

# Integration of nutrition in Zambia: PMTCT and the continuum of care

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# The Infant & Young Child Nutrition Project

- USAID's flagship project on infant and young child nutrition.
- Aims to prevent malnutrition in mothers and children during the critical 1,000 days (from pregnancy through two years of age).
- Led by PATH in collaboration with CARE, The Manoff Group, and University Research Co., LLC.

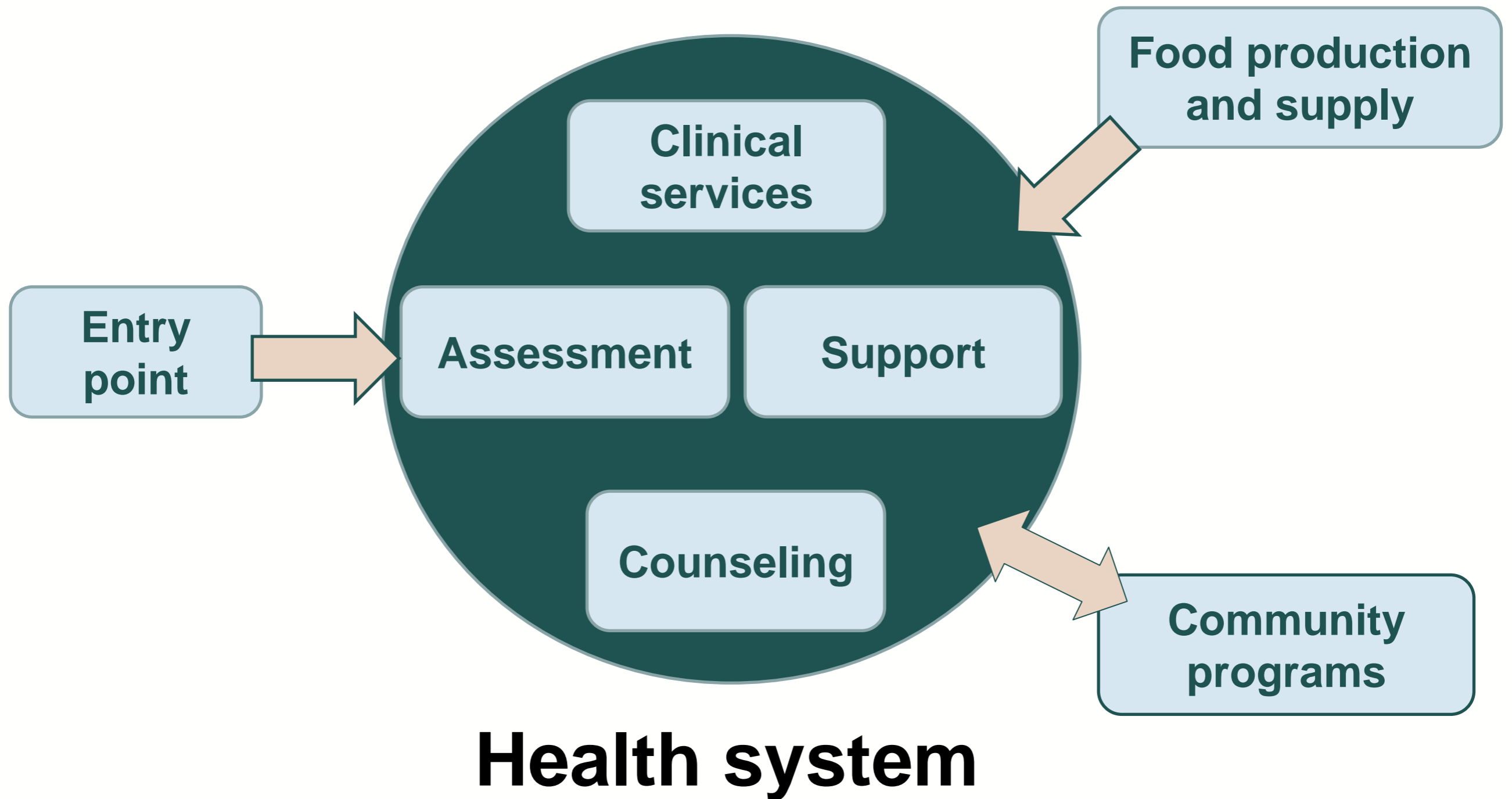


Photo: Evelyn Hockstein

# Background

- HIV prevalence: 14%
- HIV prevalence among pregnant women: 16.4%
- Annual deliveries: 580,000
- Infants at risk of acquiring HIV from their mothers:  
~77,000
- Chronic child malnutrition: 45% (under 5 years)
- 60% (Children aged 6–23 months)
- Poor dietary practices.

