

# Breaking barriers and building bridges:

## Women living with HIV leading the way through the 4M+ Peri-natal Peer Mentoring Project, to complement clinical care in East Africa

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### Background

Through scientific advancements, vertical HIV transmission risk is potentially <1%. However, pregnant women living with HIV face many complex sexual and reproductive health and rights (SRHR) issues. These are now recognised to act as key barriers to treatment access, affecting women and their children alike. To overcome this, and in line with the 2017 WHO Guideline on the SRHR of women living with HIV<sup>1</sup> (based on women-centred, rights-based, gender-equitable principles), three peer-led organisations conducted training workshops with Mentor Mothers on perinatal care. The training sought to build the Mentor Mothers' capacity to support their pregnant peers.

**4M stands for "My Health My Choice, My Child My Life"**

### Method

The 3-day training, led by a woman living with HIV, was practical and interactive. Held in 4 urban and rural areas, in East Africa, topics included pre-conception planning, ante- and post-natal care, safe motherhood, and creative writing. Participants created their own books based on their experiences, ideas and plans. A steering group of in-country healthcare professionals (HCPs), peers and staff shaped the programme.



Participant charts her own pregnancy journey in Nakuru, Kenya workshop

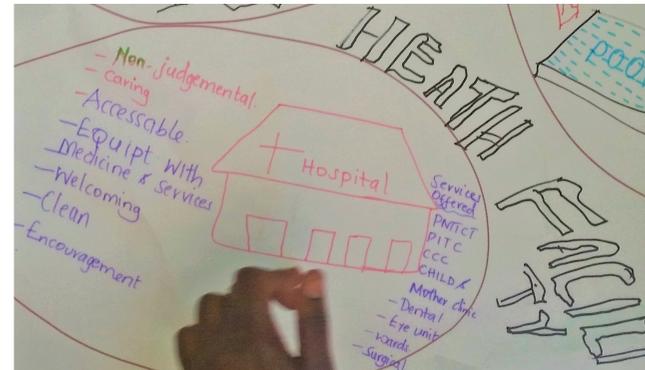


Participants discuss and chart what happens during pregnancy - Nairobi, Kenya workshop



### Results

65 Mentor Mothers were trained. 24 (37%) were <24 years. 12 (18%) were pregnant. Immediate pre- and post-training evaluation was conducted. Mentor Mothers in Nairobi created a WhatsApp group for continued sharing. A 6 month post-training evaluation sampled Mentor Mothers in both countries. They reported reaching and supporting over 250 women in both countries. HCPs in both countries reported increased attendance and adherence by those supported. Peer-led participatory training is key to establishing safe spaces for Mentor Mothers to share without fear; and to understand what support can, and should, be offered to pregnant women throughout, from community and HCPs. Engaging men is critical to address some of these challenges. Some Mentor Mothers reported challenging behaviour from HCPs in some facilities. Mentor Mothers' confidence to challenge negative behaviours from partners and HCPs was strengthened.



Above: Group work - participant describes an ideal health facility

*"The training gave me courage and self-esteem so I really helped my peers and friends as well. I have used my own experience to support others and they are now able to take their treatment. The experience I have is that of taking HIV treatment right from my childhood and it got to a time when I felt that I was going to die. However trainings like this one helped me to move on and to realize that it is not the end of the world. I always had family and friends saying I was going to die because I had AIDS. They said; "children born with HIV cannot live long" so I was always expecting to die anytime. I lost many friends as I was always sick, my family neglected me. We were many children at first but most of them died. I had several hospital admissions because I was very weak. However many people cannot believe that I survived and I am supporting other young mothers going through the same problem. This training has now made me more confident to support my friends and all the girls out there who do not know their HIV status. I have encouraged many young girls to test themselves."*

Mentor Mother, Uganda follow-up workshop



Makeshift creche for babies for the Wakiso, Uganda workshop

### Discussion

The programme highlights the effectiveness of a women-centred, rights-based, gender-equitable approach to peer support during peri-natal care of women living with HIV, in line with the WHO 2017 SRHR Guideline. Yet such approaches are still rare, with most programmes still advocating a public health approach, which primarily promotes 'Eliminating Mother-to-Child-Transmission of HIV by 2030'<sup>2</sup> – ie prioritising 'mother-to-child transmission' over a woman's own right to health.

