

# Prevention of Mother to Child Transmission (PMTCT)

## Supporting pregnant and breastfeeding adolescents and young women living with HIV, and their children



Children and adolescents born with HIV or infected later in childhood or adolescence are growing up and having children of their own. With early HIV diagnosis and ART initiation for the young mother, followed by adherence and exclusive breastfeeding, their babies will be free from HIV. Yet access to HIV testing services, adherence support and SRHR services are all well known to be challenging for adolescents and young people, and access to PMTCT services is no exception. Pregnant and breastfeeding adolescents and young women face multiple clinical and psychosocial stressors including concerns around their own diagnosis, treatment and mortality, profound fears of rejection and abandonment by partners, lack of family support or parenting skills, poor mental health, and common lack of qualifications or livelihood.

Over the last 10 years, Zvandiri has been working together with Zimbabwe's Ministry of Health and Child Care (MoHCC) to improve outcomes for pregnant and breastfeeding adolescents and young women and their babies. At the forefront of these efforts has been the pilot and scale up of the '**Young Mentor Mother**' (YMM) programme, a peer-led response to the service delivery needs of pregnant and breastfeeding young mothers. This YMM programme has been informed by two operations research studies and the lessons learned from programme implementation.

**Zvandiri and MoHCC have developed implementation guidance, training curricula and job aides to support YMMs in their role; capacity strengthening activities support health care workers to strengthen PMTCT services for adolescent girls and young women; and YMMs are at the forefront of advocacy activities to ensure that the needs of young mothers and their babies are included in national and global steps towards the elimination of Mother to Child Transmission (eMTCT). This brief summarises key initiatives, innovations and lessons learned from the programme to date.**



### Strengthening the Evidence

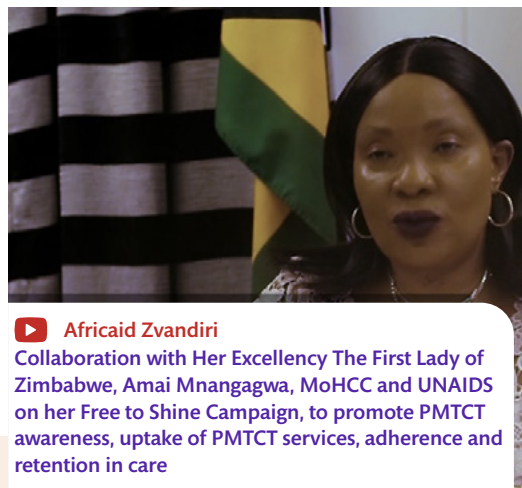
The following studies have been conducted in partnership with CeSHHAR Zimbabwe, MoHCC and UNICEF to inform the YMM programme

- In 2013, the '**Third Generation**' study<sup>1</sup> set out to better understand the clinical and psychosocial status of perinatally infected adolescent girls and young women and their babies to inform service delivery<sup>1</sup>. We found:
  - **53%** of young mothers (YMs) had a detectable viral load; **41%** had drug resistance, **16%** were on 2nd line ART
  - **21%** YMs were diagnosed with severe depression
  - **68%** of YMs had not disclosed to their partners
  - **74%** YMs lacked post-natal support
- In 2019, the '**Third Generation**' study<sup>2</sup> was expanded to follow up on 11 out of the 19 mothers-baby pairs from 2013 and recruited an additional **166** mothers (17-24 years) and **166** infants aged from 0 to five years (*no prior engagement with Zvandiri*).
  - **86.9%** (n=153) were virally suppressed
  - **55.9%** of mothers scored 12 or above on the Edinburgh Post- Natal Depression Scale (EPDS) indicative of postnatal depression.
  - Strong association between experiences of violence and risk of depression. As well, symptoms of poor mental health were associated with poor adherence (and likely had impact on child development).
- In 2020, the evaluation of the '**Breaking the Chain**' project<sup>3</sup>, measured outcomes for **428** Young Mothers (YMs) supported by the YMM intervention and found:
  - **96%** (n=408) of YMs were virologically suppressed
  - A transformation in young mothers' HIV and ART literacy, ART adherence, psychological well-being, health seeking behaviour and infant feeding practices

- Significant effect on partner disclosure and testing:
  - **65%** (n=229) of the YMs' partners tested HIV positive. Among partners who tested HIV negative, **98%** (n=94) were linked to PrEP; **100%** (n=242) partners testing HIV positive were linked to ART

