



CQUIN Differentiated MCH Workshop

May 25-27, 2021

Postnatal Clubs for Mother/Baby Pairs in Eswatini

Wiseman Mngometulu

PMTCT Focal, MOH-SRH, Eswatini

27 May 2021



HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Background

35.1% of all women are living with HIV, compared to 19.3% of men (SDHS, 2007)

63%

OF PEOPLE LIVING WITH HIV
IN ESWATINI ARE WOMEN



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

- HIV positivity rate at ANC was 36% (2019)
- MTCT positivity rate at 6-8weeks was 1% (2019), this tends to increase within the breastfeeding period
 - The estimated final MTCT rate is 7.8% in 2018 (2019 Nercha projections report)
- **Adolescent girls and young women 15-24yrs contributed 57% of MTCT cases in 2020 MTCT audit**
- Main challenge is low rates of viral load coverage and poor retention of mothers and infants in the post partum period ²

Proposed MCH DSD Models

- Post-natal Outreach Club
- Adult Mother- Baby Pair Club
- Pregnant and Lactating Teen clubs (PLTCs)
- Pregnant and Lactating women High VL club
- MMD: 3 months for Lactating mothers from 6months of the Child's life

Postnatal Club

→Nhlangano HC PHU in implementation phase since 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
- **Eligible:** HIV Positive Mother, and HIV exposed infant.
- **Recruitment during:** ANC visits – and Postnatal consultation until 18 months exit testing done
- Using the MBP model so the mothers come with their babies
- **Covid 19 Considerations:** Time for gathering reduced and numbers as well in respect of physical distancing (more groups created)

MOTHER & BABY PAIR Services

Receiving health services with your baby at EVERY visit will keep you informed and healthy



Fathers are also encouraged to be involved in the healthcare of their child



What Happens at each Postnatal Club?

○ WHO:

- Lay counsellor for Psychosocial support
- Nurses for clinical care

○ WHAT:

- HIV Care is provided
- Early childhood development
- Expanded program of immunizations

○ WHERE :

- Health facility

○ WHEN:

- Follow MBP schedule

- Currently there are 65 clients
- Clients divided into 5 Groups of about 8-11 per group
- ALL enrolled clients are virally suppressed
- One challenge noted is that the VL schedule is not appropriately followed
- ART numbers and VL records of clients are documented



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.

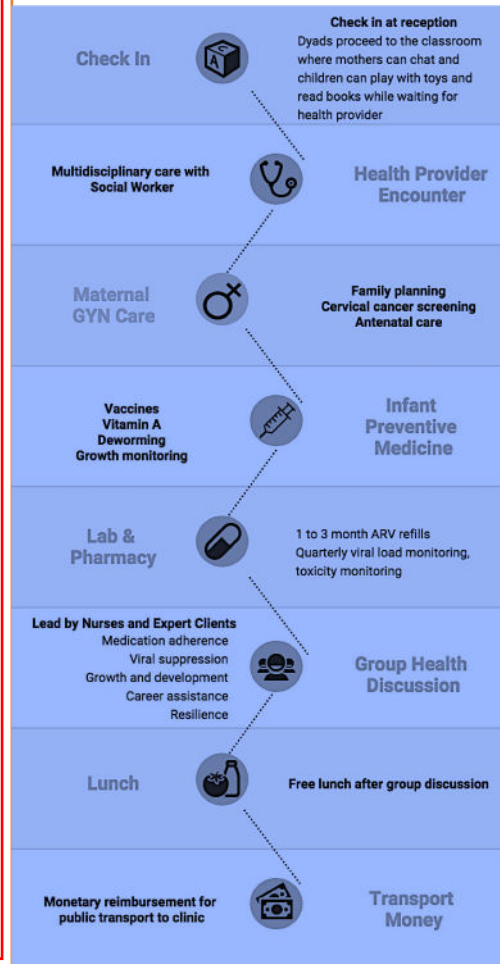
August 2017, Baylor Mbabane formed a differentiated service delivery (DSD) program, Baby Club (BC) to cater to our youngest patients.

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 3rd birthday with a celebration and gift of a preschool book.

