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Simple on Paper, Complex in Practice: The Maryknoll Cambodia PMTCT Program

Presented by

Natalie Kruse-Levy

CRS, SEAPRO

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Background

- Adult HIV prevalence decline:
 - 1997: 3.0%
 - 2006: 0.9%
- Women 4x more likely newly infected than men
- Children - 40% of new infections
- Emphasis: access to HIV services for women and children
- Well-resourced, comprehensive PMTCT programs necessary
- National PMTCT program struggles:
 - low uptake of HIV testing
 - high rates of home deliveries
 - high numbers of known mothers living with HIV lost to follow-up

Project Scope



- 2002: Maryknoll PMTCT program began
- Program serves ~200 mothers living with HIV and their HIV exposed infants per year
- Program provides
 - direct services
 - referral to/from clinical service providers and NGOs
- Funded by USAID, CRS, CAFOD and private donors



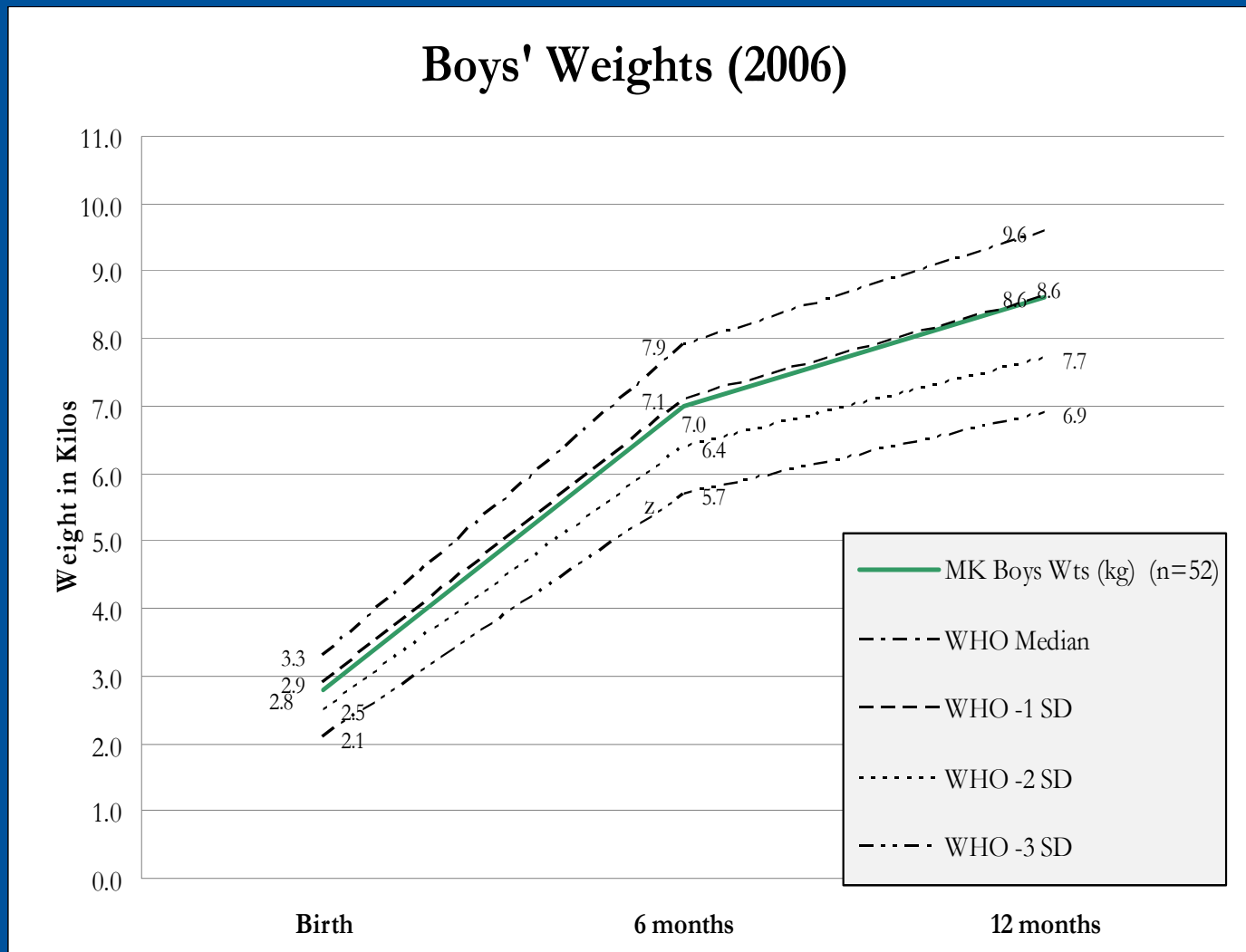
Project Services

- Referrals/accompaniment of at-risk women to VCT
- Counseling & training
- Antenatal & delivery fees, transportation provided
- Food, temporary lodging support as needed
- Infant feeding counseling
- Free infant formula and preparation equipment
- Home visits & close follow up before, and up to 18 months after, delivery
- Training & resourcing facility-based staff

Table 1: HIV Test Results

	2006	2007
Total number of babies	118	128
Number of baby deaths	4 <small>(3 confirmed HIV, 1 suspected & on ART)</small>	0
Number of babies with HIV including non-survivors	8 (6.8%)	5 (3.9%)
Number of HIV- babies	110 (93.2%)	121 (94.5%)
Number never tested	0	2 (1.6%)

Results



Results



Table 2: Nutritional Status Results

	2006	2007
Total # babies	118	128
# babies with incomplete weight-for-age information	10	10
# babies with complete weigh-for-age information	108	118
# babies growing well at last weight	94 (87.1%)	110 (93.2%)
# babies with weights nearing -2SD	8 (7.2%)	3 (2.5%)
# babies < -2SD	6 (5.6%)	3 (2.5%)
# babies < -3SD	0	2 (1.7%)

Table 3: Growth Patterns of Low Birth Weight Babies, 2006 & 2007

Total # LBW babies	42 (18.6%) of all MK babies with complete growth data
# LBW babies with weights > -1SD to date	35 (83%)
# LBW babies with weights between -1SD and -2SD	1 (2%)
# LBW babies with weights < -2SD	2 (5%)
# LBW babies with incomplete histories	4 (10%)

Challenges

- Babies who fall “off track” with weight gain
 - Lack of knowledge and practice of appropriate complimentary feeding approaches
- Birth spacing
- Measuring program outcomes
 - Need for computerized database
 - Need better M&E of baby weights and more detailed information on babies who die

Key Lessons Identified

- Quality PMTCT programming looks simple on paper but is complex in practice
- Parents will do what it takes to protect their babies
- Motivation to adhere increases in direct proportion to the inclusiveness of the package



What makes this program work...and what can work for other programs?



- Intensive follow-up & home visits
- Tangible, practical benefits
- Close relationship with antenatal and maternity services
- Reliable, individualized service
- Well-trained, dedicated staff (or volunteers)





For More Information...

- See report, “Simple on paper, complex in practice...”
- Contact: Natalie Kruse-Levy
nkruselevy@kh.seapro.crs.org



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**Thank
you!**

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