# Nutrition Assessment, Counseling and Support (NACS)



# Integration across the continuum of care



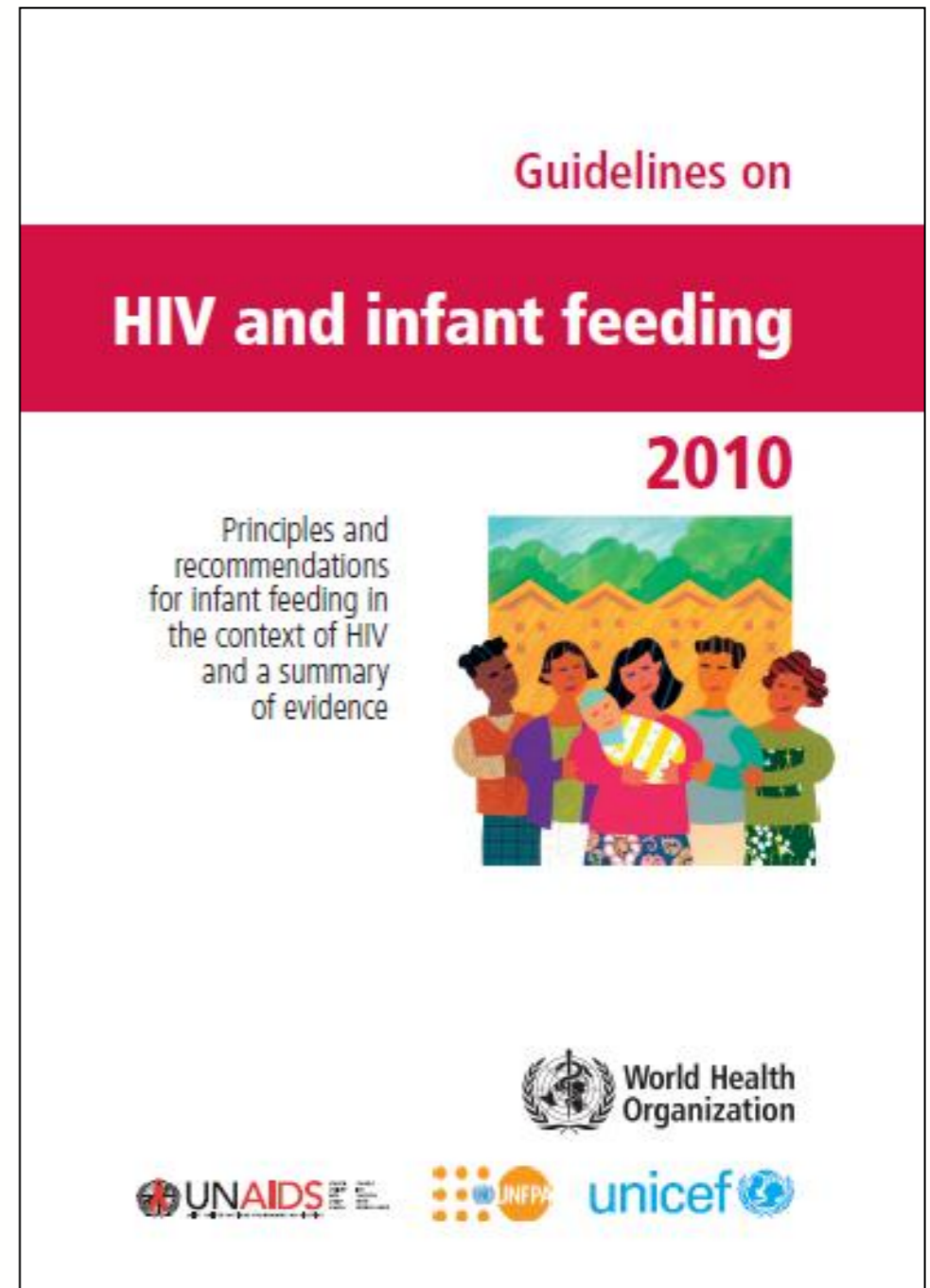
Photos: Christine Demmelmaier, Jay Ward

# PMTCT as an entry point

- Nutrition was a weak link.
- HIV-positive mothers frequently received mixed messages about infant feeding.
- Inadequate knowledge and counseling skills among health workers.
- Growing national commitment to address infant feeding within the context of HIV.

