



---

# MOTHER INFANT PAIRING APPROACH

---

DECEMBER 4-6, 2024 | JOHANNESBURG,  
SOUTH AFRICA

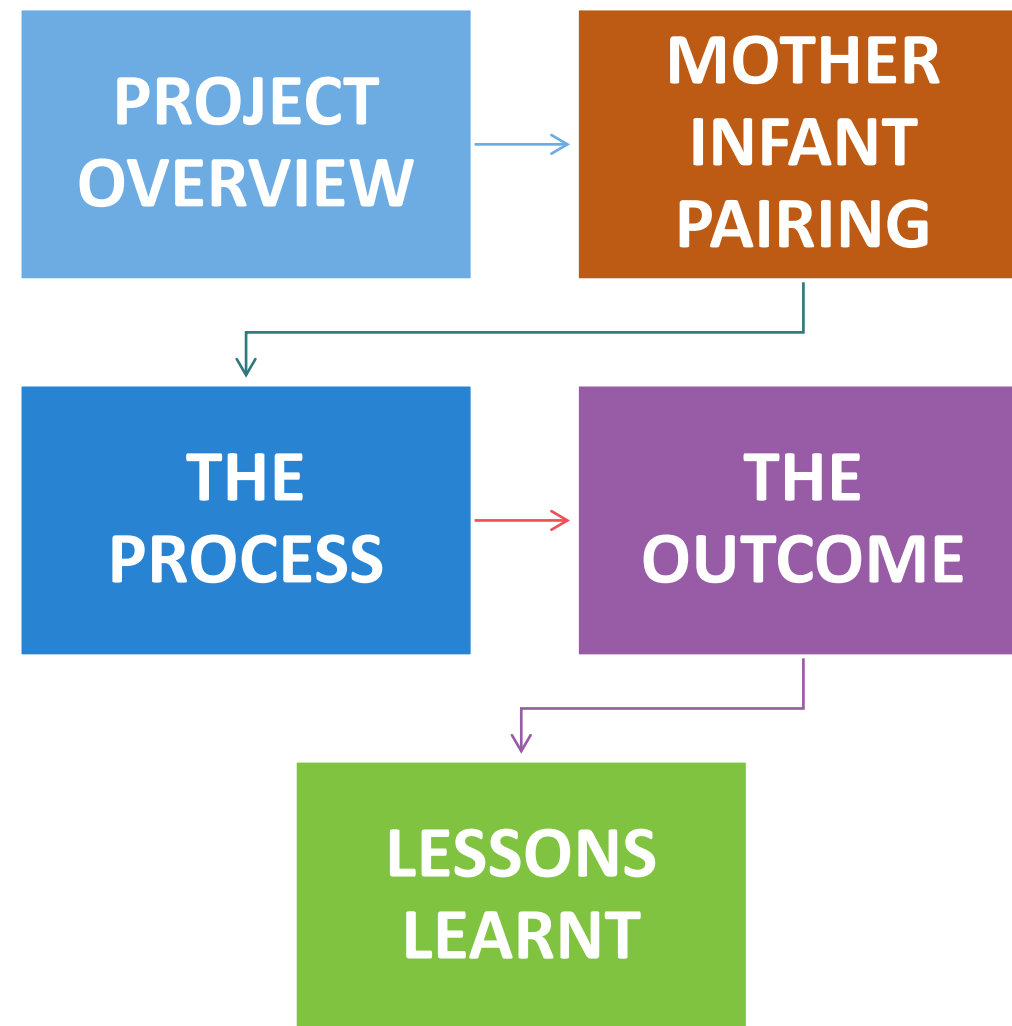
---

**GLADWEL MUTHONI**

TECHNICAL ADVISOR PMTCT – LVCT HEALTH KENYA

---

# PRESENTATION OUTLINE



**HIV**  
Impact Network for  
Vertical Transmission  
**E**limination

# PROJECT OVERVIEW

LVCT Health is a local indigenous Kenyan NGO registered in 2002.

