

AED/LINKAGES/South Africa



Final Report 2003–2006



Cover illustration: Community Embroidery Project, South Africa

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Abbreviations and Acronyms

AED	Academy for Educational Development
AFASS	Affordable, feasible, acceptable, sustainable, and safe (replacement feeding criteria)
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
BCC	Behavior change communication
BFHI	Baby-Friendly Hospital Initiative
CHW	Community health worker
CT	HIV counseling and testing
DOH	Department of Health
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IYCF	Infant and young child feeding
MCWH	Maternal, Child, and Women's Health Directorate
MEDUNSA	Medical University of South Africa
MTCT	Mother-to-child transmission of HIV
NGO	Nongovernmental organization
PLWHAS	People living with HIV or AIDS
PMTCT	Prevention of mother-to-child transmission of HIV

I. Overview

South Africa has one of the highest HIV prevalence rates in the world. To monitor prevalence trends over time and provinces, the Department of Health (DOH) has done annual national HIV sero-prevalence surveys among pregnant women attending antenatal clinics at selected public sector health facilities since 1990. The October 2002 sentinel surveillance survey found that 26.5 percent of antenatal women surveyed were HIV positive. Prevalence among antenatal women in four provinces exceeded this average: 36.5 percent in KwaZulu Natal, 31.6 percent in Gauteng, 28.8 percent in Free State, and 28.6 percent in Mpumalanga. The same survey estimated that 34.5 percent of pregnant women between 25 and 29 years old, the age group most affected by HIV, were infected with HIV.¹ Extrapolation of overall HIV prevalence from the 2002 antenatal survey yielded an estimated 5.3 million people, with an estimated 91,271 infants becoming infected with HIV through mother-to-child transmission (MTCT) the same year.²

The 2003 South Africa Demographic and Health Survey (DHS) found that 95 percent of men and 94 percent of women 15–49 years old had heard about HIV/AIDS. Nine out of 10 women who had given birth in the 5 years preceding the survey reported receiving antenatal care from a health professional.

Breastmilk protects infants against malnutrition and infections such as pneumonia and diarrhea, which cause 60 percent of worldwide infant deaths. HIV, however, poses an enormous challenge to promoting and protecting breastfeeding because of the risk of transmission of the virus through breastmilk. Therefore, in resource-poor settings the risk of HIV transmission through breastfeeding has to be weighed against the protection breastfeeding offers against infection.

Current global infant feeding guidelines recommend exclusive breastfeeding for the first 6 months of life and continuation of breastfeeding with the addition of appropriate complementary foods for up to 2 years or beyond. These guidelines recognize that HIV transmission through breastfeeding can only be eliminated by avoiding breastfeeding altogether, but stress that HIV-positive women should only turn to alternative feeding methods if these methods are shown to be acceptable, feasible, affordable, sustainable, and safe (AFASS). These criteria rarely can be met in the households of HIV-positive women in resource-constrained settings. As a result, HIV-positive women who are not helped to breastfeed exclusively are likely to resort to mixed feeding, which increases the risk of vertical HIV transmission and infant morbidity and mortality. The 2003 South Africa Demographic and Health Survey reported that only 11.9 percent of infants <4 months old were exclusively breastfed.³ In 2004 UNICEF reported that only 7 percent of children in South Africa whose mothers were surveyed between 1996 and 2004 had been exclusively breastfed for the first 6 months of life.⁴

International agencies recommend that HIV-positive mothers breastfeed where this is a safe and feasible option and feed their infants formula where it is not.⁵ A 2006 UNICEF study concluded that HIV-positive women were more likely to sustain exclusive breastfeeding for at least 6 months when they receive infant feeding information, counseling, and support through HIV outreach programs.⁶ Because most women in South Africa may not know their HIV status, it is important to promote exclusive breastfeeding for HIV-negative women and women of unknown status as well as to disseminate accurate information on recommended infant feeding options for HIV-positive mothers. Moreover, counselors need adequate training in infant and young child nutrition and clear and feasible infant feeding messages for HIV-positive

¹ South Africa Department of Health. 2002. "Summary Report: National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, 2002." Pretoria, pp. 6–7.

² *Ibid.* p. 11.

³ South Africa Department of Health, Medical Research Council and Measure. 2003. Preliminary Demographic and Health Survey. Pretoria.

⁴ http://www.unicef.org/infobycountry/southafrica_statistics.html

⁵ UNAIDS. 1997. See also UNICEF press release, "World Missing Opportunity to Reduce Mother-to-Child Transmission through Exclusive Breastfeeding," November 2004.

⁶ Koniz-Booher, Burkhalter, de Wagt, Iliff, and Willumsen, eds. 2004. *HIV and Infant Feeding: A Compilation of Programmatic Evidence*. Published for UNICEF and USAID by the Quality Assurance Project, University Research Co., LLC.

women. A 2003 KwaZulu Natal provincial survey showed substantial success in expanding prevention of mother-to-child transmission of HIV (PMTCT) services in the province, with adequate resources and management structures in place, but identified a weakness in the integration of maternal nutrition, infant and young child feeding (IYCF), and community participation in PMTCT services. The incidence of mixed feeding (breastfeeding plus replacement feeding) of infants <6 months old was high, increasing the chance of HIV infection of infants of HIV-positive mothers and other illnesses that would be mitigated by exclusive breastfeeding.

Good maternal nutrition before and during pregnancy and lactation is vital for the survival and well-being of both mother and developing infants. Pregnancy and lactation make high nutritional demands on women, but even non-pregnant women are nutritionally vulnerable. Because the threat of malnutrition begins in the womb and continues through life, nutrition needs to be improved throughout the life cycle. HIV-positive pregnant and lactating women need more nutrient requirements than uninfected women. Studies have shown that women who are HIV positive and malnourished are at higher risk of transmitting HIV to their unborn infants than HIV-positive women who are not malnourished. Immediate actions to ensure the survival of both mothers and infants include early attendance at antenatal care, a nutritious diet, and control of diseases such as malaria, sexually transmitted infections, and hookworm infestation.

Recognizing the importance of maternal nutrition and optimal infant feeding, as well as community awareness and uptake of HIV counseling and testing (CT) and other HIV-related services, to the effective prevention of MTCT, in 2004 USAID/South Africa asked the LINKAGES Project to provide technical assistance to the Nutrition Directorate of the DOH to develop and implement nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS. The 10-year, USAID-funded LINKAGES Project, managed by the Academy for Educational Development (AED), provided technical information, assistance, and training on breastfeeding, related complementary feeding and maternal dietary practices, and the lactational amenorrhea method of post-partum contraception for women who breastfeed to improve child survival, growth, and development and maternal and reproductive health and reduce HIV transmission through informed decision-making on optimal infant feeding

AED/LINKAGES' mandate in South Africa later was broadened to include capacity building of health managers, health providers, and community health workers (CHWs) to integrate IYCF in the context of HIV/AIDS in clinic and community services in nine provinces.

The objectives of the AED/LINKAGES South Africa program are listed below.

- Provide technical assistance to the DOH Nutrition Directorate in collaboration with the Directorates of HIV/AIDS and Maternal, Child, and Women's Health (MCWH) to develop women's nutrition guidelines in the context of HIV/AIDS and integrate these guidelines into clinical and community support services at provincial level in nine provinces.
- Provide technical assistance to the DOH Nutrition, HIV/AIDS, and MCWH directorates to develop IYCF guidelines in the context of HIV/AIDS and integrate these guidelines into clinical and community support services at provincial level in nine provinces.
- Develop implementation plans for women's nutrition and IYCF guidelines in the context of HIV/AIDS in collaboration with the DOH Directorates of Nutrition, HIV/AIDS, and MCWH.
- Provide technical assistance to the Nutrition and MCWH directorates to strengthen and expand implementation of the Baby-Friendly Hospital Initiative (BFHI) in the context of HIV/AIDS to nine provinces to improve IYCF and care and support of mother-infant pairs and families.
- Enhance public awareness of the importance of improved nutrition for all women, regardless of their HIV status, with a focus on HIV-positive pregnant and lactating women and their infants and young children, by incorporating quality messages, counseling, and services for IYCF in the context of HIV/AIDS in existing BCC interventions.

- Provide technical assistance to local NGOs to strengthen and integrate women’s nutrition and IYCF in the context of HIV/AIDS into their health facility and community health services.
- Provide technical assistance to the national DOH and selected NGOs to monitor and evaluate integrated women’s nutrition and IYCF services in the context of HIV/AIDS

From January 2005 through September 2006, AED/LINKAGES realized these strategies in collaboration with the DOH and provincial nongovernmental organizations (NGOs). Challenges at provincial level included inadequate coordination among vertical HIV/AIDS, PMTCT, and lactation management training programs of different directorates; gaps in knowledge and skills in maternal nutrition and IYCF in the context of HIV/AIDS; weak links between training and implementation; and the need for skills in community approaches to increase support for an uptake of services. AED/LINKAGES activities to achieve its objectives included assessments of health facilities and community services; a behavioral assessment of community knowledge and attitudes regarding HIV/AIDS in one province; consensus building among partners on national guidelines for women’s nutrition and IYCF in the context of HIV/AIDS; development of capacity building strategies with district DOH staff; training in BFHI, improved HIV and IYCF counseling for pregnant and lactating women, and behavior change communication (BCC) methodologies; and strengthened links between health facilities and communities to improve infant and young child feeding and HIV-related support for women and families.

Achievements

- Technical contributions to National Nutrition Guidelines for Pregnant and Lactating Women in the Context of HIV/AIDS and a strategic framework for implementation
- Reports of facility-based site assessments in 15 clinics in 2 sub-districts to assess readiness to implement services for women’s nutrition and IYCF in the context of HIV/AIDS
- Report of behavioral assessment in 6 clinics and catchment communities in 1 sub-district
- Advocacy meetings with 118 cluster managers and managers of MCWH, PMTCT, Nutrition, and Health Promotion clusters in 5 provinces
- 4 demonstration sub-districts with strategic plans for integration of maternal nutrition and IYCF in the context of HIV/AIDS in clinical and community services
- 1 NGO (HOPE *worldwide*) with strategic plan for integration of maternal nutrition and IYCF in the context of HIV/AIDS into its health programs
- On-site training manual on maternal nutrition and IYCF in the context of HIV/AIDS
- 126 national BFHI assessors trained
- 5 CHWs in KwaZulu Natal trained in conducting behavioral assessments of knowledge, attitudes, and practices regarding HIV/AIDS, PMTCT, maternal nutrition, and IYCF
- 245 health providers trained in 10-day course in women’s nutrition and IYCF in the context of HIV/AIDS
- 108 health providers from 6 provinces trained in an abridged 5-day course in women’s nutrition and IYCF in the context of HIV/AIDS
- 62 dietetics students from the Medical University of South Africa (MEDUNSA) trained in women’s nutrition and IYCF in the context of HIV/AIDS
- 15 health providers in KwaZulu Natal trained to develop a training strategy for health providers in maternal nutrition and IYCF in the context of HIV/AIDS
- 117 CHWs, CHW trainers, and facilitators from 4 demonstration sub-districts trained in BCC and community methodologies to promote optimal nutrition in the context of HIV/AIDS
- 19 health volunteers and staff of HOPE *worldwide* trained to develop a nutrition strategy
- Messages on women’s nutrition and IYCF in the context of HIV/AIDS submitted to Soul City and Johns Hopkins University Center for Communication Programs to be incorporated in print, radio, and television materials
- “All-in-One Antenatal, Post-Natal, and Child Health” guide for health providers on women’s nutrition and IYCF in the context of HIV/AIDS
- Community monitoring forms

Lessons Learned

AED/LINKAGES' experience in South Africa demonstrated the feasibility and effectiveness of integrating training on maternal nutrition and optimal IYCF in the context of HIV/AIDS into PMTCT services at clinic and community levels. Lessons learned are summarized below.

1. Pilot district promotion of improved maternal nutrition and IYCF in the context of HIV/AIDS alone will not yield results envisaged in national plans.
2. PMTCT should be a priority for MCWH services during the post-partum period as well as the antenatal period. Rolling out treatment without nutritional inputs for mothers and infants will not result in optimal outcomes for HIV-infected children.
3. South Africa's district-based public health system is an ideal setting for strengthening links between health facilities and communities to increase uptake of PMTCT services and integrating maternal nutrition and IYCF into the national PMTCT program. Involving community leaders as well as local government at district and community levels and integrating program activities into district and village plans are key to sustaining improved maternal nutrition and IYCF practices in the context of HIV/AIDS.
4. Health providers are considered key sources of information on PMTCT and IYCF, but many sub-district health managers and health facility staff have not been trained in the full package of HIV/AIDS, PMTCT, and IYCF in the context of HIV/AIDS. HIV-positive mothers receive free infant formula but are rarely counseled on AFASS criteria. Even health providers trained in lactation management lack skills to counsel mothers on correct positioning and attachment, preparation of replacement feeds, and risk factors for post-natal HIV transmission and may not know that most infants of HIV-infected mothers are not HIV positive.
5. Policies on maternal nutrition and IYCF in the context of HIV/AIDS are not clear to all health providers at district and health facility level, and many nurses are not familiar with the International or draft South Africa Codes of Marketing of Breast-Milk Substitutes. Even when policies are posted in health facilities, staff may not understand why these policies were developed or how to implement them.
6. Training programs compete for human resources and operate in silos. Trained trainers do not always cascade the training. Training master trainers at national level is not as effective as training directly in the provinces to ensure cascade training and follow-up of trainees.
7. Applying knowledge of maternal nutrition and IYCF in the context of HIV/AIDS gained in training requires concerted mentoring.
8. Lay counselors provide a large proportion of counseling of antenatal women on HIV/AIDS but lack adequate information on infant feeding options.
9. Mothers in clinic catchment areas may know that HIV can be transmitted to infants during pregnancy, labor and delivery, and breastfeeding and know the benefits of exclusive breastfeeding and the increased risk of HIV transmission from mixed feeding, but practices of early introduction of other liquids to infants before the age of 6 months belie this knowledge. Many HIV-positive women do not disclose their HIV status to their partners, and few men are involved in PMTCT or infant feeding decisions.
10. BFHI hospitals do not include the community component (Step 10), and there is a gap in support of new mothers between the 6-hour and 6-week post-delivery visits to support them to continue breastfeeding. Lay counselors provide a large proportion of counseling of antenatal women on HIV/AIDS but lack adequate information on infant feeding options and don't link with communities to support breastfeeding women.

11. The Home-Based Care Program focuses on HIV/AIDS but does not include infant feeding counseling training.
12. Pre- and post- intervention data are needed to measure improvements in the exclusive breastfeeding rate and decrease in mixed feeding rates as national targets. Data collected at district level are not always available for service delivery improvement.

Recommendations for the Future

Based on its experience in South Africa and the lessons learned above, AED/LINKAGES recommends the following actions to sustain and build on the achievements of the program.

