

BACKGROUND

In an effort to reduce the Mother to Child Transmission of HIV (MTCT) to less than 5% by 2019 (KASF, year 2014). HIV testing Services (HTS) and enrollment to preventive HIV therapy are key interventions provided during antenatal care, delivery and postnatal care. The entry point for the HIV services in pregnant women is universal testing done in Maternal Newborn and Child Health.

However only 53% of women know their HIV status (KDHS 2014) and therefore there is need to employ sustainable and cost effective strategies to upscale HTS among mothers.

The gold standard is to integrate elimination of mother to child transmission to MCH services.



Fig 1: County commitment to to EMTCT

OBJECTIVE

To eliminate new HIV and maintain viral suppression among infected children, and promote maternal and child health through reducing missed opportunities in MNCH.

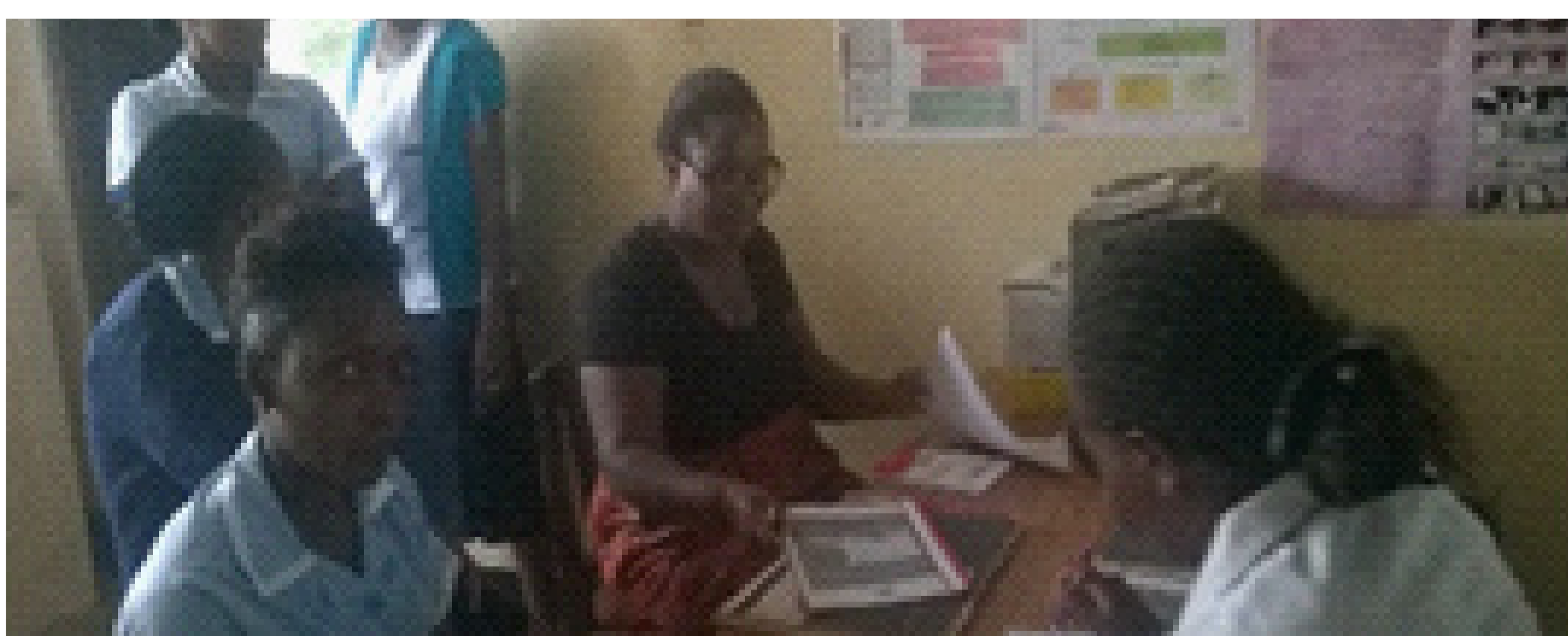


Fig 2: Mentorship session EMTCT /MNCH integration

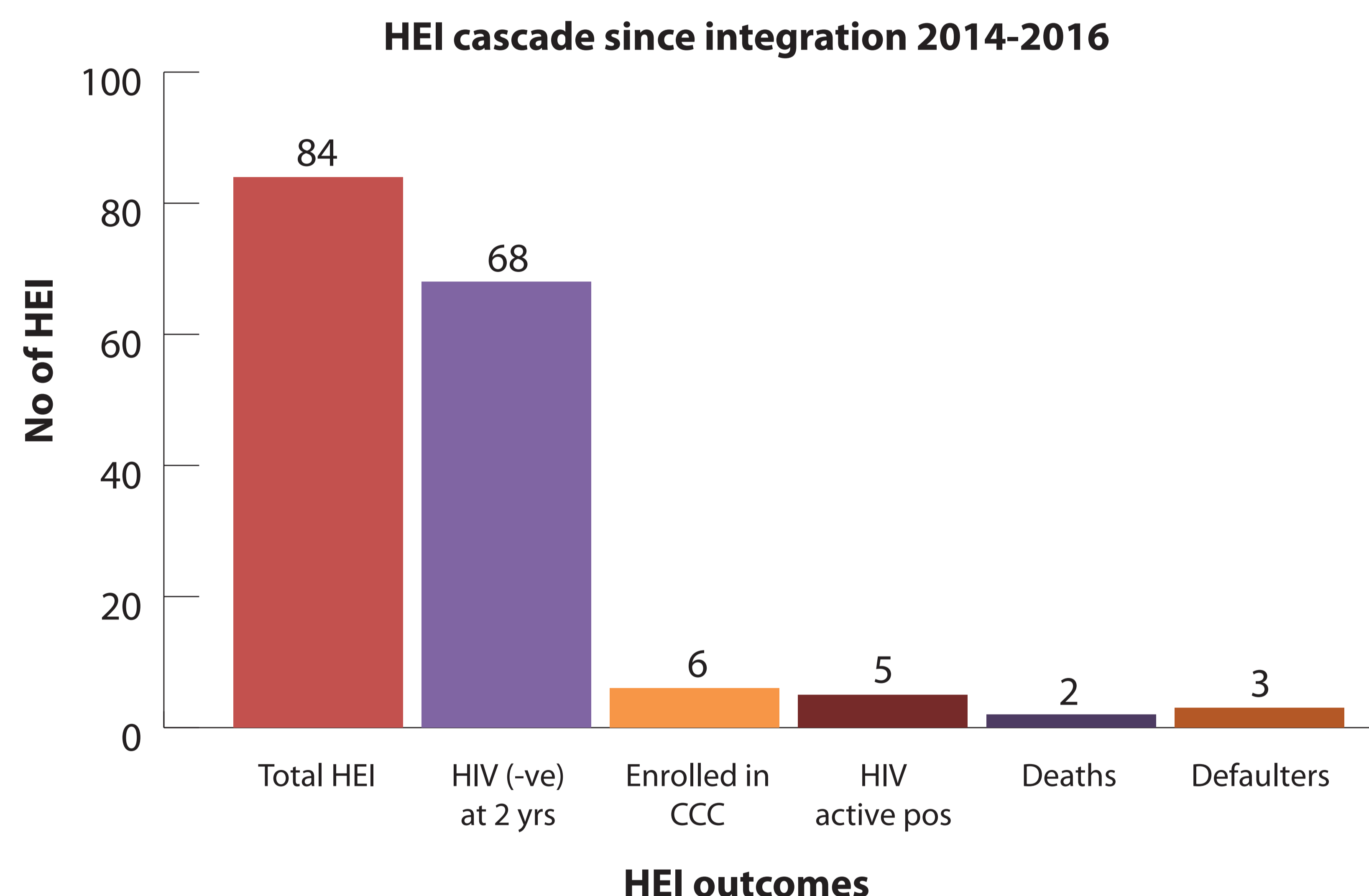
METHODOLOGY

- Mentorship of HCW on EMTCT /MNCH integration
- HIV positive women of reproductive age are identified in all entry points and enrolled in ART register and files updated.
- Multi-departmental meetings held and sensitization on the importance EMTCT integration done.

- The HIV exposed infants (HEI) enrolled in care and baby mother pairing done.

RESULTS

- Integration of eMTCT services in MCH at SCRH reduced defaulter rates from 80% to 10% in two years.
- Since integration 104 HIV positive women identified (20 ANC and 84 postnatal).
- 84 HEI identified with 100% receiving Nevirapine prophylaxis and 6 HIV positive enrolled in care.
- 81% of the children exited at year with HIV negative status.



CONCLUSION

One stop shop integration of EMTCT services into MCH eliminates the missed opportunities of screening enrollment and adherence for both the mother and the child, reduce waiting time, reduces stigma among HIV positive women, promotes inter-departmental collaboration and coordination and enhance quality of service, by achieving reduced waiting time since no referral to the CCC and to the laboratory, women seen the MCH departed are not stigmatized since they are seeking usual services like antenatal postnatal and immunization services unlike when seen in the comprehensive care centre.

The mother and the baby also receive a comprehensive package of care in a safe environment.

ACKNOWLEDGEMENT

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