Telephonic Defaulter Tracing By Mentor Mothers

Authors: W. Nango[1]; R. Towett[2]; C. Muruka[2]; M. Simba[2]
Affiliations: mothers2mothers

Background

An Elimination of Mother-to-Child Transmission (EMTCT) strategic framework launched in 2012 by the Kenyan Ministry of Health identified five strategic directions which included meaningful involvement of HIV-positive mothers as Mentor Mothers (MMs), which led to the development of guidelines for implementation of the Kenya Mentor Mother Program (KMMP). KMMP seeks to improve PMTCT uptake and retention in care through peer education and psychosocial support.

Method

mothers2mothers implement KMMP at 20 high volume facilities in Kenya. On first contact, MMs record client details in a longitudinal register which is updated each time the clients returns to the facility for priority PMTCT services up to 18 months post-delivery, when the final infant HIV test is done. Any time clients miss appointments; MMs relay a reminder through SMS or phone call, depending on the client's consent. When clients return, MMs enquire and record the reason for missing the appointment.

We reviewed program data on missed priorities by randomly sampling 199 HIV-positive clients who had defaulted for the period January - December 2014 to better understand the process.

Results

PMTCT priorities missed:

Of those that had defaulted, failure to take up an antenatal CD4 test (22% of defaulters) and infant antiretorviral/highly active anti-retroviral therapy (ARV/HAART) initiation (24%) were the most common (Table 1). Out of the 199 clients, 99% of the sampled clients them had given consent for follow up via telephone, 64% through short message service (SMS) and 41% of the clients consented for home visit follow up. Most (74%) of the clients who defaulted returned to the facility after only one phone call and the most common reasons given for defaulting were transfer (21%) or travel/relocation (29%).

Table 1: Priorities missed

Priorities defaulted	%
2nd AN visit	12%
CD4test	22%
CD4 test & result	8%
ARV/HAART	24%
Baby CTX	8%
PCR test	8%
PCR test & result	0%
Family Planning	4%
2nd PN visit	1%
9month Antibody test	6%
18 month Antibody test	5%

Defaulter tracing outcomes:

At the end of the tracing process, 87% of clients had final successful outcomes by either returning to facility to access services (65%) or MMs establishing that client is accessing services in other facilities they relocated to (11%). For the remainder of clients whose final outcomes were unsuccessful (13%), the reasons were as follows: not traced despite all efforts to reach (8%), declined (3%) and for the remainder each at 1% it was because either the baby died or client relocated or client returned to the facility but was unable to access the services.

Table 2: Successful and Unsuccessful outcomes

Final outcome	Frequency	%
Returned +KMMP room	102	60%
Returned facility only	9	5%
Priority already completed	18	11%
Relocated & accessing service	19	11%
Total(successful outcomes)	**148**	**87%**
Not traced	13	8%
Declined	5	3%
Baby deceased	2	1%
Relocated	1	1%
Client returned but unable to get service	1	1%
Total(unsuccessful outcomes)	**22**	**13%**

Conclusion

Close monitoring of the key priorities via a telephonic follow up is important to achieving the desired retention level within health facilities. More education and support need to be provided to clients initiating ART/HAART to decrease the defaulter rate.

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