

# Telephonic Defaulter Tracing by Mentor Mothers for eMTCT

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## Background

mothers2mothers (m2m) seeks to integrate mothers living with HIV into the health sector by providing peer education and psychosocial support to their clients as Mentor Mothers (MMs). The aim of the programme is to promote PMTCT and better client outcomes. In Kenya, m2m directly implements this model at 30 high volume health facilities under the Ministry of Health through the Kenya Mentor Mother Program (KMMP).

MMs are competitively recruited and undergo training so as to perform well in their role. The MM model is in keeping with Kenya's 2012 eMTCT framework (elimination of Mother to Child Transmission), which highlights improving access and demand for PMTCT (Prevention of Mother to Child Transmission) through meaningful involvement of HIV-positive mothers.

## Methods

### Routine activities

Mentor Mothers conduct a number of activities at each facility which include: group education sessions, one-on-one and couples education, defaulter tracing and support groups so as to educate, support and empower pregnant and new mothers on MNCH (Maternal, Newborn, Child, Health) and PMTCT services. While doing this, they also obtain clients' information on a series of longitudinal registers, capturing all services received from initial facility intake through all subsequent follow up visits.

### Defaulter tracing

HIV positive clients are followed up according to key defaulter tracing priorities:

- PMTCT priority events: (2nd AN visit, CD4 test, CD4 test results, ARVs/ HAART, 2nd PN visit, 9 month infant antibody test, 18 month infant antibody test)

- AN retesting (HIV-negative pregnant clients)

Defaulter tracing is done in order to reduce the number of PMTCT and MNCH clients who default from care at critical time points along the PMTCT and ANC cascade. MMs use a telephonic approach to trace and track priority PMTCT clients. Upon a missed priority appointment, MMs initiate client follow-up immediately either through SMS or a phone call, depending on the consent indicated on client's record, encouraging the client to return to care.

- PN 6 week visit (Baby CTX, PCR test, PCR test results, family planning)

HIV negative clients are also followed up for HIV re-testing after three months and encouraged to have their sexual partners tested for HIV.

Telephonic defaulter tracing is conducted in the afternoon when the health facilities are less busy, at a minimal total cost of US \$3,300 a year.

## Results

In 2014, MMs enrolled 58,026 new HIV-negative pregnant and HIV-positive pregnant and postpartum clients at the 30 m2m-supported KMMP facilities.