LVCT works in **35** counties in Kenya reaching over **1 million** people annually, serving >20% of PLHIV on ART in Kenya. The Dhibiti Project covers 6 counties in Central region of Kenya which includes Kiambu.



**Our  
Vision**

**Empowered, Healthy and Resilient Communities**

**Our  
Mission**

**To impact communities by facilitating universal access to equitable integrated health services**

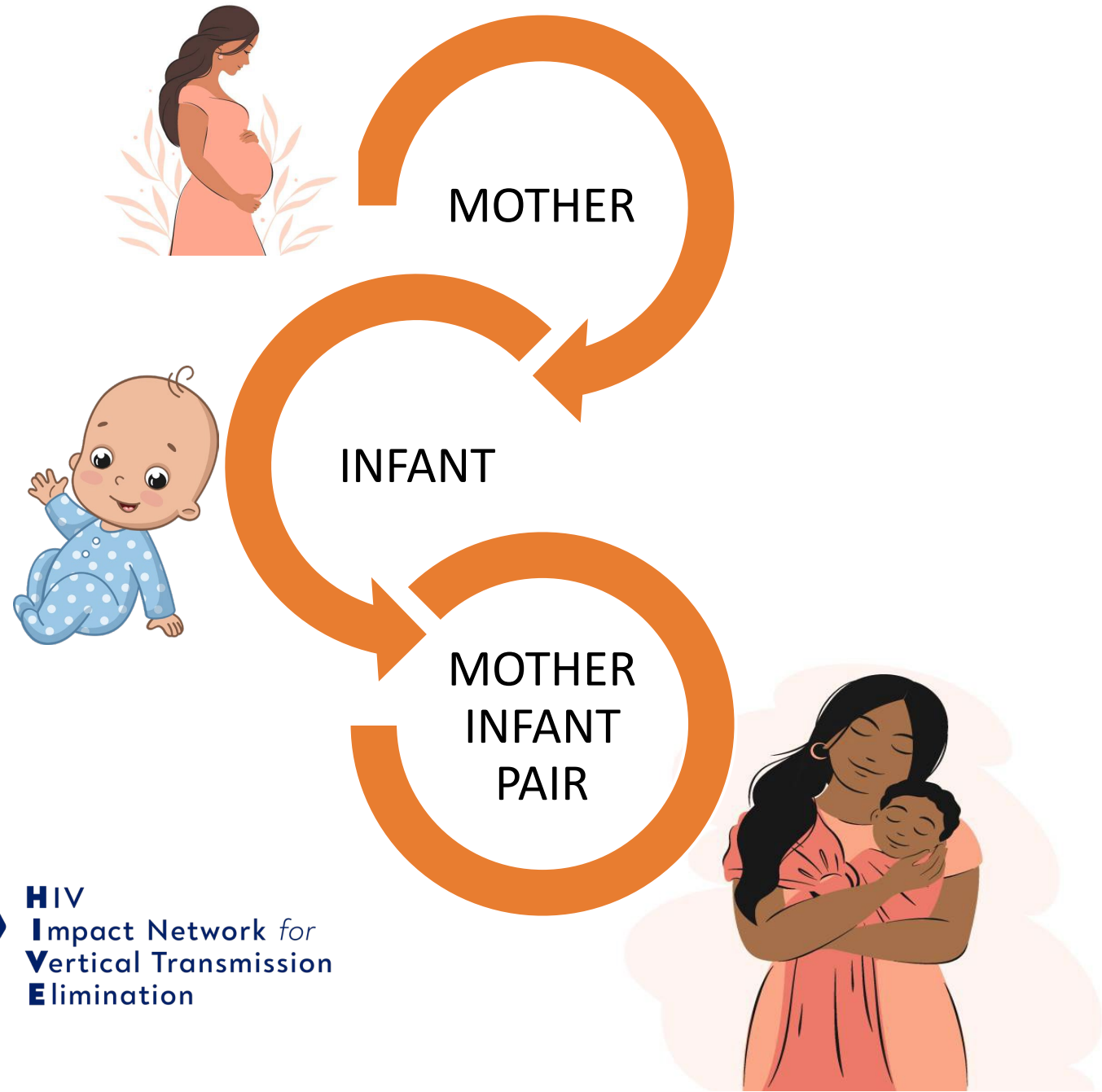
**Our  
Strategic  
Priorities**

- **Health Service Delivery Support**
- **Policy and Systems Strengthening**
- **Monitoring Evaluation Research & Learning**
- **Institutional Wellbeing**