1. Move from pilots to wider implementation in demonstration sub-districts and expand to other provinces with technical assistance from the National DOH.
2. Emphasize nutrition in all phases of PMTCT programs, linking PMTCT and IYCF to other child survival interventions and to care and support.
3. Continue to strengthen community ownership of PMTCT, maternal nutrition, and IYCF promotion and referrals between health facilities and communities. Harmonize various programs' messages on maternal nutrition and IYCF in the context of HIV/AIDS. Support provincial DOHs in piloting the "All-in-One" booklet and using BCC strategies to encourage PMTCT behavior change.
4. Strengthen the knowledge and counseling skills of health providers in PMTCT and related programs in maternal nutrition and IYCF, including correct breastfeeding positioning and attachment, infant feeding options for HIV-positive mothers, and safe replacement feeding.
5. Help health providers identify policy issues and tailor their implementation to the needs of their health facilities and the communities they serve to improve their understanding and implementation of policies for maternal nutrition and IYCF in the context of HIV/AIDS. Support finalization of the maternal nutrition guidelines for DOH approval.
6. Develop a plan to cascade provincial training in the implementation of national maternal nutrition and IYCF policies in the context of HIV/AIDS to sub-districts. Support on-site training and ensure accreditation of trainees. Include enrolled (staff) nurses in on-site training because they are more stable and knowledgeable about the local culture than professional nurses, who receive more comprehensive training but are likely to be transferred or seek higher positions. Involve the private sector and NGOs as well as the public sector in training. Support health facilities in developing capacity building strategies to ensure regular training and updates for staff.
7. Strengthen supervision, mentoring, and follow-up of health providers and CHWs trained in IYCF in the context of HIV/AIDS and develop a tool or strategy to measure the impact of training.
8. Strengthen the lay counselors program to include training in counseling on maternal nutrition and IYCF in the context of HIV/AIDS. Provide technical assistance to the DOH to continue to strengthen infant feeding follow-up of women discharged from health facilities at least 2 weeks after delivery. CHWs might be used as doulas to test such IYCF support in one hospital or area.
9. Develop information, education, and communication (IEC) materials on the benefits of exclusive breastfeeding and the dangers of mixed feeding. Develop strategies to involve male partners in decisions regarding safer sex and optimal infant feeding. Encourage communities to establish infant feeding support groups.
10. Revive BFHI and infant feeding communities in health facilities, institute BFHI coordinators in MCWH departments, and establish district Baby-Friendly Community Initiative committees.

11. Incorporate maternal nutrition and IYCF counseling in the context of HIV/AIDS in training of home-based care providers.
12. Provide technical assistance to sub-districts to quantify data on maternal nutrition and IYCF in the context of HIV/AIDS and encourage the analysis and use of community data collected by health providers and CHWs to improve programs. Conduct a rapid appraisal of the impact of the LINKAGES interventions in Umzumbe, using as a baseline the survey conducted before the LINKAGES program and collecting data on diarrheal disease in infants <6 months old, district PMTCT coverage, malnutrition, and referrals.

II. Evolution of the AED/LINKAGES/South Africa Program

The 10-year, USAID-funded LINKAGES Project, managed by the Academy for Educational Development (AED), provided technical information, assistance, and training on breastfeeding, related complementary feeding and maternal dietary practices, and the lactational amenorrhea method of post-partum contraception for women who breastfeed to improve child survival, growth, and development and maternal and reproductive health and reduce HIV transmission through informed decision-making on optimal infant feeding

In early 2004 USAID/South Africa asked AED/LINKAGES to provide technical assistance to the Government of the Republic of South Africa to develop and implement nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS in collaboration with the National HIV/AIDS, MCWH, and Nutrition directorates and with NGOs at provincial level. AED/LINKAGES was known for its expertise in maternal nutrition and IYCF in the context of HIV/AIDS based on its successful implementation of the Ndola Demonstration Project in Zambia. Lessons from this project, which piloted the integration of HIV and IYCF counseling in public sector maternal and child health services, were replicated in other districts in Zambia and other countries in Africa. In 2002 AED/LINKAGES launched the Africa Regional PMTCT and IYCF Program in response to multiple requests from governments and organizations for technical assistance in infant feeding and PMTCT. The Africa Regional Program works with governments, regional organizations, and NGOs in the areas of policy advocacy, PMTCT risk reduction, program design and implementation, training, BCC, and monitoring and evaluation.

AED/LINKAGES provided technical and financial support for a rapid review of guidelines and regulations to identify gaps related to HIV as a first step in developing national strategies and implementation plans for maternal nutrition and IYCF in the context of HIV/AIDS. Through discussions between the AED/LINKAGES Africa Regional Program and the DOH in 2004, AED/LINKAGES' mandate in South Africa evolved to support the DOH in identifying and addressing gaps in the capacity of health providers and NGOs at provincial level to promote optimal maternal nutrition and IYCF in the context of HIV/AIDS under the U.S. President's Emergency program for AIDS Relief (PEPFAR). The Nutrition Directorate of the DOH emphasized that facility-based strategies alone would not be effective in improving uptake of PMTCT services. Community strategic plans were needed to improve linkages between health facilities and catchment communities and to involve community health workers and leaders in supporting optimal maternal nutrition and IYCF practices in the context of HIV/AIDS.

In late 2004 AED/LINKAGES sponsored training of six DOH and NGO staff in Ndola, Zambia, in the integrated PMTCT and IYCF model. By the end of the year AED/LINKAGES had obtained DOH approval to work directly with the provinces that had sent representatives to the Ndola training on strategic plans for capacity building in maternal nutrition and IYCF in the context of HIV/AIDS. AED/LINKAGES recruited a Program Coordinator and Finance and Administration Officer and conducted a strategic planning exercise with the DOH and two NGOs, HOPE *worldwide* and The Valley Trust.

In 2005 The DOH selected Umzumbe Sub-district of Ugu District, KwaZulu Natal, for pilot implementation of the AED/LINKAGES model of integrating implementation of maternal nutrition and IYCF in the context of HIV/AIDS into clinic and community services. The municipality of Umzumbe was considered the poorest area in the district. Because it was a rural area with strong tribal ties, it was important to encourage community participation in health care-related issues. Assisi Clinic, the only clinic in the sub-district with 24-hour maternity services, was identified as the focus of AED/LINKAGES activities affecting peripheral clinics and surrounding communities. The second demonstration site was Kagisano-Molopo Sub-district in Bophirima District, North West Province. Also a rural area, Kagisano-Molopo was characterized by high unemployment and illiteracy but had training plans in place, strong community involvement, and some CHWs trained in HIV/AIDS, PMTCT, and breastfeeding promotion. AED/LINKAGES was asked to focus its activities on three local health areas, each with one health center. The other two demonstration sub-districts selected by the DOH were Qaukeni in Eastern Cape Province and Kabokweni in Mpumalanga Province. In 2005 AED/LINKAGES trained provincial, district, and health facility staff from all provinces in maternal nutrition and IYCF in the context of HIV/AIDS. The project

also provided messages on IYCF in the context of PMTCT to two companies partnering with the U.S. Government in media product dissemination.

In early 2006 AED/LINKAGES collaborated with the DOH to conduct site assessments in Umzumbe and Kagisano-Molopo sub-districts to determine the health facilities' readiness to implement the integrated package. A behavioral assessment was conducted in the catchment areas of Assisi Clinic in Umzumbe to understand knowledge, beliefs and practices of mothers of children under 2 years old, health providers, community service providers, and other community members regarding prevention of mother-to-child transmission of HIV (PMTCT), maternal nutrition and IYCF in the context of HIV/AIDS, and care and support of people with HIV and AIDS. The results of these assessments were used to design strategies to promote optimal nutrition for mothers and infants in the context of HIV/AIDS in the health facilities and communities.

AED/LINKAGES then met with the provincial and district MCWH, Health Promotion, and Nutrition Provincial Clusters, trainers, target health facility staff, CHWs, and NGOs in the demonstration sub-districts to build partnerships and develop plans for integrated training in maternal nutrition and IYCF in the context of HIV/AIDS. After the program was established in the four demonstration sub-districts, AED/LINKAGES began to roll out the activities to the remaining five provinces in 2006.

Training and capacity building at provincial level began in January 2005. By late 2006 AED/LINKAGES had provided technical assistance to the four demonstration sub-districts to conduct an audit of all HIV/AIDS-related and lactation management training at facility level, development of a training strategy for each facility, identification of local HIV/AIDS-related issues and brainstorming of policies to address these issues, development of key messages for pregnant and lactating women in the context of HIV/AIDS, action plans to link facilities with community support service and strengthen referrals, and data collection on training and community BCC activities. The remaining five provinces had completed various steps in this process. AED/LINKAGES also trained HOPE *worldwide* health workers in basic nutrition and assisted the NGO in developing a nutrition strategy.

Also in 2006, AED/LINKAGES submitted an "All-in-One" booklet for health providers to distribute to mothers on HIV/AIDS, PMTCT, maternal nutrition, and IYCF in the context of HIV/AIDS adapted to South Africa from an AED/LINKAGES/Zambia publication. THE AED/LINKAGES/South Africa program closed at the end of September 2006.

III. Partners

AED/LINKAGES' primary partner in South Africa was the Department of Health at national, provincial, and district levels. The program worked with the DOH Directorates of HIV/AIDS, MCWH, Nutrition, and PMTCT to develop guidelines on maternal nutrition in the context of HIV/AIDS and to implement these guidelines and guidelines on IYCF in the context of HIV/AIDS into existing health care and community services in all nine provinces of South Africa. The country has 42 health regions and 162 health districts. The current administrative structure places primary health care clinics under district authorities and hospitals under provincial authorities. Hospitals are categorized as level one (district hospitals), level two (provincial/referral hospitals), and level three (tertiary hospitals). In the district-based health system, one health authority is responsible for primary health care, including community-based services. There are now more than 3,500 public sector clinics, which provide free health care for children under 6 and pregnant and lactating women.

AED/LINKAGES/South Africa also worked with two provincial-level NGOs—HOPE *worldwide* and The Valley Trust—to assess gaps in the training of their community volunteers in maternal nutrition and IYCF in the context of HIV/AIDS and to develop strategies to integrate nutrition into their organizational plans and implement nutrition activities in their health services. AED/LINKAGES also trained staff of other NGOs in maternal nutrition and IYCF in the context of HIV/AIDS using BCC as a strategy for community involvement and ownership.

HOPE *worldwide* is a U.S. faith-based organization (International Churches of Christ) that works with health, education, children's programs, seniors, and employment. Since 1991 HOPE *worldwide* has been involved in community-based HIV/AIDS prevention, care, and support in 37 African countries, with over 12,000 volunteers. The South Africa program began in 1994 in Soweto and expanded to offer services in four provinces. The goal of HOPE *worldwide* in South Africa is to help build community capacity to support vulnerable families, children, orphans, and HIV-positive people in Johannesburg, Cape Town, Durban, Port Elizabeth, and Umtata with prevention messages following the ABC (abstinence, be faithful, and use condoms) pattern and educate communities on the need for HIV testing. The organization also mobilizes communities to protect and support orphans and vulnerable children (OVC) through counseling, nutritional support, medical care, and psychosocial support. Volunteer counselors trained by HOPE *worldwide* work in health facilities and provide home-based care. AED/LINKAGES assisted HOPE *worldwide* home-based care and OVC volunteers in Gauteng in developing a community nutrition strategy for in June 2006. The strategy development workshop provided a model for AED/LINKAGES to work with an NGO to form partnerships with DOH clinics.

The Valley Trust in the Valley of a Thousand Hills near Durban in KwaZulu Natal is a non-profit welfare organization that is part of a "pilot socio-medical experiment in the promotion of health" initiated by Dr. Halley Stott in the 1950s. Dr. Stott established a multi-disciplinary program focused on health promotion, primarily through improved nutrition and self-help. The Health Centre, established in 1951 and now funded by the DOH, referred patients to The Valley Trust, established in 1953, for agricultural and nutritional advice and assistance. This assistance has since expanded to community development projects, including training of home-based caregivers of people living with HIV or AIDS and capacity building of support groups to fight stigma and discrimination associated with HIV. In 1982 The Valley Trust initiated a program to promote the community primary health care approach to address unequal access to health services during the apartheid era. The program employs, trains, and supervises CHWs in all districts of KwaZulu Natal in partnership with community health committees and the DOH. The CHWs link communities with resources and services, distribute and gather health information, mobilize people to advocate for resources and services, conduct health education and services, and facilitate referrals for care and treatment of illness, including HIV-related illness. The Valley Trust helped AED/LINKAGES and the DOH conduct the behavioral assessment in Umzumbe Sub-district in KwaZulu Natal, and AED/LINKAGES trained The Valley Trust staff and volunteers in BCC and reviewed data collection tools related to PMTCT.

IV. Project Description

To help synchronize policies, guidelines, and training related to PMTCT, HIV/AIDS, maternal nutrition, and IYCF in the context of HIV/AIDS and strengthen community behavior change in these areas, the AED/LINKAGES provided technical assistance to the DOH between 2003 and 2006 to develop and implement nutrition guidelines for pregnant and lactating women and guidelines for IYCF in the context of HIV/AIDS in nine provinces. The components of the AED/LINKAGES/South Africa program are described below.

A. Program Design

With the Department of Health, AED/LINKAGES conducted training needs assessments, health facility site assessments, and a behavioral assessment to inform the design of activities in target sub-districts.

1. Training Needs Assessment

In May 2004 the AED/LINKAGES Africa Regional Program and the DOH Nutrition and MWCH directorates collected information on health provider training needs in the areas of maternal nutrition and IYCF in the context of HIV/AIDS in order to develop a national capacity building strategy. A strategic planning meeting in October 2004 drew 35 participants, including DOH directors, provincial DOH managers from all nine provinces, and staff of HOPE *worldwide* and The Valley Trust, to discuss the findings of the assessment. These findings included a lack of standardized curricula and messages relating to maternal nutrition and IYCF and inadequate follow-up and supervision of trained staff. AED/LINKAGES then disseminated a template for audits of provincial training needs and development of provincial capacity building strategies (annex 1) to the nine provincial DOH offices. Only three provinces completed the audits, and none forwarded a capacity building strategy to the National DOH. AED/LINKAGES subsequently followed up this exercise with each target district during on-site capacity building sessions.

2. Site Assessments

In March 2006 AED/LINKAGES assisted the DOH in assessing PMTCT, maternal nutrition, and IYCN training and knowledge in 11 health facilities in Ugu District, KwaZulu Natal Province, and 4 health facilities in Bophirima District, North West Province. The objectives of the site assessments were to identify challenges and opportunities for integrating maternal nutrition and IYCF in the context of HIV/AIDS into existing health care and community services, examine the utilization of services and level of community involvement, and determine training needs in maternal nutrition and IYCF in the context of HIV/AIDS. Information was gathered through interviews with health providers working in MCWH services, lay counselors, and CHWs; observation of services; and reviews of IEC materials, policies, and guidelines related to maternal nutrition and IYCF in the context of HIV/AIDS.

a. Umzumbe Sub-District, Ugu District, KwaZulu Natal Province

Ugu is one of 13 Rural Development Nodes in which the government is working to improve the district health system and primary health care. Ugu Health District includes 3 district hospitals, 1 regional hospital, 1 state-aided hospital, 37 fixed clinics, 13 mobile clinics with 214 visiting points, and 10 local authority clinics. Umzumbe is the second largest of six local municipalities (sub-districts) in the district, with the largest population (193,756 as of November 2001).⁷ Health service delivery challenges in Umzumbe include too few health facilities for the population, poor transportation, and long distances between communities and clinics.

The site assessments found that PMTCT services had been integrated into MCWH services in the clinics and mobile outreach services. Outreach services included antenatal care (ANC), child welfare, and CT for mothers. Mothers appeared willing to be counseled and tested for HIV and to take their infants to the facilities for Nevirapine prophylaxis. The health facilities practiced safe delivery, and infant feeding was included in the PMTCT training curriculum. Despite staff shortages, doctors visited

⁷ <http://www.citypopulation.de/SouthAfrica-Mun.html>

the urban facilities once a week and the rural facilities once a month. Lay counselors trained in PMTCT and IYCF in all facilities and mobile outreach services played a pivotal role in ANC counseling. District Health Office personnel worked with community health volunteers in the mobile outreach services. A home-based care group and support group for people with HIV and AIDS had been established at Morrisons Post Clinic.

Challenges included staff shortages and burnout, few professional nurses trained in PMTCT or CT, and inadequate access to health services in rural areas where even the mobile outreach clinics did not visit. Liquids besides breastmilk were introduced early to young infants. Infant feeding counseling was inadequate to allow mothers to make an informed choice of infant feeding methods and did not cover AFASS (affordable, feasible, accessible, sustainable, and safe) criteria for replacement feeding. Formula supplies were said to be inadequate, posing a challenge for mothers who opted for replacement feeding and resulting in mixed feeding. Community outreach and mobilization were limited by women's reluctance to disclose their HIV test results to their partners and lack of male involvement in PMTCT.

b. Kagisano-Molopo Sub-district, Bophirima District, North West Province

Kagisano-Molopo is one of the six sub-districts of Bophirima District. The population is estimated at 108,182, distributed between the municipalities of Kagisano and Molopo. The sub-district is divided into three local health areas (LHAs), each with one health center. In addition, the sub-district has 17 clinics, 4 in Ganyesa LHA, 9 in Morokweng LHA, and 4 in Tlakgameng LHA. Unemployment and illiteracy rates are high. Most people work in farms and earn little income. According to a 2005/2006 report, both HIV prevalence and CT uptake were increasing in the sub-district, but PMTCT uptake was low. On average only 1 out of 15 infants born to HIV-positive mothers was brought back for testing at 18 months.

