

Presentation Outline



- **Introduction**
- **Background information**
- **Methods and interventions**
- **Results post interventions**
- **Challenges and next step**
- **Conclusion**
- **Acknowledgement**



ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION

Onguko ;5

Integration of HIV Care and Treatment with Maternal and Child Health Services for Impact: From Research to Practice

Onguko P, Deya J, Mutinda G, Ochuka B, Muthama
D, Matu L and Syengo T.

IMPACT INTEGRATION CONFERENCE

12TH -14TH SEPTEMBER 2012

Nairobi-Kenya

Presentation Outline



- **Introduction**
- **Background information**
- **Methods and interventions**
- **Results post interventions**
- **Challenges and next step**
- **Conclusion**
- **Acknowledgement**

Introduction



This paper shall address integration of HIV care and treatment within maternal child health services which was aimed at provision of PMTCT services to all mothers and children thus reducing the risk of Mother to Child transmission.

A study conducted by Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Western Province had shown that care for the mother/baby pair in MCH settings resulted in better outcomes compared to care in comprehensive care settings. In April 2011, EGPAF, through the CDC-funded *Pamoja* Project, began integrating HIV care and treatment at MCH clinics in 11 districts in Nyanza province, with an aim of increasing access to antiretroviral therapy (ART) and ARV prophylaxis, and improving retention in care, among HIV-positive mothers and their HIV-exposed infants.

Background - Kenya



Background

Kenya's national mother-to-child transmission of HIV (MTCT) rate is below 10% (PMTCT Impact Evaluation Study of 2010).

MTCT rates in 11 districts in Nyanza Province estimated at 20% as of 2010.¹

In April 2011, EGPAF, through the CDC-funded *Pamoja* Project, began integrating HIV care and treatment at MCH clinics in 11 districts in Nyanza province, with an aim of increasing access to antiretroviral therapy (ART) and ARV prophylaxis, and improving retention in care, among HIV-positive mothers and their HIV-exposed infants



Methods and interventions



- Baseline review of PMTCT data in the 11 districts(Oct 2010-December 2010), to define areas of support that could potentially strengthen antiretroviral therapy (ART) dispensation and retention of mother-baby pairs in maternal and child health (MCH) settings to support greater HIV care and treatment integration at MCH sites.
- Key informant interviews(DMOH,DHRIO and DASCOS),to determine the quality of care given to both mother and baby.

Baseline Findings



- HIV positive women at dispensary level were being referred with no clear documentation on referral process to the next level of care.
- The Health centers had a two step referral from MCH to CCC thus loss to follow up.
- Staffs at the dispensary were unable to initiate patients on ART yet were able to give prophylaxis