**Our  
Core Values**

- **Commitment to service** • **Integrity** • **Quality**
- **Accountability** • **Courage**

# MOTHER INFANT PAIRING



**HIV**  
Impact Network for  
Vertical Transmission  
Elimination

# INTRODUCTION

- **Mother Infant Pairing (MIP):** A comprehensive, coordinated twinned continuum of care of a woman with HIV (WHIV) and her infant, followed through the cascade of care, till discharge from the vertical transmission prevention (VTP) program at 24 months.
- The MIP are enrolled at the six-week postpartum visit, assigned to a facility and community mentor mother for follow-up.
- The retention strategy encompasses routine HIV services and maternal, neonatal and child health (MNCH) services
- Expected outcome triple elimination of vertical transmission of HIV, Syphilis and Hep B through enhanced retention

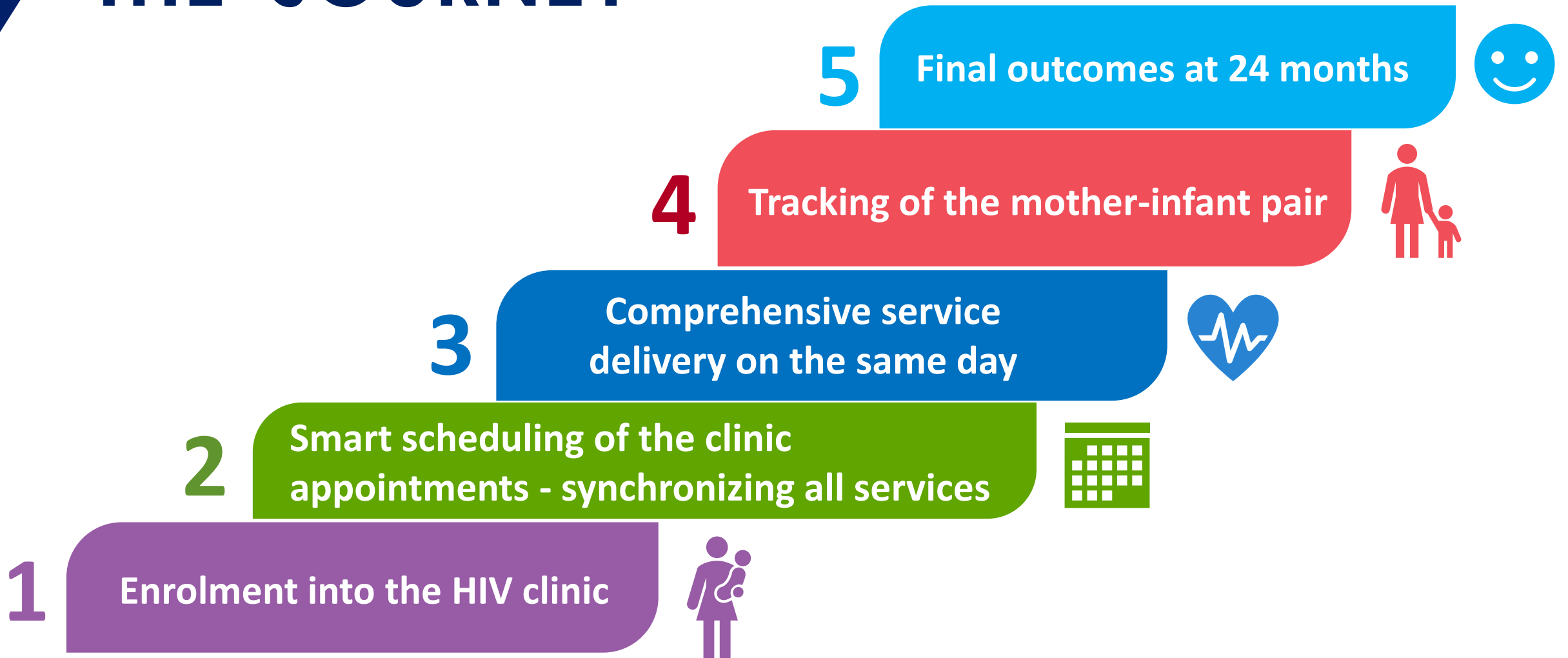
# INTRODUCTION (2)

