

**ASSOCIATION
COMUNITA' PAPA GIOVANNI
XXIII**

**Early HIV screening in Rainbow
nutritional centres (Zambia)**

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Introduction

Association Comunita' Papa Giovanni XXIII

- International spiritual family of Faithful of Pontifical Right
- Accredited to ECOSOC with Special Consultative Status
- Founded by Fr. Oreste Benzi
- Present in 27 Countries (5 Continents)
- Committed to sharing directly life with the least in society
- Committed to removing the causes of poverty, injustice and marginalisation

Overview of HIV/AIDS in Zambia (1)

- Total estimated population: 12.2 million
- HIV prevalence: 15.6% (15-49 years)
- Adult HIV population: 1,482,228
- Paediatric HIV population: 82,825

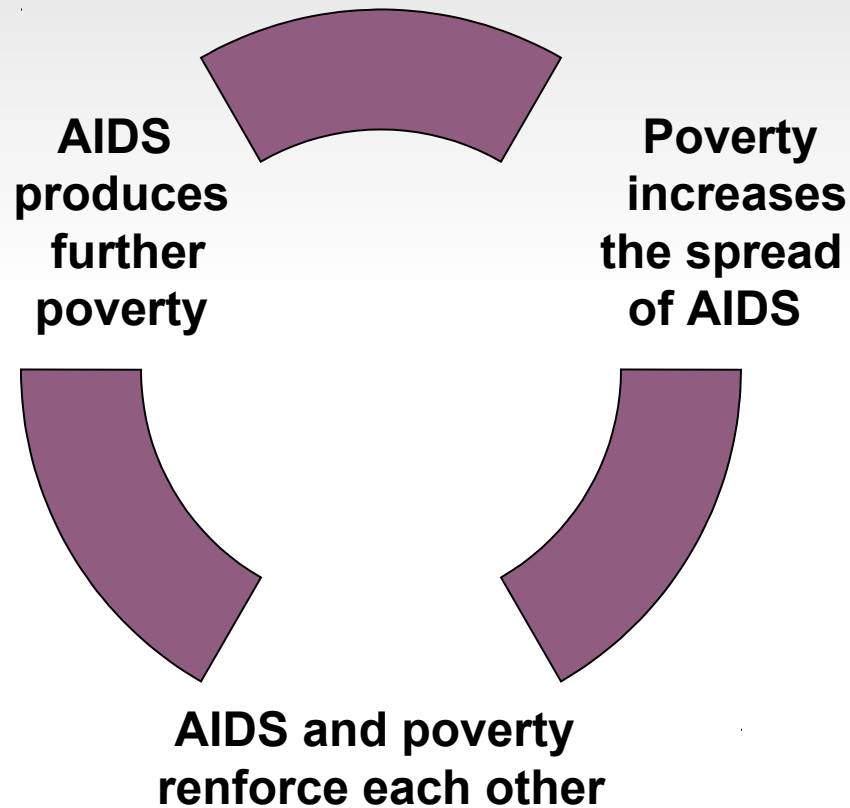


Overview of HIV/AIDS (2)