## Advocacy

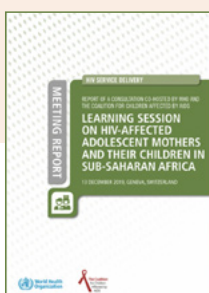
- Development of mixed media advocacy campaigns to promote awareness of the rights and needs of pregnant and breastfeeding adolescent girls and young women
- Integration of Young Mentor Mothers in the EMTCT national validation process
- Participation in the Global Learning Session on HIV-affected Adolescent Mothers and their Children in Sub-Saharan Africa, led by WHO & CCABA in Geneva, 2019



## Guidelines, Curricula and Tool Development

Zvandiri has supported or led the development of materials to inform service delivery for young mothers:

- Development of a **Young Mentor Mother training curriculum for training and mentorship of Young Mentor Mothers**
- Development of a **Young Mother Support Group curriculum**
- Development of a **Young Mentor Fathers curriculum**
- Participation of Young Mentor Mothers in the development of an integrated **information packet for adolescent girls and young women**
- Development of **Standard Operating Procedures for Zvandiri Mentors and Young Mentor Mothers** to guide the provision of PMTCT services to support pregnant and breastfeeding adolescent girls and young women and their babies
- Development of **counselling tools and IEC materials** to support information sharing and counselling for pregnant and breastfeeding adolescent girls and young women living with HIV
- Creation of **Early Childhood Development** tools for use at Young Mother Support Groups



Collaborating with WHO and CCABA to inform guidance and programming for adolescent mothers and their children



The work of YMM is supported by a range of guidance, curricula and implementation tools

## Strengthening the workforce

- Zvandiri has supported the MoHCC in strengthening the workforce at different levels:
- Training and mentorship of YMMs to provide PMTCT-related information, counselling, support and linkage to services for their HIV positive peers
- On-site mentorship of Health Care Workers on PMTCT for adolescent girls and young women and the YMM programme
- Training of Health Care Workers as support group leaders for the young mothers' support groups
- Pilot of the Young Mothers' Lounge – an SMS-based support group for Young Mentor Mothers

## Service Delivery

### Support pregnant and breastfeeding AGYW to know, understand and accept their HIV status. Support partners and other children of AGYW to know, understand and accept their HIV status

- HTS Mobilization: index case testing, self-testing and linkage to services
- HTS Information and counselling
- Disclosure counselling and support

### Support adolescents and young people to access the post-test support services they need

- Linkage to HIV prevention services, including PrEP
- Linkage to HIV treatment, care and support services

### Support pregnant and breastfeeding young mothers to access antenatal, delivery and post-natal support services

- Linkage to ANC/PMTCT
- Support in ensuring that the young mother is ready for delivery and ensuring they have the package of supplies and access to selected clinic
- Linkage to viral load and Early Infant Diagnosis (EID) services for young mothers and their babies at the correct times

### Provide information, counselling and support for ART and adherence, psychosocial well-being and mental health, pregnancy, delivery and infant care, and sexual and reproductive health counselling for young mothers and their partners

- During home visits in the homes of their clients, weekly / monthly according to their clinical and psychosocial needs
- In the health care facilities, weekly / monthly, under the supervision of the clinic

### Identify young mothers and their HI or HE infants who need further assessment, management and support, and refer

- Poor health, Opportunistic infections – including TB
- Poor adherence, possible treatment failure
- Poor follow up with appropriate lab testing for mother and/or baby
- Psychosocial and mental health conditions
- Social protection challenges
- Disabilities

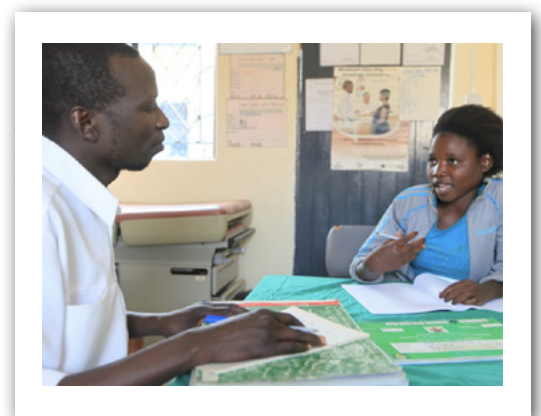
### Assist in running support groups for young mothers living with HIV

- Community or health facility-based groups
- ART refill groups
- Provide adherence and clinic reminders
- SMS, WhatsApp, Home Visits

### Find young mothers living with HIV who are lost to follow up

- Home Visits, SMS, WhatsApp

### Plan and implement services in partnership with the clinic and Zvandiri Mentors at all times, as well as other key stakeholders



