



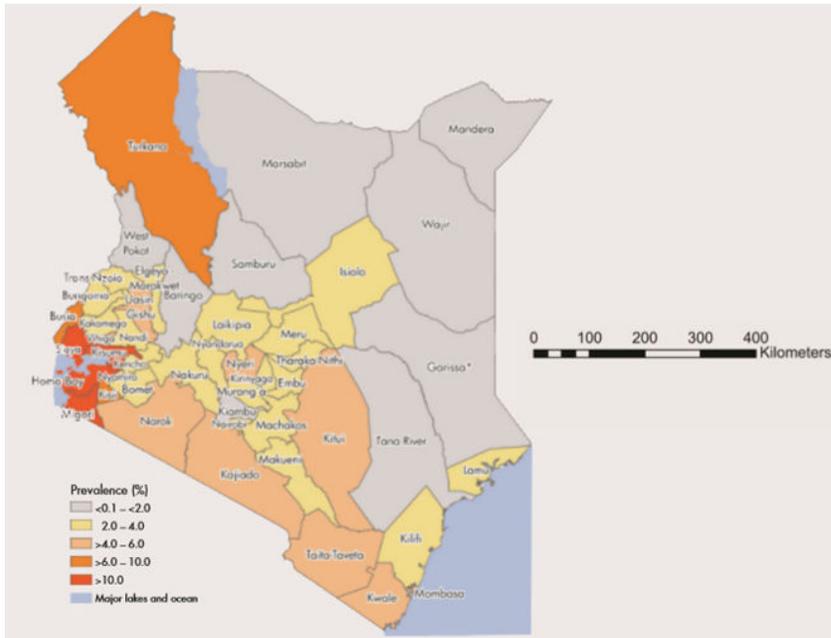
# CQUIN Differentiated MCH Workshop Kenya Country Update

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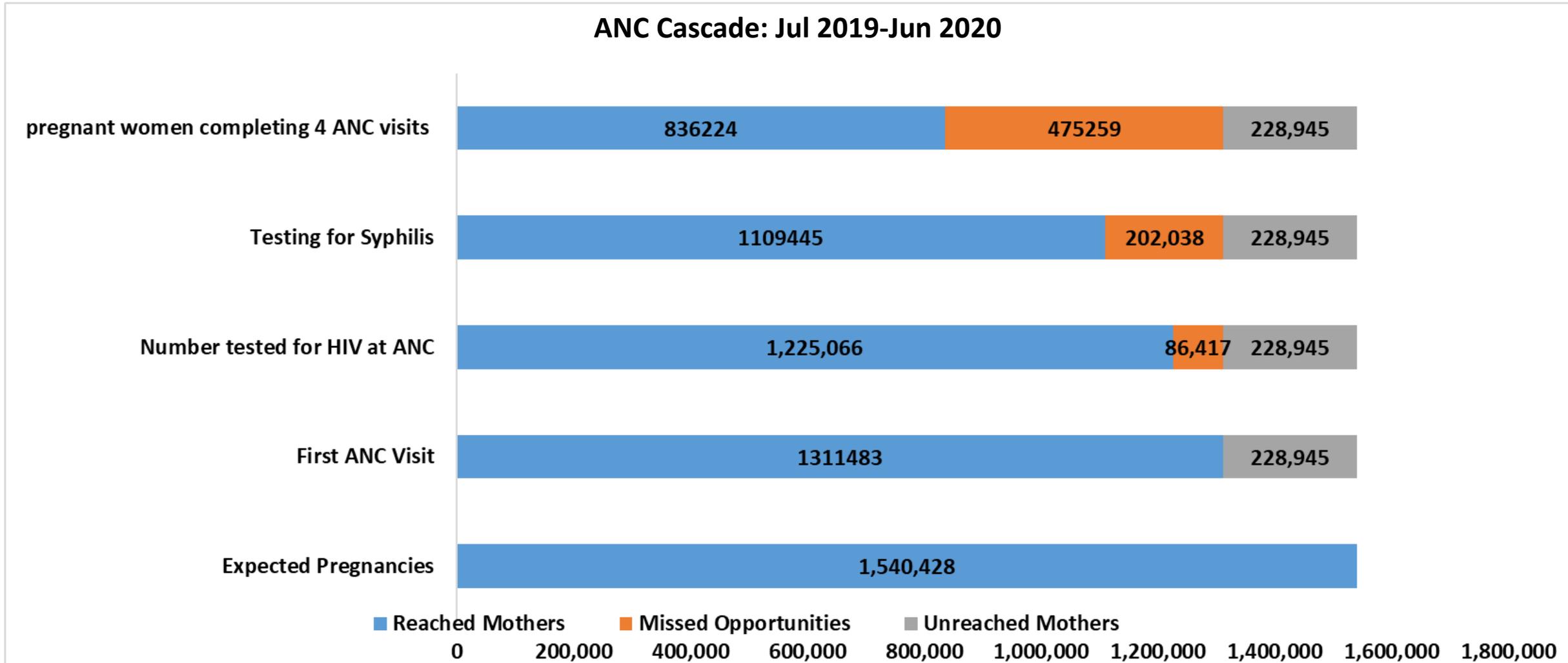
# HIV and PMTCT in Kenya



