



# PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV IN BENUE STATE

Project Title: Safe Pregnancy Project (SPP)

**NGO/CBO:** Health Initiatives for Safety and Stability in Africa (HIFASS)

## **Project Background:**

In December, 2013, Benue State Agency for Control of AIDS (BENSACA) in partnership with the World Bank and NACA awarded HIFASS a contract of N5, 941,000 to implement demand creation activities for the uptake of Maternal and Child Health (MCH) /prevention of mother-to-child transmission of HIV (PMTCT) services in 35 communities spread across 4 LGAs; Tarka, Vandeikya, Makurdi and Otukpo in Benue State. The period of performance of the project is 24 months.

## **Program Coverage:**

The program covers 4 LGA areas in Benue State namely in Vandeikya, Tarka, Otukpo and half of Makurdi LGAs. By the end of the project in June 2015, a total of 4,893 pregnant women were referred for MCH/PMTCT services during peer sessions out of 3,067 pregnant women received MCH/PMTCT services translating to 9.5% above project target.

## **Target population:**

- Primary: 2800 pregnant women.
- Secondary : Mentor mothers, People Living With HIV (PLWH) and People Affected By HIV (PABA)
- Tertiary : Community, LGA and National leaders

## **Project Goals:**

The goal of the project is to reduce the risk of mother to child transmission of HIV

## **Project Objectives:**

The overall objective of this project is to contribute towards the improvement of child survival by increasing; uptake of Antenatal Care (ANC) services, numbers of women who know their HIV status during pregnancy and, eventually, the numbers of facility based deliveries. The following are the strategic project objectives:

- To improve utilization of MCH/PMTCT services in Tarka, Vandeikya Otukpo and Makurdi local governments areas through the use of mentor mother model.
- To provide referral, tracking and follow up services for 2,800 pregnant women in selected L.G.As within 24 months
- To establish linkages between trained mentor mothers and health facilities offering PMTCT services within the selected L.G.As in 24 months.

# The Story Behind the Success



**T**he success for each project requires expertise in a wide variety of areas. The project had just 4 team members who were very effective in project execution, coordinating 4 LGA's miles apart from each other.

## **Methodology:**

The project implementation team comprises of the Project Coordinator, Program Officer, Monitoring and Evaluation Officer and Finance Officer. A total of 70 mentor mothers were recruited and trained, the mentor mothers carried out mobilization of pregnant women for peer sessions. The mentor mothers conducted peer sessions. The mentor mothers also provided referral, tracking and follow up services for pregnant women to ensure uptake of services at the health facilities.

## **Project Activities included;**

- Advocacy visits to community gatekeepers, LGA's and Health facilities.
- Identification and selection of community volunteers as mentor mothers
- Training of 70 selected community volunteers as mentor mothers.
- Baseline assessment of utilization of MCH/PMTCT services
- Monthly review meeting with mentor mothers
- Community stakeholders meetings
- Peer sessions between mentor mothers and pregnant women
- Home visits by Mentor Mothers
- Provision of counselling, referrals, tracking and client follow-ups services.
- Routine visits to Health facilities receiving referrals from mentor mothers
- Distribution of appropriate Information Education and Communication (IEC) materials.
- HIV counselling and testing of couples in communities
- Monthly meetings with LACA and mentor mothers for better collaboration and referrals
- Formation and registration of CBO's by peers who graduated from the peer sessions
- Provided linkages between peers who graduated from the peer sessions and skill acquisition centres

In an interview with the Project Coordinator, Mr Kingsley Amaechina, he stated that “the team members contributed immensely to the success of implementation, especially when going for data capturing, they leave Makurdi at odd times and make sure the work is done and the M&E reports come in timely. There have been a lot of success stories from our mentor mothers and beneficiaries, for example in Vandeikya LGA, a mentor mother recruited pregnant women for peer sessions to discuss issues surrounding PMTCT. After the interaction one of the pregnant women and her husband took it upon themselves to do a step down for other pregnant women in their environs, they even went further to assist some with transport fare to health facilities to get tested and receive further medical attention. With this kind of support we were able to reach a lot more than we anticipated. Also here in Makurdi at the 45 NAF Base hospitals, a lot of pregnant women were tested for HIV. From June 2014-July 2015 the uptake of ANC/PMTCT services has increased tremendously. All babies tested within this period tested negative to HIV; pregnant women learnt how to keep themselves and their babies safe and healthy.”

