



Building Ukrainian Systems, Capacity, and Commitment to Prevent Abandonment of Children Born to HIV-positive Mothers

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Background

In Ukraine, a country with the fastest growing HIV infection rate in Europe, 11 percent of HIV-positive children have been abandoned by their mothers to date. To address this issue, DOW launched its psychosocial and medical support model, called MAMA+, to prevent abandonment of children born to HIV-positive mothers in Kyiv, Donetsk, and Simferopol.

Risk Factors for Abandonment

DOW conducted a survey of the MAMA+ target population by interviewing 400 HIV-positive women in four regions of Ukraine and identified these risk factors:

- 76% learned their HIV-positive status while pregnant
- 43% said they were infected by HIV from a long-term partner during sexual relations
- 50% were unmarried
- 50% live under the subsistence minimum level
- 92% do not have their own place
- 100% of one or both of their parents had died

Overview of the MAMA+ Model

DOW's MAMA+ Project provides HIV-positive new mothers and pregnant women at risk of abandoning their newborns with services to empower them to keep their children in the face of the many challenges of their new HIV status, including coping with their medical status, social discrimination, lack of family support, and difficult economic or other life circumstances. The MAMA+ Project helps these marginalized and disenfranchised mothers to gain the confidence, knowledge, skills, and other assets to retain guardianship of their children.

MAMA+ Outcomes

- 99% of 220 MAMA+ clients retained their infants in their family homes
- 669 HIV-positive women received HIV information and counseling
- 10 children were reunited with their biological families
- More than 120 representatives of partner organizations were trained
- In October 2007, DOW transferred the MAMA+ model to the AUN/PLWHA to implement independently.

MAMA+ Methods

- **Early identification and screening of pregnant women** who are newly diagnosed with HIV enables MAMA+ to identify those who are most at risk and provide early and longer-term support to an expectant mother. Such crucial support helps each new mother to understand that she and her child can live a healthy life and that there are resources available to support her. If a woman chooses to become a MAMA+ client, the project's case management team provides counselling, comprehensive HIV information, and a long-term plan for further assistance.
- **Local partnerships for community-based MAMA+ implementation**, such as with local maternity hospitals, women's clinics, children's infectious disease hospitals, AIDS Centers, and NGOs ensures that MAMA+ develops local roots to enable its continuation for the long term.
- **MAMA+ referral networks among service providers remove barriers to client care and diminish stigma among providers.** Each MAMA+ site cooperates with an average of 16 governmental and NGO service provider partners. These relationships integrate excluded women into local health care systems.
- **Building the capacity of service providers** through training and partnership improves service practices and increases the potential of incorporating MAMA+ practices and principles into local policies. To date, 120 MAMA+ partners have been trained.
- **Stigma and discrimination are reduced** in state health and social services institutions, in the communities in which clients live, and in client's own families by the implementation of training activities, peer networks, support groups which accept family members, and advocacy and networking initiatives.
- **Publication and dissemination of MAMA+ methodology** makes the model available to the maternal and child health community for replication and raises awareness of the value of integrating MAMA+ principles into services.

Capacity Building: Partnership Model

In Ukraine, DOW and the All Ukrainian Network of People Living with HIV/AIDS (AUN/PLWHA) implemented the MAMA+ Project jointly, with AUN/PLWHA employing the MAMA+ case management team and DOW providing the project coordination, management, and technical support. This co-implementation approach ensured that capacity would be developed through daily performance, supervision, co-location, so that when the project concluded, the AUN/PLWHA would possess all necessary service and management skills. In addition, DOW partnered with AIDS Centers, maternity and other hospitals, and NGOs, including through its referral network. By transferring capacity to partners and transferring the MAMA+ model to the AUN/PLWHA, DOW ensured that the project will serve women and families for years to come and that this replicable model for service will meet future needs.

Incorporation into Public Policy

Integration of the MAMA+ model into state policy and local NGO capacity is vital to make services accessible to prevent abandonment of children born to HIV-positive mothers.

To incorporate the MAMA+ model into public policy and practice in Ukraine, DOW:

- Participated in 35 outreach, education, and advocacy events both locally and nationally
- Proposed policy changes relating to HIV-positive mothers to the Ministry of Health and Ministry of Family, Youth, and Sports which were included in new regulatory drafts through cooperation with an inter-ministerial group on policy harmonization.
- Held a National MAMA+ Project Conference in June 2007 for over 100 representatives from government, state, and non-governmental agencies in Kyiv.
- Presented its "MAMA+ Implementation Handbook" for replication by government and NGO partners
- Partnered with the Ukraine State Social Services to apply the MAMA+ model in their network of shelters for at-risk pregnant women and young mothers by enabling acceptance of HIV-positive young mothers in the shelters through policy change and by training senior staff to work with HIV-affected families with children through a specialized training curriculum and educational materials.



Background: Doctors of the World-USA

DOW is international health and human rights organization dedicated to creating and providing access to healthcare for those in need, especially the excluded and marginalized. To date, DOW has been active in over 30 countries and communities where health is diminished or endangered by violations of human rights and civil liberties, and have mobilized the health sector - in the US and internationally - to promote and protect these rights.

DOW projects provide essential care and services, but more importantly, train and build the capacity of local counterparts to carry on the mission of health at the conclusion of our efforts. Services, training, and systems development are combined with appropriate advocacy for sustainable impact.



MAMA+: Health & Human Rights Perspective

The human rights basis for providing clinical and psychosocial services for HIV-positive women to combat child abandonment is contained in many documents including the following international resolutions. These form the basis for policy advocacy and development by the Ukrainian government on a national and local level.

"The child shall have the right from birth...to know and be cared for by his or her parents." Article 7, Convention on the Rights of the Child

"Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health." Article 12, International Covenant on Economic, Social, and Cultural Rights

"... equality of access to health care and health services has to be emphasized. States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and healthcare facilities, and to prevent any discrimination..." General Comment on the Right to Health [Article 12, above] 19; Committee on Economic, Social, and Cultural Rights



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