

CQUIN Differentiated MCH Workshop

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DSD Models to Support Retention

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mothers2mothers (m2m)

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HIV Learning Network The CQUIN Project for Differentiated Service Delivery

m2m's Evolving Model

m2m's DIVERSE IMPLEMENTATION PORTFOLIO

ECD/RMNCH (DSD)

- Mentor Mothers
- Ghana, Kenya, & Malav

GENERAL RMNCH (DSD)

- Mentor Mothers
- Lesotho, Mozambique, Angola, & South Africa

OVC (DSD)

- Mentor Mothers, Family Mentor
- Peer Mentors
- South Africa, Ugar

ADOLESCENT HEALTH (DSD)

- Mentor Mothers,
- Peer Mentors
- South Africa, Ugan

NCD (DSD)

- Mentor Mothers
- South Africa

COMPREHENSIVE HIV PREVENTION, CARE & TREATMENT

- Mentor Mothers & Expert Clients
- Nurses & HTS Counsellors
- Angola, Lesotho & Malawi

TECHNICAL ASSISTANCE (TA)

- Mozambique
- South Africa
- Tanzania



Geographic Footprint:

• 10 sub-Saharan African countries

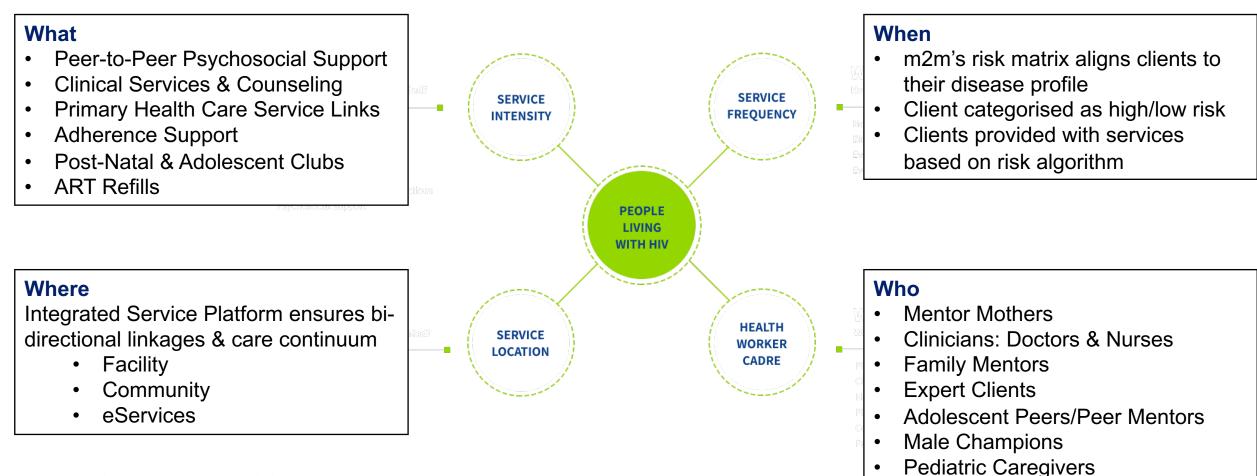
Service Focus:

- Comprehensive HIV prevention, care & tx.
- General RMNCH
- Early Childhood Development/RMNCH
- Orphans & Vulnerable Children
- Adolescent Health
- Non-Communicable Diseases

Central Pillar:

• Peer-to-Peer, client-centred approach that evolves to meet community health needs