The site assessments found that PMTCT services were in place in all four health facilities in Ganyesa LHA and all mobile outreach services included some PMTCT and CT. All facilities offered health education, generally in the waiting rooms, and had lay counselors in place. Breastfeeding and HIV/AIDS support groups were available, as well as some NGO and community support structures, and communities were involved in PMTCT programs to some extent. Operational guidelines on PMTCT and management of sexually transmitted infections were in place in the facilities.

The assessment team also found high patient-to-staff ratios, long queues, short breaks for staff, and poor coordination of training related to maternal nutrition and IYCF in the context of HIV/AIDS among the HIV/AIDS, Nutrition, and MCWH directorates. PMTCT training of health providers, lay counselors, and community care providers lacked adequate emphasis on maternal nutrition and IYCF. As in Ugu District, liquids besides breastmilk and solids were introduced early to young infants, and infant feeding counseling was inadequate to allow mothers to make informed feeding choices. None of the health centers was aware of the International Code of Marketing of Breast-Milk Substitutes. Client referral and follow-up links between health facilities and the communities were unclear. Local NGOs and support groups appeared to have inadequate knowledge and skills in maternal nutrition and IYCF, and misconceptions and traditional beliefs posed a challenge to establishing household support for HIV-positive mothers. The health facilities visited generally lacked clear guidelines on optimal obstetrical practices and infection control during labor and delivery, when the risk of MTCT is greatest. Community members perceived health providers as more knowledgeable, skilled, and able to maintain confidentiality than lay counselors. Focus group discussions indicated lack of male partner support and knowledge, as well as low uptake of CT among males. Inadequate transport constrained service uptake, leading, for example, to delayed obstetric actions for mothers who developed complications and needed to be attended at higher-level facilities. Gaps were observed in the way health centers recorded, compiled, and analyzed data; for example, no records were kept on community PMTCT awareness activities reported by the facilities.

The AED/LINKAGES/South Africa Program Coordinator and Training Officer facilitated a workshop in June 2006 to disseminate the results of the site assessment to 48 representatives of the National

Office of Nutrition, Provincial Sub-directorates for Nutrition, Health Promotion, PMTCT, and HIV Prevention, sub-district program managers, professional nurses, and home-based caregivers.

2. Behavioral Assessment

As a follow-up to the site assessment in Umzumbe Sub-district, in April 2005 AED/LINKAGES conducted a behavioral assessment in 6 of the 13 clinics and their catchment areas. The aim of the assessment was to collect information on the knowledge, beliefs, attitudes, and practices of health providers and community members related to HIV/AIDS, PMTCT, maternal nutrition and IYCF in the context of HIV/AIDS, and care and support of HIV-positive people. This information would be used to develop practical IYCF recommendations in the context of HIV/AIDS and improve overall PMTCT services and practice of optimal IYCF.

The assessment methodology included in-depth interviews, focus group discussions, household observations, and market surveys. Ten interviewers were trained to collect data using semi-structured questionnaires. Respondents included mothers of infants 0–<2 years old, health providers, community service providers, community leaders, and people living with HIV or AIDS. When shortcomings were observed in infant feeding practices during household observations, the assessors negotiated trials of improved practices (TIPS) with the mothers, who tried the practices and reported on their experience. Key informants (a youth center manager, professional nurses, pensioners, traditional leaders, and primary health care supervisors) were interviewed to cross-check the information obtained from interviews with the mothers.

The majority of the respondents knew where people could be counseled and tested for HIV. Most HIV counseling was reportedly done by lay counselors with only 10 days of training. Respondents knew that it was possible for HIV to be transmitted to infants during pregnancy, labor and delivery, and breastfeeding, and knew that mixed feeding increased the risk of HIV transmission. Mothers enrolled in the PMTCT program who received free formula from clinics breastfed their infants to avoid letting people know their status. Most respondents knew the benefits of exclusive breastfeeding but said it was rarely practiced, as mothers introduced other liquids, including non-human milk, before the age of 6 months, largely with the encouragement of grandmothers. Exclusive breastfeeding was difficult for working mothers. Health providers were cited by community respondents as key sources of information on PMTCT and IYCF.

Based on the information collected in the facility site assessments and community behavioral assessment, AED/LINKAGES made the following recommendations:

1. Conduct behavioral assessments to ascertain knowledge, attitudes, and practices related to PMTCT and IYCF in the facility catchment communities.

Key findings from the Umzumbe assessments

1. PMTCT services in all facilities and mobile services and tracking of HIV-positive mothers and their infants
2. Inclusion of infant feeding in the PMTCT curriculum
3. Lay counselors trained in PMTCT, including infant feeding, in all facilities and mobile outreach services
4. Mobile outreach services in all areas including antenatal care and HIV counseling and testing
5. High level of knowledge of MTCT among mothers and willingness to be tested for HIV and accept Nevirapine prophylaxis
6. Early introduction of liquids besides breastmilk and solids encouraged by elder women
7. Inadequate time allotted to infant feeding counseling to allow mothers to make an informed choice of infant feeding methods
8. No AFASS criteria included in counseling on replacement feeding
9. Mixed feeding by HIV-positive mothers to avoid disclosure of their HIV status
10. Unclear referral and follow-up links between health facilities and the communities
11. Lack of male partner involvement in PMTCT and IYCF services and decisions
12. Inactive clinic committees and lack of records of community PMTCT awareness raising

2. Train all health providers in PMTCT and IYCF.
 3. Include safe replacement feeding demonstration and information on AFASS criteria in IYCF counseling.
 4. Promote BFHI principles to encourage health facilities to protect, support, and promote breastfeeding in the context of HIV/AIDS.
 5. Train more professional staff in 6–8-week psychosocial counseling courses to supplement the lay counselors' counseling.
 6. Strengthen coordination of training related to maternal nutrition and IYCF in the context of HIV/AIDS among the HIV/AIDS, Nutrition, and MCWH directorates and integration of HIV-related services at facilities.
 7. Train health providers and community care providers in BCC and community approaches.
 8. Strengthen health center data collection, recording, and analysis.
 9. Strengthen the lay counselors program to include counseling on maternal nutrition and IYCF in the context of PMTCT.
 10. Inventory community support groups and structures and assess training needs in relation to PMTCT, maternal nutrition, and IYCF.
 11. Strengthen links between health facilities and community support groups and structures by facilitating follow-up of HIV-positive mothers and their infants and partners for referral to infant feeding counseling, antiretroviral therapy, pediatric AIDS treatment, family planning, and care and support services.
 12. Help establish systems to refer new mothers to CHWs and community support services such as LoveLife to avoid a 6-week delay in counseling on optimal infant feeding.
 13. Strengthen community awareness and ownership of PMTCT, maternal nutrition, and IYCF by involving community leaders in planning, promoting the formation of support groups for HIV-positive mothers, post-test support groups, and groups of PLWHAs; and training CHWs to sensitize, support, and refer community members to health facilities.
 14. Strengthen the capacity of traditional birth attendants and CHWs in PMTCT and IYCF.
 15. Strengthen the skills of CHWs in mobile outreach clinics to counsel and support women in rural areas on their infant feeding choices.
 16. Involve mothers-in-law and grandmothers in infant feeding, as they strongly influence these practices.
 17. Target both men and women with information on HIV prevention and explore strategies to involve men to improve CT uptake.
 18. Develop materials on the dangers of mixed feeding for mothers and other caregivers.
 19. Target adolescent girls with information on HIV prevention and PMTCT.
 20. Assess the application of maternity protection legislation at sub-district level to determine breastfeeding constraints for working mothers.
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B. Policy Advocacy

A dozen African governments have requested technical assistance from AED/LINKAGES since 1999 to review and update policies on IYCF in the context of HIV/AIDS. A major component of AED/LINKAGES PMTCT activities in the South Africa program was to collaborate with the DOH in reviewing and updating such policies and developing a strategy and implementation plan to operationalize them at health facility and community levels. Technical assistance for policy advocacy work was provided by the AED Senior Regional Advisor for Health, Nutrition, and HIV/AIDS based in the AED office in Pretoria.

1. National Guidelines for the Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS

AED/LINKAGES began providing technical assistance at the request of the DOH Nutrition Directorate to develop nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS in 2004. The first step was to gather information on current policies and practices through interviews of staff of health facilities and community service organizations in Gauteng Province (including 8 Soweto clinics and support groups for people living with HIV/AIDS, or PLWHAS) and North West Province (including 13 District DOH and health facility staff). AED/LINKAGES then presented the draft guidelines at a quarterly meeting of provincial DOH managers. The draft guidelines were submitted to the Nutrition Directorate in May 2004. In September 2004 AED/LINKAGES and the Nutrition Directorate called a strategic planning meeting with 12 participants from the Directorates of MCWH and HIV/AIDS to build consensus on integrating women's nutrition into existing programs and a strategic framework for implementation of the guidelines. In December 2004 AED/LINKAGES collected reference materials for the maternal nutrition guidelines. In January 2006 the draft guidelines were submitted to the DOH. By March 2006 the Directorates of Nutrition and MCWH had circulated the draft guidelines, with provincial DOH input incorporated, for internal DOH review. In April the guidelines were circulated to the Nutrition Task Force. In July AED/LINKAGES submitted the final draft to the DOH for final review.

2. Advocacy visits to provinces

In 2005 and 2006 the AED/LINKAGES/South Africa Program Coordinator visited district DOH offices in all nine provinces to present the AED/LINKAGES program approach, build partnerships to integrate training in maternal nutrition and IYCF in the context of HIV/AIDS into existing services, solicit support for strategic planning for capacity building and training, and seek suggestions for clinic implementation sites. The Program Coordinator met with Provincial Clusters of Nutrition and Health Promotion, Integrated Nutrition Programme (INP) staff, Food Service Managers in local service areas (LSAs), BFHI assessors, and other provincial managers involved in nutrition. The National Director of Nutrition participated in at least one of these meetings.

3. Women's Day presentation, Western Cape

In August 2005 AED/LINKAGES was invited by the Western Cape Provincial Department of Labour to present a paper on "Women, Work, and Breastfeeding" to mark a Women's Day celebration. The audience included members of the Congress of South African Trade Unions (COSATU), and over 1,000 women attended. The AED Senior Regional Advisor for Health, Nutrition, and HIV/AIDS was the guest speaker. The union participants raised the need to advocate for the ratification of International Labour Organisation ILO recommendations for support for women who choose to breastfeed at the workplace and would continue to consult with AED/LINKAGES on this issue.

C. Capacity Building

The site assessments in KwaZulu Natal and North West Province found that many health facilities lacked clear policies on implementation of maternal nutrition and IYCF in the context of HIV/AIDS or standardized messages to give to pregnant and lactating women. There was no comprehensive training in maternal nutrition and IYCF in the context of HIV/AIDS to complement the individual courses for health providers organized by the different directorates (HIV/AIDS, PMTCT, and Nutrition). Various partners implemented the national PMTCT program at health facility level, training health providers and CHWs in HIV/AIDS and PMTCT. These efforts focused mainly on prevention of vertical transmission during the antenatal period and antiretroviral therapy (ART) for infected mothers and infants. AED/LINKAGES/South Africa identified a gap in training in maternal nutrition and IYCF in the context of HIV/AIDS to reduce MTCT during the post-partum period.

An October 2004 strategic planning meeting with the DOH and NGOs resulted in recommendations to modify the training of DOH staff to include this content and develop a policy that would allow supervision and mentoring after training. Following this meeting, the DOH approved the AED/LINKAGES Africa Regional Program's prototype guide (see annex 1) to assist provinces in developing their training strategies. Only two provinces submitted their audits and strategies, but the Program Coordinator worked with all the provinces to collect this information during field visits.

1. Training in Ndola, Zambia

The first step in capacity building under the AED/LINKAGES/South Africa program was to train the new Program Coordinator, 2 DOH staff from KwaZulu Natal (from the Directorates of PMTCT and Nutrition), 1 from the North West Provincial DOH, and 2 staff members from The Valley Trust in a 12-day course in PMTCT and IYCF conducted by LINKAGES/Zambia in November 2004. The participant from Northwest Province organized a follow-up advocacy workshop on the Zambia integrated PMTCT and IYCF model at provincial level for Primary Health Care managers and PMTCT and BFHI trainers in January 2005, which was conducted by AED/LINKAGES.

2. Training of Trainers Module: Women's Nutrition throughout the Life Cycle and in the Context of HIV/AIDS

In late 2004 the DOH asked AED/LINKAGES to develop a training manual on maternal nutrition in the context of HIV/AIDS. An experienced training consultant drafted this manual, with the title "Training of Trainers Module: Women's Nutrition throughout the Life Cycle and in the Context of HIV/AIDS," which was circulated to the DOH for internal review in March 2005. In April 2005 the DOH decided not to circulate the document for external review to avoid confusion between the training module on maternal nutrition and the maternal nutrition guidelines. The DOH will finalize this module after the National Guidelines for the Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS have been adopted and the AED/LINKAGES "All-in-One" booklet (see the BCC section) is printed.

3. Training in Integrating Maternal Nutrition and IYCF in the Context of HIV/AIDS into MCWH and Community Services

The district support mobilized by AED/LINKAGES during advocacy and sensitization meetings was followed by training of health providers and CHWs in maternal nutrition and IYCF in the context of HIV/AIDS. Training courses were coordinated by provincial DOH focal persons and facilitated by AED/LINKAGES/South Africa and AED/LINKAGES/Africa Regional PMTCT and IYCF Program staff. Capacity building in the demonstration sub-districts targeted by the DOH and AED/LINKAGES was successful at facility level but less so at district level. District staff were often too busy to take full responsibility for training, although the original plan was to develop their ability to roll out the implementation of maternal nutrition and IYCF in the context of HIV/AIDS. The courses given by AED/LINKAGES/South Africa in 2005 and 2006 are listed below.

a. 10-day Course on Integrated Maternal Nutrition and IYCF in the Context of PMTCT

In 2004 AED/LINKAGES shared with the DOH the training curriculum in PMTCT and IYCF developed by the AED/LINKAGES/Zambia program and adapted in several African countries under the AED/LINKAGES Africa Regional Program. This curriculum was adapted for training in South Africa after an assessment of training gaps in the provinces. The 10-day curriculum included the following sessions:

1. Pre-test and basic facts about HIV/AIDS
2. PMTCT during pregnancy, labor and delivery, and breastfeeding
3. The role of breastfeeding in child survival and safe motherhood, the anatomy of the breast and physiology of lactation, and the composition of breastmilk
4. Management of breastfeeding in the context of HIV/AIDS and counseling on infant feeding options for HIV-positive mothers
5. Replacement feeding with demonstration and practice in preparing feeds using typical household resources
6. Observation of post-natal mothers feeding their infants in a health facility; advocacy for maternal nutrition and IYCF and BFHI in the context of HIV/AIDS and the International Code of Marketing of Breast-Milk Substitutes
7. Maternal and infant problems in relation to breastfeeding, maternal nutrition, and the role of men in infant feeding and PMTCT (with men sharing their views on the subject)
8. Complementary feeding and growth monitoring and promotion
9. Counseling and BCC methodologies to encourage positive behavior
10. Development of workplans to integrate PMTCT and IYCF in existing services

The aim of this training was to equip participants with knowledge and skills to integrate maternal nutrition and IYCF into health care and community services and train additional health providers in the course. Trainees included sub-district health managers and health providers from all nine provinces. For the provincial training courses, AED provided technical assistance and the provincial DOH offices provided funding and logistical support. By mid-2005, at the request of the National Directorate of Nutrition, AED/LINKAGES also funded and facilitated national training courses for health staff from multiple provinces, mainly targeting pre-service dietetics lecturers and students. Other pre-service training for was conducted at provincial level.

