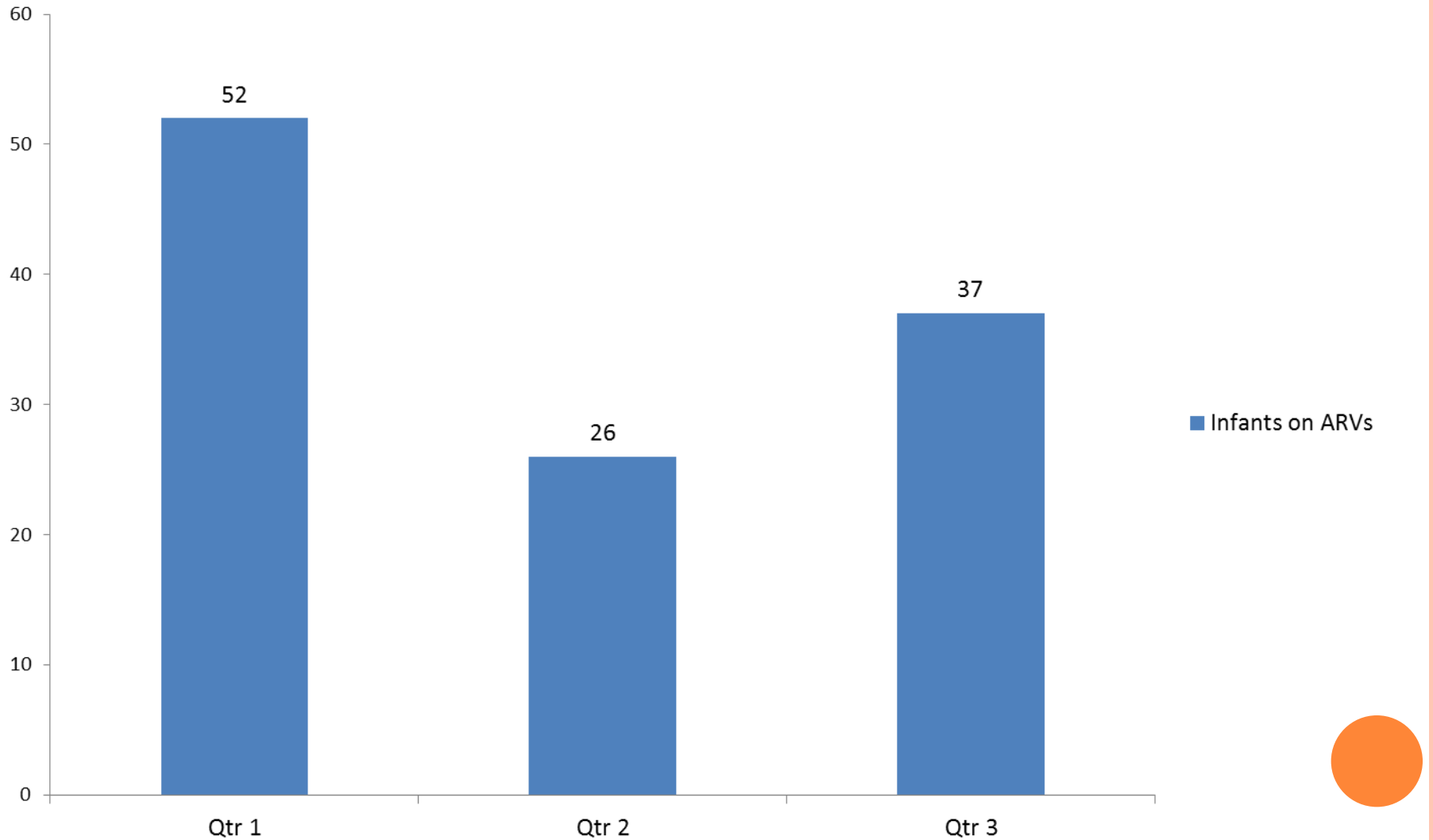
# ANC CLIENTS (MAY 013 – APRIL 014)