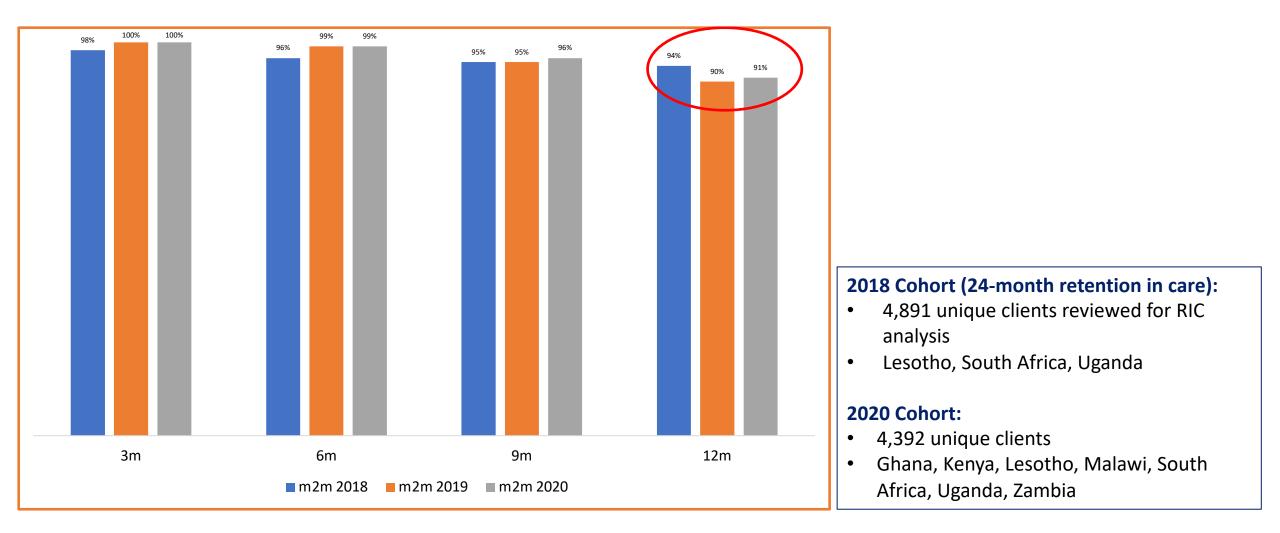
Differentiated Service Delivery at m2m



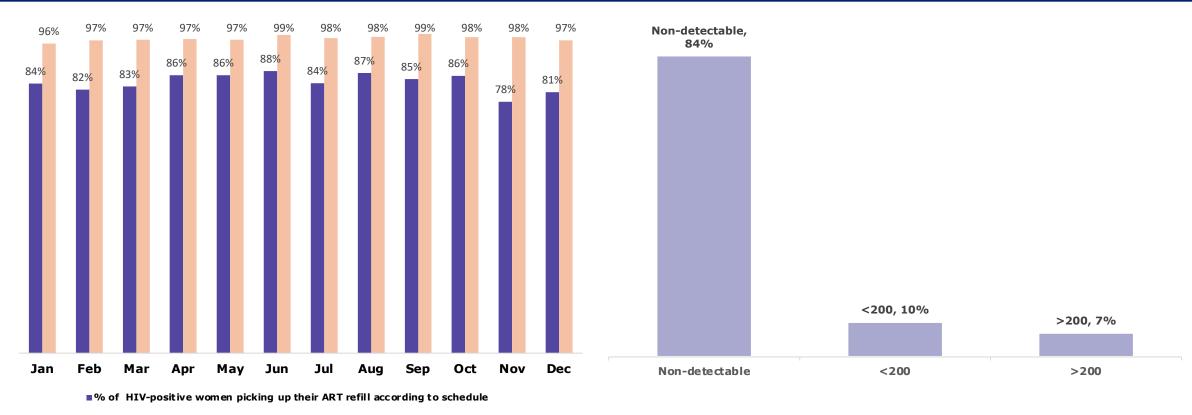
Game-Changing DSD, Even During COVID-19

PANDEMIC STATUS	Client Groups/ Characteristics	Staff-Client Interactions	Face-to-Face at the Health Facility	Peer-via Phone	Household Visits	VMM WhatsApp Client- led Interactions	
Lockdown	All HIV-positive clients	 4 Mentor Mother (MM) interactions per month 1 additional Facility-based interaction as per Clinical appointments 	1 Facility Visit	4 phone calls	None	Continuous Interactive Messaging	
Post-lockdown, OR No lockdown but disrupted community activities	 All HIV-positive mother-baby pairs in the PMTCT programme All HIV-positive children All HIV-positive Adolescents 	 4 MM interactions per month 1 additional Facility-based interaction as per Clinical appointments; group interventions aligned 	1 Facility visit	2 Phone Calls	2 Household (HH) visits	Continuous Interactive Messaging	ALITIES
Post-lockdown OR No lockdown but disrupted community activities	 High-risk HIV-positive Adult Men and Women (General ART) 	 2-3 Expert Client interactions per month 1 additional Facility-based interaction as per Clinical appointments; group interventions aligned 	1 Facility visit	2 Phone Calls	1 HH Visits	Continuous Interactive Messaging	LIVERY MOD
Post-lockdown OR No lockdown but disrupted community activities	 High-risk HIV-Negative moms (e.g., PIH Malnourished babies) 	 2 Client interactions per month 	1 Facility visit	1 Phone Call	1 HH Visit	Continuous Interactive Messaging	DE