Part of the training was devoted to field visits to health facilities to observe breastfeeding mothers. During the ward visits the trainees noted a high number of adolescent mothers, poor positioning and attachment, routine feeding of prelacteals to infants, delayed initiation of breastfeeding, breast problems, one-way health education with no opportunity for mothers to ask questions, HIV-positive mothers told to stop breastfeeding abruptly at 4 months with no counseling on AFASS, and lack of family support for infant feeding decisions. On the last day of the training the participants presented work plans for their districts. Action plans included advocacy for BFHI and maternal nutrition and IYCF in the context of HIV/AIDS in management meetings, on-site or in-service training, training of lay counselors in IYCF, and monitoring and supportive supervision by provincial MCWH and Nutrition Directorate staff. The syllabus for the 10-day course is found in annex 2. The number and categories of health providers trained in the 10-day course are shown in table 1.

Table 1 Numbers of health providers trained in the AED/LINKAGES 10-day course

Dates	Location	Number of participants	Categories of participants
January 17–25, 2005	Rustenberg, North West Province	17	Dieticians and midwives from 4 districts
April 29–May 8, 2005	White River, Nkangala District, Mpumalanga Province	22	20 dieticians and nutritionists from 3 districts and 2 from provincial DOH
June 18–26, 2005	East London, Eastern Cape Province.	29	IMCI facilitators, INP managers, PMTCT trainers, VCT trainers, Community Liaison Officers, clinic supervisors, and health promoters
July 1–10, 2005	National training, Gauteng Province	30	Lecturers (25 professional nurses and 5 dieticians) at nursing colleges from 7 provinces and a university
August 2–11, 2005	King Williamstown, Eastern Cape	19	Trained nurse pre-service educators from Lilitha College and its 5 campuses in Eastern Cape and Fort Hare University
October 31–November 11, 2005	Cedar Park, Gauteng	23	Midwives and dieticians
June 12–23, 2006	Magoebaskloof Ruskamp Conference Center, Limpopo Province	21	Nurses and dieticians from all 6 districts
June 30–July 9, 2006	National training, Johannesburg, Gauteng	28	Lecturers and tutors of nursing and dietetics from nursing colleges and universities in Free State, Gauteng, KwaZulu Natal, Limpopo, Northern, and North West provinces
July 21–30, 2006	National training, Capetown, Western Cape	33	Health managers in nursing and dietetics from Northern Cape and Western Cape provinces
August 3–13, 2006	National training, Polokwane, Limpopo Province	23	Managers and pre-service trainees

b. Abridged (5-Day) Course on Integrated Maternal Nutrition and IYCF in the Context of PMTCT

Because high staff turnover and resulting staff shortages in the provinces made it difficult for health providers to be absent from their workplaces for 10 days at a time, AED/LINKAGES developed a 40-hour (5-day) version of the course on integrated maternal nutrition and IYCF in the context of HIV/AIDS. The content included an overview of HIV/AIDS; PMTCT during pregnancy, labor and delivery, and breastfeeding; maternal nutrition and IYCF; Nevirapine prophylaxis; the importance of the community in PMTCT; principles of counseling and BCC with role-plays; PMTCT coding and service delivery data collection; field visits to health facilities; and meetings with PLWHAS. During the field visits, participants were divided into groups to visit the antenatal clinic, labor ward, post-natal ward, and special care ward to collect information on quality of counseling and mothers' knowledge. Table 2 shows the number and categories of health providers trained in this course.

Table 2 Numbers of health providers trained in the AED/LINKAGES 5-day course

Dates	Location	Number of participants	Categories of participants	Follow-up
January 25–30, 2005	Gauteng Province	39	3 rd - and 4 th -year MEDUNSA dietetics students and lecturers from 5 provinces	Dieticians to work with community health volunteers to make home visits to educate families on infant feeding d attachment
June 25–July 1 2005	Umzumbe Sub-District, KwaZulu Natal	22	PMTCT trainers, primary health care coordinator and trainer, HIV/AIDS coordinator, community health facilitator, HIV/AIDS consultant, and nutritionist	Participants requested an extension (conducted in October 2005 with DOH funding and LINKAGES TA)
October 24–26, 2005)	Umzumbe Sub-district, KwaZulu Natal Province	22	Health managers and providers from 13 clinics in Umzumbe Sub-district and Thembalesiswe Clinic	Workshop to identify issues, discuss plans, identify issues hindering maternal nutrition and IYCF services, explore solutions, and agree on way forward
January 9–13, 2006	Gauteng Province	23	3 rd - year dietetics students at MEDUNSA	Group health education in MEDUNSA hospital on HIV prevention and exclusive breastfeeding and encouragement of George Mukhari Hospital to initiate infant and young child feeding support groups
April 3–7, 2006	St. Patrick's Hospital, Bizana Hospital, and Qaukeni LSA, Eastern Cape Province	39	Professional nurse managers, enrolled nurses, social workers, environmental health officers, community liaison officers, Integrated Nutrition Programme officers, ARV coordinators, and dieticians	Training of health personnel, community health workers, home-based care workers, and council NGO religious leaders
April 3–7, 2006	Umtata, Eastern Cape Province	25	Nurse managers, program coordinators, dieticians, and facility managers	

c. BCC Training

AED/LINKAGES has learned from experience in almost 30 countries the value of training health providers and community volunteers in BCC methodologies to promote community behavior change related to maternal nutrition and IYCF in the context of HI/AIDS. AED/LINKAGES training in BCC and community work typically is done in two stages. The project first trains managers with responsibility for coordinating and supporting health facility and community BCC activities. After training, participants are expected to advocate for BCC and community activities with health authorities and health facility management and coordinate, supervise, and support clinic and community BCC activities. Next AED/LINKAGES trains community health workers and motivators to carry out and follow-up BCC activities at community level.

AED/LINKAGES/South Africa trained community health facilitators and equivalent cadres in KwaZulu Natal and Mpumalanga and CHWs in Eastern Cape and North West provinces in BCC methodologies to promote community behavior change related to maternal nutrition and IYCF in the context of HIV/AIDS. Content included the stages of behavior change; negotiation skills; promotion of appropriate behaviors including ANC attendance, HIV prevention, CT, maternal nutrition and IYCF in the context of HIV/AIDS, Nevirapine prophylaxis, and post-natal follow-up; and referrals between CHWs and health facilities. Draft community BCC strategies were developed by participants in all these courses. The AED/LINKAGES Africa Regional Program BCC Coordinator and M&E Officer co-facilitated some of these courses.

The participants developed plans to improve BCC in health facilities and communities. Health facility action plans included making health talks more interactive, visiting communities, supporting the work of CHWs, promoting referrals, and establishing support groups. Community action plans included advocacy with leaders, health education at community meetings, referral of pregnant and lactating women to health facilities, and follow-up of health facility clients. Health provider trainees were asked to brainstorm ways to strengthen follow-up and support, for example, through monthly meetings with CHWs, development of packages of follow-up CHW services, referrals of mothers needing post-natal follow-up to community support services, and introduction of referral slips. Health providers and community volunteers brainstormed ways to strengthen linkages between health facilities and community-based services that included introducing contact cards to facilitate client tracking, strengthening couples testing, encouraging men to attend health education, establishing support groups for pregnant women, arranging quarterly meetings with local NGOs and community leaders, forming health facility committees to plan and manage BCC and community activities, and establishing support groups for PLWHAS, breastfeeding women, and grandmothers. Figure 1 shows a sample activity plan to address the issue of mixed feeding in one of the AED/LINKAGES BCC courses.

Figure 1 Sample BCC activity plan

Who to tell	When to tell
Clinical managers Health providers Hospital board Lay counselors District Manager Municipality Council Traditional healers	Management Unit meetings District meetings Forums Municipal meetings Youth gatherings Awareness campaigns
Issue: Mixed feeding	
Who will support	Changes
MCWH Directorate Health promoters Traditional healers Clinical managers CEO	Exclusive breastfeeding for 6 months Safer replacement feeding including AFASS Reduced mixed feeding Complementary feeding Informed staff and community

Table 3 shows the number and categories of community workers trained by AED/LINKAGES in BCC methodologies to promote maternal nutrition and IYCF in the context of HIV/AIDS.

Table 3 Numbers of people trained in AED/LINKAGES BCC courses

Dates	Location	Number of participants	Categories of participants
July 25-30, 2005	The Valley Trust, KwaZulu Natal Province	26	17 CHW trainers, community health facilitators, PHC nurse trainers, community rehabilitation facilitators, and a district trainer from Umzumbe Sub-district and 9 The Valley Trust community volunteers
September 19–24, 2005	East London, Eastern Cape Province	30	CHWs and CHW trainers and facilitators
October 17-21, 2005	Kabokweni Sub-district, Mpumalanga Province	26	Community motivators, health providers, and CHWs, with representatives from 3 other districts in Mpumalanga
March 6–10, 2006	Kagisano-Molopo Sub-district, North West Province	35	CHWs from NGOs, health promoters, and DOH Community Liaison Officer for Nutrition, and HIV/AIDS Coordinator

d. Training of BFHI assessors

The Innocenti Declaration signed in 1990 challenged all governments to ensure that every health facility that provides maternity services fully practices the Ten Steps to Successful Breastfeeding to promote infant and young child survival, growth, and psychological well-being. The Baby-Friendly Hospital Initiative was launched in 1991 by UNICEF and WHO to encourage maternity facilities to support breastfeeding. A health facility can be designated as baby friendly when it does not accept free or low-cost breastmilk substitutes, feeding bottles, or teats and has implemented the Ten Steps to Successful Breastfeeding. The process is controlled by national breastfeeding authorities using adapted Global Criteria and implementation guides developed by UNICEF and WHO. BFHI questionnaires are

used by external teams to assess facilities before Baby-Friendly designation. Some health facilities that earlier were designated baby friendly have not maintained their status, however. Moreover, because of the transmission of HIV through breastmilk, health providers need clear messages to give HIV-positive mothers about breastfeeding, using the revised Ten Steps in the context of HIV/AIDS.

AED/LINKAGES collaborated with the DOH in training BFHI assessors at provincial level that could be called on to assess maternity facilities in other parts of the country, create awareness of the importance of integrating PMTCT into BFHI, and assist health facilities in developing strategies to implement the Initiative. In 2005 AED/LINKAGES conducted 4- and 5-day courses to train new BFHI assessors and abridged 3-day courses for already trained assessors to update them on integrating PMTCT into the Ten Steps for Successful Breastfeeding. The provincial DOH coordinated each BFHI assessors training course. The courses covered basic facts about HIV/AIDS, factors that facilitate MTCT, and infant feeding options for HIV-positive mothers, BFHI history and criteria, the International Code of Marketing of Breast-Milk Substitutes, the WHO/UNICEF Global Hospital Assessment Questionnaire (annex 5) the BFHI Global Assessment Questionnaire, health facility breastfeeding policy, training curricula, and IEC materials. Participants visited maternity wards to conduct semi-internal BFHI assessments by interviewing management, personnel, and patients, scored the facilities, and planned advocacy for policy to facilitate BFHI implementation. Annex 3 contains the syllabus of the 5-day course. The 4-day courses compressed days 1 and 2. Reports of the semi-internal assessments with recommendations for improvement were sent to each facility assessed.

The participants in the BFHI assessors training courses raised the following issues that need to be considered in developing strategies to implement BFHI in maternity facilities in South Africa:

1. Mothers and infants are separated shortly after birth in many hospitals, particularly if the infants have special needs.
2. Some BFHI-certified health facilities have posters on management of breastfeeding, breastfeeding committees, and BFHI training and orientation. In others, staff shortages mean that one nurse may run an entire antenatal clinic, leaving little time for a focus on BFHI policies.
3. South Africa's national policy of providing free formula to HIV-positive women may discourage health providers from discussing other infant feeding options with antenatal and post-natal clients. Moreover, many mothers who are given formula practice mixed feeding (breastfeeding as well as replacement feeding) because of pressure from relatives and fear of being stigmatized as HIV positive. After the 6-month supply of formula is exhausted, mothers may face difficulty in purchasing the additional replacement milk that their infants need,
4. PMTCT and BFHI programs run vertically, with different task groups, challenging integration.
5. Breastfeeding policies are not always displayed in maternity wards or displayed in a language patients could understand. Personnel were not always properly oriented on the policies but simply asked to read them on their own time.
6. Not all maternity staff are trained in lactation management. Gaps exist in infant feeding counseling, as counselors are often unable to teach mothers correct positioning and attachment or expression of breastmilk or demonstrate preparation of replacement feeds. Not all post-delivery mothers are advised to feed on demand. Few counselors present infant feeding options other than formula to HIV-positive mothers.
7. Many previously trained external and internal assessors are not sure about the BFHI policies in their health facilities.

Table 4 shows the number and categories of health providers trained as BFHI assessors by AED/LINKAGES.

Table 4 Numbers of health providers trained in AED/LINKAGES BFHI assessors courses

Dates	Location	Number of participants	Categories of participants	Sites of semi-internal assessments
February 21–25, 2005	Blomfontein, Free State	20	1 nutritionist, 8 dieticians, 1 senior administrative clerk for nutrition, 10 chief professional nurses from 3 provinces (16 from Free State district and provincial DOH, 1 from Gauteng National DOH, 3 from Northern Cape province, and 2 from a private hospital), dieticians, and nutritionists,	National District Hospital, Peloni Regional Hospital, and Universitas Hospital
April 25–27, 2005	East London, Eastern Cape Province	18	Chief professional nurses and dieticians, already trained BFHI assessors who needed upgrading on BFHI in the Context of HIV/AIDS	
May 16–19, 2005	White River, Mpumalanga Province	19	Dieticians and chief professional nurses already trained as BFHI assessors	Kabokweni Community Clinic and Themba Hospital
June 6–10, 2005	Johannesburg, Gauteng Province	21	Dieticians and professional nurses	Coronation Hospital and South Rand Hospital
August 22–27, 2005	Polokwane, Limpopo Province	27	Dieticians and midwives	
January 17–21, 2006	Rustenberg, North West Province	21	Provincial Nutrition and PMTCT Directorate managers, district office coordinators for nutrition, MCWH hospital managers, and well health care facility staff	

e. On-site Training of Provincial Health Providers

As part of broader collaboration between AED/LINKAGES and the four demonstration sub-districts, AED/LINKAGES conducted on-site mentoring and training of health providers trained in maternal nutrition and IYCF in the context of HIV/AIDS to equip them with practical skills in management of breastfeeding, replacement feeding, and BCC with individuals and groups. On-site training enabled the staff to identify issues in their own communities and acquire practical skills to implement an integrated approach to PMTCT and IYCF. In May 2006 AED/LINKAGES/South Africa completed an eight-module training manual based on the steps followed in on-site training in the target sites. The modules were piloted in Assisi Clinic in Umzumbe Sub-district, KwaZulu Natal. The eight sessions cover the following topics:

- Module 1: Development of implementation policy guidelines for health facility on maternal nutrition and IYCF in the context of PMTCT
- Module 2: Development of a training strategy for health providers in the sub-district
- Module 3: Development of key messages for pregnant and lactating women
- Module 4: Behavior change communication and community activities
- Module 5: Behavior change communication at the health care facility
- Module 6: Linkages between health facility and community
- Module 7: Follow-up and referral
- Module 8: Development of community support groups

The on-site training followed the steps below.

1) Development of implementation policy guidelines for health facility on maternal nutrition and IYCF in the context of PMTCT (Module 1)

Although most health facilities have PMTCT and breastfeeding policies posted and personnel trained in these areas, understanding and implementation of the policies are often weak. For buy-in and ownership of these policies, effective implementation, and sustainability of improved services, health facility staff need to identify their own local issues and tailor their implementation to the needs of the clinics and the communities they serve. AED/LINKAGES worked with target clinics to identify health issues in the sub-district, discuss global national, provincial, district, and sub-district plans for maternal nutrition and IYCF services in the context of HIV/AIDS, identify issues hindering the implementation of these services, and explore solutions.

