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.

Source: Zambia Demographic and Health Survey 2007
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.
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.

Guidelines on HIV and infant feeding 2010

Principles and recommendations for infant feeding in the context of HIV and a summary of evidence

World Health Organization
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.
Lessons learned

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

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