Lesotho's HIV prevalence is one of the highest in the world at 23.3%,¹ and more than one in four pregnant women are living with HIV.² There are approximately 41,000 children living with HIV in the country—most of these a result of mother-to-child transmission.³ While prevention of mother-to-child transmission (PMTCT) is widely knowned as an effective intervention, there are more than 5,800 new pediatric HIV infections each year in Lesotho.

While nearly 70% of deliveries occur in health facilities⁴ and more than 61% of home deliveries were attended by a skilled provider in 2009,⁵ only 54% of those in need receive PMTCT services.⁶

Since a significant proportion of HIV-infected infants die in the first year of life, PMTCT services provide a key opportunity to secure Lesotho’s future.

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² Lesotho Sentinel Survey 2011
³ UNAIDS 2012
⁴ Ministry of Health and Social Welfare 2009
⁵ Strategic Plan Elimination for Mother to Child Transmission of HIV and for Paediatric HIV Care and Treatment, Ministry of Health and Social Welfare, 2011/12-2015/16
⁶ UNAIDS GAP Report 2013
PMTCT is a comprehensive approach consisting of four components that should be fully implemented to optimize effectiveness:

1. Prevention of new HIV infections in women of childbearing age
2. Prevention of unintended pregnancies in HIV-positive women
3. Prevention of HIV transmission from HIV-positive women to their children
4. Provision of HIV treatment, care, and support services to infected women, exposed children, and infected children and families

Challenge

Health facility resources
Effective PMTCT depends on strong health systems. Many countries, including Lesotho, suffer from a shortage of health workers, which negatively affects the standards of care in health facilities. An inconsistent supply of medicines for PMTCT and other supplies such as HIV test kits, in addition to insufficient clinic capacity and lack of coordination, result in gaps in the services provided to expectant mothers. Strong referral mechanisms are needed to facilitate the linkages between communities and health facilities; these may be weak or non-existent.

Social, cultural, and structural barriers
Pregnant women in low- and middle-income countries such as Lesotho may have limited access to antenatal and PMTCT services for a variety of reasons. In addition to caring for their existing children, they are responsible for preparing food for their families, fetching water, and tending crops. Additional challenges include Lesotho’s difficult terrain, the distance to health facilities, poor-quality roads, and little or no access to transport. Some women must travel hours on horseback or on foot to reach a health facility, which becomes more difficult as pregnancy advances. Consequently, many women do not regularly visit health facilities for antenatal services during their pregnancy, reducing their access to PMTCT interventions.

In some parts of the country, pregnancy is kept a secret for cultural reasons. Mothers-in-law have a significant role in the lives of their sons and daughters-in-law. They determine the overall health-seeking behavior, deciding when a pregnancy is announced and when breastfeeding is stopped. This becomes a challenge for an HIV-positive woman who prefers not to disclose her status, as she may be asked to explain new medication or other changes in behavior. These factors cause many pregnant women to delay or avoid accessing PMTCT services at health facilities.

Referrals of people in need to health facilities, including for PMTCT, is one of the core services provided by the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) in Lesotho. BLC is partnering with 11 civil society organizations (CSOs) to deliver

Phelisanang Bopheleng HIV Support Center (PB) is one of 11 organizations receiving a USAID-funded small grant from BLC in Lesotho. The organization focuses on the provision of a variety of services to orphans and vulnerable children and their caregivers, including referrals of pregnant women to health facilities for PMTCT. Since August 2013, PB has served 3,600 individuals.
high-quality services to orphans and vulnerable children and their caregivers, promoting a continuum of care and treatment. However, the majority of BLC’s partners have been unable to meet the targets jointly established for PMTCT referrals.

**Approach**

Local CSO and BLC partner Phelisanang Bophelong HIV Support Center (PB) has employed several successful strategies to improve access, demand, and uptake of PMTCT services for pregnant women in the Thaba Tseka district of Lesotho.

**Community and health system collaboration**

PB developed a working relationship with health facilities in the areas in which it operates, establishing an agreement in which PB’s Community Child Monitors (CCMs) work closely with Village Health Workers (VHWs) to identify pregnant women and refer them to health facilities for PMTCT, as well as track and support women not attending regular antenatal sessions. Under PB, the CCMs provide services to orphans and vulnerable children and their caregivers, while VHWs are cadres trained by the Ministry of Health to work at the village level on basic health-related issues. PB developed terms of reference for the CCMs, which were shared with community leaders such as chiefs and community councilors to clarify the process and promote a common understanding of roles and responsibilities.

**Training community leaders**

PB trained its CCMs on the importance of PMTCT, who subsequently shared the information with community leaders. As a result, an agreement was made among the village chiefs and community members that all pregnant women should report to the VHWs, CCMs, or chiefs in order to provide support and referrals.

**Community education and mobilization**

To address the barriers to health services, PB’s CCMs held sensitization sessions at public gatherings to encourage men and other family members to increase their support. The CCMs provided health education, emphasizing the importance of accessing HIV counseling and testing (HCT) and PMTCT services. The chiefs were requested to share these messages at all public gatherings, including that a mother-baby pack (MBP) is given to all pregnant women, not only HIV-positive pregnant women, to discourage stigma.

**Taking services to the people**

To address the challenges of distance, terrain, and lack of transport, PB is conducting outreach campaigns in collaboration with the Ministry of Health and other partners. Mobile clinics provide HCT as well as PMTCT services. Health education sessions addresses the importance of PMTCT and healthy behavior among pregnant women, including adequate nutrition, good eating habits, and taking vitamin B complex.

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A **mother-baby pack** (MBP) is a package of medications given to a pregnant woman when she is tested for HIV at the health facility, usually at her first visit. The pack contains tablets that a pregnant woman should take from the time that her pregnancy is confirmed until she gives birth. The contents of these packs differ: an HIV-positive woman’s pack contains antiretroviral therapy (AZT and nevirapine), folic acid, and vitamin B complex. An HIV-negative woman’s pack contains only folic acid and vitamin B complex. They are instructed to bring the MBP packs with them to every visit for assessment of adherence to the treatment.

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**Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.**

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

In Lesotho, BLC is supporting the response to the needs of orphans and vulnerable children at the national, district, and community levels.
Results

PB achieved and later surpassed its PMTCT referral targets between 2013-2014, referring a total of 170 women for HCT and PMTCT services. PB has continued to surpass its targets, as shown in the graph below—solid evidence that PB’s community mobilization approach is effective. At BLC’s request, PB shared its approach with its other CSO partners, and it is now being used as a good practice in other areas of Lesotho.

The PB case demonstrates that structured communication approaches between health facilities and communities are a key ingredient to improve uptake of PMTCT services. Community mobilization through community leaders is feasible and practical as a mechanism for expanding use of PMTCT services, as is coordination and collaboration among different stakeholders. BLC will continue to encourage its partners in Lesotho to use locally available resources to solve their own service delivery challenges, as a means to achieve resilient communities that are self-sustaining in the long term.