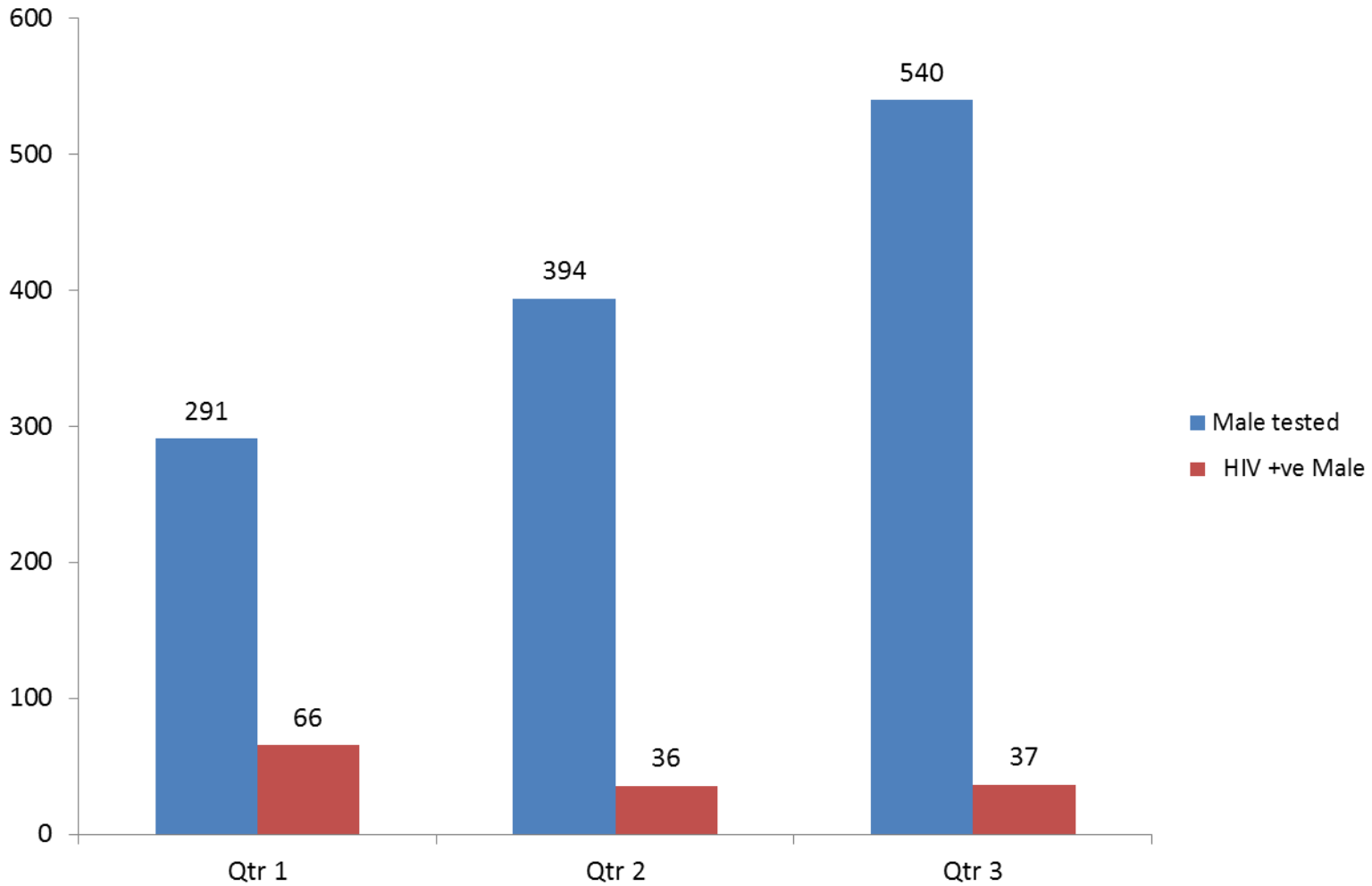
# DELIVERIES



# INFANT TRACKING ON PROPHYLAXIS



# MALE INVOLVEMENT IN PMTCT (ANC)



# THE SDH APHIAPLUS PROGRAM

## **Core Objectives**

A Family centered approach

- To Strengthen families as primary caregivers of children affected or infected by HIV
- To Strengthen systems and structures to support community ownership





