

The Khusela Project

SOUTH AFRICA

Healthy mothers and HIV-free babies

Preventing mother-to-child transmission of HIV in South Africa's Eastern Cape Province

South Africa's Eastern Cape Province is an expansive, rural region with rolling grasslands and deep river gorges. The Xhosa communities who live here have stood witness to some of the worst transgressions in South Africa's history. Today, they face the highest poverty levels in the country. They also struggle with the health burdens—particularly HIV, AIDS, and tuberculosis—that poverty brings.

Prevention of mother-to-child transmission (PMTCT) is a critical intervention for Eastern Cape, where an estimated 28 percent of pregnant women are living with HIV. Working together as the Khusela project, three organizations—PATH, Health Information Systems Programme, and South Africa Partners—have joined with the Eastern Cape Department of Health to integrate PMTCT into the continuum of antenatal, maternal, and pediatric care. The project is strengthening Eastern Cape's health system, increasing the capacity of facilities and providers, and amplifying community demand for services. Already, more women and babies are receiving the interventions they need, starting before pregnancy begins and extending through the first year of a new baby's life.



PATH/Amy MacIver

A COMPREHENSIVE APPROACH TO SYSTEM IMPROVEMENTS

The Khusela project is supporting the Department of Health in improving and coordinating system issues that strengthen the province's PMTCT programs. On the policy level, for example, the team is working with the provincial government to implement the national policy on dual antiretroviral therapy.

To increase the province's human resource capacity, the team is supporting the Department of Health in improving the performance of district and clinic supervisors—increasing their skills, deepening their engagement in their work, and helping them prioritize their PMTCT efforts. The team is also strengthening the province's training systems, monitoring and supervision efforts, data management and logistics systems, and referral mechanisms.

A fundamental component of this work is improving the quality and availability of data on health services. The team is working to build districts' capacity to collect information and use it for planning and continuous improvement. Already, by introducing the newest provincial health registers and training staff in their use, the team has improved reporting mechanisms that allow officials to determine where programs are making a difference and where improvements are needed.

HELPING FACILITIES AND PROVIDERS REACH THEIR POTENTIAL

To help Eastern Cape provide high-quality, comprehensive PMTCT services, Khusela staff are building capacity in health clinics, community health centers, and hospitals. The project is working in three of the province's subdistricts—

Satellite activities

Systems assessment: transition to dual therapy

This assessment is investigating health system components that must be considered to transition to the new PMTCT policy on primary prevention of perinatally acquired HIV, including the policy change from single-dose nevirapine to dual therapy with nevirapine and AZT.

HIV testing for infants

PATH is tracking technology trends and studying testing systems to determine which new infant HIV-testing technologies could have the maximum health impact. PATH will use this information to identify and prioritize potential product-development efforts and create a development pipeline.

Exploring the intersection of HIV and reproductive health

Working with Ibis Reproductive Health, PATH is conducting two assessments of Eastern Cape Province's health systems. The first is a participatory exercise that will explore how communities would like to have sexual and reproductive health services integrated into their HIV programs. The second is an assessment of the impact of HIV on women's and men's reproductive intentions.

Maternal nutrition and infant feeding

PATH and local partners are developing and producing job aids and print materials on maternal nutrition and safer infant-feeding practices that will assist women in reaching an informed decision about infant feeding based on the acceptable, feasible, affordable, sustainable, and safe (AFASS) concept. The team is also developing a video on maternal nutrition and infant feeding for providers. In addition, PATH is training health care providers on infant feeding at Elizabeth Glaser Pediatric AIDS Foundation sites.

About the Khusela team

In Xhosa, Khusela has three meanings: prevention, protection, and care of a delicate object. Working together as the Khusela project, PATH, Health Information Systems Programme, and South Africa Partners are collaborating with South Africa's Eastern Cape Department of Health to reduce the impact of HIV on women and their babies. The core project is supported by the US Centers for Disease Control and Prevention through the US President's Plan for Emergency AIDS Relief. The William and Flora Hewlett Foundation also provide support for project activities.

Khusela Project
38 Botha Street
Selbourne
East London 5217
South Africa
Email: ndana@path.org



King Sabata Dalindyebo, Mbashe, and Mnquma—initially focusing on 40 facilities and expanding to more than 80 health centers overall.

A primary focus of this work is in-service training for professional nurses, lay counselors, traditional birth attendants, and other providers who work on PMTCT. To move beyond vertical approaches to PMTCT, the team is providing training that addresses the full spectrum of PMTCT interventions. Topics include provider-initiated HIV counseling and testing, antiretroviral prophylaxis and treatment, CD4 counts and clinical staging, infant HIV testing, maternal nutrition, infant-feeding practices, integration of services for HIV with those for tuberculosis and sexually transmitted infections, and psychosocial support. The trainings are helping providers adopt a holistic approach to PMTCT and offer interventions at every opportunity for care.

The project also provides on-site support that includes in-depth reviews of facility performance and tailored performance-improvement plans. By convening service providers from antenatal, maternal, and pediatric care departments, Khusela is helping ensure that mothers and babies receive the interventions they need, regardless of which provider they see.

ENGAGING THE COMMUNITY

The Khusela team works to increase community involvement in PMTCT. These efforts are designed to increase community knowledge of the issues, build demand for services, and strengthen linkages between services and the community.

The Khusela team has introduced several activities that foster community discussion, including focus group discussions, peer-support groups, and dialogue groups. These interventions involve a range of community members—pregnant women, their partners, mothers, mothers-in-law, and other family members—and help women and families understand the urgency of seeking preventive care and, if needed, antiretroviral treatment. The groups also serve as a link to community leaders and government officials working on PMTCT.

The project introduced Magnet Theatre, a participatory, interactive approach to theater that uses dilemmas to encourage community dialogue, social change, and individual behavior change. Along with conducting Magnet Theatre performances in select communities, the Khusela team is training local community volunteers to perform and sustain the performances.

INTEGRATING REPRODUCTIVE HEALTH INTO MATERNAL CARE

Reproductive health services play an important role in limiting the HIV epidemic and promoting healthier lives for women and children affected by HIV. HIV-positive women who receive antiretroviral therapy are living longer and therefore have an increased need for family planning. This increased demand, together with the general unmet need for family planning, means that integrating reproductive health services into PMTCT programs can increase service reach and impact.

Provision of family planning is included in South Africa's national PMTCT and maternal health guidelines, but family planning services are not yet fully integrated in Eastern Cape. The Khusela team is conducting training and two assessments (see sidebar) to improve the quality of family planning services, particularly during the postpartum period and for women using antiretroviral therapy. By enhancing provider knowledge and confidence, the team is supporting women who are already receiving HIV services and maternal and child care—ensuring that they receive holistic reproductive health services that will help reduce vertical transmission of HIV, decrease maternal mortality, and improve birth outcomes.