- Approx. 1.5 Million People Living with HIV in Kenya; Adults, 1,401,762, Children, 106,820
- Approx. 1.2 M on ART
- Overall HIV prevalence : 4.4%
- Current MTCT rate: 10.8%
- Overall unmet FP need: 27%

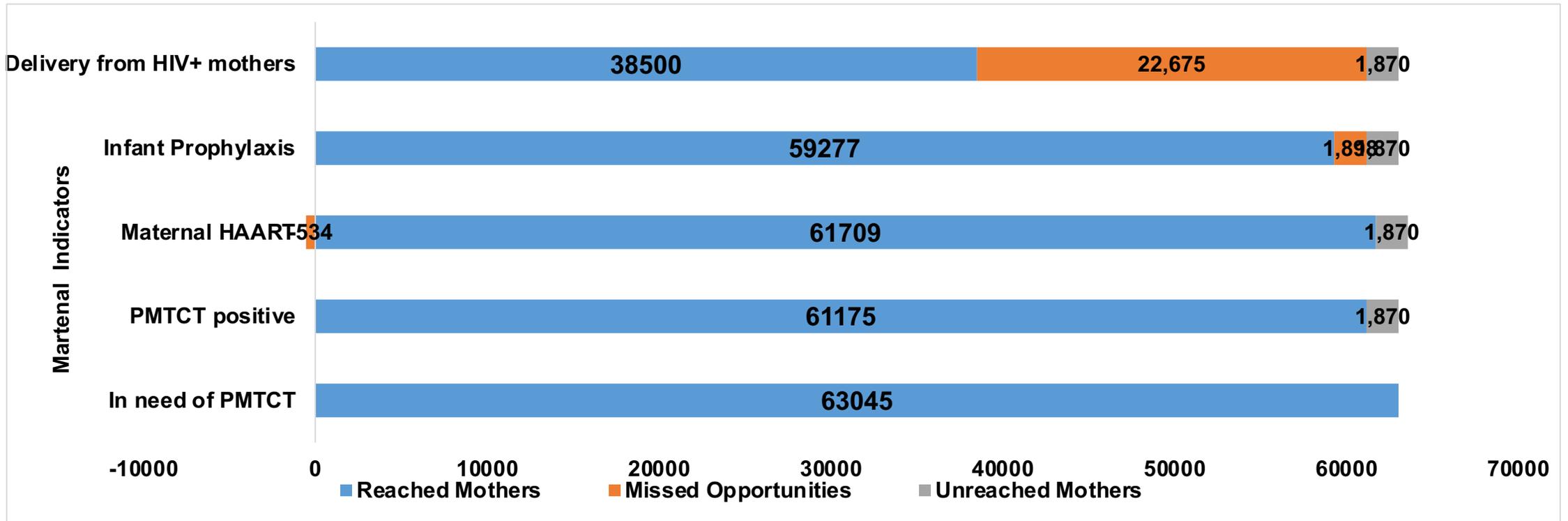
# HIV MCH: ANC CASCADE

ANC Cascade: Jul 2019-Jun 2020



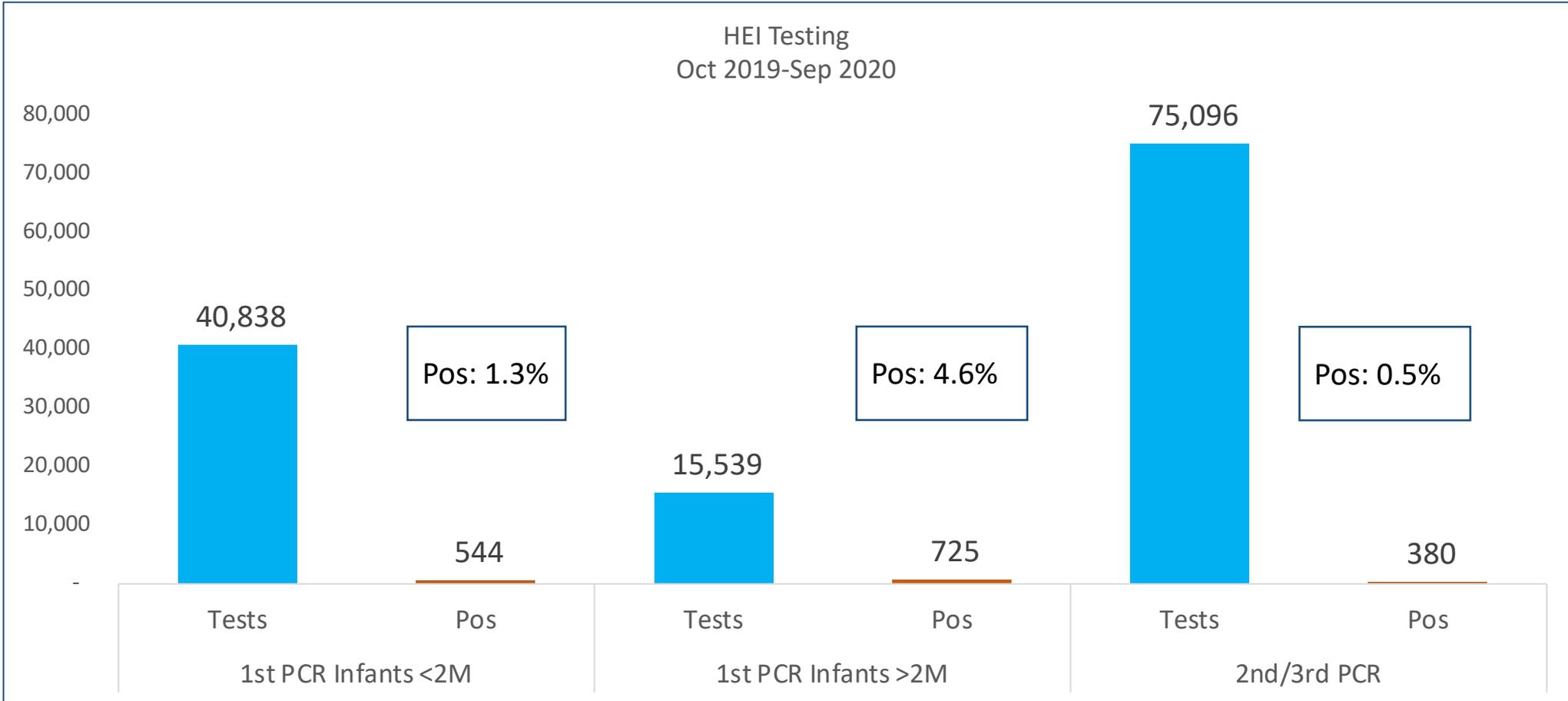
# HIV in MCH: PMTCT Cascade

Maternal Cascade: Jul 2019-Jun 2020