Other achievements include;

- Conducted 20 advocacy visits to community gatekeepers
- Reached 78 males and 47 females with advocacy visits
- Identified and trained 70 mentor mothers
- Mobilized 4,893 pregnant women for peer sessions in project coverage areas.
- Held 3,150 peer sessions across intervention sites
- 3067 pregnant women received ANC/PMTCT services after referral
- 15 monthly review and update meetings were conducted
- Commemorated 2014 World AIDS day in Tarka LGA
- Distributed gifts to peer group members who delivered at the facilities after referral at Tarka LGA.
- Formed 4 Community based organisations (CBO) in the 4 LGA's of intervention namely Tarka-Volunteer Mothers  
Vandeikya- Women of help  
Makurdi- Women's care for healthy life  
Otukpo- OpiatohaKa-Ene

The CBO's were formed as an exit strategy to empower pregnant women who received ANC/PMTCT services during implementation of project consequently fostering community ownership and sustainability of the project. The executives were elected by members and registration of the CBO with the LGA is in progress. HIFASS supported the initiative with a seed grant of five thousand naira per CBO and members make a thousand naira contribution monthly. Revolving loans with minimal interest were given to members on a case by case basis and linkages to SEV-AV foundation was established for skills acquisition for interested members.

#### **Lessons Learnt/Best Practices:**

- Conducting integrated community outreaches increases access to ANC/PMTCT services.
- Strengthened teamwork and relationship between health workers, political leaders and community structures like PHCs is a recipe for the success of community based intervention.
- A continuous actively supported psycho-social group reduces stigma and discrimination in communities with continuous awareness campaign for behavioural change.
- Engaging community structures in all activities at the LGA level motivates them, build their confidence and trust among the community members.
- Formation of viable CBO's during project implementation will encourage ownership and sustainability of health project.
- Tracking and follow up of pregnant women by the mentor mothers is very important to make sure that the recruited pregnant women complete referral to health facilities.
- Interactive sessions with the mentor mothers during the review meeting offered opportunity to correct any error and retrain the mentor mothers on the correct use of tools.



# Mentor Mothers Stories



**Lead Mentor Mothers in Benue State**

Photo Credit: Omatsola Oritsejafor, Communications Manager, HIFASS

**A** Mentor mother is a peer educator who has volunteered, selected and have been trained to assist others in a peer group to make decisions about behaviour change with respect to Ante-natal care, STIs, HIV and AIDS. In the context of the projects; Mentor Mothers are mothers who have participated in a PMTCT program and are trained health educators and role models. Mentor Mothers motivate pregnant women to; access services, adhere to their medical regimen and provide a network of support for positive mothers in the community. The 70 mentor mothers in Vandiekya, Tarka, Otukpo and Makurdi LGAs have contributed immensely to the success of this project. Hear some of these amazing women tell their stories.

“To gather pregnant women, we even had to go to churches during service days to convince them to come for meetings, even when they came to keep them I would have to cook maybe moi-moi and buy a bag of pure water.”

**Vivien, Mentor Mother Makurdi**

## **It was a learning Process- Ejeh Nguemo**

Ejeh Nguemo, a lead mentor mother at Otukpo LGA initially experienced difficulty convincing pregnant women to come for peer group meetings not to talk of register for ANC, she says, “I personally faced challenges like pregnant women not willing to release their data, they even accused us of making money with their names and alleged that they paid us huge money to register them and we gave them nothing in return. On the other hand I had pressure from my superiors in HIFASS to make sure I mobilize and register pregnant women for peer sessions, it was so tough. Gradually the community started warming up to the idea when they saw we commenced peer sessions and were steadfast with our meetings. Mentor mothers had to prepare meals and buy biscuits sometimes to keep the pregnant women happy. A lot of women have had a chance to a better life because of this program, some can now freely express themselves and share their experiences with other women. I was particularly excited that I could refer a 45year old woman who had never used ANC service and was carrying her 8th pregnancy at that time. She successfully enrolled

and gave birth in a health facility. I am grateful because this project has taught me so many things; as we were teaching we were learning.”

