



mothers2mothers (m2m) support for PBFW

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HIV
Impact Network for
Vertical Transmission
Elimination





Outline

- Background and Context
- M&E Framework and Key Intervention
- Monitoring Key VTP Services Through CHARM
- Impact of the m2m Program
- Conclusion and Recommendations

Background and Context

mothers2mothers (m2m) is a proudly African primary health care organization.

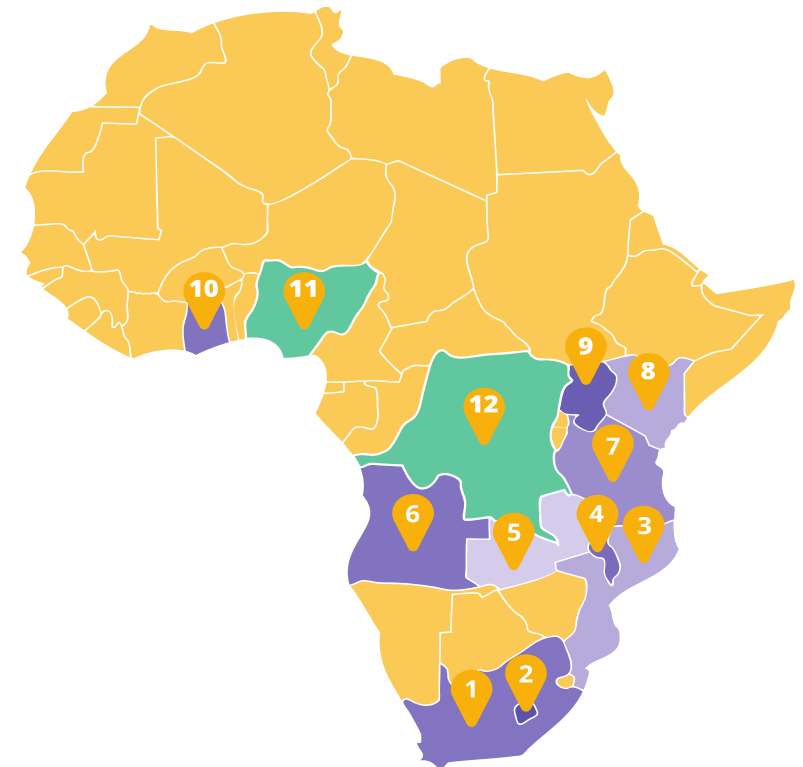
M2m works to unlock the power of local women to transform health outcomes in their communities.

m2m achieves this by training and employing women living with HIV as Mentor Mothers, who serve as community health workers

