MAMA+

Comprehensive Support to HIV-positive Mothers with Young Children

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Target Groups

• Street children and youth
• Children in institutions
• HIV-affected families
• Women and children victims of violence and abuse
• Women and children in conflict with the law
• Migrant families
• Service providers
Marina and Olya, Russia

- Marina, 23
- Used drugs since she was 14, on drugs through pregnancy
- Partner also uses drugs and alcohol
- Never went to prenatal clinic
- Found she was HIV+ at the maternity hospital
- Intended to abandon the child, enrolled into MAMA+
Marina and Olya, Russia

- Home visiting to ensure child safety
- Child day care
- Support mother to abstain from drugs
- Access to welfare and HIV care
- Child HIV+, both mother and child on ARV
Natalia and Igor, Ukraine

- Natalia, 25
- Used drugs since she was 13
- Diagnosed as HIV+ through a harm reduction program at 16
- At 21 enrolled into treatment preparedness program
- Enrolled into MAMA+ during pregnancy
- On substitution therapy
- Three-stage ARV PMTCT
Natalia and Igor, Ukraine

- Home visiting to ensure child safety
- Child day care
- Access to welfare
- Restore relationship with Natalia’s mother
- Relapsed to drug use
- Child HIV-negative
- Enrolled into university
MAMA+ model components

- Early Identification
- Home Visiting
- MAMA+ Daycare Center
- MAMA+ Shelter

- Psychosocial counseling
- Client training
- Vocational counseling
- Substitution therapy
- Peer support
Professional team

- Social workers
- Psychologists
- Medical providers
- Educators
- Lawyer
- Peer counselors
Case Management Methodology

1. First contact
2. Intake
3. Psychosocial assessment
4. Intake form
5. Psychosocial assessment form
6. Case open?
7. Database
8. Service form
9. Service provision
10. Case conference
11. Case management plan
12. Progress assessment
13. Case plan development
14. Goal achieved?
15. Case closed

Case open? Yes → Case management plan
Case open? No → No → Case closed
Goal achieved? Yes → Yes → Case closed
Goal achieved? No → No → Progress assessment
ARV Coverage for PMTCT, 2009
Challenges

• Substitution therapy
• Harm reduction
• Drug rehab
• Milk formula as part of PMTCT
• Access to care for migrants
• Maintaining the methodology
• Funding for NGOs