



# Africa Regional PMTCT and IYCF Program

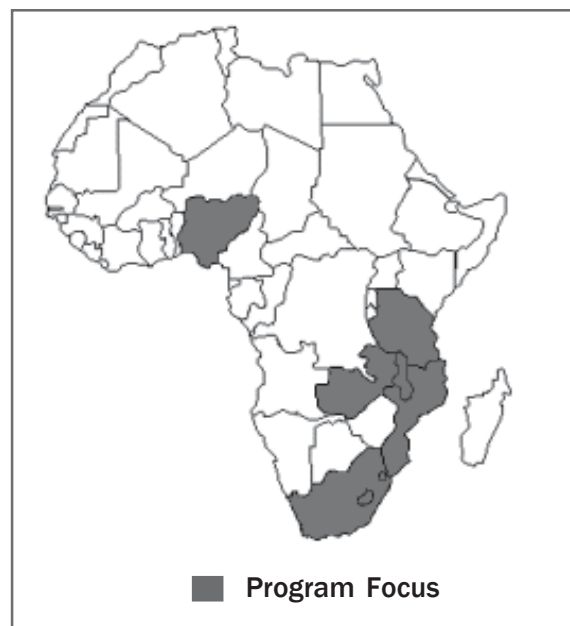
2002-2006

Prevention of mother-to-child transmission of HIV (PMTCT) is consistent with the goals of HIV prevention and improved child health and survival. A woman with HIV has a 30–35 percent chance of transmitting the virus to her newborn. With no interventions to reduce transmission, 5–10 percent of infants will be infected during pregnancy, 10–20 percent during labor and delivery, and 10–20 percent during breastfeeding if breastfed for 18–24 months. Recommended PMTCT interventions, including offering antiretroviral drugs, can be undermined if HIV-positive women are not counseled and supported to feed their infants safely.

The LINKAGES Africa Regional PMTCT and Infant and Young Child Feeding (IYCF) Program was established in 2002 in response to multiple requests from African countries for technical assistance in integrated infant feeding in the context of HIV/AIDS and PMTCT. The project's pioneering work in Zambia between 1997 and 2004 to introduce HIV counseling and testing and apply national infant feeding guidelines in antenatal clinics was studied elsewhere in Africa as a feasible and sustainable strategy in low-resource settings. The approach reduced the risk of mother-to-child transmission and improved care for all mothers and infants regardless of HIV status (see *World LINKAGES Zambia*). The skills, tools, and materials that emerged from LINKAGES/Zambia helped over a dozen countries begin to overcome the challenges of IYCF in the context of PMTCT.

## Program Design

Funded by the U. S. Agency for International Development and managed by the Academy for Educational Development, the Africa Regional Program endorsed the integration of optimal IYCF counseling into mother and child health (MCH) clinic and community PMTCT services. The goal was to help women weigh the risks and benefits of infant feeding methods and choose the best option for their situation. The components of the LINKAGES approach are listed below and described in more detail in the following sections.



## Integrated MCH, PMTCT, and IYCF Approach

1. **Advocacy** for updated and applied national PMTCT and IYCF policies and guidelines
2. **Assessment** of clinic and community services and referral systems, staffing, training needs, care-seeking behavior, household food security, sanitation, stigma, gender issues, HIV/AIDS and PMTCT knowledge and attitudes, IYCF practices, and replacement feeding options
3. **Training** of health providers, community health volunteers, and partner staff in PMTCT and IYCF counseling and on-the-job mentoring through existing or improved supervisory systems
4. **Support for improved MCH services** (labor, delivery, post-natal, family planning, and child health) to reduce the risk of mother-to-child transmission of HIV
5. **Behavior change communication (BCC)** strategic planning, training in BCC methodologies, materials development, and media campaigns to promote appropriate PMTCT and IYCF messages
6. **Community involvement** in supporting mothers and their IYCF choice, strengthening community counseling and referrals to clinics, and monitoring community results
7. **Enhanced data management**, including capacity building to collect data within the health management information system and feedback on how to improve behavior change and service demand

## Program Implementation

From 2002 through 2006, the Africa Regional Program collaborated with national, regional, and international partners to promote and facilitate PMTCT policies and programs and build capacity to integrate optimal IYCF into existing maternal and child health and community PMTCT services. Technical assistance was grounded in extensive field experience. Program staff included African technical specialists in HIV/AIDS, infant feeding, training, BCC, and monitoring and evaluation.

The program worked closely with local, national, regional, and international partners such as ministries of health, the Elizabeth Glaser Pediatric AIDS Foundation, Columbia University's International Care and Treatment Program, University Research Co. LLC, the Tanzania Food and Nutrition Center, World Vision in Mozambique, the Alliance of Mayors Initiative to Combat AIDS at the Local Level (AMICALL) in Swaziland, and The Valley Trust and HOPE WorldWide in South Africa. Regional partners included the Regional Centre for Quality of Health Care, the Southern Africa Development Community, and the East, Central, and Southern Africa Health Secretariat.