Level 3 Lockdown: Non- Communicable Diseases (NCDs) — Phila Ngcono in Western Cape	 Clients with uncontrolled diabetes and hypertension 	 4 NCD MM interactions per month 1 additional Facility-based interaction as per Clinical appointments; group interventions aligned 	1 Facility visit	3 phone calls	1 HH Visits	Continuous Interactive Messaging	SERVICE
Irrespective of COVID-19 Pandemic	• HIV-Negative Clients	 1 Facility-based face-to- face interaction as per Clinical appointments 	1 Facility visit	1 Re-testing Reminder	1 HH visit if a discordant couple	Continuous Interactive Messaging	

Primary Outcomes 2018-20: ART Retention in Care



2020 Primary Outcomes: Treatment Adherence, Viral Suppression



% of adherence assessments >80% adherent

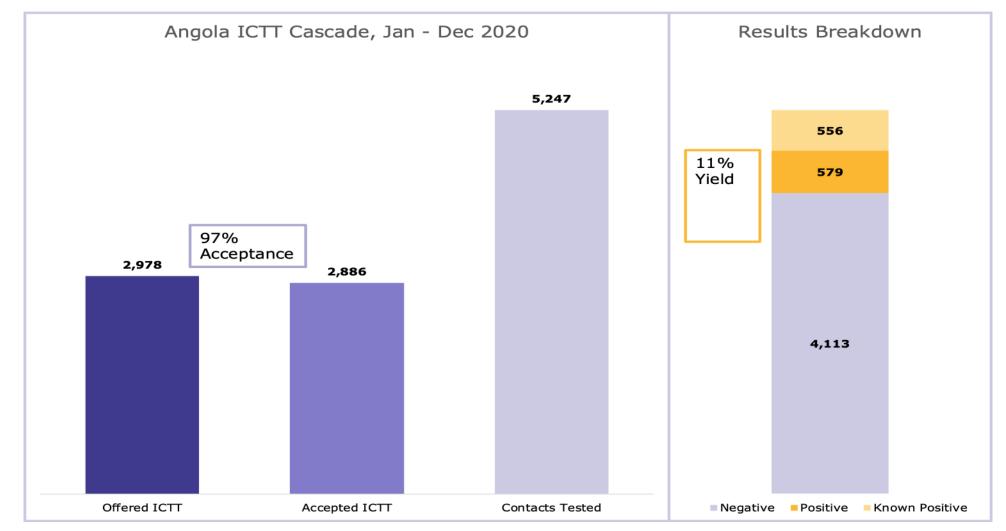
Adherence to Treatment*

* Monthly average of 12,785 HIV+ women: Ghana, Kenya, Lesotho, Malawi, Mozambique, South Africa, Zambia

Viral Suppression**

** 5,026 women analysed as part of a three-year cohort: Lesotho, South Africa, Uganda

2020 Index Client Testing and Tracing (ICTT) in Angola during COVID-19



A Few Take Home Points

- It's the New Norm: Don't regard DSD as an add-on intervention, but rather as the new norm; it's the most
 efficient way to reach optimal outcomes and achieve operational efficiencies.
- Integration is Crucial: Integrating routine risk assessment and services (such as NCDs) in DSD can minimise client attrition and retrogression risks.
- Family Support is Vital: The ability to move from facility to community and back to facility with clients, their partners, and their entire families has strengthened retention in care.
- **Peer Cadres Work!** Back to m2m's central pillar, Peer Cadres like our Mentor Mothers who are considered essential health workers offer a great point of leverage and alignment.