Baby Club Session Clinic Flow



Results

VL Suppression Prior to BC Inception

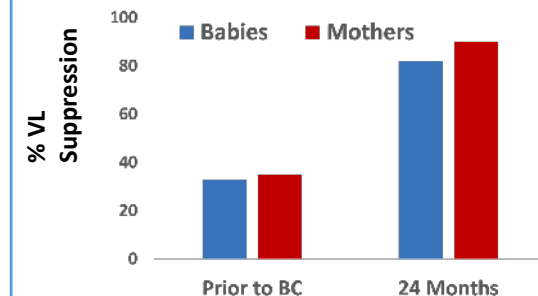
- Children <3 years: <35% (5/14)
- Mothers: 33% (3/9)

VL Suppression of BC Members at 24 Months

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

Additional Lessons Learned

- All 7 dyad 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:

1. Increased BC dates to twice per month to limit size (15 children & mothers/day) for better group cohesion and more time for provider visits.
2. Dedicated social work involvement for all unsuppressed dyads.
3. LPV/r granules and TLD have been introduced recently in the country
4. 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 dyads living with HIV face unique struggles that demand a personalized and aggressive approach to help them reach viral suppression and thrive.

Mother-Baby Pair Club (one on one at consultation room)

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.

Baby

- **Eligible:** HIV + babies and HIV exposed under 5 years
 - 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

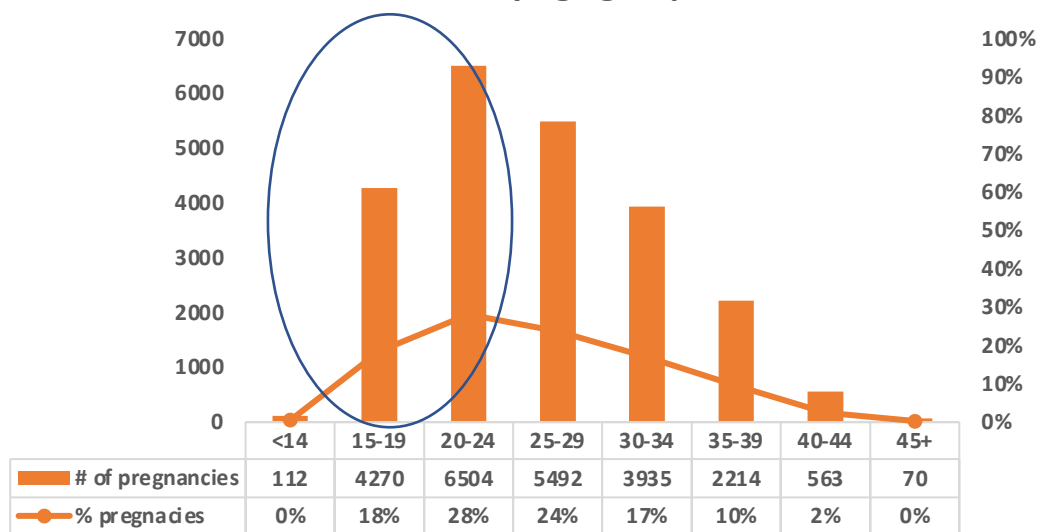
- **Eligible :** HIV exposed infants with their mothers as well as HIV +children under 5 (Transition from PMTCT)
- Conducted once a month for:
- SRH service provision
 - Provision of PSS on adherence to treatment
 - ART refills
 - Cervical Cancer services (screening and treatment)
 - Viral load monitoring
 - Health talks on relevant topics to nursing mothers.
 - Information sharing and debrief

Viral Suppression- Mother- Baby Pair Club

Total number Mother Baby Pairs enrolled	77
Undetectable VL (<30 copies)	65 (84%)
Suppressed VL (<1000 copies)	10 (13%)
Detectable	2 (3%)

Pregnant and Lactating Teen Clubs (PLTCs)

ANC visits by age group



- BAYLOR has Teen Clubs
- Provides transport and lunch
- Provide health talk and financial empowerment sessions

WHO	Nurse Mentor Mother/ Expert Client, Social worker	
WHEN	Every 2 months	
WHERE	Health facility	
WHAT	Adherence support Psychosocial support Lab Tests Clinical monitoring ART refills ECD ANC	Expanded program of immunizations. Family Planning EID VL monitoring Cervical cancer screening Financial and business management

Teens Enrolled in the PLTCs

Location	PNC	ANC	Total	Viral Suppression
HLATSI	6	3	9	(9/9)100%
MANZINI (RFM)	11	5	16	(13/16) 81%
MBABANE	13	4	17	(14/17) 82%
Total	30	12	42	(36/42) 85%

Lessons Learnt

- Retention in care of mother baby pairs
- Clients outcomes: viral suppression
- Baylor Clubs are making a difference but require funds for scaling up
- Need more data to evaluate impact of cost effectiveness
- Need to evaluate client feedback on the effectiveness of the club

Challenges

- Funding for new initiatives to be kick-started
- Infrastructure: space for group meetings
- Staff: inadequate numbers to take care of the groups
- M&E: tracking clients through cascade, currently using exercise book to document, need for tools to be developed
- Effect of the COVID-19 pandemic



THANK

YOU