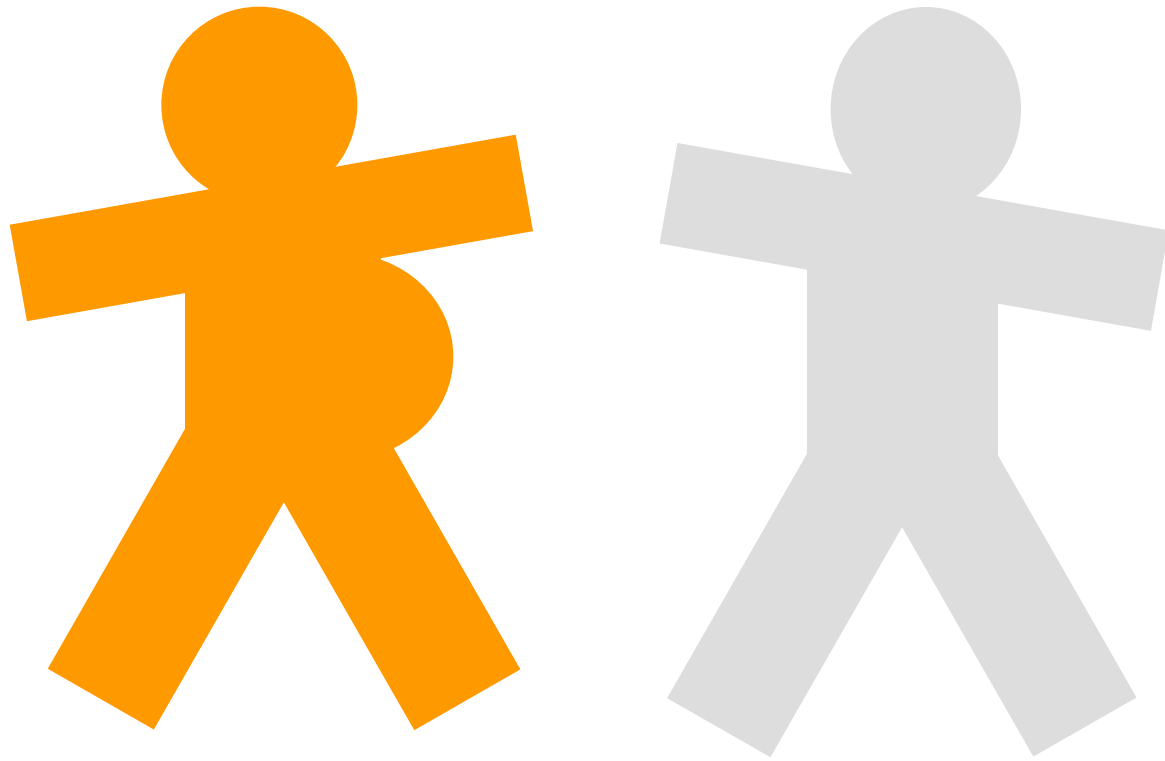


# A-PMTCT Critical Review Workshop

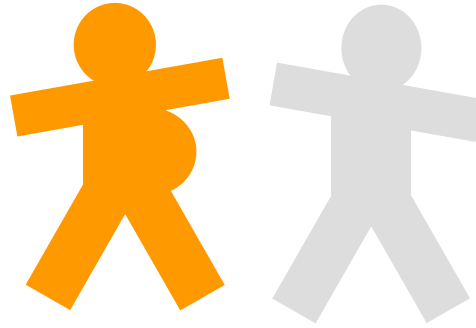
## Breakaway Session Report back – Group 3

### SOCIAL MOBILISATION



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# METHODOLOGY



Using a SWOT Analysis the group discussed:

- Key leverage areas
- Additional interventions, not currently employed, for future inclusion in the A-Plan
- Key Strategic considerations for success of Social Mobilisation interventions within and beyond the A-Plan

# SWOT ANALYSIS

## STRENGTHS (Key Leverage Areas)

- In Clinic Facilitation working well, **CHWs have improved skills** → stimulating interested in those already working in facilities for further training
- In some areas there is an **existing pool of skilled CHWs** that could be utilised – e.g. adherence support counsellors
- **Task shifting** evident in some areas where lay counsellors are expecting CHWs to take the lead
- In Clinic Facilitation has already helped achieve A-Plan outcomes – **improved VCT numbers** (people want to test after the CHWs have been conducting clinic sessions), professional nurses have noticed an **improvement in uptake of services** and have requested additional in clinic facilitations,
- CHWs are able to identify expectant mothers who do not yet know about PMTCT- they are **living within the communities and can act as points of information** for their fellow community members
- CHWs educate communities about the risks of mixed feeding making it easier for families to support their sisters/wives and daughters to **mitigate mixed feeding risks**