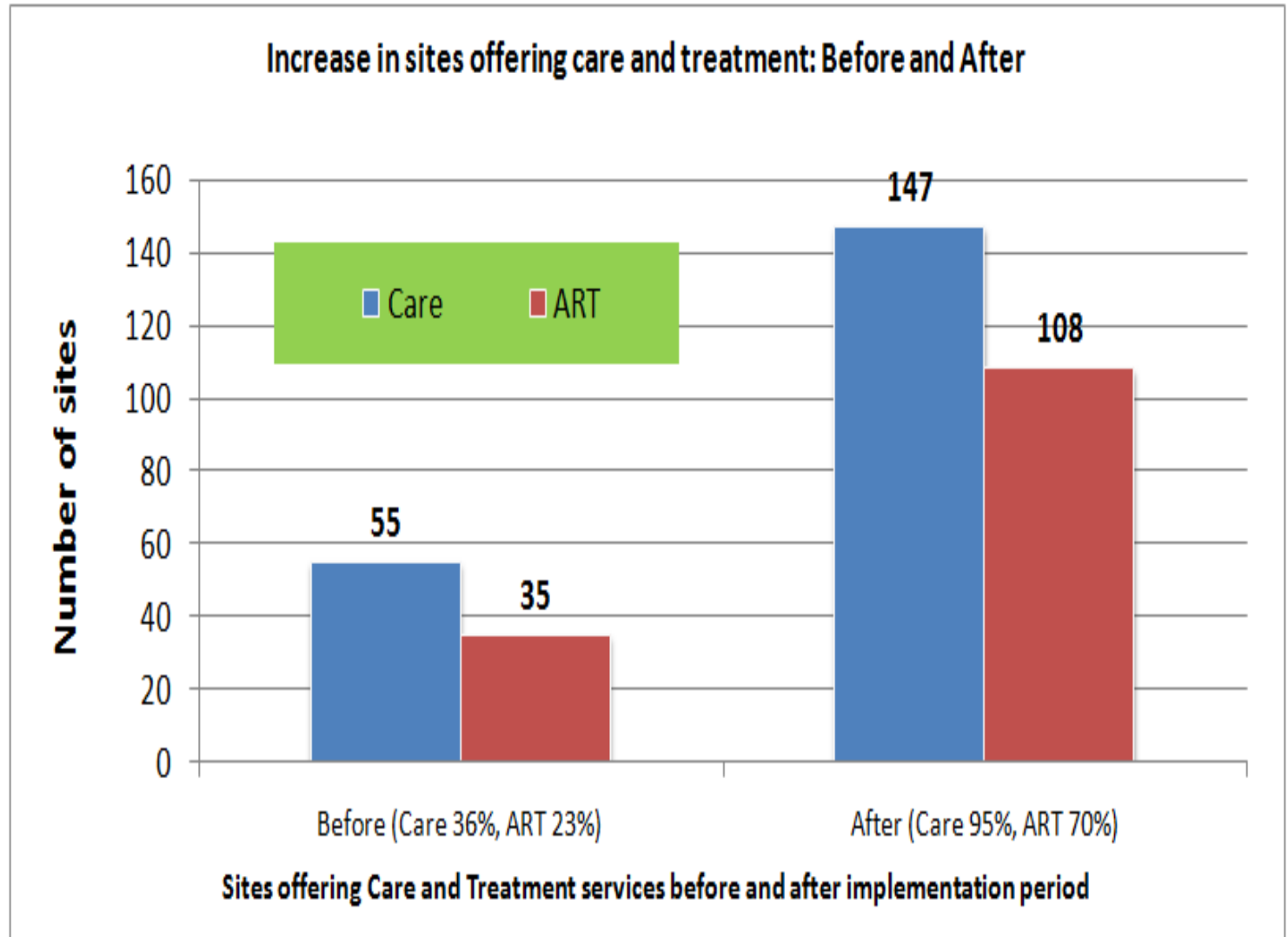
Interventions



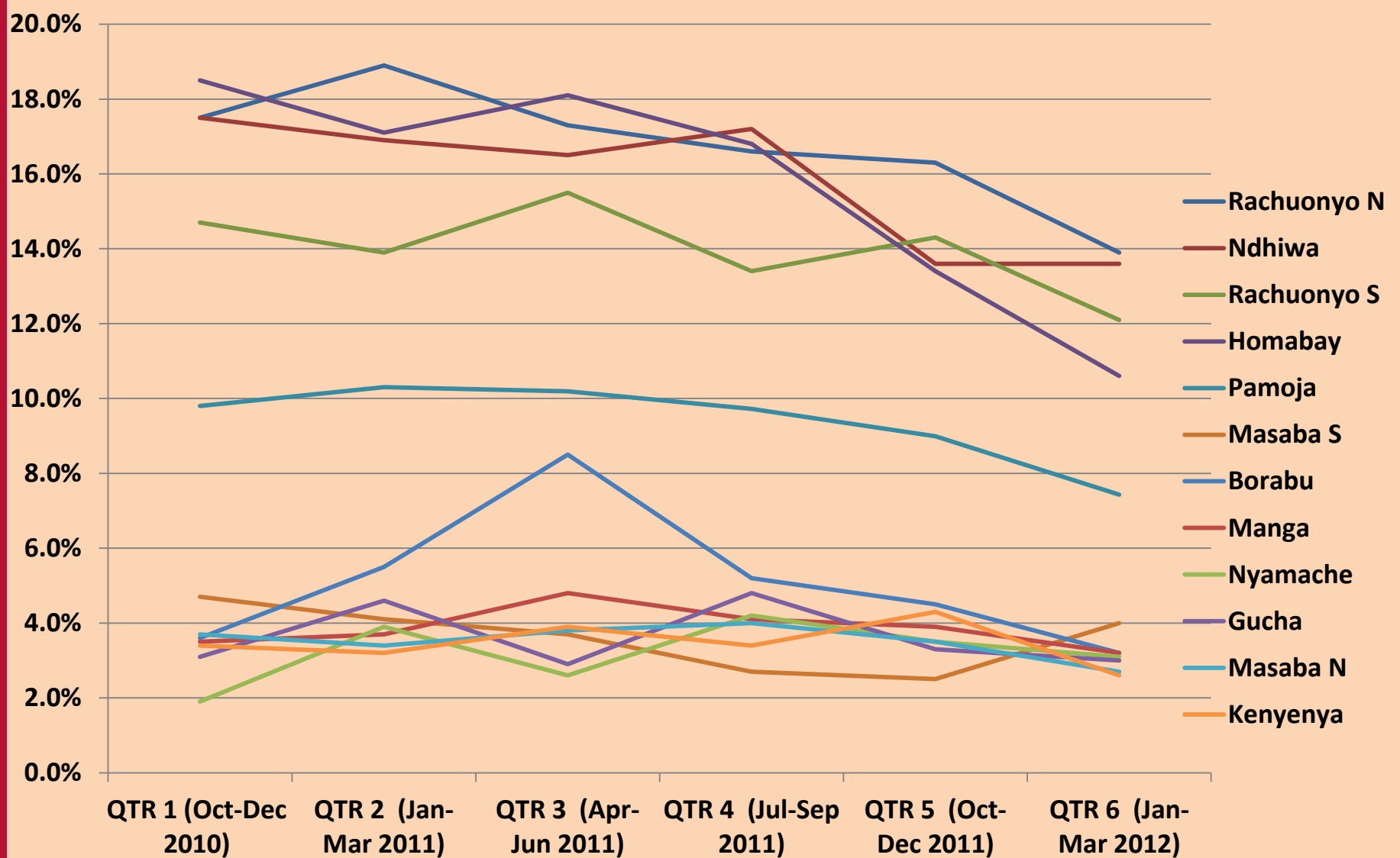
1. Mentorship of facility staff on integrated management on Adult and Adolescent illnesses(IMAAI).
2. Introduction of mother mentors approach through the peer counselor model.
3. Introduction of integrated filing system
4. Replaced the two step referral with a one stop shop in all dispensaries
5. Conducted continuous quality improvement process to identify gaps and put up improvement measures
6. Introduced integrated quality teams that facilitated and followed up on integration at all levels of care within the Districts.