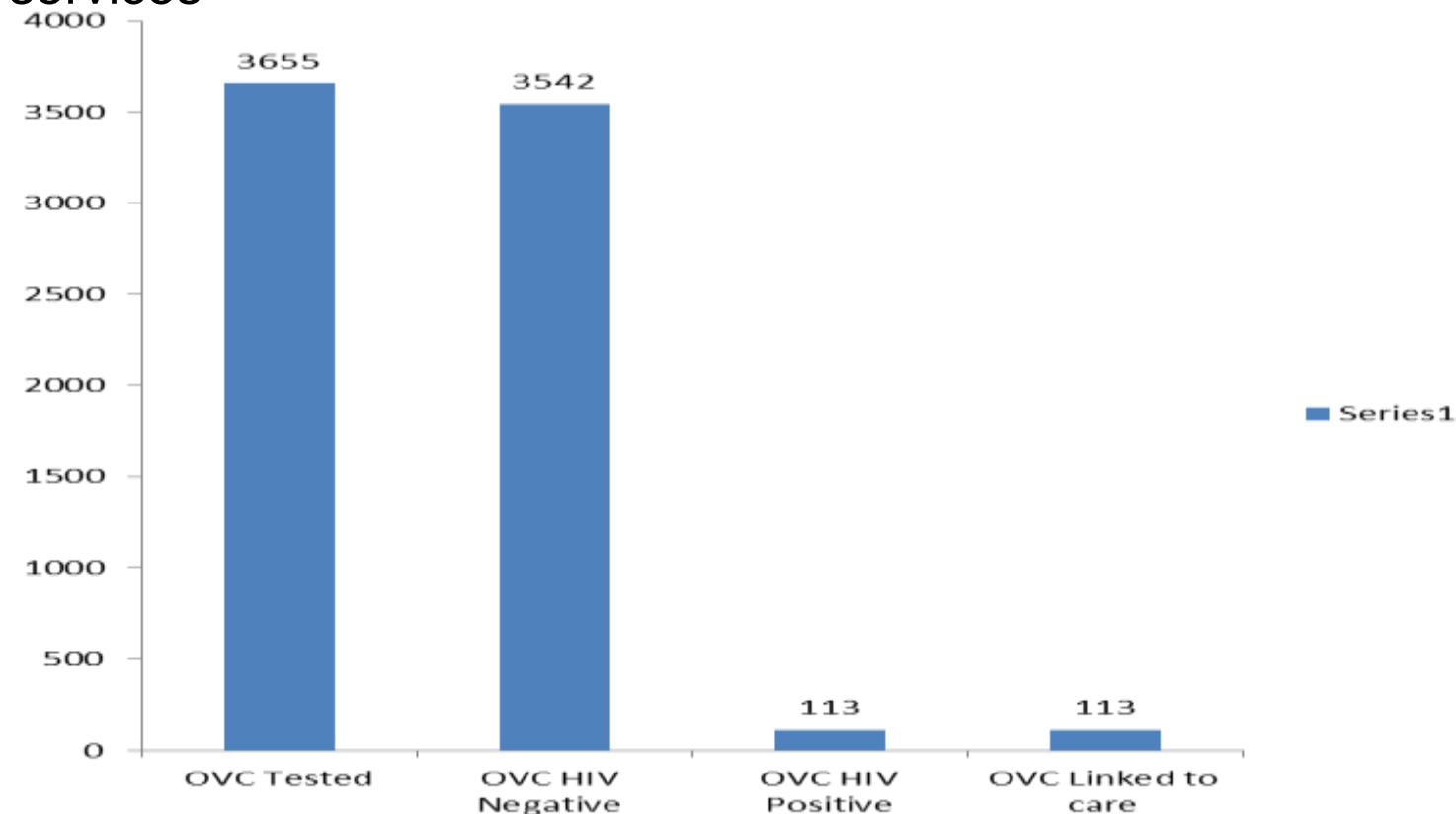
# FOCUS AREAS

- Economic Strengthening
- Food Security
- Education, Life Skills, and Literacy
- Safe Water, Sanitation, and Improved Hygiene
- Protective Services
- Social Mobilization for Health



## INTEGRATION OF THE PMTCT AND THE SDH PROJECTS

- The SDH project helps us mirror the outcome of PMTCT by capturing HEI and infected children early enough
- The project has a target of 4000 OVC to be provided with care and support services



# LESSONS LEARNT

- In order to record remarkable success of the PMTCT project within the Muslim community, men need to be actively involved since they are the key decision makers in the family and providers for their women
- Islamic perspective/teachings to be used in order to encourage Muslim communities to adhere to Preventive measures of HIV/AIDS and encourage male partner involvement on issues of health
- Engagement of the community and other key stakeholders is critical to our programming. Through multi-sectoral stakeholders, HIV prevention is achievable






*Photo: Nakuru Imams at the Health Facility*



# CHALLENGES

- Inadequate capacity and structures for follow up especially for HEI and infected children
  - Limited ability to reach ANC clients early and link them to facilities for skilled delivery
  - Limited community friendly IEC materials
  - Limited ability to help community to deal with stigma and discrimination
  - Inadequate resource to capacity build community own resource persons for ownership in addressing SDH and social cultural harmful practices
  - Inability to provide nutritional supplement for the pregnant mothers, infants and infected children
  - Inadequate funding to update and revise M&E tools to be in sync with revised MOH guidelines
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# WAY FORWARD

- Mobilize resources to capacity build CORPS and project personnel
- Mobilize resources to train Community Mentor Mothers
- Project to hire more skilled staff to fast track innovative and collaborative systems with Government and community structures
- Scale up partnerships, collaboration, networking and linkages
- Fast track resources to revise and update M&E tools



# PARTNERS

- **GOK** – Offers Technical support and Guidance
- **PACF** – Funds the PMTCT project
- **APHIA*Plus* Nuru ya Bonde (a USAID Project)** – Supports Orphans and Vulnerable children
- **EGPAF** – Capacity Building and technical support
- **CBOs, Stakeholders and Community** – Supports linkages and networking and advocacy



# ACKNOWLEDGEMENT



*Ministry of Health*



**USAID**  
FROM THE AMERICAN PEOPLE



**ELIZABETH GLASER  
PEDIATRIC AIDS  
FOUNDATION**



**KENYA COUNCIL OF IMAMS AND ULAMAA**





# THANK YOU!!!



*Photo: the Project Field Officer with mothers of a PMTCT support group with their babies.*



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