

Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV

Community Client Tracing: Mentor Mothers in the Democratic Republic of the Congo

The Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) Initiative, a UNICEF-supported initiative with funding from the Governments of Norway and Sweden, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Uganda. Option B+ is an approach recommended by the World Health Organization in which all pregnant and breastfeeding women living with HIV are offered universal treatment with antiretrovirals for life regardless of their CD4 count.¹

The Initiative's primary focus was to strengthen the capacity of the primary healthcare system to deliver lifelong HIV treatment to pregnant and breastfeeding women; create demand for programmes aimed at the prevention of mother-to-child transmission (PMTCT), increase uptake and timely utilization of PMTCT programmes by women and retain women in care; and strengthen monitoring and evaluation for decision making to improve service delivery.² The Initiative was implemented between 2012 and 2017 through country-led implementing partners.

Crucial progress has been made in recent years in scaling up treatment and PMTCT in the Democratic Republic of the Congo. Between 2010 and 2016, new HIV infections and AIDS-related deaths have decreased in the country by 38 per cent and 48 per cent, respectively. There has also been an unprecedented 64 per cent decline in the number of children acquiring HIV. However, in 2016 there were 13,000 new HIV infections among the general population and 2,800 AIDS-related deaths among children 0 to 14 years old. Additionally, although 70 percent of pregnant women living with HIV were receiving ART, approximately 2,900 children were newly infected with HIV in 2016 alone and only 30 percent of children living with HIV were on treatment.³

Better service delivery and improved uptake, adherence and retention in care are essential to the achievement of universal access to lifelong antiretroviral therapy (ART) for people living with HIV, and innovative approaches are often required. Around the world, community-based engagement programmes to increase uptake of PMTCT services have been implemented in a myriad of ways including through support groups, trained health counselors, partner engagement and community meetings. Such programmes make use of readily available personnel, such as volunteers, peer educators, community health workers and religious leaders, making them an effective model to improve uptake of PMTCT.⁴ Community engagement programmes have been shown to increase ART initiation and retention among pregnant women living with HIV; increase uptake of testing and prevention services; and improve knowledge about HIV prevention.⁴ They also have been shown to positively impact the supply and demand for PMTCT services and support the creation of an enabling environment for PMTCT services.⁵

Community engagement has been identified as a promising practice to support PMTCT outcomes.⁵ In the Democratic Republic of the Congo, the national Ministry of Health (MOH) and district health teams coordinated with OHTA Initiative implementing partners to implement community client tracing through Mentor Mothers in six health zones of the Katanga province and six health zones of the Nord-Kivu province. The goal was to increase uptake of critical services among pregnant and breastfeeding women with HIV, including maternal, newborn and child health and PMTCT services, as well as to improve the retention of women in care. Lessons learned from the implementation of community client tracing through Mentor Mothers under the Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.

What Role Do Mentor Mothers Play in Community Client Tracing?

Mentor Mothers are women living with HIV who work voluntarily to support other women living with HIV in their community. They provide these women psychosocial and peer support, as well as health education and follow-up services. This approach is well established and documented, and has been implemented in many countries including the Democratic Republic of the Congo.⁶⁻⁸

In an effort to strengthen community–facility linkages and prevent loss to follow-up of women living with HIV, implementing partners trained Mentor Mothers to conduct community client tracing for pregnant women living with HIV who had not returned to care three months after their scheduled antenatal care (ANC) appointment. These women, identified through health facility logs, received a reminder phone call and/or SMS from a Mentor Mother encouraging them to come back for continued services. If the Mentor Mother was not able to reach a client by phone, or if a client still did not come back to care, the Mentor Mother conducted a home visit. During home visits, Mentor Mothers provided individualized health education about the importance of HIV testing, PMTCT, treatment adherence, ANC, and hygiene. They were also better able to address cultural barriers or misconceptions women may have regarding HIV treatment and prevention during the home visits.

All Mentor Mothers received transportation reimbursements to conduct home visits and phone credits to remind clients of ANC appointments. In order to encourage women to attend ANC, women received a health kit containing hygiene products after they attended their first ANC visit and another health kit that included a small baby bucket and a baby cloth after completing their fourth ANC visit.

Recruitment and Motivation of Mentor Mothers

Mentor Mothers recruited for community client tracing were women living with HIV themselves who had at least two years of experience in the PMTCT programme and were willing to share their experience living with HIV with other women. Providers at the health facility identified current patients as potential Mentor Mothers if the patient followed their treatment plan, were able to read and write, were accepting of their HIV status, and were perceived to have the ability to write an activity report. Mentor

Mothers were motivated by the desire to help other women living with HIV in their community, reduce stigma and misconceptions around HIV and PMTCT, and receive recognition and small monetary and non-monetary incentives.

Training and Supervision of Mentor Mothers

All Mentor Mothers in the programme received a three-day training on HIV testing and communication skills by the National AIDS Control Programme (PNLS). After this initial training, the Mentor Mothers received ad hoc trainings as new guidelines become available or as necessary.

