Russia| Improvement of Social Support for HIV-infected mothers and their newly born children (St. Petersburg)

Date improvement activities began: October, 2006
Date of end of collaborative: December, 2010

Aims/objects:

To establish social follow-up care for HIV-positive women with children at the rayon-level state social services, develop mechanisms of coordination between health and social services, and adapt best practices in social follow-up of HIV-positive families developed by NGOs.

Implementation package/interventions:

In 2007, HCI began working with St. Petersburg AIDS and social services providers to develop a municipal model of social support for HIV-infected women with children in response to the growing number of HIV-infected mothers in St. Petersburg. When this work began, 27% of the HIV-infected individuals officially registered in St. Petersburg were women of childbearing age and 3,543 (9%) were children. In addition, there were high rates of child abandonment by HIV-positive mothers (24.5%). Prior to 2007, there was no government system of social support for HIV-positive women with children, no coordination of health and social services, and a lack of knowledge among social workers on HIV-related problems and effective approaches for social support for HIV-positive mothers.

This collaborative work aimed to implement the following changes to improve these services:

• Develop a model for medical and social support for HIV-infected mothers and their newly born children in order to facilitate institutionalization and sustainability of services developed in the area of PMTCT and child abandonment prevention in St. Petersburg

• Improve the coordination of services among health and social service providers to make the continuity of care better for HIV-positive pregnant women and those with newborns

• Establish a system of regular information/experience exchange among social service providers from government and NGO sectors

• Adapt and implement best practices from NGOs to a municipal system of social services

• Improve the knowledge and skills of social workers

Measurement:
number of HIV-affected families receiving long term social support follow up services in the City

number of of HIV-affected families completed their follow-up successfully

number of children abandoned by HIV-infected mothers on the social follow-up

number of mother-to-child HIV transmissions

Spread strategy:

Utilizing best practices developed by our teams in nine pilot administrative districts, HCI jointly with the Committee on Social Policy, initiated spread up to the entire city (all 18 districts). HCI used the collaborative improvement methodology as the basis of the scale-up approach.

Number of sites/coverage:

All 18 districts of St. Petersburg; 100% of state centers for individuals' social services

Coaching:

The success achieved by nine "pilot" districts in St. Petersburg in providing social support services for HIV-infected families in 2007-2009 was spread to the other nine districts in the city starting in October 2009. With the technical support of HCI, interdisciplinary teams were established in the new districts, consisting of social workers, psychologists, medical workers from women's clinics and children's polyclinics, infectious disease specialists, and representatives of the AIDS Center. Taking into account interdisciplinary basis of the problems to be solved, each of the teams was coached by representatives of both the City Health Care and Social Support Departments. Quarterly meetings are now held among the heads of these two city departments to coordinate these services.

Learning sessions & communication among teams:

Teams worked together to create an organizational model of integrated state supported social service case management for HIV-infected mothers with children and to put into place mechanisms to refer HIV-affected families from the medical facilities. They developed a social worker job description, an algorithm for social follow-up of HIV-positive women, a client referral form, a consent form for HIV status disclosure, and recording and reporting forms to facilitate communication across programs. More than 150 social workers were trained to provide services for HIV-infected mothers and their children such as: linking clients to material and financial assistance, facilitating enrollment of children
in day care, and restoring registration papers. A total of 13 major learning events were supported by HCI during this collaborative including LS, VCT training, meetings of coaches and final conference.

Results:

A main achievement of the teams over the course of four years was the institutionalization of their work in the order # 181-r issued by the Committee for Social Policy on October 8th, 2010. This order regulates the establishment of the departments (services) on social follow-up for HIV-affected families, based on the organizational model and technologies as laid out in the methodological recommendations. This order provides a stable basis for further development of HIV-affected families' social follow-up system in rayons of St. Petersburg (budget allocation of rayon administration to provide the stable funding to the activities of these services, and assignment of specialists to work with this target group).

All specialists and psychologists of the departments (services), conducting social follow-up of HIV-affected families, obtained skills and practical knowledge needed in work with HIV-infected clients. An important part in education process was given to supervisions, conducted directly at the departments by the experts of “HealthRight”, with the purpose to obtain practical skills needed in work with this target group in accordance with recommendations provided at the change packages. Results were presented at the meeting of couches at the Committee. There were 132 specialists of the social services trained using this approach.

By the end of 2010, over 500 HIV-affected families had received necessary long term social support follow up services in the City (over 1200 people). The main result of that is the social adaptation of these families (including pregnant, HIV-infected women with children and members of their families) – 2/3 of HIV-affected families (75%) completed their follow-up successfully; there was a decrease in number of children abandoned by HIV-infected mothers on the social follow-up (10%); improvement in ART adherence and timely IPT during the pregnancy (as a result decrease in mother-to-child HIV transmission).
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