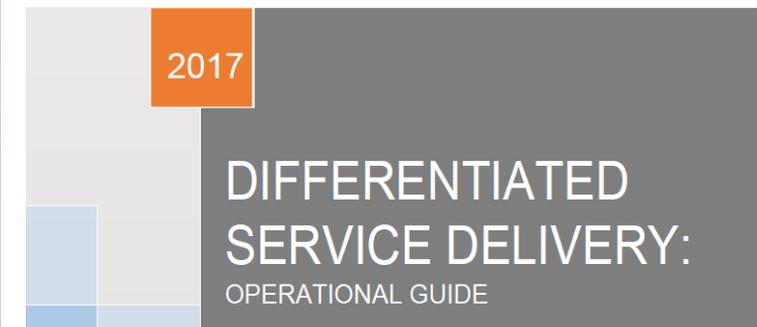
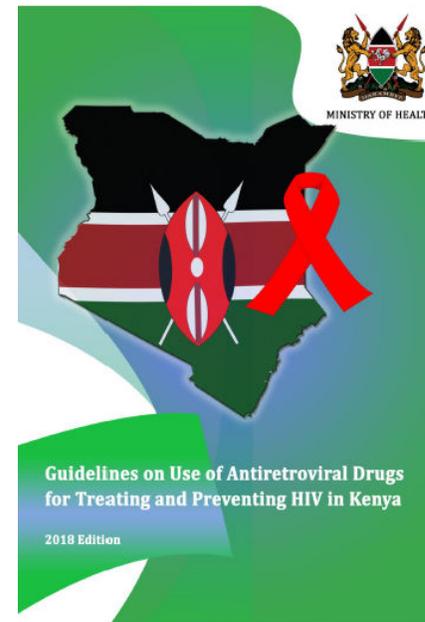
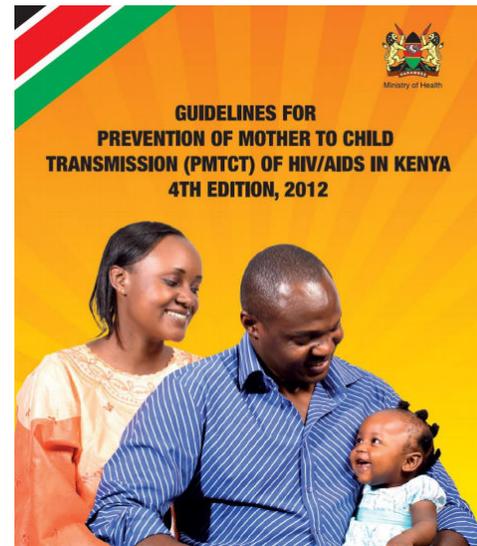
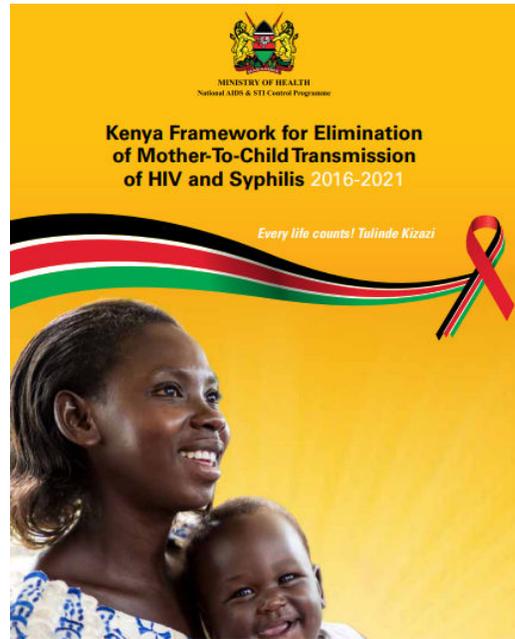
Overall viral suppression for pregnant and BF women on ART: 92%

# HIV-exposed Infant Testing



Positive Infants on ART: 89%

# Policy and Treatment Guidelines



# Differentiated Services for MCH Clients



- **Community pregnancy mapping by Community Health Volunteers (CHVs);**
  - Referral/linkage to facility for ANC
  - longitudinal follow up for completion of 4<sup>th</sup> ANC and skilled delivery
  - Largely supported by IP (costs of training CHVs, logistics)
  - Planned scale through Universal Health Care (UHC) adoption in Kenya
  - Goal is to increase ANC attendance and skilled delivery