Requests for assistance often started with policy work and evolved and expanded over time. Activities reflected government and USAID Mission priorities, complemented partner programs, and responded to identified gaps and opportunities.

**Policy advocacy.** Unclear policies and conflicting messages on HIV and infant feeding create confusion and uncertainty. LINKAGES focused both on influencing national PMTCT and IYCF policies and on attitudinal messages to change specific behaviors. The Africa Regional Program helped governments develop or update national IYCF policies in the context of HIV/AIDS based on WHO's Global Strategy for Infant and Young Child Feeding and facilitated consensus building among partners on IYCF guidelines and implementation plans. LINKAGES advocated for legalization of the National Regulation on Marketing of Breast-Milk Substitutes in Zambia and provided technical assistance to the Department of Health to develop guidelines on women's nutrition in the context of HIV in South Africa. The Africa Regional Program also supported the use of the PROFILES nutrition policy and analysis process in Tanzania and organized a videoconference on "Technical Updates and Discussion of Key HIV and Infant Feeding Issues" with government and USAID participants in Lesotho, South Africa, and Swaziland.

**Assessment.** LINKAGES conducted site assessments in Lesotho, Nigeria, South Africa, Swaziland, Tanzania, and Zambia to select the most promising health facilities for implementing PMTCT and IYCF services. Behavioral assessments in catchment communities of target health facilities collected information from mothers of infants 0– < 6 months old and 6– < 12 months old, health providers, and other community members on knowledge, attitudes, and practices related to HIV/AIDS, MTCT and risk reduction strategies, and IYCF. Formative research included trials of improved practices (TIPs) to negotiate recommended behaviors with mothers. Market surveys provided information on the cost and availability of replacement milks. The formative research results were used to develop training, counseling, and behavior change messages and materials and feasible infant feeding recommendations for counseling.

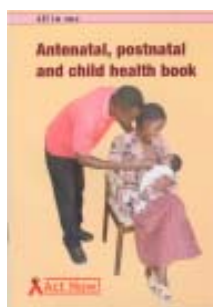
**Training and mentoring.** Most assessments found limited health provider knowledge of HIV, lactation management, and IYCF counseling in the context of HIV/AIDS. In response, LINKAGES trained national and provincial trainers of health providers in these areas and supported roll-out training at health facilities and in communities. The program developed a basic course for health providers adapted from a UN HIV and infant feeding course, adding additional content on IYCF and hands-on practice in lactation management and preparation of replacement feeds using local resources. LINKAGES also developed a 2-week training of trainers (TOT) course in HIV/AIDS, PMTCT, and IYCF to help build a pool of trainers.

As need arose in target countries, LINKAGES developed an abridged infant feeding course for HIV counselors, an HIV rapid testing course for counselors, and a TOT course in community behavior change methodologies. Additional courses were developed for Baby-Friendly Hospital Initiative (BFHI) assessor training and women's nutrition in the context of HIV/AIDS. Between 2003 and 2006 the Africa Regional Program trained approximately 1,500 health providers in maternal nutrition, PMTCT, HIV/AIDS, and IYCF; 67 health providers in BCC methodologies to promote PMTCT and optimal IYCF; and 140 national BFHI assessors and 30 health providers in BFHI. In Mozambique LINKAGES supported the development and distribution of a national Basic Nutrition Package of training manuals and trained trainers and Ministry of Health staff in their use.

Several regional courses on infant feeding and PMTCT were held in Zambia for approximately 60 participants from 8 African countries. Study tours to observe the Zambia PMTCT and infant feeding program were arranged for delegations from Eritrea, Lesotho, Nigeria, and Swaziland.

**Improved service delivery.** LINKAGES' strategy for improved service delivery included technical and skills training of health providers, strengthening and expanding the Baby-Friendly Hospital Initiative, and advocacy with governments and partners to ensure continuous supplies of test kits, Nevirapine, and essential antenatal drugs and supplies in target sites.

**BCC.** Successful interventions to address IYCF in the context of HIV/AIDS require positive community and family attitudes and acceptance of treatment, care, and support for HIV-positive mothers and their children. The LINKAGES' Africa Regional Program team provided technical assistance in behavior change communication in Botswana, Kenya, Lesotho, Malawi, South Africa, Swaziland, Tanzania, and Zambia. Staff worked with ministries of health and other partners to develop joint national BCC strategies to support community mobilization for PMTCT and IYCF and ensure consistency of messages. BCC methodologies were incorporated in training curricula for health providers and community motivators



In Zambia LINKAGES mounted a multimedia "Act Now!" campaign to target community beliefs and practices that perpetuate HIV-related stigma, bring HIV/AIDS into public discourse, and promote PMTCT and optimal IYCF in the context of HIV/AIDS. An "All-in-One" antenatal, post-natal, and

child health booklet for health providers was produced in Zambia and adapted for use by the South Africa Department of Health and Swaziland Ministry of Health and Social Welfare. Lesotho produced a variety of print materials as part of a "No Mixed Feeding" campaign, and Nigeria developed a wall chart for health facilities showing infant feeding options. LINKAGES translated nine of its short technical publications into Portuguese for program managers and health providers in Mozambique. The program also provided technical and financial support in several countries for annual World Breastfeeding Week celebrations at national and local levels.