- High vertical transmission rate in Kiambu county at 8.3% in 2022
- Main challenge in VTP is loss to follow up and high infant mortality at 20%
- Infants with HIV exposure are not retained in care long enough to determine final infection status 24 months
- Poor retention in care prevents;
  - The HEI from getting the postnatal prophylaxis (PNP), routine immunizations, growth monitoring and supplements
  - Rapid initiation of ART for infants diagnosed with HIV infection.

# The Process



# THE JOURNEY





# INTERVENTIONS

## PATIENT



Smart scheduling of clinics:  
HIV/MNCH

Appointment reminders

Differentiated service delivery after 6 months

Psychosocial support groups



## HEALTH CARE WORKER

Sensitization on MIP

Standard Operating Procedure (SOP)

Comprehensive service delivery



## HEALTH SYSTEM

Integration of services within MCH

Monitoring of data – Kenya EMR

Engagement of Mentor Mothers (community and facility)

# TRACKING ON KENYA EMR - LANDING PAGE

The screenshot displays the KenyaEMR landing page. At the top left, it shows the KenyaEMR logo (18.6.1, powered by OpenMRS) and the affiliation with the Technical University of Mombasa Medical Clinic (17627). On the top right, it identifies the user as 'Government of Kenya Ministry of Health' and shows the user is logged in as 'clement onyoli'. A navigation bar includes 'Home', 'My Profile', 'Log Out', and 'Help'. The main area is a grid of 40 functional modules, each with an icon and a label: Registration, Triage, HIV Testing Services, Adherence Counselling, Clinician, Drug Prescriptions, PrEP, Lab Requests, Lab Manifest, Afyastat, Patient Tracing, Chart, Reports, Facility Dashboard, AIR, ETL Admin, Data Quality, IL Admin, Ushauri, Data Manager, Directory, Facilities, Admin, NUPI Verification, NimeCONFIRM, KP Provider, Peer Calendar, Covid-19, Machine Learning, 3.x Patient Chart, 3.x Service Queue Module, and 3.x Appointment Module. A 'NEW UI' badge is present on the 3.x Patient Chart module. A 'KenyaEMR ExcelTutorials BECOME A PRO' banner is located in the bottom right corner of the interface.

# MOTHER INFANT PAIRING ON KENYA EMR

KenyaEMR | Baby Mama Zakayo 44 hrs, Male | Waiting - MCH-CWC Clinic | Outpatient | Not Urgent | Move patient to next service | End visit

**Patient summary**  
Baby Mama Zakayo Active Visit  
Male · 44 hrs · 11 — Nov — 2024  
OpenMRS ID: MGMTPY

**Vitals & Anthropometrics** No data has been recorded for this patient Record vitals →

**Family** | PNS Contacts | Other

**Family contacts** Add +

Name	Relation	Age	Alive	Cause of Death	Chronic Disease
<a href="#">Mama Zakayo Shisha</a>	Parent	41	Alive	--	No

