



Innovative Approaches for  
Eliminating Mother-to-Child  
Transmission of HIV

Community Mentor Mothers:  
Empowering Clients Through  
Peer Support  
A Spotlight on Malawi

*Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women* (OHTA), a UNICEF-supported initiative with funding from the Governments of Norway and Sweden, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Uganda. Option B+ is an approach recommended by the World Health Organization in which all pregnant and breastfeeding women living with HIV are offered treatment with antiretrovirals for life regardless of their CD4 count.<sup>1</sup>

The OHTA Initiative's primary focus was to strengthen the capacity of the primary health care system to deliver lifelong HIV treatment to pregnant and breastfeeding women; create demand for programmes aimed at preventing mother-to-child transmission (PMTCT), increasing uptake and timely utilization of PMTCT programmes by women, and retaining women in care; and strengthen monitoring and evaluation for decision making to improve service delivery.<sup>2</sup> The OHTA Initiative was implemented between 2012 and 2017 through in-country implementing partners.



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Over the past six years, Malawi has made great progress in reducing mother-to-child transmission of HIV. Between 2010 and 2016, new HIV infections and AIDS-related deaths have decreased by 39 per cent and 47 per cent, respectively, and the country has achieved an unprecedented decline in the number of children acquiring HIV – from 17,000 new HIV infections among children in 2010 to 4,300 in 2016.<sup>3</sup> Despite these accomplishments, in 2016, there were an estimated 36,000 new HIV infections among the total population and 4,100 AIDS-related deaths among children 0 to 14 years old.<sup>4</sup> Additionally, although 84 per cent of pregnant women living with HIV were receiving ART, just under half (49 per cent) of children living with HIV were on treatment.<sup>3</sup>

WHO's recommendation on Option B+ was informed by Malawi's experience with decentralizing PMTCT services and initiating all pregnant and breastfeeding women living with HIV on antiretroviral therapy (ART) in 2009.<sup>5</sup> Better service delivery and improved uptake, adherence, and retention in care are essential to the achievement of universal access to lifelong ART for people living with HIV, and innovative approaches are often required. Individual client support, such as peer support and counselling from a Mentor Mother who had been through PMTCT programmes herself, has been identified as a promising practice to support lifelong ART in Malawi.<sup>6</sup> The Mentor Mother approach, which has been implemented in countries all over the world, has been found to improve ART retention, early infant diagnosis, infant ART initiation, the number of antenatal care (ANC) visits, and disclosure of HIV status.<sup>7,8,9</sup>

*“Women think about the education and support we [Mentor Mothers] provide. Seeing we are HIV positive gives them support so when they go back they continue with their drugs.”*

— Mentor Mother, Malawi

## What Are Community Mentor Mothers?

Mentor Mothers provide services in health facilities, such as one-on-one support to women, referrals to relevant maternal and child health services, and follow-up services. Foundational to this approach is its peer-to-peer nature – Mentor Mothers are themselves women living with HIV from the local community who are able to draw on their direct personal experiences to serve their clients. This approach is well established and documented, and has been implemented by the Africa-based non-governmental organization mothers2mothers (m2m) in 10 countries in sub-Saharan Africa, including Malawi.<sup>7,8,9</sup>

In an effort to strengthen community-facility linkages, improve early identification and presentation for ANC and HIV testing, as well as prevent loss to follow-up of women living with HIV, the OHTA Initiative supported and funded the initiation of a Community Mentor Mother (CMM) programme – the first of its kind in Malawi. It entailed working with m2m and the

Government of Malawi to implement, test, and document a CMM programme in six of 44 sites in three districts – Blantyre, Mangochi, and Thyolo. Lessons learned from the implementation of CMMs under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART, as well as serve as a model to promote community-facility linkages in the delivery of health care services more generally.

CMMs worked primarily in the communities in which they lived to reach children, adolescents, and pregnant women and their partners with education and referrals for health services, to increase linkages to services, and prevent loss to follow-up. The primary goal of CMMs was to identify newly pregnant women during home visits and community-mapping exercises and refer them for early ANC, maternal and child health care, and HIV testing and care, for a timely HIV diagnosis and to initiate HIV care. CMMs also worked with facility Mentor Mothers to identify women who came for ANC at the health facility, and then provided follow-up services within the community to ensure retention in care.

Through home visits, CMMs provided individualized education, psychosocial support, appointment reminders and follow-up services to ensure women did not discontinue their care and adhered to their treatment. During these visits, CMMs also interacted with families, encouraging male partners to participate in education sessions, attend ANC visits, and seek health services at the facility. Education sessions often focused on the importance of early ANC and HIV testing and accessing health services at the facility. To support their ability to conduct home visits, all CMMs received a bicycle, provided and maintained by m2m.

In addition to home visits, CMMs hosted community support groups for women living with HIV and their male partners, and facilitated community education sessions on the importance of HIV testing for adults and children. They also worked with community leaders to conduct community meetings with key stakeholders, including village chiefs, community-based organizations, religious leaders, health surveillance assistants, and local teachers, on the importance of early infant HIV testing and diagnosis. Additionally, CMMs strengthened community-facility linkages through monthly community-facility meetings to review monitoring data, discuss client service uptake, and address issues raised at the community level with facility staff.



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#### *Recruitment and Motivation of CMMs*

m2m and the Ministry of Health worked together to assess which facilities and communities qualified for a CMM according to the prevalence of HIV among women seeking ANC at the facility. If the community was qualified, an advertisement for the position was posted in the facility and around the community. Applicants were interviewed and needed to meet the requirements for the position, which included being a woman living with HIV, having disclosed her status to others, and being willing to discuss with others her experience living with HIV. They also needed to be able to read, write, and speak in the local language.