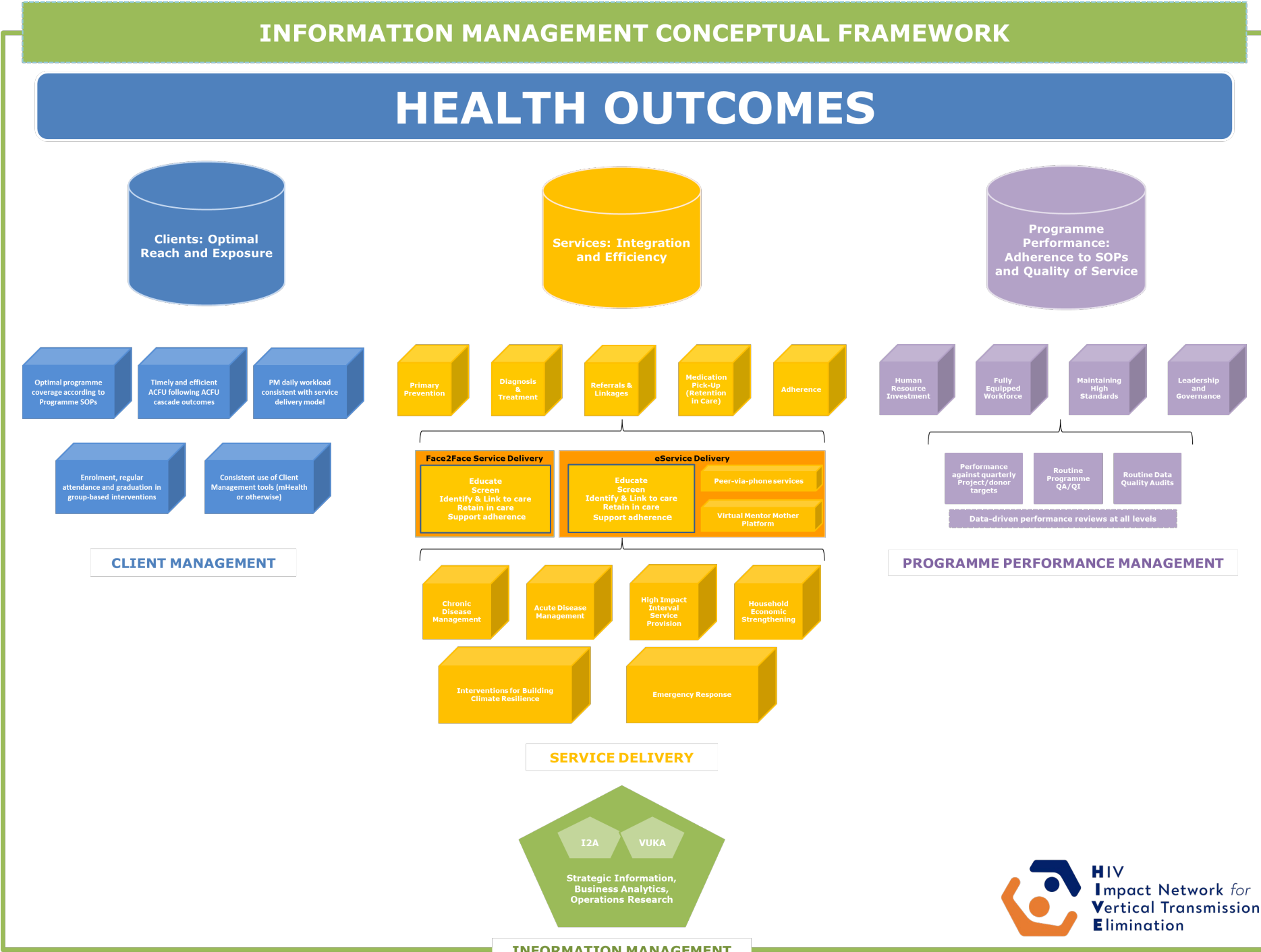
Mentor Mothers deliver integrated health services, education, and support to families at clinics, door-to-door, and via e-Services .



Since 2001, m2m has improved health outcomes for millions across Africa



M&E Framework and Key Intervention



Monitoring Key VTP Services Through Community Health Access and Resource Management (CHARM)