Items per page: 10 | 1-1 of 1 items | 1 of 1 page

**Relationships**

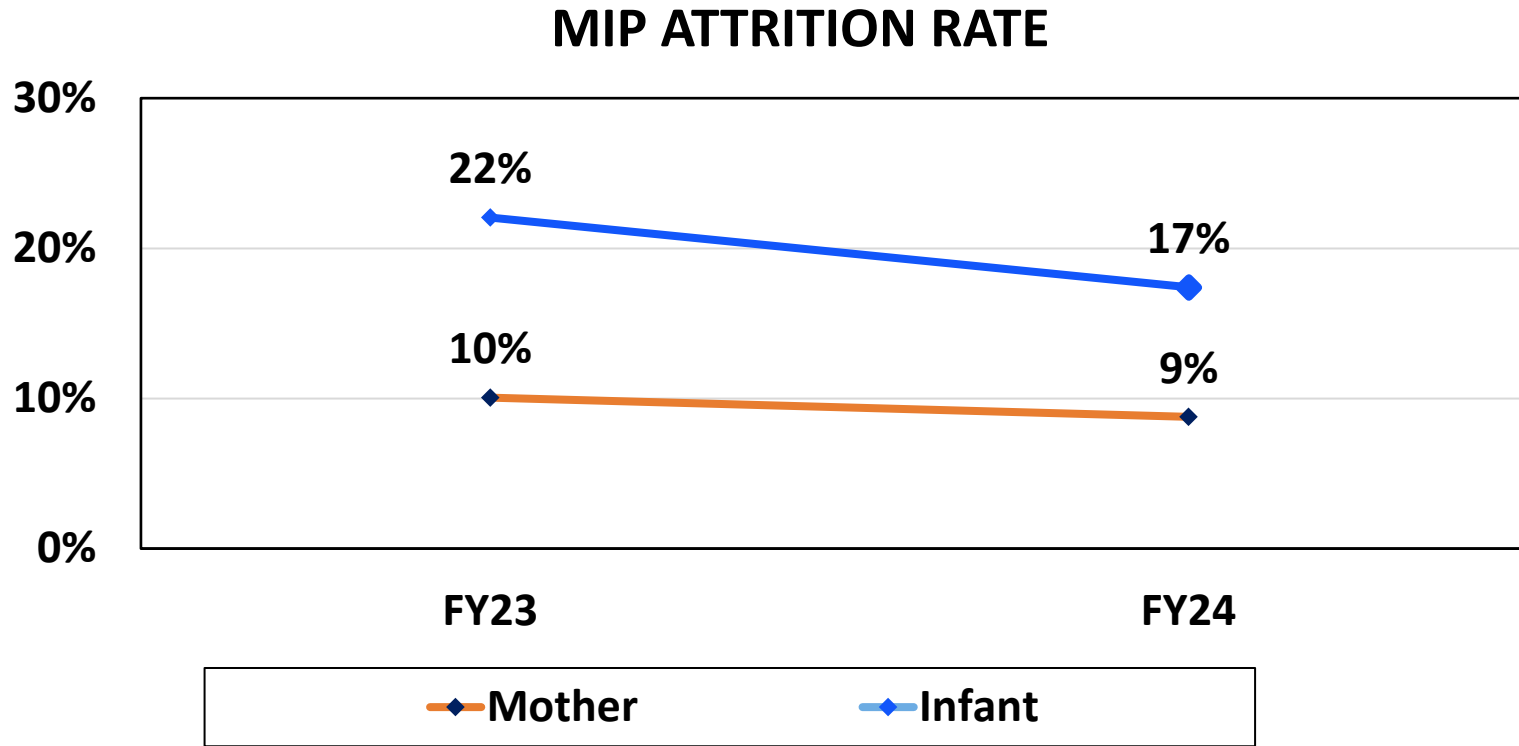
THE RESULTS

