Telephonic Defaulter Tracing by Mentor Mothers for eMTCT

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Background

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.

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)

USING MODERN FAMILY PLANNING

<table>
<thead>
<tr>
<th>One MM visit</th>
<th>Two or more MM visits</th>
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<tr>
<td>44%</td>
<td>93%</td>
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HAD AN EID TEST

<table>
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<tr>
<th>One MM visit</th>
<th>Two or more MM visits</th>
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<tbody>
<tr>
<td>61%</td>
<td>96%</td>
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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 65%), 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%.

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.