**Community-clinic links.** Community mobilization is critical to improve knowledge of PMTCT risk reduction, uptake of PMTCT services, and safe IYCF in the context of HIV. Community members can deliver counseling, make referrals, and promote messages on optimal behaviors. To mobilize communities to seek services and lighten the load of clinic-based providers, LINKAGES developed a community course focusing on

practical content, including BCC methodologies. The course also trained community motivators to sustain the care and support provided by primary health care services for HIV-positive pregnant and lactating women.

In Lesotho, Nigeria, Swaziland, and Tanzania, LINKAGES complemented the clinical work of other USAID-supported partners by promoting uptake of PMTCT services and improved nutrition practices. Advocacy and sensitization meetings were held in these countries with 1,122 community leaders and staff of community organizations to build consensus and commitment to support community activities. LINKAGES trained 1,448 community health workers and their trainers and supervisors to promote optimal maternal nutrition and IYCF in the context of HIV/AIDS. In Nigeria 12 community groups formed a community health forum to promote optimal IYCF. In Tanzania a rapid program assessment in one target district showed an increase from 9 percent to 58 percent in the proportion of mothers citing community health workers as a source of infant feeding information, advice, or counseling between 2005 and 2006.

To forge closer links between health facilities and community service providers, LINKAGES worked with district site coordinators in Tanzania and Zambia to improve health provider support of community health workers. The site coordinators organized regular meetings of community motivators, counselors, and district health teams to strengthen referrals of pregnant women for HIV counseling and testing and IYCF counseling. In Zambia lay counselors received training in basic counseling skills in PMTCT and IYCF. Community motivators and lay counselors referred HIV-positive mothers to community care and support services, and trained community health motivators were linked with specific facilities and counselors for client referrals. The country programs helped establish referral systems among primary health care centers, community health workers, and secondary health facilities.

LINKAGES' community strategy also included encouraging the formation of PMTCT support groups. In Malawi these groups included older women who exert a strong influence on the infant feeding practices of daughters and daughters-in-law. To engage male partners in supporting reproductive health and safe IYCF practices in the context of HIV/AIDS, LINKAGES trained health providers to promote couples counseling and empower women who test HIV-positive to negotiate safer sex. In Tanzania the program trained male community motivators in each target village to promote optimal IYCF and PMTCT.

**M&E.** Community-based surveys and clinic information are necessary to capture the status of infant feeding in relation to PMTCT. LINKAGES conducted baseline community surveys in Lesotho, South Africa, Swaziland, Tanzania, and Zambia and end-line surveys in Tanzania and Zambia. In Zambia LINKAGES developed new registers to track HIV counseling and testing services, group discussion, infant feeding counseling, and Nevirapine compliance; trained implementers in PMTCT data collection and reporting; and helped health centers develop M&E plans.

Site coordinators supported by LINKAGES in Tanzania and Zambia aggregated health center data for the districts and sent these data monthly to the ministries of health and LINKAGES. They also supervised and monitored practices and health messages, ensured that communities had adequate registers and IEC materials, participated in site assessments, identified people for training, and provided feedback to district health management teams on issues for program improvement. LINKAGES developed monitoring tools for community health workers in most of its program countries to record promotional activities and referral. These innovations greatly improved communication between LINKAGES and the districts and enabled regular review of data collection and quality and follow up with remedial action if needed.

## Recommendations

Through the Africa Regional Program's experience in promoting and building capacity for integrated PMTCT and IYCF, LINKAGES found that attention to the following considerations can fa-

cilitate uptake of PMTCT services and practice of optimal infant and young child feeding:

- ◆ Emphasizing nutrition in all phases of PMTCT programs and linking PMTCT to other child survival interventions, family planning, and care and support of people with HIV/AIDS
- ◆ Promoting PMTCT and IYCF as services for couples and families, not only for women
- ◆ Providing on-site and hands-on training in breastfeeding, safe replacement feeding demonstrations, and communication and negotiations skills and then mentoring, supervising, and monitoring the trained health providers and community health workers
- ◆ Training private sector as well as public sector health providers in IYCF counseling
- ◆ Training community health workers in optimal maternal nutrition, IYCF, and BCC strategies to relieve some of the burden on facility-based PMTCT health providers
- ◆ Organizing regular meetings between health providers and community health workers to monitor the community component of PMTCT programs
- ◆ Raising awareness of the dangers of mixed feeding through advocacy, health education, counseling, and media messages
- ◆ Engaging recognized community volunteers, men, and older women to promote IYCF in the context of PMTCT
- ◆ Encouraging communities to establish infant feeding and PMTCT support groups

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**For more information on country activities and publications on HIV and infant feeding, visit [www.linkagesproject.org](http://www.linkagesproject.org).**

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