#### **A Symbol of Hope- Mrs DzungurMwuese**

Mrs Dzungur Mwuese, a lead mentor mother in Tarka LGA is a symbol of hope for newly diagnosed HIV-positive pregnant women and is proud of the impact she is still making in her community, despite stigmatization and discrimination she faced on a daily basis, it didn’t stop her from providing emotional support, education and empowerment to pregnant women and mothers to keep themselves and their children healthy.

Through interpersonal communications and peer sessions held 3 times a month, a group of(15) pregnant women were educated and advised on how to keep themselves healthy and the steps they can take to have a healthy HIV-free baby. The education is done by “Mentor Mothers” who have been trained to provide life-saving health education and psychosocial support to their peers. During Mrs Dzugur’s first peer session with pregnant women, she met with a lady who had never used a health facility before for ANC or during delivery. This was the lady’s fourth pregnancy.

“I asked her why she had never attended ANC before,” Mrs Dzugur says. She replied that her husband didn’t have money for ANC services and her own mother never used ANC. So I asked her to invite her husband for the next meeting. She went home and delivered the message to her husband. He was so furious that he couldn’t wait for the next meeting. He came with her to my house and he said “you this HIV woman, you want to force my wife for HIV test.”I tried to calm him down but to no avail, luckily for me a nurse came to fetch water in my compound and heard the arguments, so she explained further the benefits of ANC services. The man later calmed down and agreed to register his wife.

The wife tested positive to HIV, the husband also tested and was positive and were immediately referred for Anti-Retroviral Therapy (ART). A little while later the 3rd child, a 4year old boy, took ill and was tested for HIV, he was also found to be positive but he later died. The two older children were tested for HIV and were found to be negative.

After the first peer session 1 out of the 15 pregnant women tested positive to HIV, the husband was also found to be HIV positive. During the second peer session 6 out of a new set of 15 pregnant women were found positive. They were referred for PMTCT after HIV test. The numbers were increasing and mentor mother Mrs Dzugur was worried as they complained of lack of resources to access PMTCT services, so she decided to start up a piggy bank popularly known as a “BAM” in the community.

“I started the BAM with 1500 naira” says Mrs Dzugur, others contributed between 50 - 100naira as they could afford. As community members heard about these contributions, whether pregnant or not they wanted to be a part of the peer group so they could access these funds. Now we have grown so big, we have 86 members; people can borrow up to 20,000naira and pay back with interest. We use the interest to buy oil and cow meat and have a party during festive periods.

*“Thanks to this program discrimination have reduced, young ladies are more educated they come to me saying condom mother, can we have condoms. This job has made me so popular in my community because I am a mentor mother.*

*It has also exposed me to other programs/projects. Donors have seen my potentials and now I am part of Peer Scale Initiative and also a TB volunteer. I have learnt so much on HIV that I can now carry out HIV testing and counselling. ” - Mrs Dzungur Mwuese, a lead mentor mother in Tarka LGA.*

Complex challenges such as stigma and health worker shortages are still in our communities. Mentor Mothers are powerful change agents against the stigma and discrimination that causes women to live in fear and prevents them from seeking care.

## Partnerships

HIFASS formed a lot productive partnerships and established linkages that have proven invaluable to the success of project implementation. The aim was to maximize benefits of wrap-around initiatives to achieve the goal and objectives of this project. Women's Right and Health Initiative (WRAHI), LACA, SEV-AV foundation, CHC Otukpo, PHC Ipolo, Sev-Av clinic , CHC central ,Otukpo General Hoapital, PHC Gwarche, PHC Tiortyu, PHC Township, PHC Awenabo, PHC Atigir, General hospital Vandeikya, PHC Ihugh, 45 NAF Hospital, Local Government Area Councils in Benue State, health units, among others. HIFASS acknowledged the support of our sponsors, the World Bank and Benue State Government. Guidance of National Agency for the Control of AIDS (NACA), Benue State AIDS Control Agency (BENSACA) and Enhanced Nigeria Response (ENR) is highly appreciated.



**Mrs Dooshima Agur**  
Executive Director,  
Women's Right and  
Health Initiative  
(WRAHI)

WRAHI has existed since 2000 but needed attention for it to grow. With the HIFASS partnership in this project we witnessed rapid growth. It has taken us to the next level, we were able to learn about CAC registration and formalize our organisation, we went through mentorship, capacity building for our staff, exposed us to trainings and we have achieved so much.