## Results

- **72** Young Mentor Mothers trained and mentored by MoHCC and Africaid
- **1671** Young pregnant and breastfeeding mothers (YMs) are being supported by the YMMs
  - **96%** of supported young mothers are virally suppressed
    - **98%** of babies are HIV negative at final outcome on cessation of breastfeeding (2% MTCT rate)
  - **62%** partners tested HIV positive
    - **99%** initiated on ART
    - **72%** of HIV negative partners initiated on PrEP



Young Mother Support Groups



Home Visits by YMMs for young mothers, their partners and infants

## Lesson learned and Recommendations

- Young Mentor Mothers are an effective, acceptable cadre in the provision of PMTCT services for AGYW.
- The integration of trained, mentored YMMs within the national EMTCT programme has closed gaps in the PMTCT cascade and improved outcomes for AGYW and their babies, with <1% MTCT in this cohort.
- A package of peer-led, community and facility-based support services ensures a differentiated response for individual AGYW with different needs and experiences.
- Young women living with HIV regardless of mode of transmission confront a number of clinical and psychosocial challenges which affect their health and well-being and that of their infants.
- YMMs play a critical role in supporting other young mothers to make safe, informed decisions around onward disclosure to partners and subsequent uptake of HIV testing, prevention, treatment and care services by those partners, including HIV self-testing, PrEP and ART.
- There is need to integrate GBV interventions within YMM services to promote the well-being and safety of young mothers and their infants as well as ART adherence, retention and onward disclosure by young mothers and the uptake of HIV services by partners.
- Given the high risk of common mental disorders in this population, and the impact of this on maternal adherence (and likely child development as well) targeted mental health and parenting interventions for mothers and fathers need to be scaled up. ECD interventions and nutritional support interventions are needed for HIV exposed babies.
- There is need to strengthen referral systems from local clinics to hospitals and from the hospitals to the clinics to ensure that infants are given the recommended care for example, Nevirapine, Cotrimoxazole prophylaxis and Early Infant Diagnosis





## Case Study

**Memory** is 18 years old. At the age of 16, she tested HIV positive during her first ANC visit and was commenced on Antiretroviral medicines. Five months later, Tatenda, the Young Mentor Mother based at the clinic, was reviewing the defaulter register and noticed that Memory had not been coming to clinic. Tatenda managed to locate Memory in her community. Tatenda explained to Memory her role as a YMM and that she was there to support her. Memory told Tatenda that she had started ARVs but later stopped as she was afraid that her husband would find out her HIV status if he found the medicines. She explained "It was not easy for me to stop taking my medication. I had to make a tough decision because I did not want my husband to leave me and my baby because of our HIV positive status." Tatenda identified that Memory was depressed and frightened, for her unborn baby and for her own life.

Tatenda shared her personal experience with Memory and counselled her. Memory felt relieved to know someone else understood her situation and that she was no longer alone. Together they developed strategies so that Memory could adhere to her ARVs, and she began attending the local support group for young mothers. Memory asked Tatenda to assist her with disclosure to her husband. At first, her husband was very angry and did not want to hear Memory's story. However, with support from the health facility, Tatenda continued counselling and supporting Memory and her husband. Memory's husband opted to take an HIV self-test, which confirmed he was also HIV positive. He commenced ARVs and Tatenda linked him to other young fathers living with HIV for support. Both Memory and her husband adhered well and are now virologically suppressed; their baby is HIV negative.



### Keisha's Story

Keisha is a 17 year old girl. In her film, she narrates the traumatic circumstances behind her pregnancy, followed by the rejection she experienced from the child's father and her own family. Forced to move away from home, she registered the pregnancy in another town and found she was HIV positive. She describes the sense of hopelessness, loneliness, shame and suicidal ideation she experienced. However, she did continue with PMTCT services and at 6 weeks, her baby was HIV negative. In her film, Keisha describes how an opportunity arose for her to be trained as a Young Mentor Mother in the Zvandiri Programme. She narrates how she became an expert in supporting other young mums like her and encouraging them to adhere. Keisha's story clearly demonstrates the transformative effect of engaging young people as peer supporters, both for the peer supporter and the peer – she now knows is not worthless but that others depend on her to support them.

 [Africaid Zvandiri  
Keisha's Story](#)

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## References

1. Mupambireyi et al 2015, Oral Presentation, International AIDS Conference, Melbourne
2. Mupambireyi Z et al 2019, ICASA Oral Presentation, Kigali, Rwanda
3. Chikosi et al (2021) Breaking the Chain End of Project Evaluation, Harare, Zimbabwe