



# CQUIN Differentiated MCH Workshop

October 29, November 2, November 5

Wiseman Mngometulu

SRH PMTCT Focal

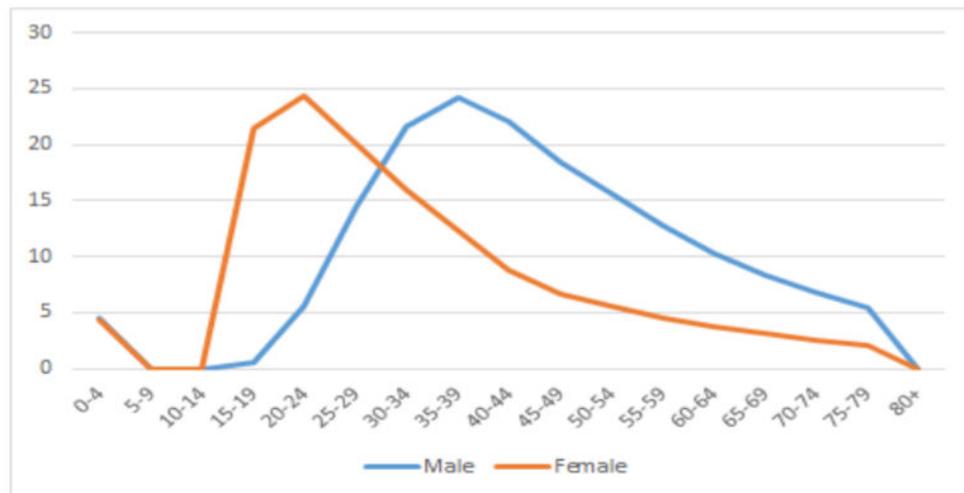
Oct 2020

# HIV in Eswatini

**63%**

**OF PEOPLE LIVING WITH HIV  
IN ESWATINI ARE WOMEN**

Figure 2.1.6 2018 HIV Incidence by Age and Sex



- 35.1% of all women are living with HIV, compared to 19.3% of men

- HIV positivity rate at ANC was 36% (2019)
- MTCT positivity rate at 6-8 weeks was 1% (2019), this tends to increase within the breastfeeding period



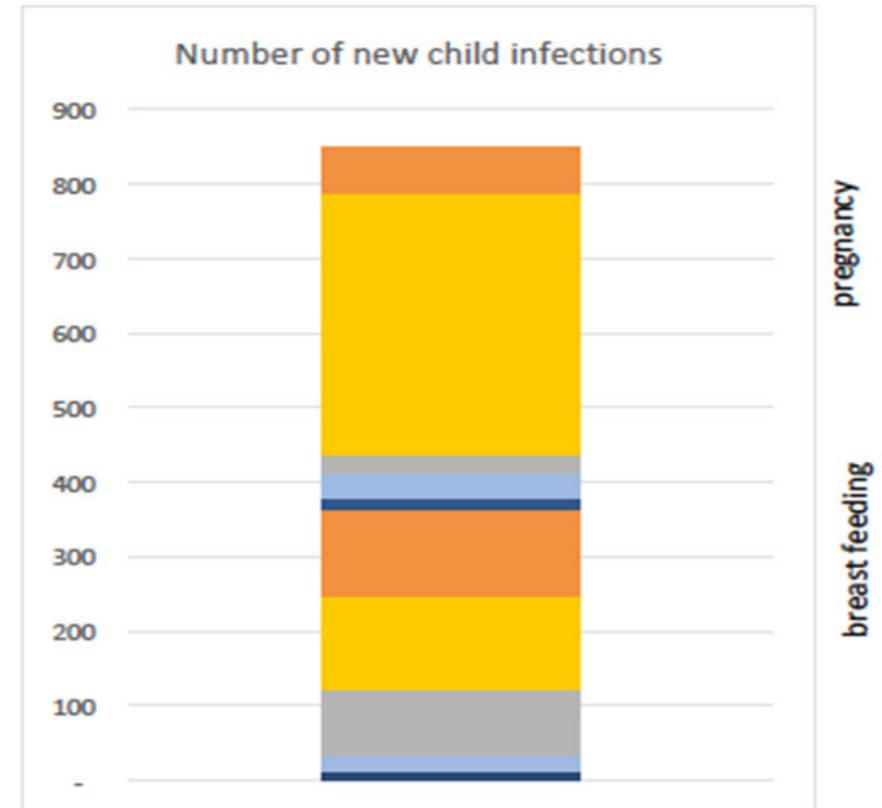
**Eswatini meets  
global 95-95-95  
HIV target**