Impact of the m2m Program



- **Independent External Evaluations**

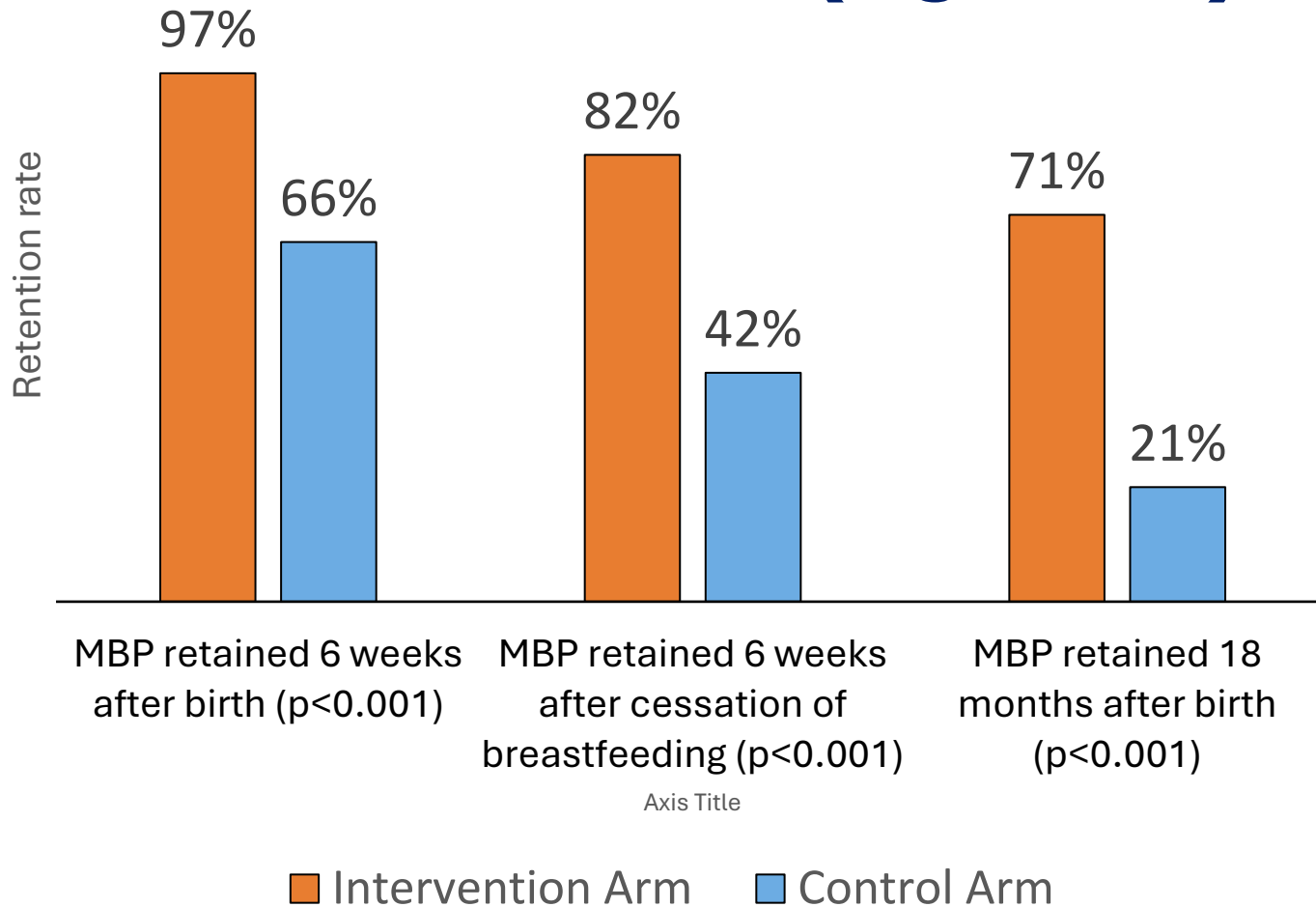
Uganda (2019)

- **Quasi-experimental matched area comparison**
- Assessing the effect of m2m Ugandan Mentor Mother (MM) program on the retention of mother-baby pairs in HIV-care.
Intervention arm (n=1,161) vs comparison arm (n=1,143).

Malawi (2017)

- **Stratified Cluster Randomised Trial**
- Assessing whether facility and community-based peer support improves Option B+ uptake and retention compared with standard of care.
- Twenty-one facilities were randomized and enrolled 1,269 women: **447** in facilities implementing the standard of care (SOC), **428** in those implementing facility-based peer support models, and **394** in those implementing community-based peer support models.