KIAMBU  
COUNTY



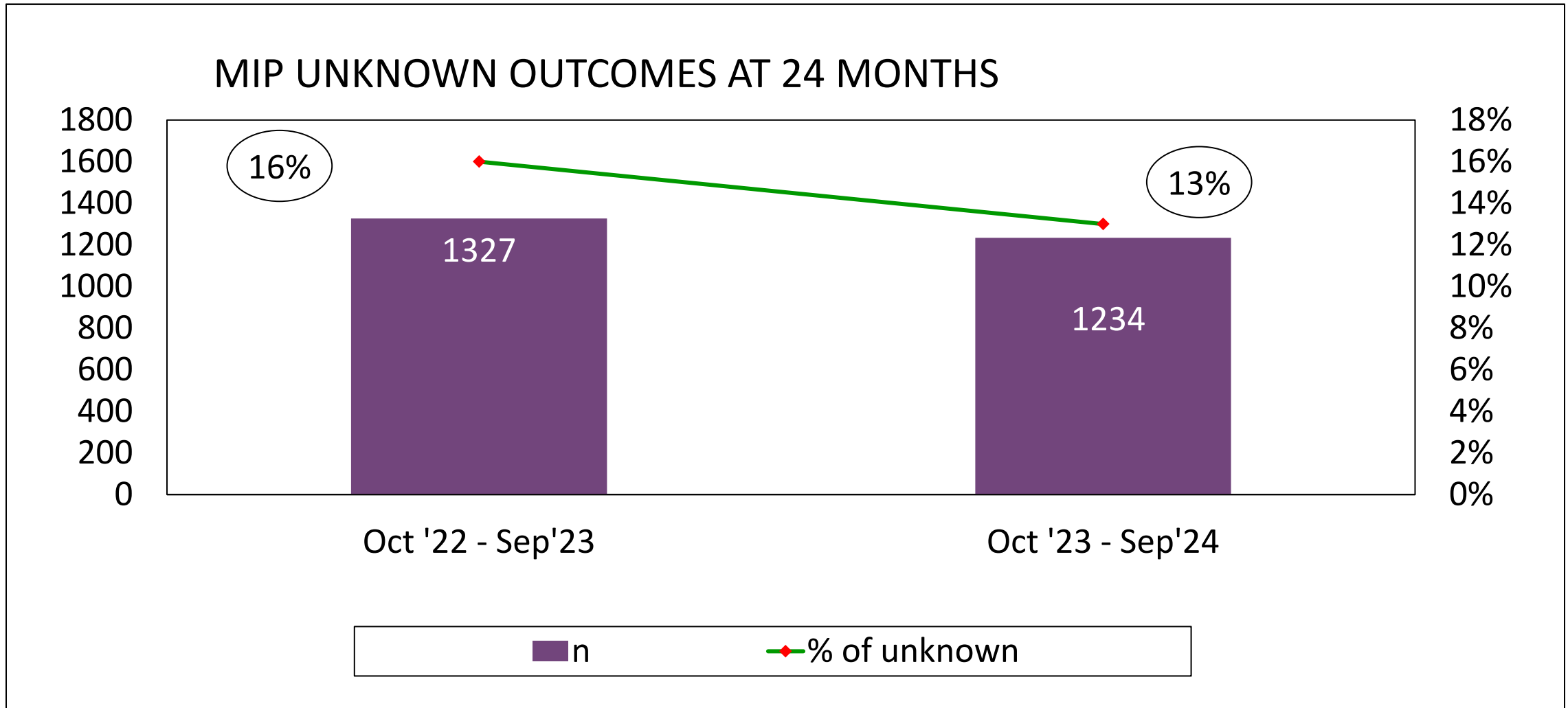
**HIV**  
Impact Network for  
Vertical Transmission  
**E**limination