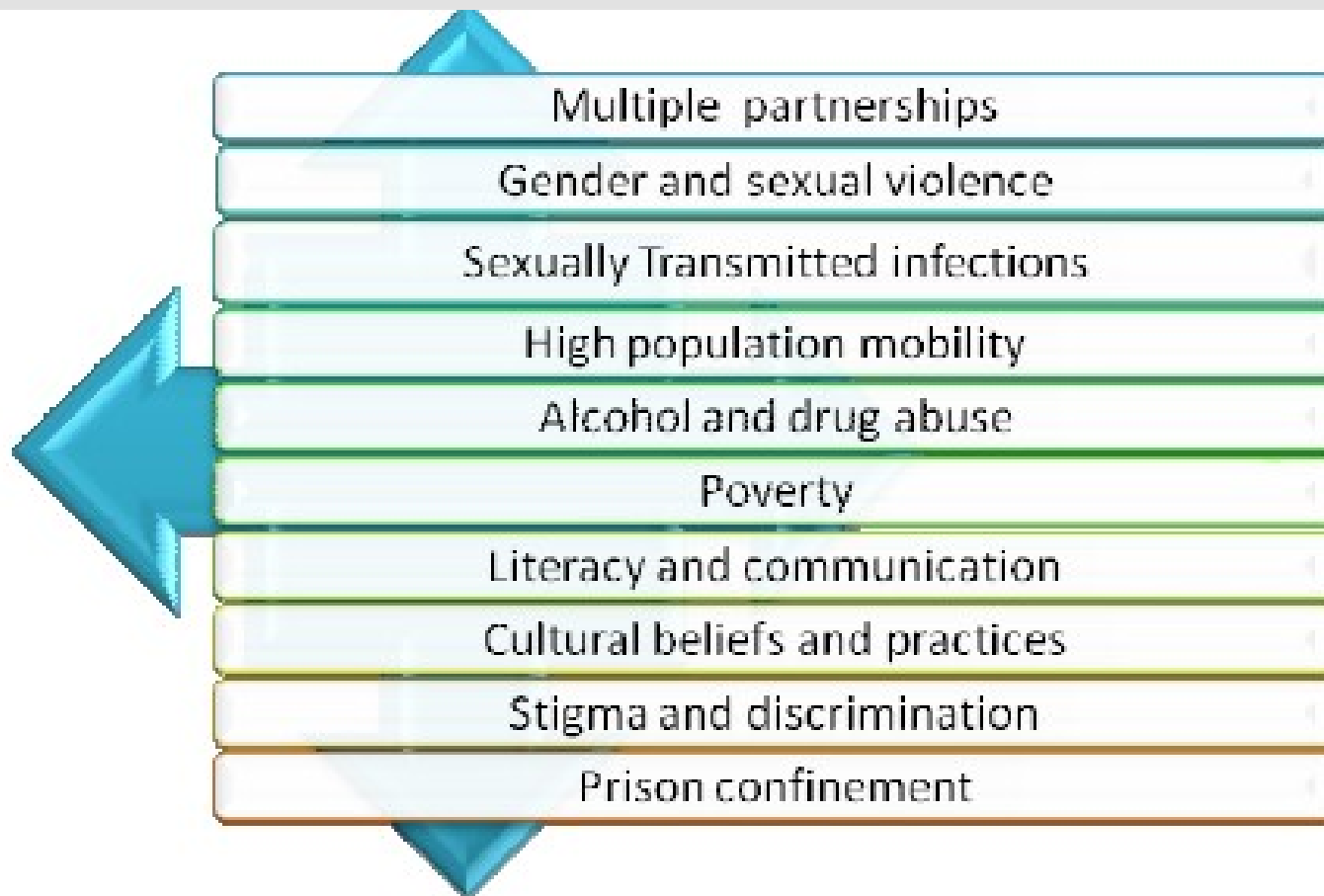


- 295,240 HIV-positive in need of ART
- ART coverage: 50.5%
- Survival after 12 months of ART: 87.6%
- PMTCT coverage: 39,1%
- VCT coverage: 15.4%
- 70% of TB cases are co-infected with HIV
- 1.2 million orphans and vulnerable children
- 15.7% of OVCs receiving support
- Poverty incidence estimated at 64%
- Levels of underweight reaching 28% , chronic malnutrition 47% (42% in 1996) and acute malnutrition 5%.

The vicious circle AIDS-poverty



Influencing factors to the spread of HIV



Rainbow Project: a model of care

Aims:

- To extend coverage of assistance to OVCs
- To support the traditional extended family model
- To make nations aware of the humanitarian emergency

Strategies:

- Operational networking
- Community-based approach
- Twin-track approach (direct assistance + micro-finances)
- Capacity building

Rainbow Project

ACTIVITIES:

- Helping and listening centres
- Awareness and support groups
- Educational support
- Nutrition centres and early HIV screening
- Street kids programme
- INFO team (advocacy)
- AFIF team (adoption and fostering)

Early HIV screening programme (1)

Rationale:

- Failure to thrive is an early sign of HIV infection. Late HIV diagnosis leads malnourished children towards high mortality.