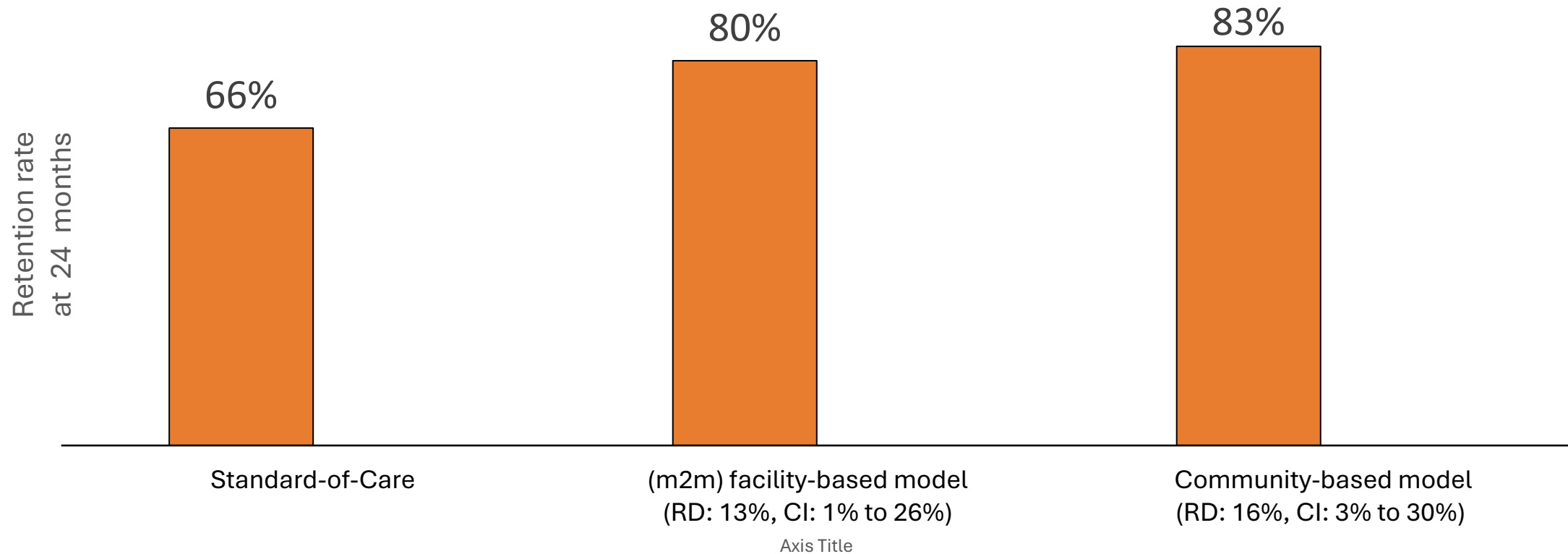
Impact of m2m Program-Key Results (Uganda)



Mother with HIV and their HIV-exposed infants in the m2m Ugandan Mentor Mother Program

- Had higher retention in HIV care at every step along the VTP cascade

Impact of m2m Program-Key Results (Malawi)



At 24 months, retention was higher in (m2m) facility-based and community-based models compared with the standard-of-care.

Impact of m2m Program- (m2m Annual Program Review)



- **Data source:** m2m digital client management tools.
- **Study population:** Clients receiving routine support for 6 to 36 months .
- **Sample:** A census of clients registered on digital client management tools in Ghana, Kenya, Lesotho, Malawi, South Africa, Uganda and Zambia.
- **Follow-up:** A 24- and 36-month enrolment cohort analysis .
- Sub-sample analysis among HIV-negative PFW as well as PFW living with HIV.
- **Outcomes: Uptake** of services and key client outcomes.

m2m Annual Program Review Indicator	Result (2023)
Seroconversion Rates Among m2m Pregnant & Breastfeeding Clients *	0.23%
Exclusive feeding (EBF or ERF) **	98%
Exclusive breastfeeding **	97%
Uptake of Modern Family Planning **	93%
Condom use **	91%

* PFW testing HIV-negative at m2m enrollment

** PFW living with HIV



Conclusions and Recommendations



- In limited resource settings where health workers have high workload and less time for patient care and follow-up, alternative approaches such as **peer support interventions** could significantly improve maternal uptake of ART as well as long-term retention (on ART). (The PURE Malawi consortium)
- We recommend **adoption** of the m2m **peer-to-peer model** in sub-Saharan Africa to complement retention in care strategies and health system interventions especially among priority and key populations. (External Analysts, University of the Witwatersrand)