# Eswatini PMTCT “stacked bar” (2019 analysis, 2018 data, Spectrum)

SWZ	ISO code
32,000	Total births
10,900	Estimated births to women living with HIV
79	% of HIV+ pregnant women receiving ARVs
58	% of HIV+ pregnant women on ART before conception
7.8	MTCT rate
98	% retained on ART at delivery
2.2	% dropping off ART during breastfeeding every month
2.010	% HIV incidence among women 15-49
1.061	% incidence among pregnant women (roughly)
57	% of HIV+ mothers breastfeeding at 12 months
900	Number of new child infections due to MTCT

## New child infections

62	Mother infected during pregnancy; child infected during pregnancy
350	Did not receive ART during pregnancy; child infected during pregnancy
30	Mother dropped off ART during pregnancy; child infected during pregnancy
-	Started ART late in the pregnancy; child infected during pregnancy
30	Started ART during the pregnancy; child infected during pregnancy
20	Started ART before the pregnancy; child infected during pregnancy
120	Mother infected during breastfeeding; child infected during breastfeeding
130	Did not receive ART during breastfeeding; child infected during breastfeeding
90	Mother dropped off ART during breastfeeding; child infected during breastfeeding
-	Started ART late in pregnancy; child infected during breastfeeding
20	Started ART during pregnancy; child infected during breastfeeding
10	Started ART before pregnancy; child infected during breastfeeding



## Recommended actions:

# Policy and Treatment Guidelines

## 2018 National HIV Management Guidelines

Pregnancy	Labour and Delivery	Beyond Delivery
Screening for Malaria, Syphilis, Hepatitis, HTS	HTS,	HTS, MBP follow up, EID
VL Monitoring, CD4 Testing and other Baseline blood tests	ART and CTX initiation	VL Monitoring, CD4 Testing and other Baseline blood tests
Adherence monitoring and support	Adherence monitoring and support	Adherence monitoring and support
Psychosocial support( MMs, ECs, CMMs)	Psychosocial support( MMs, ECs, CMMs)	Psychosocial support( MMs, ECs, CMMs)
ART and CTX initiation and refills	BT for HIVeI	ART and CTX initiation and refills
Clinical Treatment Staging	Give eIP	Clinical Treatment Staging
Give eIP		Give eIP

- National guidelines support DSD for MCH clients living with HIV

# Differentiated Services for MCH Clients

## Postnatal clubs at Nhlangano HC PHU

- **Implementation started in October 2019.**
  - **A holistic patient-centered model of care that addresses both the medical needs of an HIV-positive mother and her at-risk infant, which also provides peer support, psychosocial support and early childhood development support**
  - **Who: HIV Positive Mother, and HIV exposed infant.**
  - **Recruitment during: ANC visits – And Postnatal consultation until 18 months exit testing done**
  - **The health facility visits are aligned to the MBP stipulated visits which are also aligned to the immunization schedule**
  - **Clients are provided services according to the MBP guidelines which include FP, among others**
- **Time for gathering reduced in respect of physical distancing ( 6 per group)**
- **For ANC there no DSD models**
- **ANC clients refills are aligned to the ANC contacts (8), clients are encouraged to adhere to the ANC visits**



# REACHING OUR YOUNGEST POPULATION: A TAILORED DIFFERENTIATED SERVICE DELIVERY MODEL FOR INFANTS AND THEIR CAREGIVERS LIVING WITH HIV IN MBABANE, ESWATINI

## Background

Globally, infants and young children living with HIV lag far behind WHO viral load (VL) suppression targets.