# SWOT ANALYSIS

## WEAKNESSES (Key Leverage Areas)

- **Lack of coordination:** structures such as DACs, LACs are not as functional as they could be
- CHWs are incurring personal **transport costs** to be clinic based
- There is **an opportunity cost** for community-based work that is no longer being carried out
- Inadequate **M&E**
- Observed tendency for professional nurses to leave **counselling** to Lay Counsellors only
- **Inadequate numbers of carers** to serve the populations in priority districts →  
**Budget constraints** prevent the replacement of CHWs and Lay Counsellors who quit/leave
- Volunteers in some areas are not **stipened**
- Support groups have a **narrow focus** e.g, HIV support group could be broadened to reflect “Women’s support group” for a more integrated approach
- Inadequate budget to implement the **PHC structure** including an Outreach Post to handle social mobilisation activities
- Internal **hostility between health workers**

# SWOT ANALYSIS

## OPPORTUNITIES (Additional Interventions and Synergies)

- **Opportunity to influence CCG policy at national level** → Expanded public works fund expansion, proposed policy to increase cadre of CHWs would be beneficial to districts. Standardised Stipend
- Possible use of other cadres of people working in the facility to take on the role of In Clinic Facilitation such as Lay Counsellors – **broaden focus on other health issues beyond PMTCT**
- **Include** In Clinic Facilitation and other **Social Mobilisation Strategies in CHW 18 month training**
- **Expand “Flagship Program”** (currently in KZN @ a ward level) working across all Departments and Programmes – Potential for these Foot Soldiers be further trained and empowered across all Health Programmes so that they can identify expectant mothers to encourage early bookings
- **Faith Based Organisation HR Structures** exist : Relatively small amount of money could mobilise these resources quickly
- **Improve the linkages** between schools – churches – clinics: Integrating beyond A-Plan and PMTCT
- **Integrated campaign for World AIDS day** – using Health Calendar to include PMTCT in all other related health events
- **Integrated health education events** (such as those held in KZN)
- **Communication officers** that are perhaps not yet used to their full capacity could be used to further Social Mobilisation activities and messaging
- **Integrating Outreach programs** such as HHCC IMCI Strategies, Tracer Teams etc into the community mobilisation
- Access to information at **hotels and airports**

# SWOT ANALYSIS

## THREATS

- **Policy** changes
- **Budget** Constraints
- Issues of **Sustainability**, e.g. Unreliable Stipend Schedules
- Professional **attrition**

# STRATEGIC SUGGESTIONS

## ***CHANGE OF MIND SET***

**Social Mobilisation needs to be incorporated into all department planning and interventions**

## **REQUIRED: COORDINATING FORUM FOR SOCIAL MOBILISATION ACTIVITIES**

- Oversee all messaging, events, interventions to ensure consistency, efficiency and efficacy
- Districts need to identify all structures and resources to evaluate strengths and weaknesses
- Strengthen existing structures (DACs, LACs, Traditional Healers Forum, Traditional Leaders, FBOs)**
- NEED a coordinating structure to bring all partners, organisations and interventions, neatly centralised so that when we talk integration we know what we are integrating. A person who coordinates outreach activities
- Local AIDS council? – some exist by municipality. There is no mandate for DoH over local AIDS councils

## **INFORMATION SHARING / MOBILISATION THROUGH KNOWLEDGE TRANSFER**

- Need to inculcate a culture at facility level of information at all levels sharing rather than having a single nurse to handle PMTCT – everyone needs to know strategies and messages going out to patients
- Consensus that a cadre of people is required to take information to the communities within and without the clinics (CHWs/CCGs etc)
- System to engage with people working in communities, CHWs/mentor mothers/counsellors etc to ask them about how they see the work that they are doing could have greater reach and impact

## **EARLY BOOKING: MESSAGING AT PREGNANCY TEST**

**Normalise pregnancy testing and ANC services – spread messages across all sectors**

- Whoever is administrating the test needs to offer ANC booking & appropriate counselling immediately
- All facility need to provide pregnancy testing with welcoming attitude of professional health workers
- Could CHWs offer pregnancy tests? To encourage early booking

# WISH LIST

- **Coordinating Forum:** Outreach Coordinator post in DMT, Strengthen Local and District AIDS councils
- **Facilitating Champions** – District Facilitators act as link between DMTs / Facility Management & CHWs
- Funding for additional **Training** (Counsellors, CHW Facilitators etc)
- **Cell phones** for CHWs to follow up with expectant mothers
- **Audio Visual Equipment** to allow for multimedia/multi language messaging



*Working together towards AIDS Competent Communities*



*thank you*