Objective:

- To reduce child mortality by earlier referral for ART and proper nutritional extra-care

Methodology:

- Community sensitisation process (1 month)
- VCT carried out in 14 Nutrition Centres at community level (1 day)
- Referral to Hospital for PCR of children below 18 months
- Extra nutritional support (RUTF) and ART for HIV positive children

Early HIV screening programme (2)

Description:

- Health talks given during sensitisation process
- Screening for malnutrition with MUAC (above 6 months) and presence of oedema at feet
- Distribution of Multivitamin syrup and Folic Acid according to the needs
- Cotrimoxazole prophylaxis to all exposed children and ART to HIV+ children
- Ready to Use Therapeutic Food (RUTF) as extra nutritional support
- VCT offered also to the guardians

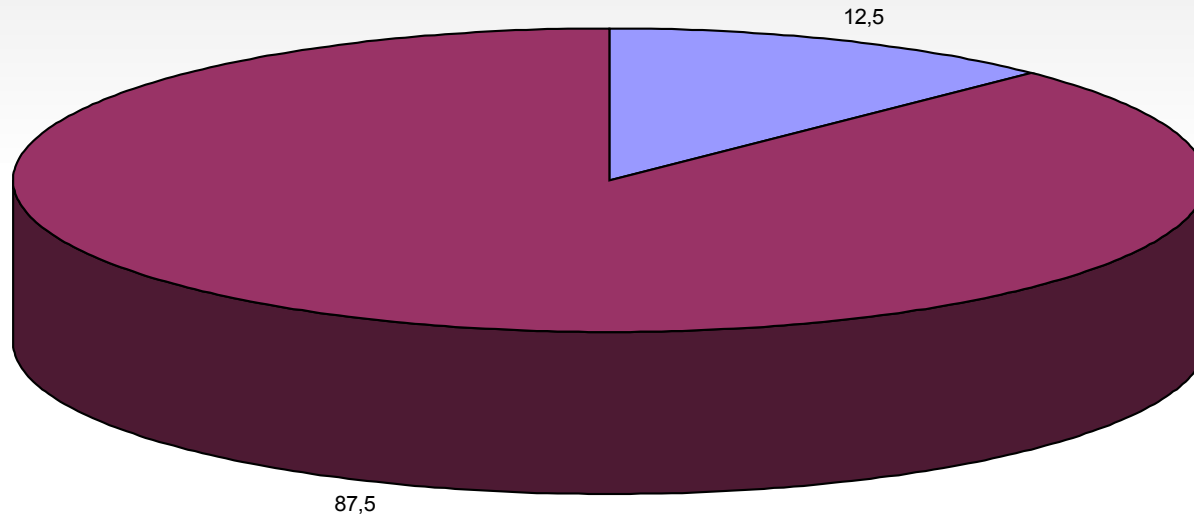
Partnership:

- Ndola DHMT
- Hope Humana-New Start
- Arthur Davidson Hospital for children

Findings

- 381 children present (out of 470 enrolled)
- Average attendance: 81%
- 148 children (39%) undergoing VCT of which 95 tested with rapid test and 53 referred for PCR
- Most of the guardians knew already the status of the child. Mothers who were negative did not test the child.
- Few mothers refused VCT
- 9% of children above 18 months newly diagnosed as HIV+
- Overall percentage of positivity among present children: 12%
- Overall percentage of HIV+ children in Rainbow nutritional Centres: 15%
- 67% of new diagnosed children were severely malnourished

Fig 1: Percentage of children Eligible for RUTF programme



Lessons learnt

- Stigma is very high in communities and within families
- Women and children pay the consequences of stigma
- Education, VCT carried out in friendly premises within the community helps to reduce stigma
- Knowing the HIV status of a child as soon as possible is crucial to reduce morbidity and mortality
- Partnership with Public Health System and community participation are fundamental
- Lack of reliable diagnostic tools for TB in children make it difficult to discover the real cause of failure to thrive (malnutrition only? PTB only? HIV only? HIV/TB? Etc.)

Challenges

- Issue of equity in facilities between rural and urban areas
- Understaffing in PHS
- PCR is too expensive and available only in big hospitals
- Need to assure proper nutrition to HIV+ children
- Urgent need of new diagnostic tools for paediatric HIV/TB
- Urgent need of child friendly fixed-dose combinations for HIV/TB to enhance compliance

Conclusion

There is a great need of advocacy:
are we together?



THANK YOU!