Infants living with HIV face the highest risk of mortality during the most critical time of development.

Challenges include poor palatability of LPV/r oral solution and unique psychosocial challenges for caregivers.

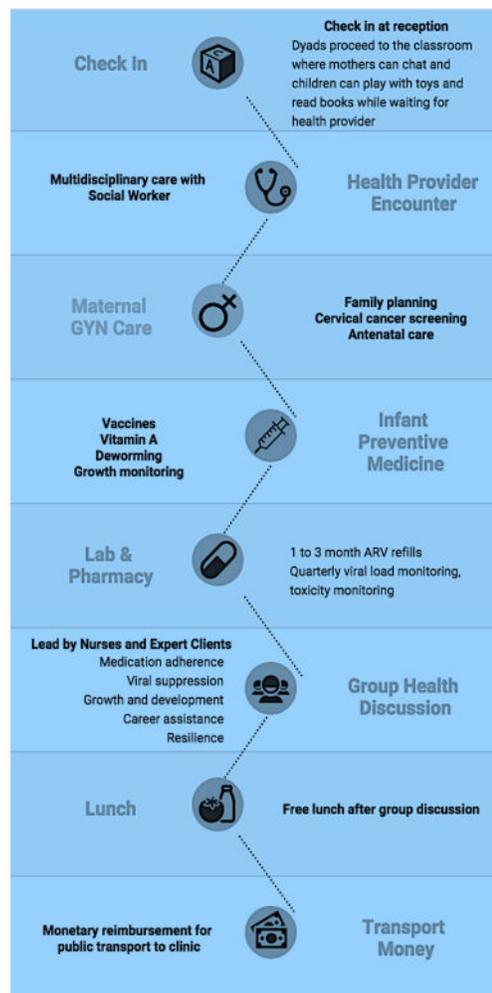
August 2017, Baylor Mbabane formed a differentiated service delivery (DSD) program, Baby Club (BC) to cater to our youngest patients.

**WHO:** CLHIV <3 years old AND caregivers were invited to attend monthly BC sessions

**GOAL:** To provide full-service HIV care and social support to infants and caregivers to improve health and VL suppression.

Children graduate from BC on their 3<sup>rd</sup> birthday with a celebration and gift of a preschool book.

## Baby Club Session Clinic Flow



## Results

### VL Suppression Prior to BC Inception

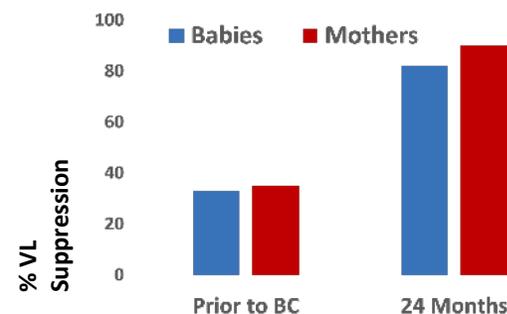
- Children <3 years: **<35%** (5/14)
- Mothers: **33%** (3/9)

### VL Suppression of BC Members at 24 Months

- Children <3 years: **82%** (31/38)
- Mothers: **90%** (28/31)

### Additional Lessons Learned

- All 7 MBPs BC graduates have remained virally suppressed.
- The majority of children that remain unsuppressed also have mothers that are not suppressed.
- Sessions were often the only time mothers could discuss their children in a supportive stigma free environment.



## Program Improvement

Since BC inception, the following changes have been made:

- Increased BC dates to twice per month to limit size (15 children & mothers/day) for better group cohesion and more time for provider visits.
- Dedicated social work involvement for all unsuppressed MBPs.
- LPV/r granules and TLD have been introduced recently in the country
- A Whatsapp group was formed to keep mothers in contact between sessions.

## Conclusion

A monthly psychosocial support and playgroup coordinated with health services proves a successful DSD model for our infants and caregivers.

**Baby Club has helped to educate, empower and support our patients.** Yet, we have not yet met WHO targets. Mother and infant MBPs living with HIV face unique struggles that demand a personalized and aggressive approach to help them reach viral suppression and thrive.

