



REPUBLIC OF ZAMBIA  
MINISTRY OF HEALTH



**PREVENTION OF MOTHER - TO - CHILD TRANSMISSION OF HEPATITIS B REPORT -  
LUANGWA DISTRICT, EASTERN ZAMBIA.**



*Figure 1 Group photo of Health care Workers after the Capacity building Training in Luangwa District*

**Reporting Period:  
Month 1 to Month 4 (May to September, 2024).**

### **1. Executive Summary:**

The PMTCT Hepatitis B project in Luangwa District aims to address Hepatitis B transmission, particularly among pregnant women. The first four months of the project focused on increasing community awareness, providing testing for pregnant women, and addressing the stigma and discrimination experienced by mothers living with Hepatitis B.

### **2. Introduction**

Africa is disproportionately affected by viral hepatitis, with approximately 90 million people living with hepatitis B and hepatitis C in Sub-Saharan Africa. Hepatitis - related liver cancer and mortality are increasing in Africa. Every year, it causes 1.34 million deaths globally (more deaths than are caused by HIV or malaria), making hepatitis the second biggest killer after tuberculosis. Although viral hepatitis B and C affect 325 million people globally, only 1 in 10 of those people have been tested, and only 1 in 5 have received appropriate treatment. Globally, an estimated 95% of people with hepatitis are unaware of their infection. This is mainly due to lack of awareness and access to testing services.

Mother- To – Child Transmission has been identified as a major mode through which Hepatitis B is spread among children in the country. Most babies get Hepatitis B from their Mothers, it is for this reason that caregivers continuously advise new mothers to get their children vaccinated against the disease and to also practice good nipple hygiene to prevent the transmission rate that occurs through breastfeeding. About 5 percent of babies that are infected by Hepatitis B, test positive for HIV. Infants born to infected mothers have a 90% chance of developing chronic hepatitis B if the mother is positive for both hepatitis B surface antigen and hepatitis B e-antigen. Vaccination of the newborn within 12 hours of birth significantly reduces the risk of transmission. Sadly, there is inadequate research and available information on Hepatitis B in children which is mostly based on cases from adult patients.

#### **Implications on Mothers**

- ❖ Pregnant women encounter severe symptoms, complications such as liver failure or chronic liver disease, some experience preterm labor, low birth weight, fetal morbidity while others may experience anxiety and depression due to stress of managing a chronic infection.

#### **Implications on children**

- ❖ The primary concern in children is the risk of vertical transmission of the virus during pregnancy or childbirth, chronic liver disease, cirrhosis or liver cancer later in life. Some studies suggest that infants with hepatitis may have developmental delays and health issues.

### **Importance of addressing Mother - To - Child Transmission**

- ❖ Addressing Mother -To- Child Transmission is crucial for reducing health disparities, particularly in high- risk populations where access to healthcare may be limited. Ensuring that all pregnant women are screened and treated appropriately helps promote social equity in health.

### **Brief Background on the Implementation District**

- ❖ Luangwa District is situated 320 kilometers east of Lusaka City, covering an approximate area of 3,886 square kilometers with a population of 35,933 (2022 Zambian Census). It is a predominantly rural setup and economically driven by tourism, fishing, cross border trade, small scale farming, livestock rearing and craft making. The prevalence of Hepatitis B is high in Luangwa based on data from the Zambia National Blood Transfusion Services, hence the relevance of the Project in this area to ascertain actual data and enable data driven programming.

### **Program Objectives:**

- ❖ Increase community awareness about Hepatitis B prevention in Luangwa District.
- ❖ Test pregnant women for Hepatitis B and ensure timely linkage to care.
- ❖ Support mothers living with Hepatitis B to overcome stigma and discrimination.
- ❖ Understand the wider challenges faced by pregnant women in rural communities regarding Hepatitis B infection, with particular attention to myths and health support services.

### **3. Methodology**

- ❖ The Project used both qualitative and quantitative methods during the period under review targeting pregnant women with testing, treatment and provision of vaccines for the unborn babies, while health care workers were provided with an intensive capacity development training to enhance their understanding on Hepatitis and support services for infected pregnant women.
- ❖ Implementation started in May 2024 running up to May 2025.
- ❖ Desk reviews, Interviews and Focus Group Discussions were used to collect data.
- ❖ In order not to work in silos, the Project is partnering with the Ministry of Health through the District and Provincial Health Offices and Local Leaders both civic and traditional leaders to ensure program acceptance, ownership and sustainability.