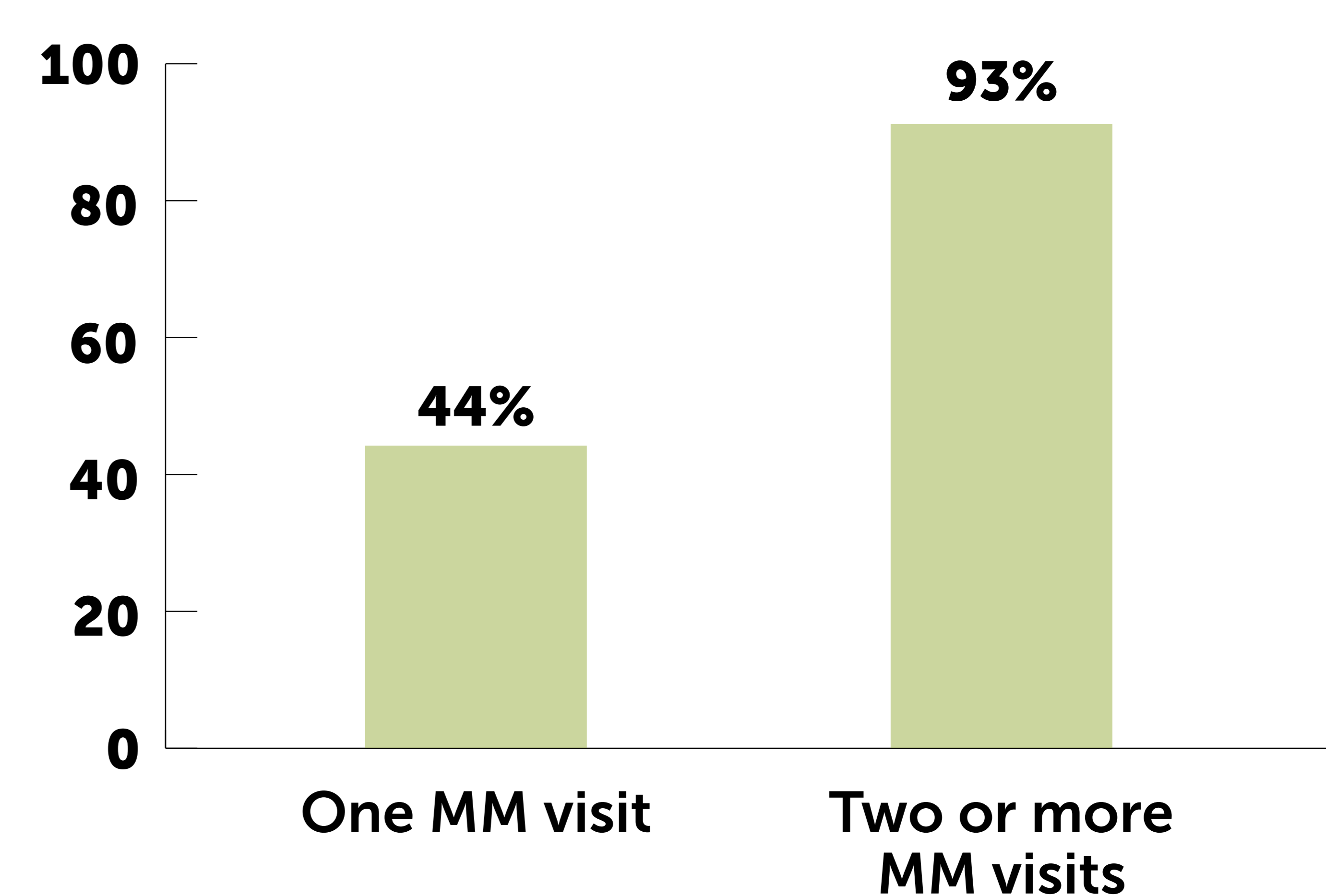
### Defaulter tracking success rate

- 11.4 % (6,658 out of 58,026) missed their appointments during the observation period.
- MMs successfully reached 68% (4,559) of the defaulted clients either through SMS or a phone call during the same period.
- 89% (4,044) of missed appointments were resolved.

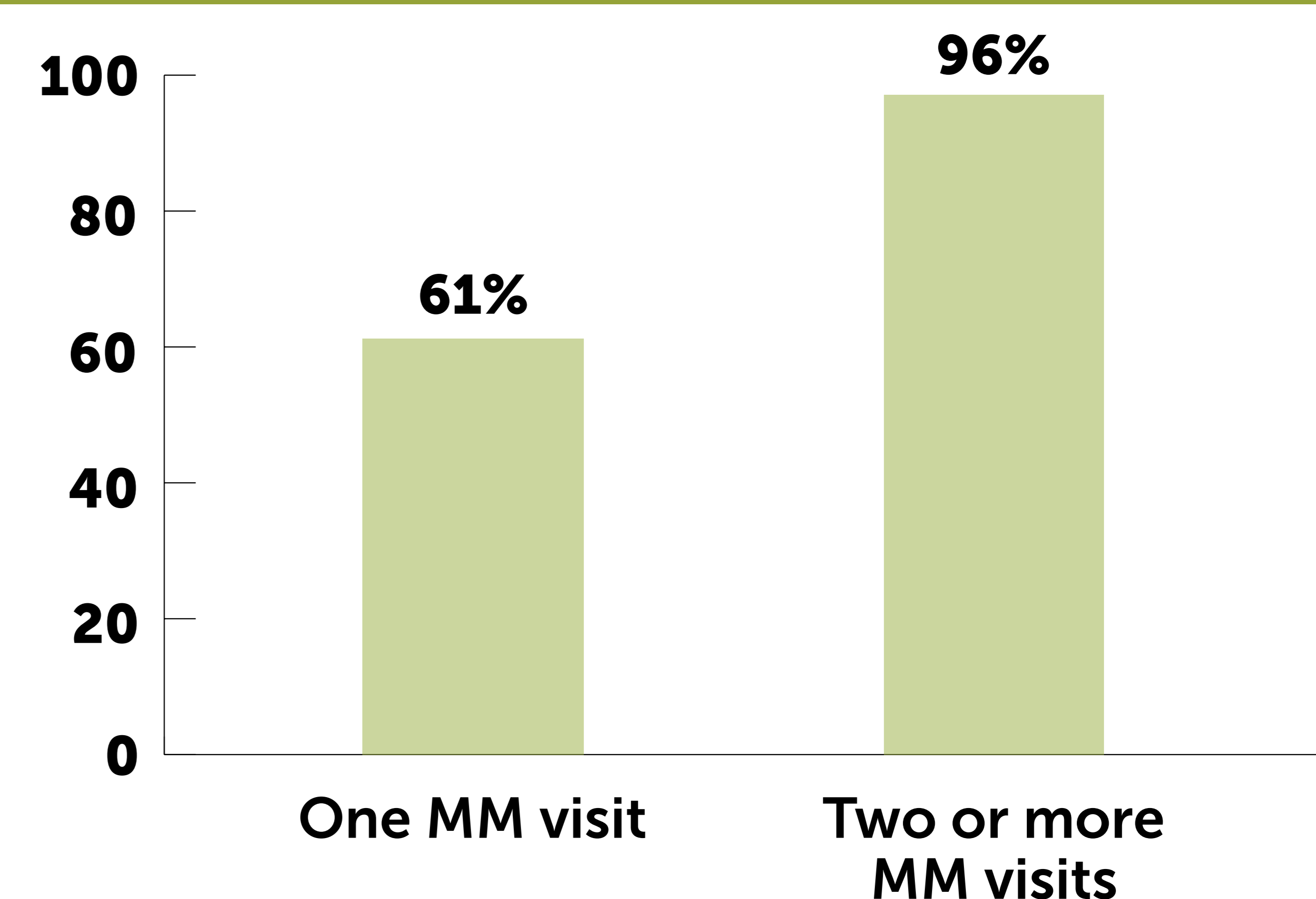
### Importance of defaulter tracking

Defaulter tracing is important, because inferential analysis has shown that more facility visits with a MM is associated with better client outcomes. In one analysis which used adjusted logistic regression, clients with two or more visits with MMs were more likely to have an EID (Early Infant Diagnosis) test [p=0.05; 96% vs 61%], and significantly more likely to use family planning [p<0.001; 93% vs 44%] relative to clients with only one MM visit. Overall, 93% of m2m's post-natal clients had completed a 6-week EID test, compared to the national average of 45%.

### USING MODERN FAMILY PLANNING



### HAD AN EID TEST



## Conclusion

Site level documentation and telephonic defaulter tracing by Mentor Mothers is an effective strategy for promoting retention of PMTCT clients in care and better client outcomes. The intervention might be viable for scale up as part of the country's national KMMP effort.

