

Mbereko Groups Model

MCH Parallel Session Dr Clorata Gwanzura

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Estimated PLHIV: 1,3mil

HIV Prevalence: 11.6%

PW in need of PMTCT: 53, 744

Six weeks MTCT Rate: 5.49%

MTCT rate: 8.9%

Children Living with HIV (0 -14years): 72,088

ART Coverage (2021 Estimates) 94.43% Adults 72.68% Paediatric 87.21% PMTCT



Piloted Model Structure

- The principal objective of the Mbereko model was to reduce maternal and infant morbidity and mortality through
 - creating informed demand for and access to appropriate integrated PMTCT, MNCH and nutrition services
 - community-run and community based Mbereko groups.
- A comprehensive approach to the issue of community access to integrated health services, with an aim to empower women within the domestic and community arenas.
 - Combine education in health matters and economic empowerment
 - Empower women to access health services for the baby in the first 1000 days of life
- Piloted in 35 clinics in 3 provinces: Manicaland, Mashonaland Central and Mashonaland East

- Community peer to peer groups of pregnant and breastfeeding mothers
- Composed of members irrespective of HIV Status
- 10 15 members of the same village
- Led by a community health worker (primarily VHWs)
- Meeting once a month on agreed days
- Pilot Evaluation showed
 - Improved MNCH Service Uptake
 - Strengthened Community-Facility Linkages
 - Improved community and male participation in MNCH issues
 - Women empowerment
 - Early ANC booking, attending with partners
 - Trained on financial literacy & entrepreneurial skills, Internal Savings and Lending (ISAL) and Income Generating Activity (IGA) training for

Lessons learnt from the model encouraged the adoption of the model for national scale up and implementation

- Awareness of health rights:
 - Women now understood their rights and the channels they could follow if their health rights were violated.
- Improved knowledge and access to services:
 - Women commented that through the meetings they learned valuable information and improved relationships within the home.
- Improved planning for sustained health service uptake over the first 1000 days:
 - The benefits of the milestone card used by Mbereko Mothers as a reminder and prompt for them to go to the clinic at the appointed time for selected services were emphasised..
- Greater willingness to adopt recommended practices:
 - VHWs commented that the women are now more open to disclosing their HIV status and are now more comfortable adopting some practices, such as, exclusive breastfeeding regardless of cultural pressures not to do so; including by religious objectors
- Greater support for women, by women:
 - Some of the women have formed HIV treatment buddies from within members of the

- Maximum benefit is derived from including the husband and family
- Elderly women are pivotal to initiating and supporting change within the home and community
- Husbands welcome their inclusion in health issues and accept new practices if they understand the reasons behind them
- Men only meetings as well as combined meeting have yielded the same results in behaviour change and acceptance
- Addition of a financial component through the use of trainings in Internal Savings Lending Scheme (ISALs) gives an added advantageous component
 - Helps women overcome financial barriers to health service access and cover other household needs
 - It is also a sustainability strategy

Mbereko Groups Model was Adopted in 2022 as a national DSD model for pregnant and breastfeeding women as a modified Clubs model

Group models managed by healthcare worker	Group models managed by clients	Individual models based at facility	Individual models not based at facility	WHEN According to refill frequency table Group meets at booked	WHERE Allocated room for the club refill (can be facility or community based)
Clubs Adapt for: Carer and child clubs Teen clubs Post partum clubs	CARGS Adapt for: Family CARG (criteria for attendance of children) Key populations CARG	Fast track Mobile populations "oMalavitsha"	Outreach by facility HCW Health posts ART delivery by CHW ART delivery by peer (CAT , KP) Community/ private pharmacy Drop in Centre	time for the club refill	WHAT KRT CTX Other integrated medications (TPT, FP, NCD) Group Psychosocial support

- Guidance is available with women having the options of remaining in current DSD models, or transferring for antenatal or post-partum clubs
- All ANC and PNC services are offered within the clubs
- More community engagement and psychosocial support is provided through community health care workers

	CLUB NAME	WHEN (CLINICAL)	WHEN (REFILL)	WHERE	wнo	ADDITIONAL WHAT
Pregnant women	Mbereko group for pregnant women Including young mother clubs	6 monthly PLUS 8 ANC contacts	6 monthly	OI clinic or ANC	Nurse Midwife Young mother mentor	Remain in previous club OR Transfer to pregnant mothers or young mother club at ANC Counselling related to PMTCT Additional VL
Breastfeeding women	Mbereko postpartum groups Mother and baby exposed to HIV booked together in the club	6 monthly PLUS Follow-up of baby exposed to HIV	6 monthly	OI clinic or PNC	Nurse Midwife Young mother mentor	Remain in previous club OR Transfer to postpartum club Counselling related to PMTCT Additional VL FP and SRH services Exposed infant care (prophylaxis, EID, nutrition, vaccination)

THANK YOU



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Thank you!