Post intervention results



Trends of HIV prevalence (ANC)



HEI enrollement

	QTR1	QTR2	QTR3	QTR4	QTR5	QTR6
District	Oct-Dec10	Jan-Mar11	Apr-Jun11	Jul-Sep11	Oct-Dec11	Jan-Mar12
Rachuonyo N	56	65	82	96	83	96
Ndhiwa	82	95	112	279	171	136
Rachuonyo S	60	88	129	140	141	142
Homabay	219	243	274	284	272	197
Masaba S	49	17	16	16	16	13
Borabu	10	14	8	9	13	10
Manga	40	12	12	15	19	6
Nyamache	9	14	17	19	18	22
Gucha	14	15	21	20	16	15
Masaba N	38	19	14	30	26	17
Kenyanya	3	12	14	13	16	14
Pamoja (No)	580	594	699	921	791	668
Pamoja (%)	50.9%	47.5%	63.8%	88.6%	95.9%	100.1%

HEI: Total testing positive

District	QTR1	QTR2	QTR3	QTR4	QTR5	QTR6
	Oct-Dec11	Jan-Mar12	Apr-Jun12	Jul-Sep12	Oct-Dec12	Jan-Mar13
Rachuonyo N	7	8	4	6	6	2
Ndhiwa	7	22	13	27	16	11
Rachuonyo S	11	11	12	12	5	3
Homabay	23	23	23	24	15	15
Masaba S	6	0	2	0	2	0
Borabu	3	2	1	0	2	1
Manga	2	2	1	2	0	0
Nyamache	1	0	1	0	1	0
Gucha	0	0	0	0	0	0
Masaba N	10	1	3	4	2	0
Kenya	1	0	0	0	0	0
Pamoja (No)	71	69	60	75	49	32
Pamoja (%)	9%	8%	6%	7%	6%	6%

Challenges & Next steps



The project will scale up integrated care and treatment services to all the 155 supported sites and will ensure that retention of the mother/baby pair remains above 80%. Attention will be paid to how this scale up and integration affects other routine services such as immunization and family planning to ensure that they are not neglected at the expense of HIV service provision

Conclusion



- The MCH integration model used by EGPAF *Pamoja* has led to measurable improvements in mother/baby pairs' access to HIV prevention, care, and treatment services as well as in retention. By working to ensure that all treatment-eligible pregnant women have access to ART in a high-prevalence setting like Nyanza, the project is bringing Kenya one step closer to eliminating pediatric HIV.

Innovation to strengthen Hospital delivery and referrals in Ndhiwa



Acknowledge



- Ministry of Health Kenya
- Staffs in 11 Districts-Nyanza
- DHMT in the 11 Districts
- EGPAF -Kenya
- CDC



ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION

Thank You!