

Mentor Mothers enhancing the quality of eMTCT services through adherence support in Uganda



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Background

mothers2mothers (m2m) is an Africa-based global NGO that uses a Mentor Mother (MM) approach to empower mothers living with HIV to help other women access reproductive, maternal, new born and child health services. Mentor Mothers are HIV-positive lay health workers who offer both peer-to-peer support, and assistance with health service delivery.

UNAIDS Fast-Track Strategy indicates that high and consistent adherence to anti-retroviral therapy (ART) is

critical to ensuring viral suppression. A study in Uganda suggest that 66% of patients have three months adherence records. Of these, 90% have good adherence, 7% have fair adherence while 3% report poor adherence. To establish the need for adherence support, as well as the efficacy of routine adherence monitoring in the context of Option B+, m2m conducted a rapid assessment of adherence support and outcomes in a cluster of East Central Ugandan health facilities.

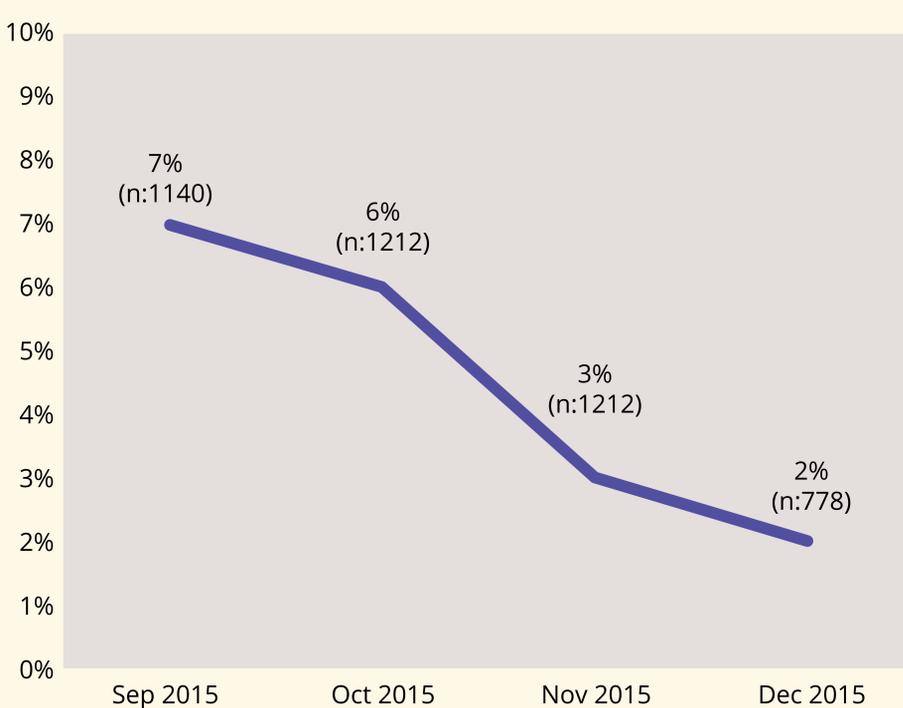
Method

Sixteen high volume health facilities were conveniently sampled for the rapid assessment prior to roll out of the m2m adherence programme that would engage peer mentor mothers (MMs) in maternal ART adherence education, 7-day recall adherence assessment, and client follow-up. Ministry of Health client records for Option B+ mothers on treatment for 9-12 months (n: 197) were reviewed, data analysed using Excel at baseline. MMs were trained and supported to provide adherence support and report outcomes. Health workers were re-oriented on their roles in adherence monitoring, counselling and support. A follow-on assessment (n: 165) was conducted four months after the m2m adherence programme to assess the contribution of MMs towards patient adherence to therapy.

Results

Mentor Mothers provided adherence education and pre-assessment for non-adherence to a monthly average of 1188 mothers seen by MMs (100% of MM clients). The proportion of Option B+ mothers identified in the category of 'low adherent clients' using a 7-day recall period declined from 7% (n: 1140, ci 55-88%) in September to 2% (n: 778, ci 24-45%) in December 2015. At the same time, there was an increase in mothers receiving adherence education by facility health workers prior to maternal ART initiation; which improved from 56% to 74% (ci 49-63% and 67-80%). The proportion of mothers assessed by facility staff for non-adherence during their last visit also increased from 60% to 73% (ci 53-67% to 66-80%).

Declining ART non-adherence among eMTCT Mothers using a 7-day recall period



Conclusion

Mentor Mothers can successfully work with facility-staff to ensure clients are educated around adherence issues, assessed for non-adherence, and supported to improve adherence over time. This has positive implications for control and eventual eradication of HIV infection and resistance.