Path to Elimination of Mother to Child HIV transmission (EMTCT): The Young Mentor Mothers project in Zimbabwe

Evelyne Bede Mtetwa
Nairobi, Kenya 3 October 2019
Executive Summary

Young Mentor Mothers (YMM) Project

Roles & Responsibilities of YMMs

Mother baby pair data

Partner data

Challenges

Next steps
EXECUTIVE SUMMARY

• National gains have been made in reducing MTCT in Zimbabwe, though the current overall MTCT rate in Zimbabwe is at 7.66%, with the predominance of these transmission in babies born to young mothers (YMs) under the age of 24.

• Multiple factors contribute to poor adherence to ART and late testing of their babies for this young cohort, including: delayed disclosure, gender based violence, stigma and discrimination, fear of accessing PMTCT services and service provider attitude. These increase the risk of MTCT in our YMs.

• Linking YMs with Young Mentor Mothers (YMM) for care and support is one strategy to decrease MTCT by providing peer counselling, support for timely testing and viral load monitoring.
THE YOUNG MENTOR MOTHER (YMM) PROJECT

• Initiated in October 2018 building onto the existing Zvandiri Model and Community Adolescent Treatment Supporters (CATS)
• Africaid, with the Ministry of Health and Child Care and UNICEF, established the YMM model in five high HIV burden districts in Zimbabwe.

YMMs are:

• HIV positive YMs 18-24 years old
• Trained and accredited as peer counsellors by MoHCC and Africaid
• Mentored and supervised by MoHCC and Africaid
• 48 YMMs integrated in 26 districts and their surrounding communities
ROLES & RESPONSIBILITIES OF YMM

- Adherence counselling, monitoring and support for pregnant YMs
- Linkage to EMTCT services
- Follow up of mother-baby pairs; linkage to EID;
- Follow up in clinics and homes until cessation of breastfeeding.

- follow up of mother-baby pairs in clinics and homes until cessation of breastfeeding.
- PrEP demand creation for negative partners
- Index case finding for YM partner(s) children

- Mother baby pair support group
- Weekly home visits
- Weekly SMS reminders
- Adherence counselling
- Linkage to viral load testing
- Linkage to SRH services
After nine months of programming,
✓ 645 (89%) of YMs had their viral loads drawn and received results;
✓ 603 (93%) YMs were virally suppressed.
✓ 319 (97%) HIV Exposed infants (HEI) who were over six weeks old and due for DNA PCR testing, and all 319 (100%) were tested and received results, compared to the national average of 64%.
✓ 317 (99.3%) of those HEI remain HIV negative, representing a <1% MTCT rate within the program.
341 (47%) of male partners have been tested and know their status with 192 (56%) living with HIV.
CHALLENGES

• Limited funds to scale the innovation in all districts
• Disclosure to partners
• Demand creation for PrEP has not been met as most districts do not offer PrEP as yet
• Turn around time for VL results still long +/- 3 months
• YMM engagement with older YM partners above 26 yrs
• Mobility of YMs as they move with family
• Cultural norms and values
Next Steps

• Engage young fathers
• Look for other funding sources
• Scale up to more districts
• Enhanced services in Mental Health and VIAC
• Working with MoHCC to scale up availability of PrEP
• Further support of YMs in disclosure
• Electronic mother baby-Pair Register (e-MBP) by YMMs
With support we stand strong

12 Stoneridge Way North, Avondale, Harare, Zimbabwe  +263 242 335 805  info@africaid-zvandiri.org  Africaid Zvandiri  @zvandiri

www.africaid-zvandiri.org