

Longitudinal Tracking of Mother-Baby Pairs Using Electronic Data Systems in Kenya

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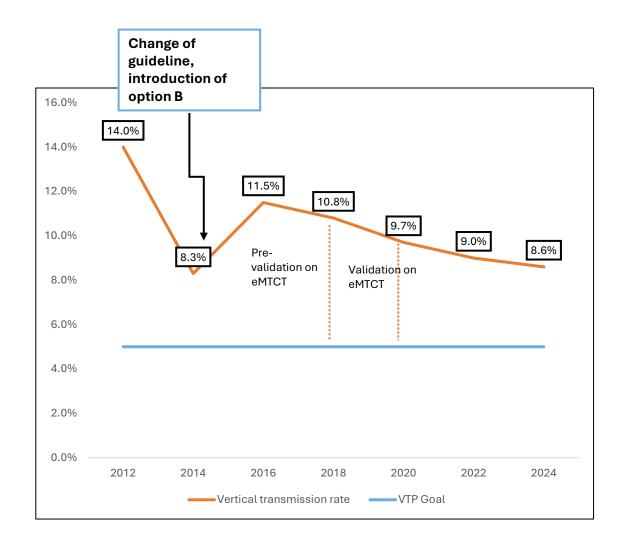


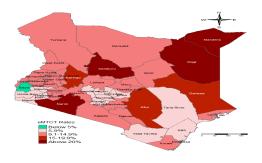
Outline

- Overview of Mother-to-Child Transmission (MTCT) of HIV in Kenya
- Data Flow Overview for Mother-Baby Pair
- Progress of EMR Deployment
- Using EMR to Track Baby-Mother Pair
- Lessons Learned and Recommendations



Overview of Vertical Transmission in Kenya



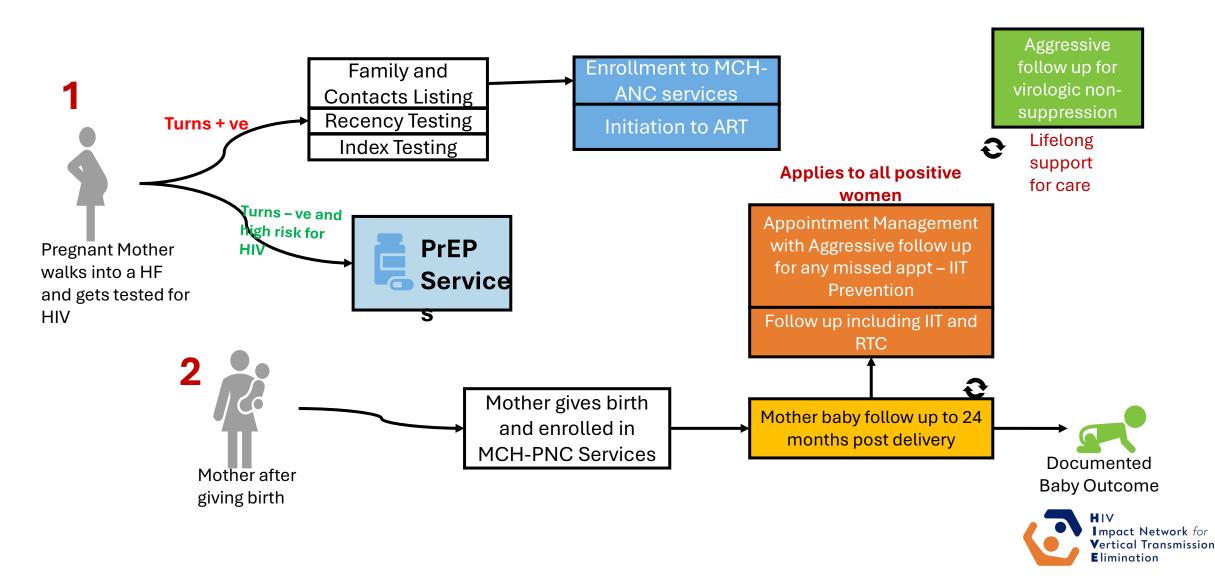


In 2022:

