

An integrated, peer-based solution to manage and prevent the spread of
Non-Communicable Diseases in the Western Cape, South Africa.

SETTING THE SCENE

Of 56.9 million global deaths in 2016, 40.5 million, or 71%, were due to non-communicable diseases (NCDs).¹

The prevalence of hypertension and diabetes in the Western Cape is estimated to be 36.7% for hypertension and 11.2% for diabetes.²

NCDs are estimated to account for 51% of all deaths in South Africa in 2016.³

BACKGROUND

mothers2mothers (m2m) employs and trains local women living with HIV as Frontline Health Workers. These 'Mentor Mothers' ensure that women and their families receive health advice, are linked to clinical services and supported on their treatment journey. Working both at health facilities and in local communities, Mentor Mothers create a strong continuum of care that enhances access to health services and delivers retention in care. The magic in the model is that it is peer-based—services are delivered by women who have similar characteristics and experiences to the client. Mentor Mothers are also from the same community as those they serve, meaning their work is deeply rooted in local realities.

m2m started with a focus on HIV prevention, care and treatment, and has evolved its model to include related areas. As the life expectancy among people living with HIV has increased due to improved access to care and treatment, an additional challenge presents itself, as NCD prevalence tends to increase with age. New solutions are required to respond to this health challenge.

In response, m2m, the Medtronic Foundation and strategic partner—the City of Cape Town Health Department— have entered into an agreement to implement a one year project which draws upon m2m's Mentor Mother Model to manage and prevent the spread of NCDs in the Western Cape.

Two high-volume primary health facilities in the Khayelitsha Eastern Sub-structure have been identified as the pilot project implementation sites. We intend to reach over 1,000 clients through Phase One of this project with integrated services, while describing, measuring, and sharing outcomes and impacts to inform future programming.

¹ https://www.who.int/gho/ncd/mortality_morbidity/en/

² [http://www.hsrc.ac.za/uploads/pageNews/72/SANHANES-launch%20edition%20\(online%20version\).pdf](http://www.hsrc.ac.za/uploads/pageNews/72/SANHANES-launch%20edition%20(online%20version).pdf)

³ https://www.who.int/nmh/countries/zaf_en.pdf?ua=1

PROJECT GOALS



To improve glycemic control for 65% or more enrolled diabetic clients with poorly controlled blood sugar (defined as HbA1c > 7.0%) and hypertensive clients with uncontrolled high blood pressure (defined as having systolic blood pressure \geq 150 mmHg or diastolic pressure \geq 100 mmHg).



To improve retention in care and treatment adherence outcomes among enrolled clients with chronic diseases, including HIV and TB.

RESEARCH OBJECTIVES



Describe the facilitators and barriers of an integrated peer-based NCD/HIV services intervention as experienced by service providers.



Describe the experiences of intervention beneficiaries and the opinions of key stakeholders including the Mentor Mothers on integrated NCD/HIV services.



Establish the effect of the intervention on client outcomes such as self-efficacy, health behaviour, knowledge and biomarkers.

HOW WILL m2m ACHIEVE THESE OBJECTIVES

The World Health Organization recently adopted a resolution on the importance of Frontline/Community Health Workers in achieving universal health coverage and reaching the Sustainable Development Goal of providing primary quality healthcare to all, leaving no one behind. m2m's Mentor Mothers are equipped and well-placed to provide effective support to clients suffering from chronic conditions including HIV, diabetes, hypertension and TB.

We will use our proven, peer-based model to improve access to and uptake of integrated NCD/RMNCH/HIV services among women of reproductive age, their male partners, children and other household members. Eligible NCD clients will be enrolled from existing RMNCH and HIV service areas and will be linked to Community-based Mentor Mothers who will provide ongoing home-based support.

Our comprehensive client management and real-time data tools—including our Electronic Client Appointment Diary and the community-based electronic household folder—will enable Mentor Mothers to provide optimal support to clients by tracking scheduled appointments and to provide integrated home-based services as needed. These tools and systems will also provide vital inputs into the research process, which will include a range of quantitative and qualitative techniques.

For more information, please contact

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