# TREND IN MIP ATTRITION RATE



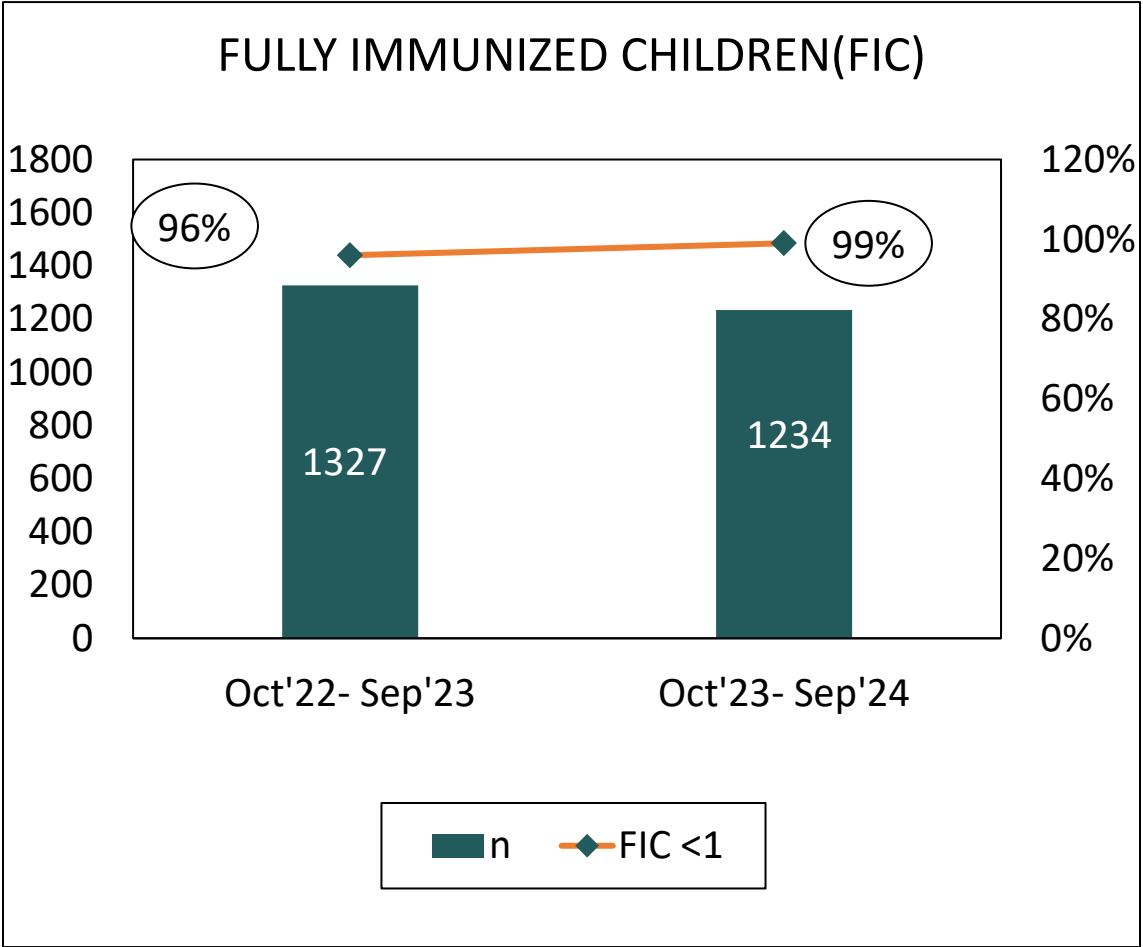
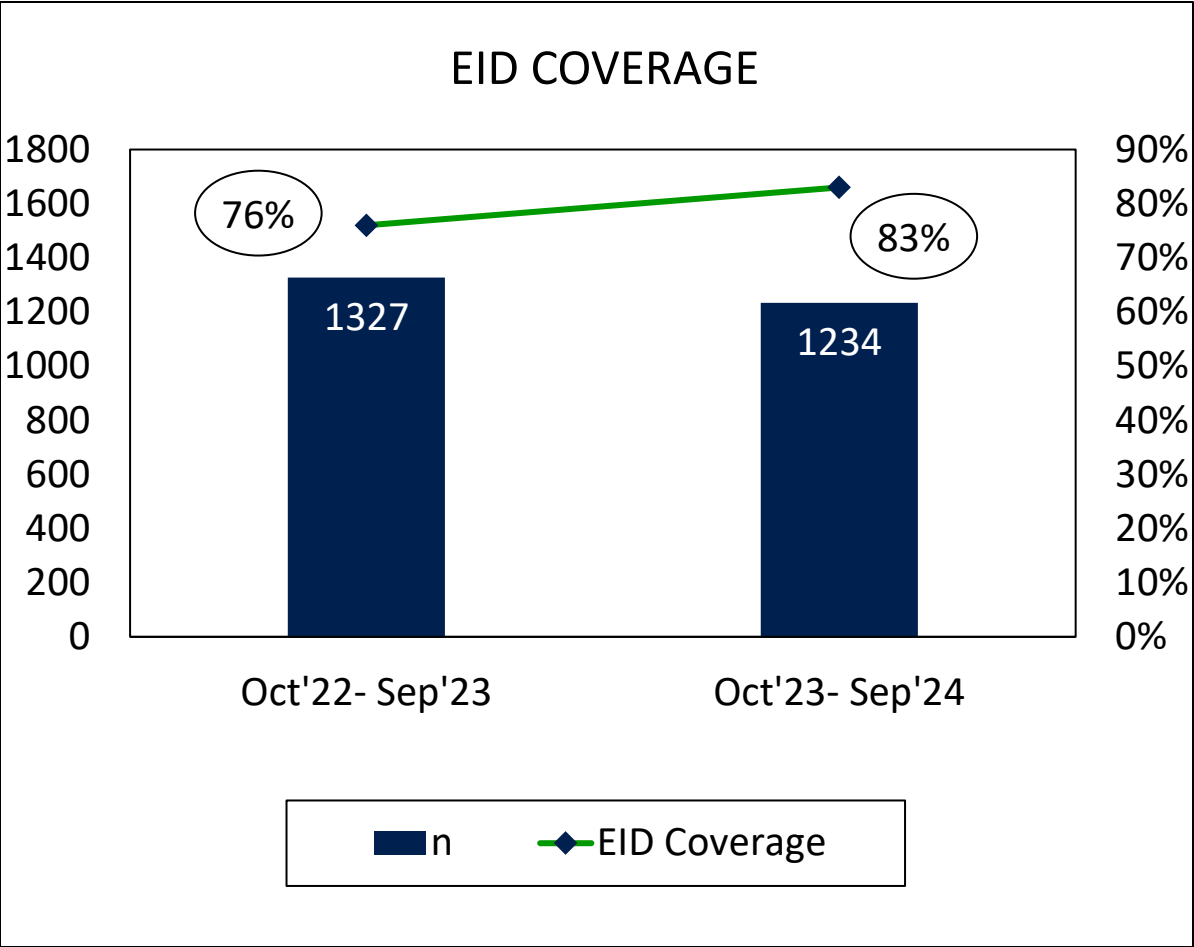
		FY23	FY24
<b>Mother</b>	<b>Attrition</b>	133	111
	<b>On Follow-up</b>	1,194	1,123
<b>Infant</b>	<b>Attrition</b>	293	210
	<b>On Follow-up</b>	1,034	1,024

# MIP UNKNOWN OUTCOMES AT 24 MONTHS



*\*\*Unknown (Lost to follow-up & Transfer Out)*

# OTHER OUTCOMES - INFANT



# OTHER OUTCOMES – MOTHER

Period	Oct'22- Sep'23	Oct'23- Sep'24
n	1327	1234
<1000 Copies	96%	96%
< 200 Copies	92%	95%
<50 Copies- LDL	84%	92%



# LESSONS LEARNT



**HIV**  
Impact Network for  
Vertical Transmission  
**E**limination

# LESSONS LEARNT

- Patient- centered approach improved patient processes and outcomes such as:
  - EID coverage and full immunization of infants
  - Viral load coverage and suppression
  - Adherence to treatment and clinical appointments.
- Continuum of care ensures comprehensive service delivery, reduces missed opportunities and attritions from care.
- Easier clinical planning with predictable workload by number of patients and services required.
- Smart scheduling improved clinical workflow enhancing patient satisfaction in care
- Approach to integration of HIV and MNCH services should be responsive to the MIP needs.



**THANK YOU!**