# WHAT HAPPENS AT EACH CLUB?

- **The Nhlanguano MBP club is run based on four pillars**
  - **Lay counsellor for Psychosocial support**
  - **Adult ART Clubs for HIV Care.**
  - **Early childhood development**
  - **Expanded program of immunizations.**
  - **Family Planning**
  - **EID**
  - **VL monitoring**

# WHAT HAPPENS AT EACH CLUB?

## Baby Club (Support group)

### • Baby

**Who is legible:** HIV + babies under 3 years

**How it is done:** *Mother comes with the child.*

Conducted once a month for:

- Growth Monitoring and immunisation
- ART refills
- Viral load monitoring
- Toys for playing, colouring books, Story books given to parents
- Given present during her birthday

**Sessions conducted by:**

- Doctor, Nurse, Social Worker, Mentor mother.

***They graduate at 36 months and join mother baby pair club.***

### • Mother

**Who is legible:** HIV + mothers

**How it is done:** Mothers come with their babies once a month to join other mothers with a similar challenge. This is an initiative of the child welfare clinic.

Conducted once a month for:

- SRH service provision
- Provision of PSS on adherence to treatment
- ART refills
- Cervical Cancer services (screening and treatment)
- Viral load monitoring
- Health talks on relevant topics to nursing mothers.
- Information sharing and debrief

***Mothers who have achieved viral suppression for their babies get an incentive/gift.***

## Mother-Baby pair (one on one at consultation room)

### Baby

**Who is legible:** HIV + babies and HIV exposed under 5 years

**How it is done:** Mothers come at specified time intervals for the services provided in the Centre of Excellence. This is an initiative of the child welfare clinic where both mother and the child get integrated services.

- POC and retesting for HIV-ve babies.
- HEI get eIP (AZT, NVP, CTX)- PMTCT
- ART refills for HIV positive babies.
- Immunisation, growth monitoring and development
- Viral load monitoring for HIV+ children who might have graduated from baby club.
- EIMC counselling, TB screening and treatment

### Mother

- **Who is legible:** HIV exposed infants with their mothers as well as HIV +children under 5 ( Transition from PMTCT)

**How it is done:** Mothers come at specified time intervals for the services provided in the Centre of Excellence. This is an initiative of the child welfare clinic.

Conducted once a month for:

- SRH service provision
- Provision of PSS on adherence to treatment
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# DSD Policy and Guidelines

Model Of Care	Yes	No
MMD for PW	Yes	
Enhanced Prophylaxis for HEI	Yes	
FP integration with ART for Postpartum women	Yes	
One Stop Shop Model (Mom, Baby coordinated ART and Pediatric follow-up)	Yes	
MMD for Mom-Baby Community ART Groups		No
PrEP and FP for women at risk, Prep is being offered to the women	yes	
Other models:		No

**BAYLOR BABY CLUB has an SOP**

**- Meets every month, children seen by a Dr**

# DSD Data on MCH

- Currently in pilot – to date enrollment includes:

#/% of clients enrolled in DSD services: **27 pairs (Mother – Baby) active**

#/% retained/VLS compared to those in standard of care models, data will be collected as groups were disturbed by Covid 19

# MCH DSD Resources

- SOPs, Job Aides, Training Materials etc. **Yet to develop**
- What monitoring resources are you using to help track ANC/PP clients in DSD MCH models?
  - Are they integrated into HMIS? **Not yet integrated as model is new**
  - Can you disaggregate by pregnancy vs breastfeeding status in ART DSD tracking systems? **N/A**
  - Can you track if client enrolled in a DSD models falls pregnant? **No**

# What are the priorities for DSD for MCH clients

- Tell us what the DSD priorities are for P/BFW living with HIV
- Developing DSD concept for DSD in MCH,
- Developing SOPs
- **What are the challenges with Nhlanguano DSD**
  - **Infrastructure / Space challenges for group meetings**
  - **Postponement of recruitment due to COVID**
  - **Sustainability**
- How can the network support this?

**Assist in policy development, working strategies to improve this initiative**