2) Development of a training strategy for health providers in the sub-district based on identified training needs (Module 2)

To follow-up on the October 2004 request for sub-district training audits and capacity building strategies, AED/LINKAGES worked with health facility managers and staff to finalize training plans in maternal nutrition and IYCF in the context of HIV/AIDS. Abridged refresher courses were then held to strengthen practical skills for implementation in the sub-districts.

3) Development of key messages for pregnant and lactating women (Module 3)

This training session reviewed the purpose of IYCF management in PMTCT, HIV transmission from mother to child, infant feeding from 0–<6 months and 6–<12 months, and the policies developed during first site visits and adopted by the provincial DOH. The facilitators answered questions on topics such as breastfeeding, Nevirapine compliance, risk reduction during sex, MTCT, and condom use. AED/LINKAGES then guided the health providers and CHWS in identifying messages to give to mothers to prevent PMTCT. The participants were divided into groups to work on messages for pregnant women, HIV-positive pregnant women, IYCF for women of negative or unknown status, IYCF for HIV-positive women, key messages during ANC, labor and delivery, post-natal care, and child care.

Modules 1–3 were obligatory for the on-site training, but modules 4–8 were flexible, depending on the health providers' previous training in BCC and readiness for implementation. These sessions helped health managers, health providers, and CHWs in the target sub-districts identify support structures for maternal nutrition and IYCF in the context of HIV/AIDS in the health facilities and communities. In Umzumbe Sub-district, for example, where 50 CHWs were expected to reach a population of 50,000, the “missing link” was identified as chiefs, community leaders, NGOs, ministers, ward counselors, and media representatives. To empower clinic staff and CHWs with skills to promote PMTCT, the on-site training helped them understand the difficulty of changing negative habits, share behaviors that they had changed successfully, and review the behavior change process—who influences behavior change, their roles, and how to strengthen community organization through groups. The participants then discussed how to apply this approach to encourage clients to change PMTCT behaviors (condom use, mixed feeding, ANC attendance, exclusive breastfeeding, proper positioning and attachment, delivery in health facilities, disclosure of HIV status, HIV counseling and testing, proper nutrition, and safer sex).

The BCC training included improving BCC in the health facilities using the ALIDRAA (Ask, Listen, Identify issues, Discuss, Recommend, Agree on action, and make an Appointment for the next meeting) counseling process. The trainees formed small groups to role-play scenarios such as an HIV-negative pregnant woman who needs to maintain her status, an HIV-positive mother who is mixed feeding, a pregnant woman reluctant to go for HIV testing, an HIV-positive woman worried about disclosing her status to her husband, and a pregnant woman who plans a home delivery for her third child. After the training, the health providers committed themselves to counseling women on AFASS criteria rather than simply handing out tins of formula. Each group developed an action plan for next steps in each clinic. Following an abridged AED/LINKAGES training course at Assisi Clinic, one participant saw an opportunity to use the 2006 Pregnancy Education Week to integrate messages on CT and IYCF using BCC strategies. More than 1,000 people attended the celebration, which included songs, dancing, and the participation of health providers and CHWs from other clinic sites.

AED/LINKAGES then worked with trained health providers and CHWs on strengthening referral links, and fostering the establishment of breastfeeding support groups (Step Ten in the Ten Steps to Successful Breastfeeding). Exercises included observing health education talks to determine how effectively the messages were communicated promoting referrals by CHWs to clinics, introducing referral slips and referral notification letters from clinics to CHWs, and referring post-natal mothers to PMTCT and infant and young child feeding support groups. The next step was for the health facilities to form committees to develop strategic plans for linking communities with the clinics and supervising BCC and community activities. As a result of this capacity building process, Assisi Clinic in Umzumbe Sub-district established a monthly support group including breastfeeding women and CHWs supported by a professional nurse from the clinic. Members of other clinics have been trained to expand this support group model, eventually to the 19 wards in Umzumbe Sub-district. CHWs visit households, and *amakosi*, or chiefs, are asked to motivate people to participate in these groups.

Table 5 shows the numbers of trained health workers who participated in AED/LINKAGES on-site training in maternal nutrition and IYCF in the context of HIV/AIDS.

Table 5 Numbers of health providers and CHWs trained in AED/LINKAGES on-site training

Dates	Location	Number of participants	Categories of participants	Topic
October 14, 2005	Umzumbe Sub-district, KwaZulu Natal Province	15	Health managers and providers from 13 clinics in Umzumbe Sub-district and Thembalesiswe Clinic	Developing implementation policy guidelines (Module 1)
November 16, 2005	Umzumbe Sub-district, KwaZulu Natal Province	15	Health managers and providers from 13 clinics in Umzumbe Sub-district and Thembalesiswe Clinic	Developing a training strategy for health providers (Module 2)
January 25, 2006	Umzumbe Sub-district, KwaZulu Natal Province	45	District managers, primary health care coordinators, professional nurses, enrolled nurses, lay counselors, and (39) CHWs	Developing key messages for pregnant and lactating women in the context of HIV/AIDS (Module 3)
February 21–23, 2006	Umzumbe Sub-district, KwaZulu Natal Province	23	Enrolled nurses from all 14 health facilities	Abridged 3-day course on maternal nutrition and IYCF in the context of HIV/AIDS
February 27, 2006	Umzumbe Sub-district, KwaZulu Natal Province	50	Enrolled nurses, CHWs workers, enrolled nurses, LoveLife groundbreakers	BCC at the health facility (Module 4)
March 9, 2006	Qaukeni Sub-district, Eastern Cape Province	50	Health providers, CHWs, and health promoters	Module 1
March 21, 2006	Kabokweni Sub-district, Mpumalanga Province	20	Health providers from Kabokweni and surrounding clinics	Module 1
March 23, 2006	Qaukeni Sub-district, Eastern Cape Province	25	Health providers, CHWs, and health promoters	Module 2
March 29, 2006	Umzumbe Sub-district, KwaZulu Natal Province	50	Health providers, health promoters, and CHWs	Early cessation of breastfeeding for HIV-positive women and linkages to the community
April 10–13, 2006	Kagisano-Molopo Sub-district, North West Province	17	Professional nurses, nursing assistants, environmental health officers, health promotion officers, and dieticians	3-day abridged training on maternal nutrition and IYCF in the context of HIV/AIDS
May 29, 2006	Kabokweni Sub-district, Mpumalanga Province	12	Health providers	Development of BCC action plans
May 31, 2006	Umzumbe Sub-district, KwaZulu Natal Province	14	Health providers	Stigma related to maternal nutrition and IYCF in the context of PMTCT
June 5–6, 2006	Kagisano-Molopo Sub-district, North	48	Health providers and managers	Dissemination of site assessment results and

Dates	Location	Number of participants	Categories of participants	Topic
	West Province			finalization of action plans for LSAs
June 26–28, 2006	Kabokweni Municipality, Mbombela Sub-district, Mpumalanga Province	34	23 health promoters practitioners, home-based caregivers, and registered nurses from 11 clinics and 11 nutrition students from the University of Zululand	2-day abridged training on maternal nutrition and IYCF in the context of HIV/AIDS
July 11–13, 2006	Qaukeni LSA, Eastern Cape Province	22	Health providers, community liaison officers, and CHWs	Workshop to strengthen linkages, referrals, follow-up, development of support groups, and BCC

By August 2006 LINKAGES would provide minimal mentoring as it handed over rolling out the program to the district team.

h. Nutrition Training for NGO Community Health Workers

In March 2006 AED/LINKAGES trained staff of 11 local NGOs in Kagisano-Molopo Sub-district in North West Province in promoting HIV prevention behaviors other than abstinence and faithfulness (see table 3 above). The participants developed implementation strategies to improve BCC in health facilities and communities, strengthen follow-up, support, and referral, strengthen linkages between health facilities and community-based services, and establish and strengthen support groups and structures. Their activities were meant to reach 300,000 community members.

In April 2006 an AED/LINKAGES nutrition consultant conducted a 5-day training in basic nutrition for children and adults for 37 HOPE *worldwide* CHWs and coordinators of the Home-Based Care Program. The content (see annex 4) included the special nutritional needs of OVC, improving the nutritional status of HIV-affected OVC, the role of nutrition in management of HIV-related illness, the influence of tradition and culture on nutrition, and communication and BCC skills. The participants reviewed the composition of the food packs provided to HOPE *worldwide* and DOH clients, discussed improving food security through gardens, and agreed on the need to improve referrals and supervisory visits from HOPE *worldwide* and conduct ongoing in-service training in nutrition.

i. Nutrition Strategy Development Workshop for HOPE *worldwide*

After the April 2006 AED/LINKAGES nutrition training for HOPE *worldwide*, in June 2006 AED/LINKAGES conducted a nutrition strategy development workshop for the NGO in Gauteng Province to identify strengths, gaps, and opportunities for a comprehensive nutrition strategy and identify opportunities for collaboration. Nineteen participants attended, including site managers, program coordinators, national coordinators, provincial managers, and senior managers from the local National Office. The participants identified nutrition issues in current HOPE *worldwide* programs (malnutrition, food insecurity, carbohydrate-loaded food parcels, improper food storage, poor nutrition, lack of growth monitoring and promotion, inadequate caloric intake of people with HIV/AIDS, gender issues affecting food availability for women and children. The participants were then divided into groups by program to discuss nutrition issues and opportunities, facilitating policies or strategies, referral linkages, behavior change messages for the target populations. The information was used to draft a nutrition strategy for the organization.

This strategy builds on HOPE *worldwide*'s existing approaches and builds a framework for linking its program areas (prevention, home-based care, youth counseling, and orphans and vulnerable children) with immediate and long-term interventions to protect, promote, and support appropriate maternal nutrition and IYCF. The roles and responsibilities of government and local agencies in these

interventions are listed. Activities include advocacy, identification of under-nutrition issues, and technical support to improve nutrition at the community level.

D. Behavior Change Communication

AED/LINKAGES/South Africa promoted optimal maternal nutrition and IYCF practices in the context of HIV/AIDS through training of health providers and CHWs in BCC methodologies to disseminate information and create awareness and demand.

1. “All-in-One” Guide

In November 2004 AED/LINKAGES met with the DOH and UNICEF to discuss the development of a BCC guide on maternal nutrition and IYCF in the context of HIV/AIDS for health providers to give to clients. In December 2004 the DOH sent AED/LINKAGES suggested contents for a BCC guide on maternal nutrition and IYCF in the context of HIV/AIDS. AED/LINKAGES adapted the “All-in-One Antenatal, Post-natal, and Child Health Booklet” earlier developed by AED/LINKAGES/ Zambia to the South Africa context. The draft booklet was given to the DOH for finalization, pre-testing, and piloting.

2. World Breastfeeding Week

AED/LINKAGES collaborated with the DOH to commemorate this annual event from August 1 to 7, 2006. This year’s theme was “What Every Health Worker Should Know about the Code of Marketing of Breast-Milk Substitutes.” AED/LINKAGES provided t-shirts and information materials on breastfeeding to CHWs participating in a community awareness event in Limpopo Province and spoke on the history of the Code and BFHI in the Western Cape’s “Breastfest” celebration.

3. Development of PMTCT and IYCF media messages

In 2005 AED/LINKAGES provided messages on IYCF in the context of PMTCT to two companies partnering with the U.S. Government in media product dissemination. These companies, Mindset and the Institute for Health and Development Communication (Soul City Productions), have used the messages in their print and video and radio productions.

E. Monitoring and Evaluation

Health facilities in the AED/LINKAGES demonstration sub-districts had a management information system (MIS) in place that included growth monitoring cards and registers for food distribution to children and pregnant women, immunization, vitamin A supplementation, growth monitoring of children 0–<36 months old, antenatal and post-natal care, and home visits to priority households with infants 0–<6 months old. The health providers were not collecting data on IYCF indicators, however, when AED/LINKAGES began working with them in 2004. These indicators include the percentage of mothers opting for exclusive breastfeeding for the first 6 months, the percentage opting for exclusive replacement feeding, and the percentage practicing mixed feeding.

AED/LINKAGES’ M&E strategy in South Africa involved capacity building of health providers and CHWs to collect and interpret data on community activities to promote optimal maternal nutrition and IYCF in the context of HIV/AIDS. The AED/LINKAGES Africa Regional M&E Officer introduced health promoters and CHWs in Kagisano-Molopo and Umzumbe sub-districts to tools for community data collection. These monitoring tools included registers for recording monthly BCC activities (meetings, community activities, training, supervisory visits), home visits, and workplan implementation. The next step is to ensure monthly submission of reports and advocate for this data collection with the DOH.

In 2006 the AED/LINKAGES Africa Regional Program M&E Officer also reviewed current monitoring tools with The Valley Trust M&E coordinator and trained five staff to use the AED/LINKAGES community data collection instruments found in annex 6. These forms were compiled into a hard cover book for CHWs to record activities, but data collection had not begun by the end of the AED/LINKAGES program.

V. Major Project Accomplishments

AED/LINKAGES' experience in South Africa demonstrated the feasibility and effectiveness of integrating training on maternal nutrition and optimal IYCF in the context of HIV/AIDS into PMTCT services at clinic and community levels. Program achievements from 2004 to 2006 are listed below.

A. Achievements

- Technical contributions to National Nutrition Guidelines for Pregnant and Lactating Women in the Context of HIV/AIDS and a strategic framework for implementation
- Reports of facility-based site assessments in 15 clinics in 2 sub-districts to assess readiness to implement services for women's nutrition and IYCF in the context of HIV/AIDS
- Report of behavioral assessment in 6 clinics and catchment communities in 1 sub-district
- Advocacy meetings with 118 cluster managers and managers of MCWH, PMTCT, Nutrition, and Health Promotion clusters in 5 provinces
- 4 demonstration sub-districts with strategic plans for integration of maternal nutrition and IYCF in the context of HIV/AIDS in clinical and community services
- 1 NGO (HOPE *worldwide*) with strategic plan for integration of maternal nutrition and IYCF in the context of HIV/AIDS into its health programs
- On-site training manual on maternal nutrition and IYCF in the context of HIV/AIDS
- 126 national BFHI assessors trained
- 5 CHWs in KwaZulu Natal trained in conducting behavioral assessments of knowledge, attitudes, and practices regarding HIV/AIDS, PMTCT, maternal nutrition, and IYCF
- 245 health providers trained in 10-day course in women's nutrition and IYCF in the context of HIV/AIDS
- 108 health providers from 6 provinces trained in an abridged 5-day course in women's nutrition and IYCF in the context of HIV/AIDS
- 62 dietetics students from the Medical University of South Africa (MEDUNSA) trained in women's nutrition and IYCF in the context of HIV/AIDS
- 15 health providers in KwaZulu Natal trained to develop a training strategy for health providers in maternal nutrition and IYCF in the context of HIV/AIDS
- 117 CHWs, CHW trainers, and facilitators from 4 demonstration sub-districts trained in BCC and community methodologies to promote optimal nutrition in the context of HIV/AIDS
- 19 health volunteers and staff of HOPE *worldwide* trained to develop a nutrition strategy
- Messages on women's nutrition and IYCF in the context of HIV/AIDS submitted to Soul City and Johns Hopkins University Center for Communication Programs to be incorporated in print, radio, and television materials
- "All-in-One Antenatal, Post-Natal, and Child Health" guide for health providers on women's nutrition and IYCF in the context of HIV/AIDS
- Community monitoring forms



Signs of success in Assisi Clinic, KwaZulu Natal (1)

AED/LINKAGES provided training and capacity building in optimal maternal nutrition and infant and young child feeding for health providers, community health workers (*unompilo* in the Zulu language), and NGO staff involved in HIV/AIDS and nutrition in Umzumbe Sub-district, KwaZulu Natal. Emma Mbilili, a “Groundbreaker” in the LoveLife Project of South Africa’s National Adolescent-Friendly Clinic Initiative, counsels youth on reproductive health issues in a brightly decorated office in the compound of Assisi Clinic. Teenage pregnancy is a major problem in the area, and some young women, or their mothers, are said to have abandoned infants in the bush above the clinic.