## **4. Activities Implemented:**

### **4.1 Community Awareness Campaigns**

- ❖ Conducted community entry meetings with the key gatekeepers which enabled smooth entry and provision of services in the community.
- ❖ Conducted community sensitization meetings, targeting key stakeholders, including traditional leaders, healthcare providers, and pregnant women.
- ❖ Distributed educational materials on Hepatitis B prevention and transmission risks.
- ❖ Collaborated with local radio stations to broadcast awareness programs, reaching approximately 20,000 households.

### **4.2 Trainings and Capacity Building**

- ❖ Trained 50 Health care workers and Health volunteers at inception. This training enabled health care workers to enhance their knowledge on Hepatitis and how best to provide support to pregnant mothers

### **4.3 Testing and Linkage to Care**

- ❖ Partnered with local health facilities to provide Hepatitis B screening to pregnant women during antenatal visits.
- ❖ A total of 1423 pregnant women were tested, of which 75 tested positive.
- ❖ Positive cases were linked to care and treatment services at Luangwa District Hospital

### **4.4 Supporting Mothers with Hepatitis B**

- ❖ Initiated group counseling sessions for mothers living with Hepatitis B, focusing on reducing stigma and promoting emotional support.
- ❖ Developed peer support networks to foster community solidarity among women living with the infection.

## **5. Achievements:**

### **Quantitative results:**

- ❖ Successfully tested 1423 pregnant women, with 5.27% of those linked to care and treatment.
- ❖ Reached 20,000 community members with educational messages about Hepatitis B.

### **Qualitative results:**

- ❖ Established a community support network for mothers affected by Hepatitis B, currently comprising 25 women.
- ❖ Conducted interviews and focus group discussions with pregnant women and healthcare providers to understand the myths surrounding Hepatitis B and the barriers to accessing health support services.
- ❖ Key myths identified include beliefs related to traditional healing, which were addressed in subsequent awareness sessions.

## **6. Challenges Encountered:**

- ❖ **Myths and Misconceptions:** Persistent beliefs in traditional remedies hinder some women from seeking proper care.
- ❖ **Limited Access to Healthcare:** Some rural areas in Luangwa District remain underserved, making it difficult for women to access timely testing and care.
- ❖ **Stigma and Discrimination:** Despite efforts to reduce stigma, some women report discrimination from family and community members.

## **7. Lessons Learned:**

- ❖ Community engagement through local leaders and radio programs has proven effective in reaching a wider audience with awareness messages. Involvement of the Community leaders, key stakeholders and recipients of care at every stage of Programming is key to Program Success.
- ❖ Early testing and linkage to care are crucial, but more effort is needed to address systemic barriers such as access to healthcare and transportation in rural areas.
- ❖ Combating stigma requires continuous community education and providing mothers with tangible support networks.
- ❖ Use of feedback mechanisms ensures that community members

## **8. Recommendations:**

- ❖ **Expand Awareness Campaigns** to address deep-rooted myths surrounding Hepatitis B and traditional healing practices.
- ❖ **Increase Support for Healthcare Facilities** by providing additional resources for testing and treatment in rural clinics. Scaling up testing will enable more women accessing early testing, detection and treatment.
- ❖ **Strengthen Peer Support Networks** for women living with Hepatitis B, ensuring they have access to psychosocial support and resources.
- ❖ **Incorporate mental health screening, Psychological First Aid, therapy and support** for affected women
- ❖ **Scaling up the project** to other communities to contribute towards attaining herd immunity.
- ❖ **We recommend more research** considering that nothing much has been done in this area to enable data driven programming.
- ❖ **There is need for Policy formulation and implementation**

## **9. Conclusion:**

The first four months of the PMTCT Hepatitis B project in Luangwa District have laid a solid foundation for community awareness, testing, and support for affected mothers. Testing allows for the identification of Mothers with hepatitis B, enabling appropriate medical management, counseling and education on how to minimize risks during pregnancy, childbirth and while breastfeeding. Considering that there has not been enough research, we recommend more research and studies that will enable data driven programming. However, there are ongoing

challenges related to healthcare access and overcoming stigma. Continued efforts in these areas will be vital as the project progresses.

## PHOTO GALLERY



*Figure 2 Testing of a pregnant Woman by a healthcare provider at the facility*





*Figure 3 Community engagement meeting at Boma Clinic, Luangwa District*



Figure 4 HEP Initiative CEO engaging women at the facility





*Figure 5 Training of 50 Healthcare workers in Luangwa District*



Figure 6 One of the Trainers stressing a point during presentations at the Training



Figure 7 Group presentations during the Training





*Figure 8 Luangwa District Healthcare Workers Training*



Figure 9 Community engagement, distribution of IEC materials





*Figure 10 Stakeholders engagement meeting at the council chambers, Luangwa Town Council.*

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