- ➤ National vertical transmission rate averages at **8.6%** with significant geographical disparity; range from < 5 to 38.8%
- ▶ 24 Counties recorded a reduction in new HIV infections among children aged 0-14 years;
- ➤ Four (4) counties Mandera, Wajir, Samburu and Narok reported very high vertical transmission rates of above 20%
- ➤ In 2022, Siaya county recorded vertical transmission rate of 4.3%: the only county to achieve the target of <5%

Source: HIV Estimates, 2023

Mother's VTP Journey: Key Sentinel Events for Follow-Up and Action



Data Flow Overview for Mother-Baby Pair Monitoring

Mother Registration & Enrollment:

• Mother is registered and enrolled into MCH services, where antenatal care (ANC) services are provided, and HIV testing is documented.

At Delivery & Mother-Baby Pairing:

• At delivery, child information is recorded, creating the mother-baby pair.

• Serves as an entry point for mothers who did not attend ANC services.

• HIV testing is done for eligible mothers during labor and delivery (L&D).

Postnatal Services & Child Welfare:

• Postnatal care (PNC) services and child welfare services are recorded, including tracking PCR tests done for HIV-exposed infants (HEIs).

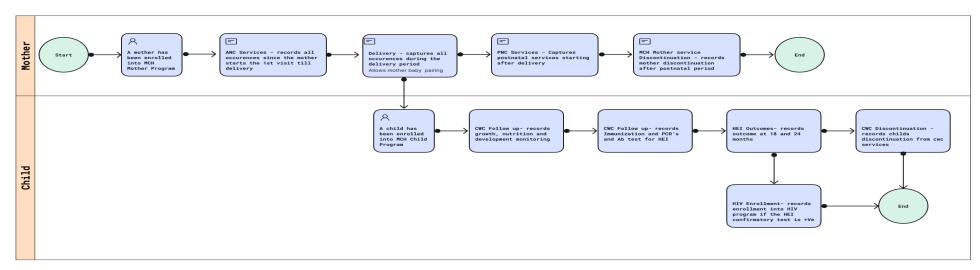
• HIV testing for eligible mothers is documented during the postnatal period.

Outcome Documentation:

• Both maternal and child outcomes are documented accordingly.

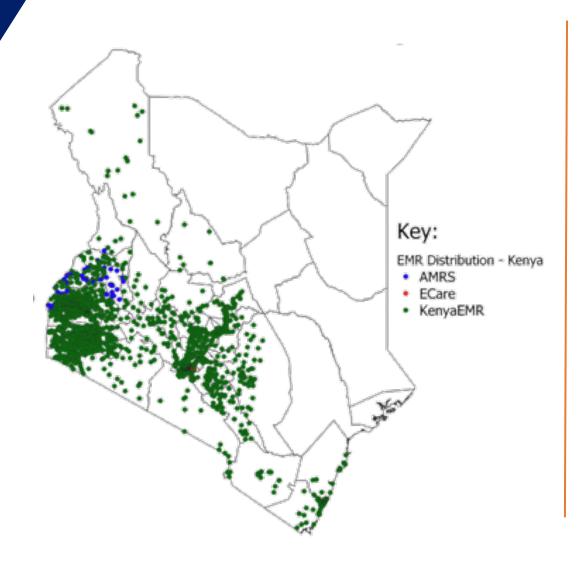
HIV Testing & ART Linkage:

• At any HIV testing point (ANC, L&D, PNC), if the test is positive, the client is immediately linked to care and started on ART.





Progress of EMR Deployment in Kenya



EMR distribution as of July 2024

- **2,392** Active EMR Sites
- 2,298 KenyaEMR Sites,
- 80 AMRs Sites,
- 14 E-Care Sites,
- **88%** of EMR sites reported in the month of July 2024 to NDW National Data Warehouse | Dashboard (nascop.org)