Once in the programme, CMMs served for one to two years, to allow other women living with HIV the opportunity to be mentors. Mentor Mothers who applied were often motivated by an interest in helping other women living with HIV in their community, having a job, earning a modest salary, and having the opportunity to gain additional skills and training.

*“Sometimes children completing PMTCT [services such as ART and routine HIV testing] at 24 months are missed by the facility. When we meet them, we escort the mother to get the child tested.”*

*— Mentor Mother, Malawi*

### Training and Supervision of CMMs

All new CMMs participated in a two-week pre-service training that covered topics such as HIV and AIDS, communication, counselling, family planning, nutrition and tuberculosis, and included training on how to facilitate health education sessions. Some CMMs also served as CMM Coordinators, after receiving an additional week of pre-service training. CMM Coordinators were responsible for overseeing other CMMs, conducting monthly data review meetings, and ensuring quality reporting and programme oversight. All CMMs received refresher trainings at least twice a year. Additional trainings were offered when necessary, for example, when new HIV developments occur or updated guidance is available. Project managers supervised CMM Coordinators to ensure CMMs addressed concerns and provided accurate information during health education sessions, and that they knew how to accurately complete forms, thus ensuring the delivery of quality services and reliable reporting.

## Outcomes of the Community Mentor Mother Programme

Since 2016, CMMs have reached more than 26,000 community members through education sessions focused on the importance of HIV testing and treatment.<sup>10</sup> In addition, CMMs have interacted with more than 40,000 households, including more than 2,000 men, providing individualized education, reminder services, and care and support in the communities they serve.<sup>10</sup>

Throughout the course of the programme, CMMs:

- Provided education on disclosure of HIV status and reduction of HIV-related stigma through community support groups, household education, and the involvement of male partners and community leaders
- Created and strengthened collaborations with community stakeholders to enhance community-facility linkages
- Improved women's comfort with seeking care by providing education and escort services to facilities
- Provided mothers with individualized peer support
- Stimulated demand and interest for increased HIV education, counselling, and testing among communities with and without CMMs

*“We have active client follow-up. We follow those on ART who defaulted. We follow-up with women in their houses using the information the women left with us. By the end of the day, we coordinate who is going to go where based on the list of defaulters. Once we identify them we bring them back to the facility.”*

– Mentor Mother, Malawi

## Essential Components and Factors for Success

Several factors were identified as essential to the success of Mentor Mothers including:

### Individual:

- CMMs were motivated by earning a modest salary, gaining additional skills, receiving recognition from the community, and supporting other women living with HIV
- CMMs were from the communities in which they work and were seen as relatable peers

### Interpersonal:

- Peers provided individualized support to mothers living with HIV
- CMMs' disclosure of HIV status to mothers supported the mothers to disclose their own status to partners, family, and the community

### Community:

- Home visits encouraged women to attend early ANC and adhere to treatment schedules
- Personalized education and support built community trust
- Identification of mothers, early linkages to care, and proactive home visits provided consistent home-based education and adherence support
- CMMs strengthened family-support networks and male-partner involvement

- Participation of village leaders and community stakeholders improved community involvement

#### Facility:

- Community-facility meetings and feedback sessions strengthened linkages between the community and facility
- Supportive supervision of CMMs ensured quality messages during education sessions and accurate reporting
- Coordination between CMMs and health facility staff, who also work in the community, helped ensure identification of eligible women and initiation of and retention in HIV care

#### Structural:

- Provision of bicycles and reimbursements for public transportation facilitated home visits
- Quality and consistent training throughout the programme prepared CMMs for their roles
- Provision of modest salaries helped motivate CMMs

*“Mothers describe the support groups as their other families. It’s a safe place to offload. The other women are in the same situation as you and come from the same community so they understand.”*

– m2m staff, Malawi

## Considerations for Scale-Up and Sustainability

Through the OHTA Initiative, CMMs in Malawi strengthened community-facility linkages and played a critical role in identifying women for early ANC and HIV testing, and preventing loss to follow-up by providing peer and psychosocial support to women living with HIV in their communities. Several factors should be weighed when considering replicating or scaling up this practice nationally or in other settings.

- **Financing:** Consistent funding should be available to support a modest salary for CMMs. Funding is also required for the extensive pre-service and in-service training, one of the key factors for the quality and success of CMMs, as well as for robust programme performance

management and quality improvement. Finally, funding is needed to provide and maintain a bicycle for each CMM.

- **Location:** Differences between rural and urban locations should be considered, including strategies for follow-up in urban areas where populations may move more often, the distances CMMs are expected to travel in rural areas, and the feasibility of community stakeholder involvement in rural areas.
- **Capacity:** Education and literacy levels of potential CMMs should be considered in every context while ensuring that client management tools and affiliated reporting tools are easy to fill out and understandable for all CMMs.

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## Methodology for Documenting the Community Mentor Mother Approach as a Promising Practice

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The Johns Hopkins Center for Communication Programs (CCP) supported the documentation of this promising practice. Information and data were collected through a desk review of existing OHTA Initiative documents, including annual reports, implementing partner reports, and presentations. Site visits by CCP and project staff were also conducted, including interviews and focus group discussions among implementing organizations, Ministries of Health, and programme implementers.

For more information about the OHTA Initiative, visit <http://childrenandaids.org/optimizing%20HIV%20treatment%20access>.

For more information about UNICEF's HIV and AIDS programme, visit [childrenandaids.org](http://childrenandaids.org).

This paper is published by the HIV and AIDS Section, United Nations Children's Fund, 3 United Nations Plaza, New York, NY 10017, USA.

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October 2018.

Front cover image: © UNICEF