Few girls marry before they have babies, and a government subsidy of R150 per child per month is an incentive for some families to encourage their daughters to become pregnant. Often the girls’ mothers bear the burden of caring for the babies because the girls are young and want their own lives.

Emma staffs the Assisi Clinic office of LoveLife to counsel young pregnant women who attend the clinic for antenatal care and delivery on the benefits of being tested for HIV and counseled on infant feeding options if the test is positive. She also does LoveLife advocacy at schools to try to convince youth to be tested for HIV. “I learned about AFASS [criteria for safe replacement feeding] and ALIDRAA [negotiation steps to promote behavior change] from AED/LINKAGES. I try to convince youths to be tested by using ALIDRAA. It’s better to sit and talk than just to offer VCT.” She refers girls who are pregnant to the clinic for ANC and CT, counsels teenage girls to formula feed exclusively, and refers them to community crèches once they deliver.

Signs of success in Assisi Clinic, KwaZulu Natal (2)

LINKAGES began working with Assisi Clinic in October 2005. At the time several new programs had been introduced, and a large influx of patients and staff shortages left the staff feeling overburdened. When LINKAGES Program Coordinator Phyllis Baxen arrived with yet another program, the staff were skeptical. However, after Phyllis conducted the first behavior change training, I was the first to be converted and went back to my staff to encourage them to see how far they could go with this. Sister Chiya, one of the professional nurses, became active in implementing the program. With LINKAGES we identified several gaps. Community health workers had forms to refer clients to the clinic, but the clinic staff did not recognize or accept these forms. CHWs did not find it easy to communicate the needed messages to clients. And finally, discharged mothers hid their white cards because they were afraid people would learn they were HIV positive.

After LINKAGES training, the CHWs started working with the clinic staff. They traced some women who had opted for exclusive breastfeeding and encouraged them to join a support group. The clinic referred clients to the CHWs for follow-up and asked the CHWs to refer them back to the clinic if they identified problems. Local people and community leaders were brought on board. They included an array of NGO leaders, religious leaders, and *indunas*. Eventually the groups that led to the formation of support groups for CHWs. One of their greatest achievements was to ensure that the CHWs were accepted in the communities. After LINKAGES trained us in how to deal with stigma related to HIV/AIDS, mothers were more willing to share their status with clinic staff and continue with Nevirapine prophylaxis. More mothers are enrolled in the PMTCT program, and the clinic sees fewer infants with severe diarrhea and malnutrition than we used to.

Thandi Mahale, Facility Manager

VI. Lessons Learned

Lessons learned from AED/LINKAGES South Africa program challenges and opportunities are summarized below. The points are drawn from program experience and the contributions of government, NGO, and community participants in final dissemination meetings at national and provincial level in September 2006.

13. Pilot district promotion of improved maternal nutrition and IYCF in the context of HIV/AIDS alone will not yield results envisaged in national plans.
14. PMTCT should be a priority for MCWH services during the post-partum period as well as the antenatal period. Rolling out treatment without nutritional inputs for mothers and infants will not result in optimal outcomes for HIV-infected children.
15. South Africa's district-based public health system is an ideal setting for strengthening links between health facilities and communities to increase uptake of PMTCT services and integrating maternal nutrition and IYCF into the national PMTCT program. Involving community leaders as well as local government at district and community levels and integrating program activities into district and village plans are key to sustaining improved maternal nutrition and IYCF practices in the context of HIV/AIDS.
16. Health providers are considered key sources of information on PMTCT and IYCF, but many sub-district health managers and health facility staff have not been trained in the full package of HIV/AIDS, PMTCT, and IYCF in the context of HIV/AIDS. HIV-positive mothers receive free infant formula but are rarely counseled on AFASS criteria. Even health providers trained in lactation management lack skills to counsel mothers on correct positioning and attachment, preparation of replacement feeds, and risk factors for post-natal HIV transmission and may not know that most infants of HIV-infected mothers are not HIV positive.
17. Policies on maternal nutrition and IYCF in the context of HIV/AIDS are not clear to all health providers at district and health facility level, and many nurses are not familiar with the International or draft South Africa Codes of Marketing of Breast-Milk Substitutes. Even when policies are posted in health facilities, staff may not understand why these policies were developed or how to implement them.
18. Training programs compete for human resources and operate in silos. Trained trainers do not always cascade the training. Training master trainers at national level is not as effective as training directly in the provinces to ensure cascade training and follow-up of trainees.
19. Applying knowledge of maternal nutrition and IYCF in the context of HIV/AIDS gained in training requires concerted mentoring.
20. Lay counselors provide a large proportion of counseling of antenatal women on HIV/AIDS but lack adequate information on infant feeding options.
21. Mothers in clinic catchment areas may know that HIV can be transmitted to infants during pregnancy, labor and delivery, and breastfeeding and know the benefits of exclusive breastfeeding and the increased risk of HIV transmission from mixed feeding, but practices of early introduction of other liquids to infants before the age of 6 months belie this knowledge. Many HIV-positive women do not disclose their HIV status to their partners, and few men are involved in PMTCT or infant feeding decisions.
22. BFHI hospitals do not include the community component (Step 10), and there is a gap in support of new mothers between the 6-hour and 6-week post-delivery visits to support them to continue breastfeeding. Lay counselors provide a large proportion of counseling of antenatal women on

HIV/AIDS but lack adequate information on infant feeding options and don't link with communities to support breastfeeding women.

23. The Home-Based Care Program focuses on HIV/AIDS but does not include infant feeding counseling training.
24. Pre- and post- intervention data are needed to measure improvements in the exclusive breastfeeding rate and decrease in mixed feeding rates as national targets. Data collected at district level are not always available for service delivery improvement.

VII. Recommendations

The AED/LINKAGES/South Africa program closed at the end of September 2006. The following actions to sustain and build on the achievements of the program include recommendations from government, NGO, and community participants in final dissemination meetings in September 2006:

13. Move from pilots to wider implementation in demonstration sub-districts and expand to other provinces with technical assistance from the National DOH.
14. Emphasize nutrition in all phases of PMTCT programs, linking PMTCT and IYCF to other child survival interventions and to care and support.
15. Continue to strengthen community ownership of PMTCT, maternal nutrition, and IYCF promotion and referrals between health facilities and communities. Harmonize various programs' messages on maternal nutrition and IYCF in the context of HIV/AIDS. Support provincial DOHs in piloting the "All-in-One" booklet and using BCC strategies to encourage PMTCT behavior change.
16. Strengthen the knowledge and counseling skills of health providers in PMTCT and related programs in maternal nutrition and IYCF, including correct breastfeeding positioning and attachment, infant feeding options for HIV-positive mothers, and safe replacement feeding.
17. Help health providers identify policy issues and tailor their implementation to the needs of their health facilities and the communities they serve to improve their understanding and implementation of policies for maternal nutrition and IYCF in the context of HIV/AIDS. Support finalization of the maternal nutrition guidelines for DOH approval.
18. Develop a plan to cascade provincial training in the implementation of national maternal nutrition and IYCF policies in the context of HIV/AIDS to sub-districts. Support on-site training and ensure accreditation of trainees. Include enrolled (staff) nurses in on-site training because they are more stable and knowledgeable about the local culture than professional nurses, who receive more comprehensive training but are likely to be transferred or seek higher positions. Involve the private sector and NGOs as well as the public sector in training. Support health facilities in developing capacity building strategies to ensure regular training and updates for staff.
19. Strengthen supervision, mentoring, and follow-up of health providers and CHWs trained in IYCF in the context of HIV/AIDS and develop a tool or strategy to measure the impact of training.
20. Strengthen the lay counselors program to include training in counseling on maternal nutrition and IYCF in the context of HIV/AIDS. Provide technical assistance to the DOH to continue to strengthen infant feeding follow-up of women discharged from health facilities at least 2 weeks after delivery. CHWs might be used as doulas to test such IYCF support in one hospital or area.
21. Develop information, education, and communication (IEC) materials on the benefits of exclusive breastfeeding and the dangers of mixed feeding. Develop strategies to involve male partners in decisions regarding safer sex and optimal infant feeding. Encourage communities to establish infant feeding support groups.
22. Revive BFHI and infant feeding communities in health facilities, institute BFHI coordinators in MCWH departments, and establish district Baby-Friendly Community Initiative committees.
23. Incorporate maternal nutrition and IYCF counseling in the context of HIV/AIDS in training of home-based care providers.
24. Provide technical assistance to sub-districts to quantify data on maternal nutrition and IYCF in the context of HIV/AIDS and encourage the analysis and use of community data collected by health providers and CHWs to improve programs. Conduct a rapid appraisal of the impact of the

LINKAGES interventions in Umzumbe, using as a baseline the survey conducted before the LINKAGES program and collecting data on diarrheal disease in infants <6 months old, district PMTCT coverage, malnutrition, and referrals.

Annex 1: Staff Training Needs Assessment and Capacity Building Strategy Development Form for Provincial DOH Offices

1. Background (Provincial Context)

- Population
- Districts
- Health facilities
- Socio-economic situation
- Health and health status

1. Situational analysis

- HIV prevalence rate in province
- MTCT rate in province
- Nutrition status (maternal, infant, and young child)
- Related child health issues
- Known knowledge, attitudes, and practices regarding maternal nutrition and IYCF in the context of HIV/AIDS
- Training and capacity building status (complete tables 1 and 2 below)

Table 1 Staff working with mothers, infants, and young children

Number	Professional nurses	Physicians	Midwives	Associate auxiliary, and staff nurses	Nutritionists and dieticians	Lay counselors	Community health workers (CHWs)

Table 2 Staff training in specific areas

Topic	Professional nurses	Physicians	Midwives	Associate auxiliary, and staff nurses	Nutritionists and dieticians	Lay counselors	CHWs
Lactation management							
PMTCT							
HIV counseling and testing							
Integrated Management of Childhood Illness							
Growth monitoring and promotion							
International Code of Marketing of Breast-Milk Substitutes							
Baby-Friendly Hospital Initiative							

2. Problem Definition

Limitations in service delivery in maternal nutrition and IYCF in the context of HIV/AIDS due to

- Inadequate coordination among training programs
- Inadequate integration of curricula
- Staff shortages
- Gaps in knowledge and skills in maternal nutrition and IYCF in the context of HIV/AIDS
- Weak links between training and implementation
- Need for BCC skills and community approaches

3. Strengths, Opportunities, and Resources

- Different categories of health care personnel
- Community health workers
- Active NGOs
- Existing training materials and manuals
- Lessons learned on implementation
- District Health Information System (DHIS)
- Research and academic institutions
- District health system
- Training centers
- Human resources development program
- Trainers

- Provincial budgets
- Active international organizations
- National policy guidelines

4. Overall Goal of Capacity Building Strategy

- To contribute to improved service delivery in maternal nutrition and IYCF in the context of HIV/AIDS at health facility and community levels

5. Strategic Objectives

- Improve coordination of training related to maternal nutrition and IYCF in the context of HIV/AIDS among the Directorates of HIV/AIDS, Nutrition, and MCHW
- Strengthen collaboration of partners that provide training in maternal nutrition and IYCF in the context of HIV/AIDS
- Improve integrated of maternal nutrition and IYCF in existing curricula and training programs
- Improve the skills of underutilized and inadequately trained lower-level cadres of health providers for improved service delivery in maternal nutrition and IYCF in the context of HIV/AIDS
- Improve the knowledge and skills of health providers and community health workers in maternal nutrition and IYCF in the context of HIV/AIDS
- Improve selection criteria for training in maternal nutrition and IYCF in the context of HIV/AIDS based on availability, skills to apply training materials, and availability to work in the training course content
- Strengthen follow-up and mentoring of trainees
- Improve BCC skills of health providers and community workers in maternal nutrition and IYCF in the context of HIV/AIDS

6. Strategies and Activities

6.1 Policy and Advocacy

- Advocate with managers for integrated planning
- Advocate for adoption of strategic capacity building plans with provincial managers
- Become familiar with national policy and guidelines on maternal nutrition and IYCF in the context of HIV/AIDS

6.2 Strategy Development

- Complete training needs audit (tables 1 and 2)
- Involve other implementing partners in developing a strategies capacity building plan
- Identify a provincial-level coordinating structure for training
- Identify a district-level focal person for training

6.3 Capacity Building

- Develop a training and capacity building strategy (table 3)

Table 4 Proposed training courses

Course	Prerequisite	Content	Duration
Sensitization workshop for managers	Middle- and high-level management of programs related to maternal, infant, and young child health	Strategies to integrate HIV/AIDS, PMTCT, and maternal nutrition and IYCF in the context of HIV/AIDS Management support	1 day
Basic course on PMTCT, maternal nutrition, and IYCF in the context of HIV/AIDS for health providers	Clinical work with mothers, infants, and young children	Basic facts about HIV/AIDS, maternal nutrition, PMTCT, introduction to CT, introduction to BCC and community approaches, MCWH services	10 days
Counseling	Basic course	Pre-test counseling HIV testing Post-test counseling Follow-up counseling Practicum	As per South Africa standards
Lay counseling	Community work with mothers, infants, and young children	Pre-test counseling HIV testing Post-test counseling Follow-up counseling Practicum	TBD
Training of trainers	Work with mothers, infants, and young children Basic course Training interest and aptitude Availability to train	Training and facilitation skills Practicum	10 days
Training of existing trainers	Training skills Availability to train	HIV/AIDS, PMTCT, and maternal nutrition and IYCF in the context of HIV/AIDS MCWH services	12 days
Training of master trainers	Training in HIV/AIDS, PTCT, BFHI, IMCI, and TOT	Advanced TOT course	5 days
Basic course on PMTCT, maternal nutrition, and IYCF in the context of HIV/AIDS for community health workers	Selection by community	Modified content of basic course for health providers	5 days

- Implement the strategy (table 5)

Table 5 Training targets, time frame, and resources

Course	Target audience	Number	Dates	Duration	Resources	
					Technical assistance	Funding

- Develop a mentoring and supervision plan

7.4 BCC and Community Strategies

- Review or develop a community training curriculum
- Train trainers of community health workers
- Train community health workers
- Develop a strategy for BCC and community involvement and ownership, including linking communities with health facilities
- Conduct training and discussion with community leaders
- Support development of community structures
- Conduct health talks and discussions at health facilities
- Carry out community BCC activities, e.g., in home visits and work with community groups

7.5 Monitoring and Evaluation

- Integrate indicators for capacity building and mentoring into the existing Management information system (MIS)
- Develop an M&E plan that includes
 - What information to collect
 - How to collect that information
 - Who to collect the information
 - What tools to use
 - How to present the information
 - How to share information at health facility and community levels
 - How to use the information for program improvement

7.6 Follow-up and support

- How do you follow-up and support people trained?

8. Community Involvement

- What community structures are you working with?
- What is the level of community involvement?

9. M&E Plan

- What indicators do you use to gauge progress in programs related to maternal nutrition and IYCF in the context of HIV/AIDS?
- Do you collect information on maternal nutrition and IYCF in the context of HIV/AIDS?
- What tools do you use to collect information?