Module uptake as of July 2024

1,702 (89%) sites are utilizing HTS module

2,392 (99%) sites are utilizing C&T module

2,221 (93%) sites are utilizing VTP module

1,470 (74%) sites are utilizing PrEP module

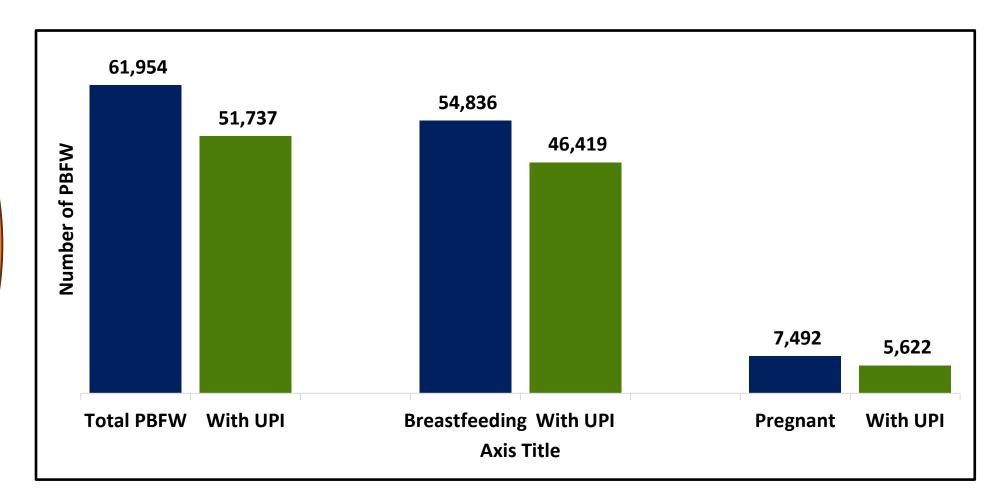
Active PLHIV as of July 2024

- 94% (1,276,487) of CurrART Patients were seen at a site actively using the EMR. (KHIS Data)
- -99% (1,261,372) of CurrART Patients seen at EMR Sites had records in NDW (NDW Data)



Unique Personal Identification (UPI) Uptake Among Current PBFW – June 2024

EMR use UPI to identify clients





Identification of Eligible Children for Screening and Testing

Ways of listing children to determine Eligibility:

- Family Contact Listing Form: Utilized to identify children born to HIV-positive mothers.
- Support Line: Leverages support networks to track and list eligible children.
- **Delivery Records**: Lisits children born to HIV-positive mothers at delivery points.

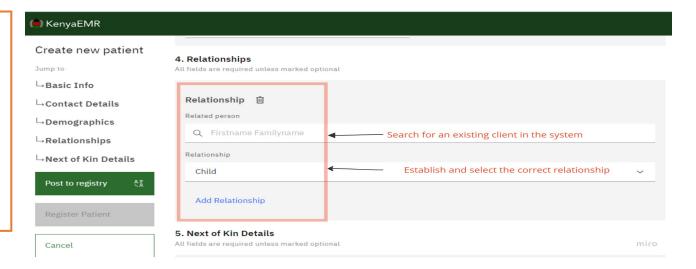
Maternity Register																	
ummary																	
Total: 10 Males: 0 Females: 10																	
Mode of Delivery	Number of babies delivered	Placenta Complete	Uterotonic given	Vaginal Bloo Examination Loss	d Condition after delivery	Deaths Audited	Other Delivery Complications	Baby	Birth weigh	Baby t Condition		HIV Test One	HIV Test Two	HIV Test Three	HIV Final Results	ARV Prophylaxis Maternal Issued HAART from ANC	Infant Prophylaxi
Normal delivery	1	Yes	Oxytocin	Normal	Alive		**	F	4	Liveborn, Unspecified Whether Single, Twin, or Multiple		Trinscreer 123 2025 02-06 Negative			Negative	e	No
Normal delivery	1	Yes	Oxytocin	Normal	Alive			F	4	Liveborn, Unspecified Whether Single, Twin, or Multiple		Dual Kit 24123k 2024-09- 30 Negative			Negative	e	No
Normal delivery	1	Yes	Oxytocin	Normal	Alive				-		Positive				-		No
Normal delivery	1	Yes	Oxytocin	Normal	Alive		*	F	4	Liveborn, Unspecified Whether Single, Twin, or Multiple	Positive						No

