



# PMTCT: FAMILY BASED APPROACH

ELIZABETH MWENYA

MANZA CHAPTER OF PEOPLE LIVING WITH HIV/AIDS

# MANSA NZP+

- ➔ Mansa Chapter Network of the Zambian People living with HIV/AIDS (Mansa NZP+) is a grass root organization for the people living with HIV/AIDS, established in 2003.

# VISION AND MISSION

## ➤ Vision

The network envisions an improved quality of life for PLHA who are empowered and productive members of a well-informed HIV/AIDS competent community, free of stigmatization and discrimination of People Living with HIV/AIDS.

## ➤ MISSION

Mansa NZP+ is a **membership-based** organization that promotes support to people living with HIV/AIDS, represents and advocate for their interests, facilitates the access to information and vital services, and encourages their own livelihood development.

# OBJECTIVES

➤ To promote the dignity, health and socio-economic situation of PLHIV, through representation, support and advocacy on issues affecting them.

➤ **STRATEGIC OBJECTIVES**

**a) Support:** promote and facilitate the creation of support groups, which provide a safe and conducive social space to people living with HIV/AIDS, enabling positive living;

**b) Information Education Communication (IEC)/ access to services:** To optimize the quality and access to vital information and services which are relevant to PLHIV

**c) Advocacy:** To advocate for, thereby contributing to

➤ Greater Involvement of PHLIV (GIPA)/Meaningful Involvement of PLHIV (MIPA): To encourage people living with HIV/AIDS to active participation and involvement in decision making processes at local and international levels

➤ Livelihood to encourage people living with HIV/AIDS to respond to developmental opportunities, e.g. micro-enterprises

# RESPONDING EMERGING REALITIES

- Prior to the focus on children, Mansa NZP+ formed support groups of people living with HIV/AIDS
- Support groups are a forum for peer support and include various programs including advocacy, IEC, and livelihoods

# RESPONDING TO EMERGING ISSUES

- Infants were dying of HIV related complications before they reached two years of age
- In response, Mansa NZP+ started the PMTCT program in November 2007, with support from UNICEF and Firelight Foundation.

# USING DATA IN PRACTICAL WAYS

- Mansa NZP+ has always used data from the support groups to inform our work
- Data collection is an integral part of the way we work
- Data is used to identify needs, improve programs and advocacy

## FOUR PROGRAM COMPONENTS

**Primary prevention of HIV among women and men**

**Prevention of unintended pregnancies among HIV-positive women ( e.g. through family planning)**

**Prevention of transmission from HIV-positive women to their infants (e.g. through provision of ART)**

**Follow-up for and linkages to long-term prevention, care, and support services for mothers, their children, and their families (PMTCT-Plus)**

# COMMUNITY MOBILIZING

- In order to raise awareness about HIV/AIDS and availability of PMTCT services at the nearest rural health centers, we conduct community sensitization:
  - drama performances,
  - radio programs,
  - group focused discussion and
  - health talks during antenatal clinics.

# COMMUNITY MOBILIZING

Community sensitization activities such as drama performances, radio programs, group focused discussion and health talks during antenatal clinics.



# PARTNERSHIP

- Mansa NZP+ approached the District Health Management Board about a PMTCT program
- Trained 25 counselors to work in 10 rural centers
- Clear distinction of roles between Mansa NZP volunteers and the nurse at the health centers

# FAMILY-BASED VOLUNTARY COUNSELING AND TESTING

- Voluntary counseling and testing for both Men and Women through the opt-out program
- At first it was difficult to convince men to attend antenatal clinic
- Power of personal testimony during the radio-phone in programs.
- In addition, volunteers also conducted door-to-door campaigns

# Engaging Men in the Testing for PMTCT

- Also conducted outreach into work places on the importance of accompanying wife to PMTCT
- Ministry of Health also made a policy that if you don't bring your husband they will not administer the test
- Over time, men were convinced to test with women
- Increased men's participation from 10 percent to 60 percent

# Engaging Men in the Testing for PMTCT



# WHY ENGAGE MEN

- Important for husband and wife to go through testing together for women to opt-in
- If tested individually, men blame the women for bringing the HIV into the family
- When tested together, make a decision together on options for treatment, etc.

# ANTE-NATAL CARE PACKAGE

A minimum package of antenatal care services includes:

- vitamin supplementation
- screening for and treatment of anemia and sexually transmitted infections (*to reduce both sexually and mother-to-child transmission of HIV*)
- breast feeding counseling
- location to the nearest trained traditional birth attendant within the community in case of emergency

# ANTENATAL CARE PACKAGE



# RESULTS

	<b>2008</b>	<b>2009</b>	<b>Total</b>
Number of women attending antenatal clinic	7,855	7,402	15,257
Number of men attending antenatal clinic	1,726	5,038	6764
Number of women opting to be tested during antenatal clinic	4,921	7,349	12,270
Number of men opting to be tested during antenatal clinic	1,256	2,652	4,910
Number of children being followed up	439	540	979
Number of children testing HIV+	400	15	415

# FOLLOW-UP

- We make follow ups in the community for both the Infant and the mother
- We monitor breastfeeding options
- Dry Blood Sample collected
- Linkages to mother support groups and referrals for other services

# COMMUNITY FOLLOW-UP



# CHALLENGES

- Most of our clients in the district travel long distances to access HIV related services and issues of accommodation , food and high cost of transport as they are treated as out patients
- Long queues at ART clinics due to few centers and health workers. Most children come with empty stomach
- Lack reliable transport to make community follow –ups especially long distance areas
- We only have 2 CPR machines in Zambia and it takes long to receive the results for mothers to make a choice to stop breast feeding

# CHALLENGES

- Long period it takes to process approved funding
- Limited financial resources to implement most planned activities
- Maintaining and motivating volunteers
- We act as the provincial focal point for the network , hence we need to monitoring other district activities as we do not have administration funds to support districts

# FUTURE PLANS

- Form and strengthen old support groups in the district
- Establish a livelihood development center for people living with HIV/AIDS
- Be the principal civil society distributor of IEC and condoms in the province
- Train and equip 20 pediatric community based volunteers in Mansa district
- Start working at Mansa General Hospital Pediatric Clinic which is a Provincial referral center so that we can monitor our clients coming from the ten (10) working sites

# WHAT WORKED

- Partnership with District Health Management and with Health Centers
- Community-wide outreach and door-to-door engagement of men to participate in ante-natal testing
- Follow-up support by the volunteers to help mothers with ongoing challenges that they face

# PARTNERS

## ➤ PARTNERS WORKING WITH MANSA NZP+ CHAPTER

### ➤ FUNDING AGENCIES

➤ UNICEF (Zambia)

➤ Firelight foundation (California)

## ➤ Zambian National AIDS Network

### ➤ A FEW NETWORK PARTNERS

➤ Mansa District health Management

➤ Zambia Prevention Care and Treatment Partnership Program (ZPCT II)

➤ Luapula Foundation

➤ Catholic Dioceses of Mansa