Effective monitoring of HIV prevention: re-testing HIV-negative clients


Presented at AIDS 2014, Melbourne, Australia

Background

- mothers2mothers (m2m) provides peer education and psychosocial support to HIV-positive pregnant women and new mothers to promote the prevention of mother-to-child transmission (PMTCT) of HIV. In Kenya, m2m directly implements this model at 30 high volume health facilities under the Ministry of Health umbrella of the Kenya Mentor Mother Program (KMMP).
- The KMMP seeks to improve PMTCT uptake and retention by putting women living with HIV at the center of the HIV response as Mentor Mothers (MMs).
- After competitive recruitment, Mentor Mothers undergo a two-week national curriculum-based pre-service training, which prepares them to provide high quality services through a task-shifting approach.

Conclusion/Next Steps

- Effective program monitoring is an essential part of Prong One of PMTCT programming, to ensure that available services are being utilized and to link high-risk clients to care as quickly as possible.
- Monitoring for re-testing at three months should include the post-pregnancy period to capture clients who come at late gestational age. This essential component of PMTCT programming must be tracked for re-testing at three months. However, this service has rolled out slowly and monitoring client uptake and outcomes remains a challenge.

As part of the KMMP package of services, MMs carry out the following activities:

1. Interact with HIV-positive clients and conduct two focused interactions (a first visit and return visit for re-testing) with HIV-negative pregnant clients. Male partner testing is also encouraged.
2. Record a client's details including a physical address and mobile phone number in a longitudinal register which is updated when clients return for services. The client's return date is booked in a calendar diary reviewed daily to identify those who have missed re-testing appointments. A defaulter tracing process is started the following day.
3. Conduct telephonic defaulter tracing. Those who cannot be reached via phone but have given consent to be followed up at home are referred to Community Health Workers. The register is updated when clients come back for re-testing.
4. Conduct programme monitoring and evaluation on a quarterly basis. This helps program management teams understand performance, identify gaps and address them.

Lessons Learned

1. Uptake of re-testing in pregnancy remains a significant challenge. This can be attributed to several reasons including:
   a. Late presentation of clients during pregnancy, making a valid re-test at the third trimester impossible.
   b. Frequent shortages of HIV testing kits and/or Health Workers to carry out the testing.
   c. Lack of universal understanding of MOH re-testing requirements for pregnant HIV-negative clients.
2. Sero-conversion is higher in m2m’s Western Region (including Nyanza region with an HIV prevalence of 15.1%1) than Central Region.
3. Only 23% of HIV-negative clients returned for re-testing (7,816 out of 34,103). Of the women who returned, 1% of them had sero-converted during pregnancy (89 out of 7,816) and tested HIV-positive.1
4. Although clinic-linked women had a higher chance of HIV transmission to their infants, and through peer education and psychosocial support and identification by MMs, they were successfully linked to care.

Monitoring & Evaluation Tools

- Longitudinal records
  - HIV + Logbook tracks HIV+ mother-baby pairs from pregnancy to 18 months post-partum
  - HIV - Logbook tracks HIV- women through pregnancy for re-testing at 3 months

References:

3. Quarterly program reports, 2013

**HIV-negative clients re-testing & sero-conversion rates**

<table>
<thead>
<tr>
<th>January - December 2013</th>
<th>N= 34,103</th>
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<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
<tr>
<td>6000</td>
<td>62 (1.7%)</td>
</tr>
<tr>
<td>4000</td>
<td>3,620</td>
</tr>
<tr>
<td>2000</td>
<td>7,816</td>
</tr>
<tr>
<td>N= 10,745</td>
<td>4,196</td>
</tr>
<tr>
<td>N= 23,358</td>
<td>27 (0.64%)</td>
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<tr>
<td>Sites</td>
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</tr>
<tr>
<td>Western Region sites</td>
<td>62 (1.7%)</td>
</tr>
<tr>
<td>Nairobi Region sites</td>
<td>27 (0.64%)</td>
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<tr>
<td>Overall 30 sites</td>
<td>89 (1.1%)</td>
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Source: m2m HIV negative logbook

**Client Characteristics**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Average</th>
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<tbody>
<tr>
<td>Maternal age at first antenatal visit</td>
<td>27 years</td>
</tr>
<tr>
<td>Gestational age at first antenatal visit</td>
<td>23 - 31 years</td>
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</tbody>
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**KMMP services offered by Mentor Mothers**

- One-on-one interactions
- Group health education
- Group pre-test education
- Couples education
- Support group facilitation
- Defaulter tracing
- Referrals and linkages

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**www.facebook.com/mothers2mothersint**

Empowered mothers nurture healthy families