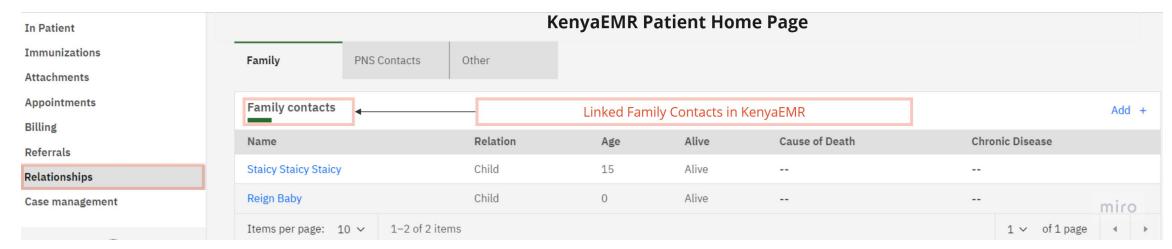


Using KenyaEMR to Track Mother-Baby Pair

Relationships _ Mother-Baby pairing

- Pairing is established during registration
- Accessible from both the Registration Form and the Client Homepage in KenyaEMR







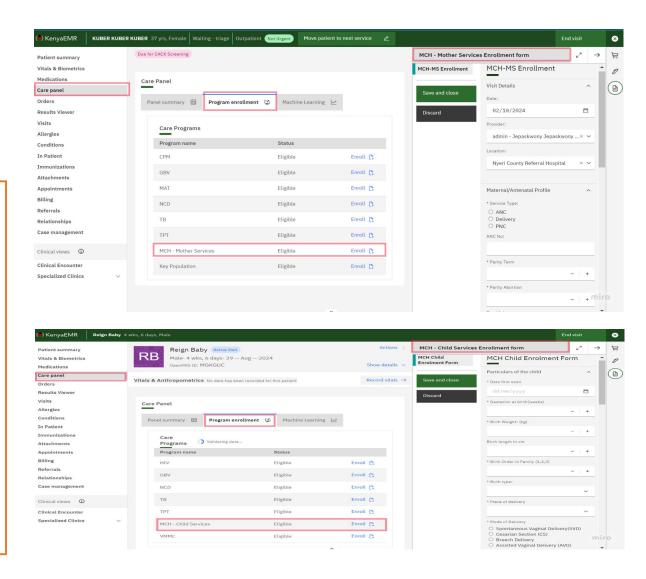
Tracking Mother-Baby Pairs for Child Follow-Up: How HCWs Use KenyaEMR

Enrollment to MCH-Mother Services:

Enrollment enables HCWs to track the child's progress while providing the mother with postnatal and VTP care

Enrollment to MNCH-Child Program:

Enrollment enables HCWs to track the child's progress alongside the mother's postnatal and VTP care in MCH-Mother services





Using KenyaEMR to Document and Monitor HIV Testing Among Perinatally HIV-Exposed Infants

Documentation and Tracking

Lab Orders:

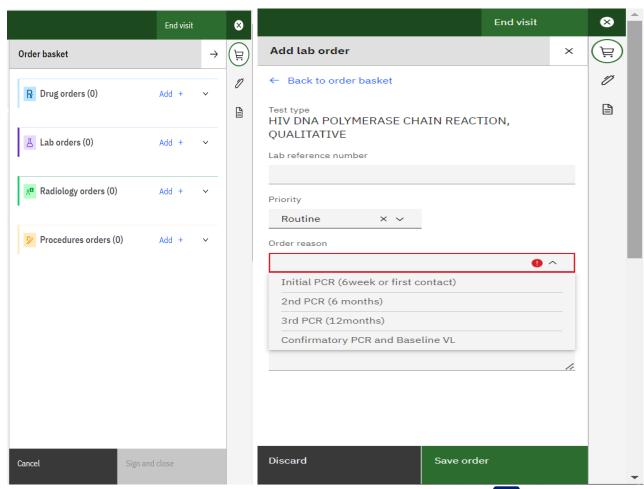
- Ordered via the Lab Order functionality on the client homepage.
- Lab orders and results are documented and accessible under the Orders and Results Viewer.