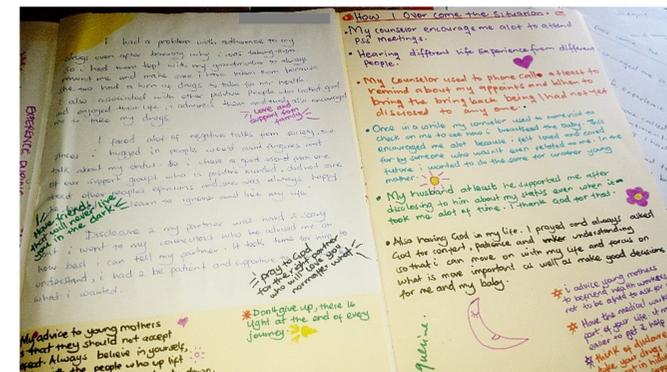
During the training programme, women clearly and consistently articulated their prioritisation of healthcare which is non-judgmental, caring, accessible, equipped with medicine and services, welcoming, clean, encouraging and offering comprehensive services. Yet these qualities do not feature in current 'test and treat' programme evaluation.

This illustrates a clear and pressing need to reassess current global priorities and goals, in light of women's own priorities and aspirations for their own and their babies' health and well-being.

Programmes like this, which are grassroots-based, created, owned and led by, with and for women living with HIV, and shaped by personal experiences, highlight the potential win-win for women, their babies, HCPs, policy-makers and donors alike. If led by women based on their own experiences and priorities, they are more likely to succeed and be sustainable.



Above: Each woman learnt to make her own book



Handmade book filled with advice and coping strategies

### Conclusions

This 4M+ training of Mentor Mothers to support their peers is in line with the WHO 2017 Guideline on the SRHR of women living with HIV. The programme proved to have a marked impact on skills, confidence and aspirations of the trained Mentor Mothers. It can also complement clinical care, improving health outcomes of young women/mothers living with HIV.

To best harness the benefits of this programme, an effective response is urgently needed from policy makers, donors and HCPs alike, to the clear and consistent call from the women involved for comprehensive women-centred, rights-based, holistic peri-natal quality care.

The engagement of men is also key to the success and continued engagement of Mentor Mothers, many of whom felt restricted by limited financial and social autonomy. An effective response to this is also urgently required. It should include reduction and mitigation of intimate partner violence, both through health-centre-based and community initiatives; as well as effective poverty-reduction and income-generation programmes for women.

Finally we call for sustainable funding to research further the programme's effectiveness, with the above added key components. Ultimately, the geographic spread of the programme, with these added components, could really achieve both the SRHR of women living with HIV and ensure the safe, healthy and HIV-free delivery of their children.

*"Through the counselling sessions Mentor Mothers have contributed to the marked improvement in terms of mothers' adherence to taking medications and also honoring the clinic appointments as scheduled."*  
 Health worker from a health facility in Nairobi

### 4M+: PERINATAL PEER MENTORING PROGRAMME FOR WOMEN LIVING WITH HIV

4M STANDS FOR MY HEALTH, MY CHOICE, MY CHILD, MY LIFE

**Advocacy Brief about the 4M+ Programme**

Handmade book filled with personal advice and coping strategies

**BACKGROUND**

During 2017, Salamander Trust, in collaboration with PIPE Kenya and UNYPA Uganda, implemented a Peri-Natal Peer Mentoring programme with young women living with HIV, with funding from the MAC AIDS Foundation.

The programme aimed to empower young women with knowledge on safe motherhood and HIV, primarily to uphold the young women's own sexual and

reproductive health and rights and, in so doing, to reduce chances of vertical transmission. The programme also focused on skilling the young mothers to support their peers in similar ways through their pregnancy journeys. The programme provides safe spaces for women to share, connect and support each other.

Above: Advocacy Brief developed after the training<sup>3</sup>

1 WHO, Guideline on the Sexual and Reproductive Health of Women living with HIV, 2018 <https://apps.who.int/iris/bitstream/10665/254885/1/9789241549998-eng.pdf?ua=1>  
 2 Vrazo AC, Sullivan D, Ryan Phelps B. Eliminating mother-to-child transmission of HIV by 2030: 5 strategies to ensure continued progress. Glob Health Sci Pract. 2018;6(2):249-256. <https://doi.org/10.9745/GHSP-D-17-00097>  
 3 Salamander, Trust, PIPE Trust and UNYPA, Advocacy Brief about the 4M+ Programme, 2018 [https://issuu.com/salamandertrust.net/docs/20180308\\_4m\\_advocacybriefflowresfinal](https://issuu.com/salamandertrust.net/docs/20180308_4m_advocacybriefflowresfinal)