Annex 2: Syllabus for 10-Day Training on PMTCT and Maternal Nutrition and IYCF in the Context of HIV/AIDS

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
08:10–08:10	Introductions	Experience sharing	Experience sharing	Experience sharing	Experience sharing	Experience sharing	Experience sharing	Experience sharing	Experience sharing	
08:10–10:00	Course expectations Course objectives Pre-test	PMTCT ANC	Role of breastfeeding in child survival and safe motherhood Exclusive breastfeeding	Breast conditions and their management in the context of HIV/AIDS	Holiday/no sessions	Clinical practice Field visit Observation of breast-feeding	Replacement feeding techniques	Maternal nutrition in the context of HIV/AIDS	Introduction to BCC and counseling	Presentation of work plans
10:00–10:15	B R E A K									
10:15–13:00	Basic facts about HIV and AIDS	PMTCT intra-partum	Anatomy and physiology of the breast Composition of breastmilk	Infant and maternal illness in the context of HIV/AIDS	Holiday/no sessions	Clinical practice Field visit Observation of breast-feeding	Practicum on replacement feeding	Complementary feeding Early cessation of breastfeeding	Post-test and evaluation	Departure
13:00–14:00	L U N C H									
14:00–15:00	Mechanism of infection	PMTCT Post-natal care	Breastfeeding management in the context of HIV/AIDS	Infant feeding options	Holiday/no sessions	Feedback on field visit	Feedback on replacement feeding practicum	Growth monitoring promotion in the context of HIV/AIDS	Working with communities	
15:00–15:15	B R E A K									
15:15–17:00	PMTCT overview			Women, work, and infant feeding Expression and storage of breastmilk	Holiday/no sessions	BFHI in the context of HIV/AIDS	International Code of Marketing of Breast-Milk Substitutes	Men's role in maternal nutrition and IYCF and in reproductive health and gender issues	Introduction to work plan development	

Annex 3: Syllabus for Baby-Friendly Hospital Initiative Assessors Training

Time	Day 1	Day 2	Day 3	Day 4	Day 5
08:15–08:30	Registration	Recap	Recap	Recap	Recap
08:30–10:30	Introductions	Breast conditions	Field visit	Introduction to BFHI scoring	Report writing
	Course expectations	Establishing BFHI activities at all levels			
	Course objectives				
	Pre-test				
10:30–10:45	B R E A K				
10:45–13:00	Overview of BFHI at global, national, and provincial levels	Ten Steps to Successful Breastfeeding in the Context of HIV/AIDS	Field visit	Scoring practicum	Infant feeding options
		Basic facts about HIV/AIDS			Review of BFHI Global Assessment Tool
13:00–14:00	L U N C H				
14:00–16:15	Reorientation on PMTCT, IYCF in the context of HIV/AIDS	Preparation for assessment	Field visit	Practicum	Presentation of field visit experience
	Facilitators meeting	Group work to review self-appraisal tools			Closing
16:15–16:30	B R E A K				
16:30–17:30	Positioning and attachment	Preparation, cont.	Review	Report writing	
	Ten Steps to Successful Breastfeeding, cont.				
17:30–18:00	Facilitators meeting	Facilitators meeting	Facilitators meeting	Facilitators meeting	Facilitators meeting

Annex 4: Syllabus for HOPE worldwide Nutrition Training, April 2006

Time	Day 1	Day 2	Day 3	Day 4	Day 5
08:30–10:30	Introductions	Malnutrition	Minimum package of care for the elderly	Introduction to BCC	Presentation of action plans
	Group dynamics	Traditional and cultural barriers to good nutrition	Nutrition and HIV/AIDS		
	Pre-test				
10:30–11:00	B R E A K				
11:00–13:00	Introduction to conceptual framework on nutrition	Role of micronutrients in nutrition	Nutritional care and support	Referrals and AED/LINKAGES	Summary
	Nutrition facts		Nutrition support during home-based care		Final evaluation and closing
13:00–14:00	L U N C H				
14:00–17:00	Nutrition facts (continued)	Growth monitoring and promotion	Breastfeeding and complementary feeding	Post-test	Departure
		Benefits of physical activity		Development of action plans	
	Facilitators meeting	Facilitators meeting	Facilitators meeting	Facilitators meeting	

Annex 5: WHO/UNICEF Global Assessment Questionnaire for Health Facilities according to the Baby-Friendly Hospital Initiative

Step	Description	Pass?
1.	Have a written breastfeeding policy that is routinely communicated to all health care staff.	
2.	Train all health care staff in skills necessary to implement this policy.	
3.	Inform all pregnant women about the benefits and management of breastfeeding.	
4.	Help mothers initiate breastfeeding within a half hour of birth.	
5.	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants	
6.	Give newborn infants no food or drink other than breastmilk unless <i>medically</i> indicated.	
7.	Practice rooming in—allow mothers and infants to remain together—24 hours a day.	
8.	Encourage breastfeeding on demand.	
9.	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.	
10.	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.	

80 percent, or a “yes” to 8 out of the 10 questions, is the standard for obtaining Baby-Friendly certification.

Annex 6: Community Monitoring Tools

Monthly Monitoring of BCC Activities

Month: _____ Year _____

Name of Trainer(s): _____ District: _____ Province: _____

TRAINING

Dates	Number trained			Target Audience	Issues from the training	How were these issues addressed?	Recommendations
	Male	Female	Total				

MEETINGS

Date	Type of meeting	Number of people who attended	What was discussed (main topics)

SUPERVISORY VISITS

Date	Groups or individuals supervised	Issues from the supervisory visit	How were the issues addressed?	Recommendations

Annex 7 AED/LINKAGES/South Africa Final Report Matrix, 2004–2006

PLAN OBJECTIVE	IMPACT TARGETS	IMPACT RESULTS
	<i>Note: Partners were expected to share data on impact indicators and results in italics and parentheses</i>	
Provide technical assistance to the National Department of Health (DOH) to develop nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS and integrate these guidelines into provincial clinical care and community services in 9 provinces	<i>(Nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS developed and integrated into existing clinical care and community services at the provincial level in 9 provinces)</i>	<i>(Nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS under final review by DOH)</i>
Provide technical assistance to the DOH in demonstration sub-districts in 4 provinces (Eastern Cape, KwaZulu Natal, Mpumalanga, and North West) to implement an integrated maternal nutrition and IYCF package in target communities	<i>(Nutrition guidelines for pregnant and lactating women and IYCF in the context of HIV/AIDS integrated into existing clinical care and community services in 9 provinces)</i>	<i>(Nutrition guidelines for pregnant and lactating women and IYCF in the context of HIV/AIDS integrated into existing clinical care and community services in 4 provinces)</i>
Provide technical assistance in Baby-Friendly Hospital Initiative (BFHI) implementation in the context of HIV in 9 provinces	<i>(At least 15 health providers trained in BFHI assessment [5 in each of 3 provinces])</i>	126 health providers at national level and in 6 provinces trained in BFHI assessment in the context of HIV/AIDS
Provide technical assistance to the DOH to develop infant and young child feeding (IYCF) guidelines in the context of HIV/AIDS and integrate these into clinical care and community services at provincial level in 9 provinces	<i>(IYCF guidelines in the context of HIV/AIDS developed and integrated into clinical care and community services by 75% of health care facilities in 9 provinces)</i>	Activity canceled; undertaken instead by the DOH PMTCT Directorate
Provide technical assistance to selected local NGOs to build organizational capacity to provide integrated maternal nutrition and infant and young child feeding services in the context of HIV/AIDS at health facility and community levels	<i>(At least 3 NGOs implementing integrated maternal nutrition and infant feeding services in the context of HIV/AIDS)</i>	2 NGOs trained in maternal nutrition and IYCF in the context of HIV/AIDS and community BCC
Provide technical assistance to provincial and district DOH and local NGOs in 5 provinces (Free State, Gauteng, Limpopo, Northern Cape, and Western Cape) to implement integrated maternal nutrition and IYCF through training and mentoring of trainers and health providers and disseminating messages with partners	<i>(4 provinces implementing integrated maternal nutrition and IYCF in existing services, with clear referral systems and follow-up in health facilities and communities)</i>	<i>(4 provinces implementing integrated maternal nutrition and IYCF in existing services, with clear referral systems and follow-up in health facilities and communities)</i>

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
		<i>Note: Partners are expected</i>	

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
		<i>to share data with AED/LINKAGES on process indicators and results in italics and parentheses to enable reporting to USAID</i>	
<p><u>Approach 1: Program Design</u></p> <p>Analyze June 2004 assessment of DOH capacity and training in 9 provinces to implement women’s nutrition and IYCF guidelines in the context of HIV/AIDS</p>	<p>Qualitative data on DOH capacity to implement women’s nutrition and IYCF guidelines in the context of HIV/AIDS</p>	<p>Assessment report of DOH capacity to implement women’s nutrition and IYCF guidelines in the context of HIV/AIDS</p>	<p>Provincial audits of training capacity constrained because this training was not coordinated at provincial level. Assessments had to be done for separate sub-districts</p>
<p>Provide technical assistance to DOH to develop a national capacity building strategy to implement guidelines for women’s nutrition and IYCF in the context of HIV/AIDS</p>	<p>Increased national and provincial DOH capacity to implement guidelines for women’s nutrition and IYCF in the context of HIV/AIDS</p>	<p>National DOH capacity building strategy adopted for implementation of guidelines for women’s nutrition and IYCF in the context of HIV/AIDS</p>	<p>AED/LINKAGES sent a prototype capacity building strategy to all 9 provinces, but none returned a strategic plan. AED/LINKAGES obtained approval to work directly with provinces (KwaZulu Natal and North West) that sent representatives to the AED/LINKAGES Zambia training on strategic plans for capacity building</p>
<p>Assess NGO infrastructure, staffing, activities, and community mobilization to determine capacity to integrate women’s nutrition and IYCF services in the context of HIV/AIDS into existing projects</p>	<p>Qualitative data on NGO capacity to integrate women’s nutrition and IYCF services in the context of HIV into existing projects</p>	<p>1 NGO assessment report (of the Nelson Mandela Children’s Fund) on services related to women’s nutrition and IYCF</p>	<p>1 NGO assessment report (of the Nelson Mandela Children’s Fund) on services related to women’s nutrition and IYCF</p>
<p>Provide technical assistance to local NGOs to develop capacity building plans to integrate maternal nutrition and IYCF in the context of HIV into projects at health facility and community levels in target sites</p>	<p>Increased NGO capacity to integrate maternal nutrition and IYCF services in the context of HIV/AIDS into existing health care facility and community projects</p>	<p><i>(3 partner NGOs—The Valley Trust, HOPE worldwide, and one additional NGO—with capacity building plans to integrate maternal nutrition and IYCF in the context of HIV into existing health facility and community projects)</i></p>	<p><i>(2 partner NGOs—The Valley Trust and HOPE worldwide—with capacity building plans to integrate maternal nutrition and IYCF in the context of HIV into existing health facility and community projects)</i></p>
<p>Develop strategy for selected NGOs to implement integrated PMTCT, women’s nutrition, and IYCF services in the context of HIV, including a behavior change strategy</p>	<p>1 partner NGO (The Valley Trust) with strategy for implementation of integrated PMTCT, women’s nutrition and IYCF</p>	<p>3 partner NGOs with strategy for implementation of integrated PMTCT, women’s nutrition, and IYCF</p>	<p>5 TVT community health workers (CHWs) and community motivators trained in BCC strategies to promote PMTCT and IYCF in the context of HIV/AIDS in Mpumalanga; 2 NGOs</p>

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
			working in the area sent representatives to the BCC training in the province
Provide technical assistance to The Valley Trust to assess clinic facilities and communities in Valley of a Thousand Hills, KwaZulu Natal Province	11 clinic and community assessments for implementation of nutrition services for pregnant and lactating women and IYCF in the context of HIV/AIDS in Umzumbe Sub-district, Ugu District, KwaZulu Natal Province	11 clinic and community assessments for implementation of nutrition services for pregnant and lactating women and IYCF in the context of HIV/AIDS	Target district changed at the request of the KwaZulu Natal DOH because The Valley Trust over-subscribed in health care services
Assess health facilities and communities in Ugu District, KwaZulu Natal Province for implementation of nutrition services for pregnant and lactating women and IYCF in the context of HIV/AIDS	Clinic and community assessment reports on nutrition services for pregnant and lactating women and IYCF in the context of HIV/AIDS	10 clinic and community assessments for implementation of nutrition services for pregnant and lactating women and IYCF in the context of HIV/AIDS	Site assessments in 11 clinics and behavioral assessment in catchment communities of 6 clinics
Provide technical assistance to assess health facility and community readiness to implement services to promote maternal nutrition and IYCF in the context of HIV/AIDS in Kuruman Sub-district in North West Province	Clinic and community assessment reports on nutrition services for pregnant and lactating women and IYCF in the context of HIV/AIDS	10 clinics and communities assessed for readiness to implement services to promote maternal nutrition and IYCF in the context of HIV/AIDS in Kuruman Sub-district, North West Province	Site assessments in 4 clinics in Kagisano-Molopo Sub-district, North West Province
Provide technical assistance to local NGOs to develop capacity building plans to integrate maternal nutrition and IYCF in the context of HIV/AIDS into projects at health facility and community levels in target sites	Increased NGO capacity to integrate maternal nutrition and IYCF in the context of HIV/AIDS into health facility and community services	<i>(3 partner NGOs [The Valley Trust, HOPE worldwide, and one additional NGO] with capacity building plans to integrate maternal nutrition and IYCF in the context of HIV/AIDS into existing health facility and community projects)</i>	Activity postponed
Provide technical assistance to local NGOs to develop implementation plans, including a behavior change communication (BCC) strategy to integrate maternal nutrition and IYCF in the context of HIV/AIDS into projects at health facility and community levels in target sites	Increased NGO capacity to promote optimal maternal nutrition and IYCF in the context of HIV/AIDS	<i>(3 partner NGOs [The Valley Trust, HOPE worldwide, and Nelson Mandela Children's Fund] with implementation plans to integrate maternal nutrition and IYCF in the context of HIV/AIDS into projects at health facility and community levels in target sites)</i>	<i>(1 partner NGO [HOPE worldwide] with strategy to integrate maternal nutrition and IYCF in the context of HIV/AIDS into projects at health facility and community levels in target sites)</i>
Provide technical assistance	Increased provincial DOH	<i>(5 provincial DOHs with</i>	<i>(4 demonstration sub-</i>

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
to the DOH to implement national Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS and IYCF in the context of HIV/AIDS in 5 new provinces (Free State, Gauteng, Limpopo, Northern Cape, Western Cape)	capacity to implement national Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS and IYCF in the context of HIV/AIDS	<i>capacity building strategies for implementation of Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS and IYCF in the context of HIV/AIDS)</i>	<i>districts with capacity building strategies for implementation of Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS)</i>
<p><u>Approach 2: Policy and Advocacy</u></p> <p>a) <u>National</u></p> <p>Provide technical assistance to the Nutrition Directorate of the Department of Health to develop nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS</p>	Draft nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS disseminated May 2004	Nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS for South Africa finalized and adopted	Final draft of Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS submitted to DOH for final approval
Provide technical assistance to the Nutrition Directorate of the Department of Health to develop complementary feeding guidelines in the context of HIV/AIDS	IYCF (not only complementary feeding) guidelines in the context of HIV/AIDS for South Africa under review by AED/LINKAGES; to continue in FY05	Complementary feeding guidelines in the context of HIV/AIDS for South Africa finalized and adopted	Activity cancelled
Provide technical assistance to DOH Nutrition Directorate to develop national IYCF guidelines in the context of HIV/AIDS		National IYCF guidelines in the context of HIV/AIDS approved by DOH	Activity cancelled; not to be done by AED/LINKAGES
Provide technical assistance to the DOH Nutrition Directorate to develop a strategy to disseminate national Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS at provincial, district, and clinic levels	Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS available for use at provincial level	<i>(Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS disseminated at provincial level)</i>	Activity awaiting DOH approval of final draft
Advocate with the national DOH for expansion of BFHI into the Baby-Friendly Community Initiative (BFCI) in the	Increased sensitization of Integrated Management of Childhood Illness (IMCI), PMTCT, Voluntary Counseling and Testing	<i>(1 national DOH plan to advocate for BFHI)</i> <i>(1 provincial DOH plan (in</i>	Activity replaced by August 2006 UNICEF and WHO meeting to revisit BFHI and BFCI