HEI Register:

Automatically generated to capture longitudinal data for each HIV-Exposed Infant (HEI)

System indicators

- 1. First DNA PCR Test at 6 weeks or First Contact
- 2. Second DNA PCR Test at 6months
- 3. Third DNA PCR Test at 12months
- 4. Anti-body test between 18-24 months

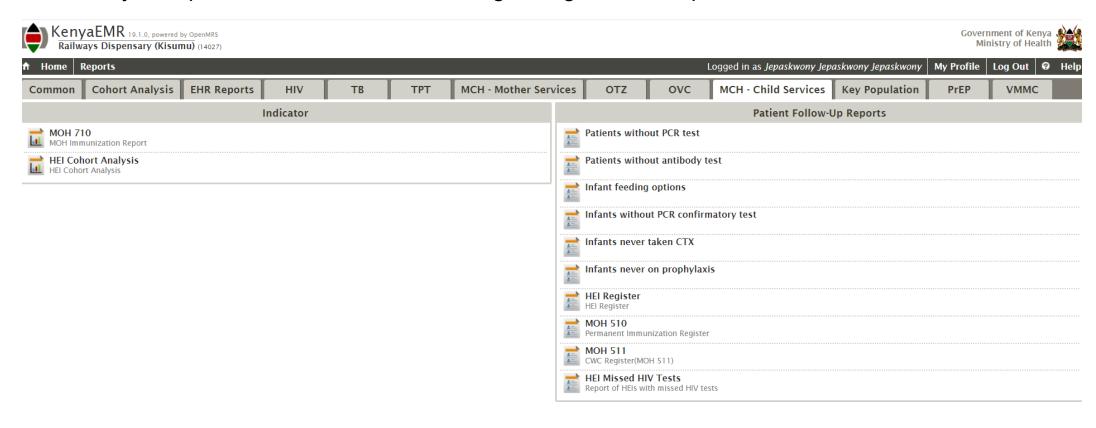




Reporting of Perinatally HIV-Exposed Infants in Kenya EMR

MCH Child Reporting

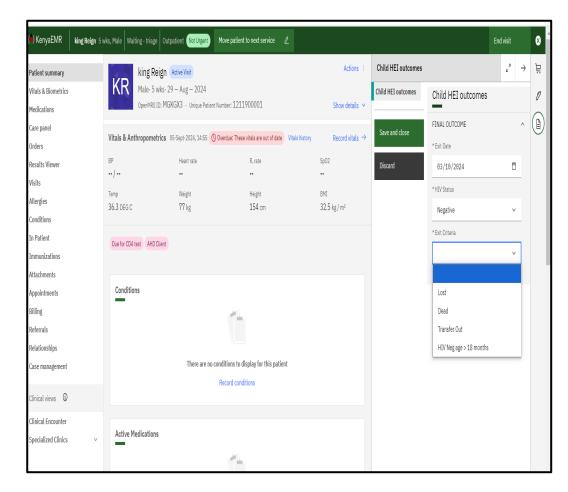
Availability of HEI register to track longitudinal events. Availability of reports and line lists for tracking timing of follow up tests.



Perinatally HIV-Exposed Infants Final Outcome Documentation

HEI Outcome Documentation

- Able to document the final HEI outcome while at the client homepage as shown in the image
- Records the final HIV status and the exit criteria





Lesson Learned and Recommendations

- Longitudinal Follow-Up: Enable VTP clients to benefit from individualized, long-term follow-up.
- Optimize Early Infant Diagnosis (EID): Leverage EMR systems to streamline and improve the EID process.
- Engage the Private Sector: Strengthen partnerships with the private sector to enhance data aggregation and implement impactful interventions.
- **Invest in MCH**: Boost investments in maternal and child health (MCH) facilities to increase EMR utilization for ANC and MCH clients.
- **Healthcare Worker Training**: Ensure continuous capacity building for healthcare workers on VTP modules to improve service delivery.
- **Policy Enforcement in the Private Sector**: Enforce policies to improve service delivery within the private sector, which significantly contributes to national vertical transmission rates.