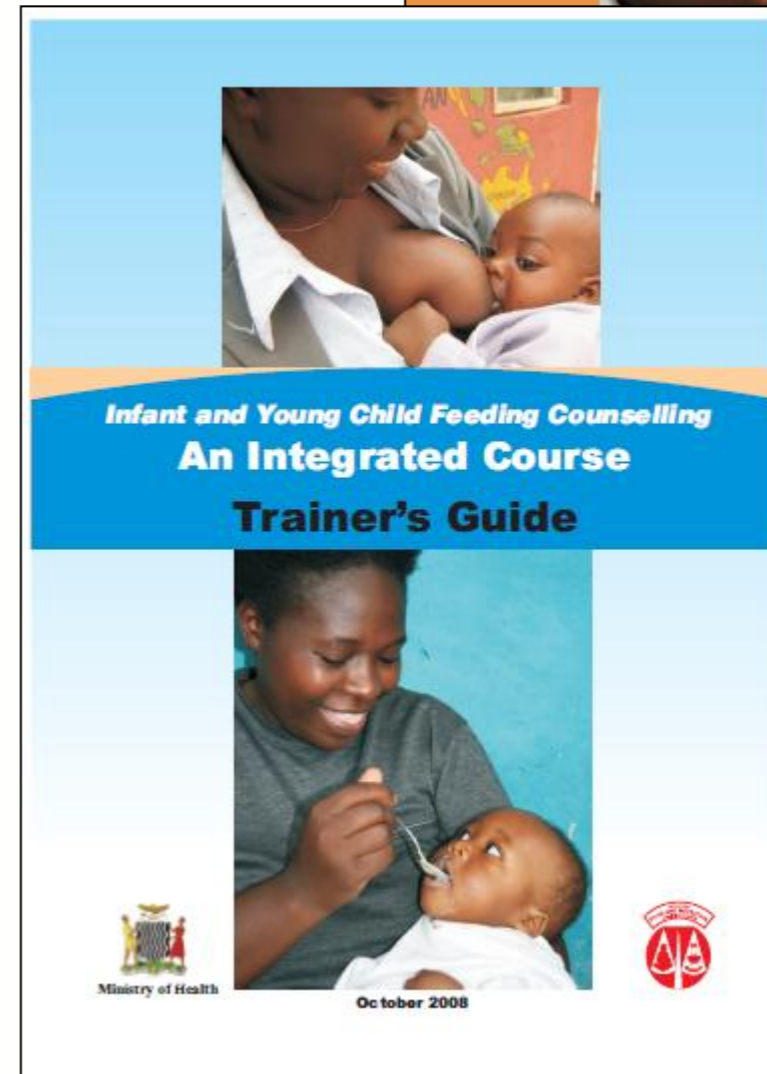
# Strengthen collaborations

- Engaged stakeholders and encouraged ownership at national, provincial, district, facility, and community levels.
- Built collaboration between the National Food and Nutrition Commission, Ministry of Health, and PMTCT partners.
- Leveraged 2010 WHO recommendations and motivation to reach MDG targets.



# Improve provider performance

- Adapted WHO's six-day integrated course.
- Created counseling cards with key messages.
- Trained more than 600 health workers.
- Trained over 200 community volunteers.



# Results

- Trained a broader group of health workers.
- Increased efficiency in service provision.
- Reduced missed opportunities.
- Improved collaboration between nutrition and PMTCT partners.



Photo: Agnes Bwalya

# Results from 476 exit interviews with mothers

- Mothers were satisfied with information from trained providers.
- Many said that they received beneficial messages on feeding.
- One-on-one counseling allowed them to ask personal questions.



Photo: Tina Kaonga

# Why integrate?

- Foster complementarity.
- Provide a one-stop shop.
- Avoid missed opportunities.
- Maximize use of resources.
- Create client satisfaction.



Photo: Agnes Bwalya

# Lessons learned

- It can be done!
- Consider the entire health system.
- Integrate at multiple levels.
- Take a comprehensive approach.



Photo: Kali Erickson

# Thank you



Photo: Tina Kaonga

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