# Differentiated Services for MCH Clients

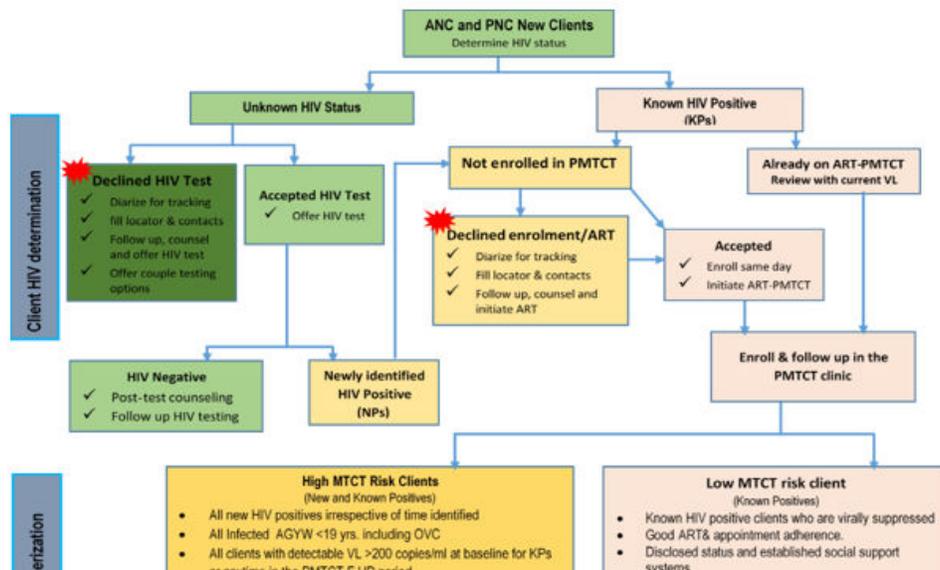


## ○ **Integration of ART/RH Services ('one stop services');**

- Integration of HIV services for WCBP in MCH clinics
- Mentor mothers deployed to offer treatment literacy, psychosocial and adherence support
- Integration of RH services such as FP; Pregnancy intention screening is offered to all WCBP using standardized tool within HIV clinics

# Differentiated Services for High Risk PMTCT Clients

## High risk assessment and case management algorithm



- **Case management for higher risk PMTCT women** ;
  - ❖ Pregnant or post partum women identified as high risk based on criteria; AGYW, newly identified HIV, poor adherence, high viral load etc
  - ❖ Provided with enhanced package of care;
    - Basic package of care **plus**
    - Case management through mentor mother ; pre-appointment appointment reminders, targeted home visits
    - Specific clinic day
    - Enhanced adherence, psychosocial support, longitudinal follow up
    - Discussion in MDTs, prompt of ART if switches

# Provision of Services for P/BF women during COVID-19

## 3. ART CONTINUITY OF CARE & TREATMENT

Plans should be made to fully support continuity of ART care & treatment while at the same time minimizing the risk of exposure of COVID-19 to both service providers and beneficiaries of care and treatment. To **reduce clinic attendance and drug pickup frequencies**, the following measures are recommended;

- a) Up to 3 multi-month dispensing (3-MMD) of ARVs should be considered for ALL PLHIVs regardless of age and viral load status. This should be based on assessment of patient needs and availability of adequate ARV stocks at the facility. Adequate client education and adherence support as per current guidelines should be provided before medication dispensing.

**Note: This applies ONLY during this time as we try to minimize the COVID-19 risk of transmission.**

- b) For ALL pregnant women, breastfeeding women and newly diagnosed HIV patients, routine care and follow-up should be done as per the recommendations in the national guidelines.

- 3 MMD for all patients regardless of age, VL status except pregnant and breastfeeding women - routine care and follow up continued as per guidelines

# DSD Policy and Guidelines

<b>Model Of Care</b>	<b>Yes</b>	<b>No</b>
MMD for PW		X
Enhanced Prophylaxis for HEI	X	
FP integration with ART for Postpartum women	X	
One Stop Shop Model (Mom, Baby coordinated ART and Pediatric follow-up)	X	
MMD for Mom-Baby CAG		X
PrEP and FP for women at risk	X	

# MCH DSD Resources

- Available resources:
  - National PMTCT guidelines, ART guidelines, DC operational guides, facility job aids
- Monitoring;
  - Available country reporting tools monitor routine indicators for MCH services (ANC attendance, HIV testing, ART)
  - Tracking of number of ANC/pregnant women enrolled in various DSD models currently difficult, data not available through KHIS
  - Tracking of number of clients who relapse from stable DSD models due to pregnancy possible at facility level

# What are the priorities for DSD for MCH clients

- **Current challenges**

- Our guidelines **exclude** pregnant and breastfeeding women from 'stable' clients hence not eligible for MMS
- Integration of FP/RH services within community models
- Monitoring of DSD services within MCH

- **Country Priorities**

- Revision of Differentiated care guide; revise criteria to allow Pregnant /BF women eligibility for stable models, inclusion of various models (revision process has started)
- Review current community models, integration of FP
- Discussion, review of current monitoring tools (leverage on EMR)
- Scale up of impactful strategies towards achieving elimination of MTCT of HIV

# Acknowledgement

- Ministry of Health
- County Government Teams
- PEPFAR Agencies (USAID, CDC, DoD)
- GF, CHAI
- Implementing Partners
- Networks of People Living with HIV