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
context of HIV/AIDS, beginning with the demonstration sub-districts of Eziqolweni and Umzumbe in Ugu District, KwaZulu Natal Province	(VCT), Integrated Nutrition Programme, MCWH, and Health Promotion managers on the need to promote BFHI and BFCl	<i>KwaZulu Natal Province) to advocate for BFHI)</i>	
Provide technical assistance to the national DOH to create national and provincial awareness of the International and South African Codes of Marketing of Breast-Milk Substitutes and related policies such as Maternity Protection	Protection, promotion, and support for breastfeeding at national and provincial levels	At least 3 advocacy meetings on the Code of Marketing of Breast-Milk Substitutes and related policies	Participation in World Breastfeeding Week events to promote the Code
b) <u>Regional and Local</u> Assess infrastructure, staffing, and activities of selected local NGOs for implementing maternal nutrition and IYCF in the context of HIV/AIDS	2 NGOs (Hope <i>worldwide</i> and the Valley Trust) in KwaZulu Natal Province) with assessment reports	3 NGOs with assessment reports	3 rd NGO (Nelson Mandela Children's Foundation) postponed until FY05
Provide technical assistance to selected NGOs to develop strategic plans to integrate maternal nutrition and IYCF in the context of HIV/ AIDS into their existing programs	2 NGOs (Hope <i>worldwide</i> and the Valley Trust) in KwaZulu Natal Province) with 2-year strategic plans to integrate maternal nutrition and IYCF in the context of HIV/AIDS into their existing programs	3 NGOs with 2-year strategic plans to integrate maternal nutrition and IYCF in the context of HIV/AIDS into their existing programs	3 rd NGO strategic plan (Nelson Mandela Children's Foundation) postponed until FY05
<u>Approach 3: Capacity Building</u> a) <u>Health Facility</u> Provide technical assistance to the DOH Nutrition Directorate to orient health providers on nutrition guidelines for pregnant and lactating women and complementary feeding guidelines in the context of HIV/AIDS	Framework for implementation of national nutrition guidelines at provincial level	30 health providers oriented on guidelines for nutrition of pregnant and lactating women and complementary feeding in the context of HIV/AIDS	Draft strategic framework for capacity building developed by DOH with AED/LINKAGES technical assistance in 2004
Train provincial officers from the Nutrition Directorate of the DOH in modified 12-day PMTCT and IYCF course in Ndola, Zambia	Training needs assessment tools disseminated by DOH May 2004	3 provincial officers from Nutrition Directorate trained in HIV, PMTCT, and IYCF	

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
Train national and provincial Nutrition Directorate officers from 9 provinces in modified basic PMTCT and IYCF course in Ndola, Zambia	Increased national and provincial knowledge and skills in integrating IYCF into PMTCT services	6 national and provincial officers from Nutrition Directorate trained in maternal nutrition and IYCF in the context of HIV/AIDS, HIV testing and counseling, and PMTCT	3 provincial officers from KwaZulu Natal and North West Nutrition Directorates trained in HIV, PMTCT, and IYCF
Provide technical assistance to trained NGO service providers to supervise community leaders and service providers in target districts	Increased quality of counseling by NGO community counselors	2 visits per year by NGO service providers to community counselors in each district	Activity postponed
Train health providers in 5 provinces in BFHI assessment in the context of HIV/AIDS	Increased health provider capacity to assess health facilities for BFHI status	20 health providers trained in BFHI assessment in the context of HIV/AIDS	117 health providers trained in BFHI assessment in the context of HIV/AIDS
Develop training module on nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS to integrate into PMTCT training curriculum for MCHW staff	Training module on nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS incorporated in revised national PMTCT curriculum	Training module on nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS incorporated into MCHW PMTCT curriculum and adapted for use by health provider trainers	Training module on nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS submitted to DOH and awaiting DOH finalization of "All-in-One" booklet
Develop training module on BCC to promote PMTCT for health workers	Final draft module for health workers on BCC to promote PMTCT included in basic PMTCT training curriculum for health workers	Module for health workers on BCC to promote PMTCT included in basic PMTCT training curriculum for health workers	On-site training module for health providers on BCC
Train trainers from national DOH and 9 provincial health directorates in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS	Increased national and provincial training capacity in maternal nutrition and IYCF in the context of HIV/AIDS	24 health providers trained as trainers in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS	245 health providers trained as trainers in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS
Use provincial trainers to conduct abridged course in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS for health providers in 9 provinces	Increased health provider knowledge of nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS at provincial level	<i>(180 health providers trained in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS)</i>	<i>(262 health providers [232 from North West Province and 33 from Mpumalanga] trained in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS by provincial trainers)</i>
Train trainers from partner NGOs in nutrition for pregnant and lactating women and IYCF in the context of HIV/AIDS	Increased NGO training capacity in maternal nutrition and IYCF in the context of HIV/AIDS	24 trainers from partner NGOs trained in maternal nutrition and IYCF in the context of HIV/AIDS	8 trainers from The Valley Trust in KwaZulu Natal and 2 from ACTS and Ecolink trained in BCC methodologies to promote IYCF in the context of

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
			HIV/AIDS
Train trainers and facilitators of CHWs in BCC methodologies for community promotion of maternal nutrition and IYCF in the context of HIV/AIDS	Increased capacity of CHWs to promote optimal maternal nutrition and IYCF in the context of HIV/AIDS	30 trainers and facilitators of CHWs trained in BCC methodologies for community promotion of maternal nutrition and IYCF in the context of HIV/AIDS	Activity postponed
Provide technical assistance to the DOH to train and mentor provincial pre-service instructors as trainers in maternal nutrition and IYCF in the context of HIV/AIDS	Increased capacity of universities, colleges, and technical training institutes to conduct training in maternal nutrition and IYCF in the context of HIV/AIDS	60 provincial pre-service instructors from 9 provinces trained as trainers in maternal nutrition and IYCF in the context of HIV/AIDS	62 MEDUNSA dietetics students from 9 provinces trained in maternal nutrition and IYCF in the context of HIV/AIDS
Provide technical assistance to provincial health directorates and NGOs in Free State, Gauteng, Limpopo, Northern Cape, and Western Cape provinces to train a pool of trainers in maternal nutrition and IYCF in the context of HIV/AIDS	Increased provincial training capacity in maternal nutrition and IYCF in the context of HIV/AIDS	25 health providers and NGO staff (5 in each of 5 provinces) trained as trainers in maternal nutrition and IYCF in the context of HIV/AIDS	188 health providers (111 in Gauteng, 44 in Limpopo, and 33 in Western Cape) trained as trainers in maternal nutrition and IYCF in the context of HIV/AIDS
Conduct mentoring visits to 4 provinces (Eastern Cape, KwaZulu Natal, North West, and Mpumalanga) to assist in implementing BFHI interventions	Increased provincial capacity to implement and sustain BFHI interventions	At least 8 mentoring visits (2 to each of 4 provinces) to assist with BFHI implementation plans	14 mentoring visits to assist with BCHI implementation plans
Provide technical assistance to mentor trained trainers in Free State, Gauteng, Limpopo, Northern Cape, and Western Cape provinces	Trained provincial trainers providing accurate information on maternal nutrition and IYCF in the context of HIV/AIDS	25 trainers (5 in each of 5 provinces) mentored in training health providers in PMTCT, maternal nutrition, and IYCF in the context of HIV/AIDS	Activity postponed
Provide technical assistance to the DOH to develop a training manual on implementation and monitoring of the Code of Marketing of Breast-Milk Substitutes	Increased national capacity to implement and monitor the Code of Marketing of Breast-Milk Substitutes	Training manual on implementation and monitoring of the Code of Marketing of Breast-Milk Substitutes adopted for use by trainers of health providers	Activity cancelled
Provide technical assistance to North West Province DOH to train BFHI assessors in the context of HIV/AIDS	Increased capacity of health providers in North West Province to conduct BCHI assessments in the context of HIV/AIDS	30 health providers in North West Province trained in BFHI assessment in the context of HIV/AIDS	21 health providers in North West Province trained in BFHI assessment in the context of HIV/AIDS
Provide technical assistance to 5 sub-districts (Qaukeni in Eastern Cape, Umzumbe and Eziqolweni in KwaZulu	Improved implementation of BFHI activities in target health facilities	At least 10% of health providers in each of the 5 sub-districts trained in the implementation of the Ten	58 health providers in 4 sub-districts trained in the implementation of the Ten Steps to Successful

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
Natal, Mbombela in Mpumalanga, and Kuruman in North West) to train health providers to implement the Ten Steps to Successful Breastfeeding in the context of HIV/AIDS		Steps to Successful Breastfeeding	Breastfeeding
Provide technical assistance to target sub-district health managers in 4 provinces (Eastern Cape, KwaZulu Natal, Mpumalanga, and North West) to strengthen referrals between health facilities and communities and intensify recruitment, follow-up, and care and support of PMTCT clients	Improved referrals of pregnant and lactating women between health facilities and community support services	<i>(At least 10 health facilities (2 in each of 5 sub-districts) with clear follow-up and referral systems between facilities and community care and support services)</i>	<i>(1 health facility in Umzumbe Sub-district with clear follow-up and referral systems between facilities and community care and support services; demonstration sub-districts in Mpumalanga, and North West provinces require further mentoring)</i>
b) <u>Community</u> Use provincial and district trainers to train CHWs in 9 provinces in PMTCT, women's nutrition, and IYCF in the context of HIV/AIDS and behavior change communication (BCC), emphasizing the link between community and health facilities	Increased CHW capacity to counsel pregnant and lactating women on maternal nutrition and IYCF in the context of HIV/AIDS	180 CHWs trained in integrated PMTCT, women's nutrition, IYCF, and BCC in 9 provinces	117 CHWs, CHW trainers and facilitators, and NGO community motivators trained in BCC in 4 provinces (Eastern Cape, KwaZulu Natal, and Mpumalanga, and North West)
Provide technical assistance to Eziqolweni and Umzumbe sub-districts in KwaZulu Natal and 1 sub-district each in Eastern Cape, Mpumalanga, and North West provinces to establish community growth monitoring points and integrate them into other child survival programs	Community counseling on maternal nutrition and IYCF in the context of HIV/AIDS	<i>(At least 5 community growth monitoring points and BFCI and other child survival, counseling, and HIV services (1 in each sub-district) providing accurate information on integrated PMTCT, maternal nutrition, IYCF, and BCC)</i>	Activity canceled
Provide technical assistance to 5 sub-districts to establish community support groups for maternal nutrition and IYCF in the context of HIV/AIDS	Community support for maternal nutrition and IYCF in the context of HIV/AIDS	<i>(5 sub-districts with community support groups for maternal nutrition and IYCF in the context of HIV/AIDS)</i>	<i>(4 sub-districts with community support groups for maternal nutrition and IYCF in the context of HIV/AIDS)</i>
Provide focused technical assistance to the demonstration sub-districts of Eziqolweni and Umzumbe in	Improved care and support for women and their families affected by HIV/AIDS	<i>(2 health facility catchment communities [1 each in Eziqolweni and Umzumbe sub-districts] with effective</i>	<i>(1 health facility catchment community in Umzumbe Sub-district with effective community care and support</i>

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
Ugu District, KwaZulu Natal Province, to improve referral systems for community care and support of HIV-positive women and their families		<i>community care and support and referral systems)</i>	<i>and referral systems)</i>
c) <u>Study Tours</u> Provide technical assistance to demonstration districts to organize visits to community programs promoting optimal IYCF in the context of HIV/AIDS	Increased health provider awareness of community experience promoting optimal IYCF in the context of HIV/AIDS	At least 2 exchange visits for 3 health providers to community IYCF programs in Malawi and Mtubatuba, KwaZulu Natal, and/or BFCI sites in the Gambia	Activity canceled
<u>Approach 4: BCC</u> a) <u>Materials</u> Provide technical assistance to the DOH at provincial and district levels to incorporate messages on maternal nutrition and IYCF in the context of HIV/AIDS into community BCC interventions	Increased public awareness of the importance of improved nutrition for pregnant and lactating mothers and IYCF in the context of HIV/AIDS	<i>(5 sub-districts with messages on maternal nutrition and IYCF in the context of HIV/AIDS incorporated in community BCC interventions)</i>	<i>(1 sub-district [Umzumbe] with messages on maternal nutrition and IYCF in the context of HIV/AIDS identified)</i>
Provide technical assistance at national level to develop a booklet for health providers on maternal nutrition and IYCF in the context of HIV/AIDS in collaboration with partners	Accurate information for health providers on maternal nutrition and IYCF in the context of HIV/AIDS	100,000 booklets on maternal nutrition and IYCF in the context of HIV/AIDS (25,000 for each of 4 provinces) printed and distributed to health providers	Booklet for health providers on maternal nutrition and IYCF in the context of HIV/AIDS submitted to the DOH
Provide technical assistance to produce and distribute a BCC guide on maternal nutrition and IYCF in the context of HIV/AIDS based on the AED/LINKAGES/Zambia “All-in-One” booklet for health providers and community service providers	Increased health provider and CHW knowledge of BCC and community approaches to promote optimal maternal nutrition and IYCF in the context of HIV/AIDS	100,000 BCC guides on maternal nutrition and IYCF in the context of HIV/AIDS for health providers and community service providers (25,000 for each of 4 provinces) printed and distributed in 9 provinces	“All-in-One” booklet submitted to DOH for finalization; LINKAGES commitment to assist with pre-testing at provincial level
b) <u>Media</u> With the DOH, develop messages on women’s nutrition and IYCF in the context of HIV/AIDS to incorporate into Soul City radio and television materials and Johns Hopkins University Center for	Increased public awareness of the importance of maternal nutrition and IYCF in the context of HIV/AIDS	<i>(1 million people reached with messages on maternal nutrition and IYCF in the context of HIV/AIDS)</i>	29 messages on women’s nutrition and IYCF in the context of HIV/AIDS submitted to Soul City and Johns Hopkins University Center for Communication Programs to be incorporated in print, radio, and television

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
Communication Programs behavior change interventions			materials; no data provided on audience reached
c) <u>Information Dissemination</u> Print national IYCF guidelines in the context of HIV/AIDS	<i>(Draft IYCF guidelines in the context of HIV/AIDS for South Africa circulated for review)</i>	2,000 copies of IYCF guidelines in the context of HIV/AIDS for South Africa printed and distributed in 9 provinces	Activity canceled
Provide financial assistance to print and disseminate national Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS	Increased access to nutrition guidelines for pregnant and lactating women in the context of HIV/AIDS for health providers and communities in 9 provinces	<i>(10,000 copies of Guidelines for Nutrition of Pregnant and Lactating Women in the Context of HIV/AIDS printed and distributed nationwide)</i>	Awaiting DOH approval
d) <u>Community Events</u> Support the DOH in commemorating annual World Breastfeeding Week	Increased public awareness of breastfeeding	Participation in at least 1 event to commemorate World Breastfeeding Week	Participation in 3 provincial events to commemorate World Breastfeeding Week 2006
<u>Approach 5: Monitoring and Evaluation</u> a) <u>Monitoring</u> Provide technical assistance to USAID and DOH to include maternal nutrition, PMTCT, and IYCF behaviors in the context of HIV/AIDS in a national monitoring and evaluation plan	Harmonized national tool to monitor maternal nutrition, PMTCT, and IYCF behaviors in the context of HIV/AIDS	National monitoring and evaluation plan approved and adapted by DOH	To be consolidated under national BFHI
Provide technical assistance to site coordinators to collect and report data on maternal nutrition and IYCF activities in target provinces using existing DOH monitoring tools	Accurate information on maternal nutrition and IYCF in target provinces	At least 1 visit in each target site to collect information and mentor trained site coordinators	Engagement of site coordinators cancelled. Technical assistance to 2 demonstration sub-districts to collect data on CHW BCC activities
b) <u>Evaluation</u> Conduct baseline survey of public knowledge of PMTCT and IYCF in The Valley Trust Trust sites in Kwa Zulu Natal and Hope worldwide	Baseline information on public knowledge of PMTCT and IYCF messages, sources, and links between messages and behavior	Draft reports on results of baseline surveys on public knowledge of PMTCT and IYCF messages, sources, and links between messages and	Activity cancelled; PEPFAR results come from HMIS data

APPROACHES AND ACTIVITIES (INPUTS)	OUTPUTS	TARGETS	STATUS
sites in Gauteng to enable measurement of impact of AED/LINKAGES BCC activities to strengthen PMTCT and maternal nutrition and IYCF in the context of HIV/AIDS		behavior in partner NGO sites	