Working with peer mothers to improve retention of mother-baby pairs in care

Over a period of 18 months, health facilities in Northern Uganda have been testing changes to improve retention of HIV positive mothers and their exposed infants in care. One such intervention is the engagement of peer mothers to support retention of mother-baby pairs in care, as well as to support newly diagnosed HIV positive pregnant women to remain in care during antenatal care (ANC). Whilst peer mothers have predominantly supported prevention of mother to child transmission of HIV (PMTCT) work in other regions, it is a relatively new concept in the Northern region. Two key emerging roles of the peer mothers include ‘coordination of the HIV positive mothers’ savings groups and the involvement of male partners in care’. The USAID Applying Science to Strengthen and Improve Systems (ASSIST) project has engaged health facilities to identify peer mothers, incorporated them on to the facility quality improvement (QI) teams, streamlined their roles, and supported them to monitor indicators.

Criteria for enrolling peer mothers:

- Mothers living with HIV who have gone through the PMTCT program and have an HIV free baby;
- Mothers who have disclosed to their partners and family;
- Mothers who can read and write;
- Mothers who can communicate and teach other women and their male partners;
- Mothers must be accepted by other mothers in the clinic;
- Mothers who are willing to volunteer their time.

Prior to engaging peer mothers, the health facility used phone calls to remind mothers to return (Feb-2016), this was not a sustainable change as not all mothers had phones; the facility then tried home visiting, but this was costly. Peer mothers were then engaged and allocated to respective villages. These peer mothers get the names of mothers who miss their clinic appointments, find the mothers and have group meetings with them to provide support to, thus enabling them to return to care. This change contributed to a shift in the system leading to improvement in mother-baby pair retention. There are currently 20 mothers registered as members of the savings groups; with 4 facility staff, 4 peer mothers and 2 male champions involved in running the group. All newly diagnosed HIV positive mothers are encouraged to attend the meetings irrespective of whether they are able to save or not; as the group discusses more than savings; including how to take care of HIV exposed infants, adherence to treatment, and more.

Figure 1: Midwives meeting with peer mothers, HIV positive mothers and their partners after the MBP clinic day at Kitgum Matidi HCIII

Figure 2: Proportion of mother baby pairs retained in care, Kitgum Matidi HC III (May 2015-May 2017)

The Key Roles of Peer Mothers:

- Represent HIV positive mothers on QI team and other facility teams.
- Counsel and resolve issues of disclosure to partners of HIV positive mothers.
- Find mother-baby pairs who have missed clinic appointments.
- Coordinate the HIV positive mothers’ savings groups.
- Facilitate saving group sessions on male involvement.

What Kigung Matidi HCIII did:

1. Identified peer mothers to support newly diagnosed HIV positive mothers; mothers with challenges disclosing, who miss appointments, have poor viral load suppression
2. Built the capacity and communication skills of peer mothers to support the mothers
3. Worked with peer mothers to identify and invite male partners of the mothers
4. Formed the mothers’ savings group, with peer facilitators coordinating meetings and running them
5. Peer mothers check that all members have attended their clinic appointments before the savings group meeting
6. Scheduled the clinic appointments to coincide with the savings group meeting dates

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