The Mentor Mothers were supervised by health facility staff, who also received training—on the reporting and tracking forms; how to perform supervisory tasks during health education sessions; the role of Mentor Mothers; and how to track changes in PMTCT indicators at the facility level. Mentor Mothers and their supervisors met once a month to discuss strategies to improve outreach and counseling during home visits. The programme also encouraged Mentor Mothers to share information and best practices informally among themselves to improve follow-up services.

Health facility staff, district health officers, and implementing partners met four times a year for regional supervisory review meetings, while national-level review meetings occurred twice a year.

Outcomes of Mentor Mothers for Community Client Tracing

In 2016 alone, the Initiative trained 20 new Mentor Mothers on community client tracing in each of the six health zones in the Katanga province.² (Comparable data for Nord-Kivu province were not available.) Through the course of the programme, Mentor Mothers who conducted community client tracing:

- Encouraged pregnant women living with HIV to adhere to ANC visits and treatment
- Strengthened PMTCT/ANC services and community–facility linkages through follow-up home visits
- Nurtured a supportive environment for PMTCT
- Strengthened the quality and accuracy of health information provided to community members
- Improved knowledge about the importance of PMTCT among pregnant women living with HIV
- Helped address community-level misconceptions and misinformation regarding HIV

QUOTES FOR CALLOUT BOX:

“Mentor Mothers [positively] affected the results in treatment adherence because **they have been able to reach out to patients who were lost to follow-up.”** - Health Worker, the Democratic Republic of the Congo

The community approach provides great results. **All components are essential**—the peer educators, the Mentor Mothers, the religious leaders...” - Health Worker, the Democratic Republic of the Congo

Essential Components and Factors for Success

Several factors were identified as essential to the success of community client tracing through Mentor Mothers including:

Individual:

- Small monetary and non-monetary incentives, such as community recognition, motivated Mentor Mothers to help other women living with HIV in their community

Interpersonal:

- Mentor Mothers provided individualized client support to identify and address treatment adherence challenges
- One-on-one psychosocial support provided in a private setting encouraged women to ask questions

Community:

- Mentor Mothers provided health education at the community level
- Selecting Mentor Mothers from the communities in which they serve enabled trust to be built with women to address their concerns

Facility:

- Coordination with existing health facility staff identified clients and connected them with follow-up services
- Clear supervision structures, leveraged from existing health facility staff, ensured Mentor Mothers received support

Structural:

- Community client tracing through home visits improved linkages between the community and the health facility
- Tailored training better prepared Mentor Mothers for their specific roles and responsibilities

Considerations for Scale-Up

Through the Initiative, Mentor Mothers in the Democratic Republic of the Congo strengthened community–facility linkages, supported PMTCT services and helped to prevent loss to follow-up by providing peer and psychosocial support to women living with HIV in their communities. Several factors should be weighed when considering replicating or scaling up this practice nationally or in other settings.

- **Adaptability:** Client tracing approaches should be tailored for each site based on the unique context of the community. Additionally, health education messages should be adapted to address the specific misconceptions prevalent in each community. Finally, different strategies may be needed in rural versus urban areas where distance to the health facility may vary widely. In addition, in urban areas families may relocate frequently due to work and social connections may not be as strong, making client tracing challenging. Implementation of family support groups may be an alternative in areas where home visits are not feasible.

- **Financing:** Mentor Mothers are unpaid volunteers, but they receive small monetary incentives—such as travel reimbursement and phone credits—and non-monetary incentives. Consistent funding should be available to provide these incentives or a modest salary to ensure Mentor Mothers are motivated to participate in the programme. Consistent funding should also be available to maintain the provision of health kits to mothers who attend ANC to encourage sustained participation.
- **Health Workforce:** Working through existing community structures and networks, such as Mentor Mothers, health facility staff and village chiefs, can increase credibility and sustainability of the approach. Additionally, the education and literacy levels of potential Mentor Mothers should be considered in every context to minimize potential programme barriers such as completing reporting forms.
- **Sensitization:** Community sensitization is needed to ensure Mentor Mothers are well received in the community and to inform community members about the importance of PMTCT. Community support for the programme can help improve sustainability of the approach.
- **Standardization:** Standardized tools for monitoring and evaluation could increase efficiency, reduce errors in the data and allow for comparisons across sites. Additionally, trainings for all Mentor Mothers and supervisors should be standardized to ensure programme quality and fidelity to the approach.

Methodology for Documenting Community Client Tracing as a Promising Practice

The Johns Hopkins Center for Communication Programs (CCP) supported the documentation of this promising practice. Information and data were collected through a desk review of existing OHTA Initiative documents, including annual reports, partner reports and presentations. Site visits by CCP and project staff were also conducted, including interviews and focus group discussions among implementing partners, Ministries of Health, and programme implementers.

For more information about the OHTA Initiative, visit <http://childrenandaids.org/optimizing%20HIV%20treatment%20access>.

For more information about UNICEF's HIV and AIDS programme, visit childrenandaids.org.

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