

# Experiences of using Mentor Mothers to integrated ECD components into a PMTCT programme in high burden setting in Malawi

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## Background

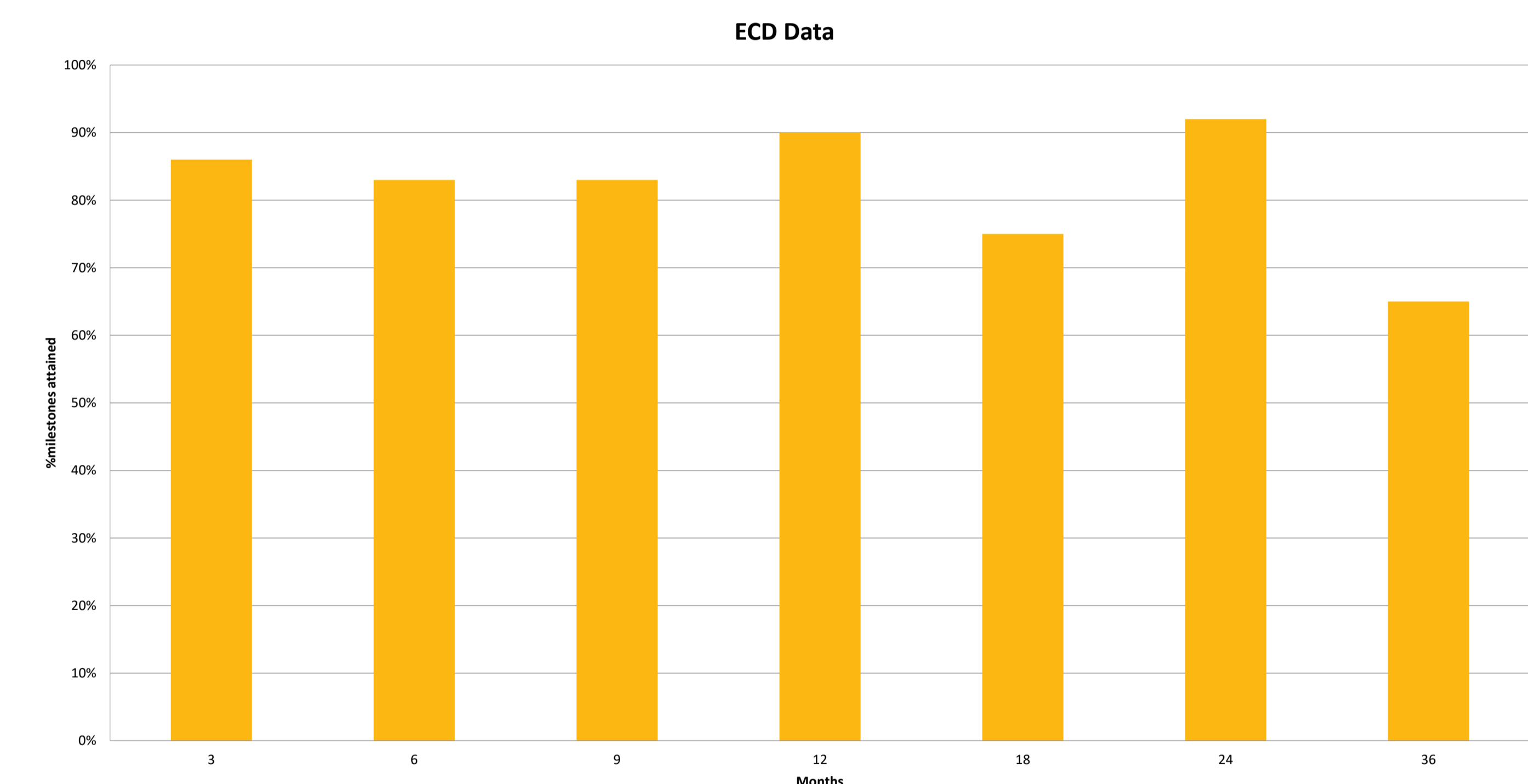
- mothers2mothers (m2m) is an African non-profit organisation that unlocks the power of women to eliminate childhood AIDS and create healthy families. m2m trains and employs women living with HIV in sub-Saharan Africa as "Mentor Mothers". Through their training and employment, they become role models who help women and families at health facilities and in their communities access essential services and medical care, start on any treatment they need, and continue with their health journey. From an initial focus on prevention of mother-to-child transmission of HIV, m2m now delivers a range of services for newborns, children, adolescents and families, to ensure the whole community thrives, not just survives.
- Since 2001, m2m has created jobs for over 11,000 women living with HIV in sub-Saharan Africa, and these Mentor Mothers have reached over 11M women and children under two with lifesaving health services. In 2018, we achieved virtual elimination of mother-to-child transmission of HIV for our enrolled clients for the fifth year in a row. For more, see [www.m2m.org](http://www.m2m.org).
- Malawi was the first country to conceive and implement Option B+ in 2011.
- The government of Malawi launched a 2018-23 National Strategic Plan for Integrated Early Childhood Development (ECD), but the emphasis has been on children who are over 3 years old and attending Community Based Child Care Centers. Despite this, there has been a gap in advocacy to ensure that the 0-3 age group receives the necessary stimulation and proper support for development.
- Prevention of mother-to-child transmission of HIV (PMTCT) programmes present an opportunity for motivating mothers to stimulate children for healthy milestone development. Yet, there is limited evidence on the impact of ECD interventions in Malawi integrated with PMTCT programming.
- m2m explored the integration of ECD in its RMNCH/PMTCT programme since 2016 in 6 countries namely, Malawi, Ghana, South Africa, Lesotho, Eswatini and Kenya.

## Methods

- In 2016, mothers2mothers (m2m) launched a programme integrating ECD and nurturing care support into its PMTCT programme at facility and community levels in Malawi.
- 78 Mentor Mothers were employed in the (30) health care facility and in the (48) community to ensure linkage of clients (pregnant and lactating women) between facility and community for close follow up and retention in care, at the same time supporting and tracking parents' care for and stimulation of infants through regular interactions and assessment of developmental milestones.
- Upon testing HIV positive, clients are registered by the facility Mentor Mothers using mHealth, a customized digital mobile application, and then linked to Community Mentor Mothers for regular household visits.
- During households were visited to assess the milestones of the exposed children according to the ages of the children namely 3 months, 6 months, 12 months, 18 months and 24 months.

## Results

- The following developmental milestones achievements were recorded, 86% of the children at 3 months, 83% at 6 months, 82% at 9 months, 90% at 12 months, 75% at 18 months, 92% at 24 months, and 65% at 36 months.
- It was observed that 14% of the children were not on track at 3 months, 17% at 6 months, 18% at 9 months, 10% at 12 months, 25% at 18 months and 35% at 36 months.
- The contributing factors to children not being on track may include limited stimulation by mothers/caregivers or developmental delays/disabilities. Such data is used to ensure Mentor Mothers focus greater support for early stimulation and referrals to health services where necessary. However the contributing factors may be caregivers/guardians giving less effort in stimulating the children as they are growing due to possibly another pregnancy or new born baby.



## Conclusion

- It is encouraging to observe great enthusiasm amongst the Mentor Mothers as well as the guardians/mothers in stimulating HIV-exposed infants which lead to positive attainment of appropriate developmental milestones. More research is needed to identify the reasons for a lower rate of milestone achievements among client children at 18 months old. There is need of more research on why there was less percentage of children attaining their milestone at 36 months.



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