HIVE WEBINAR

Sustaining Vertical Transmission Prevention Through Existing Community Health Service Delivery Systems

Thursday, February 19, 2026

Agenda

- **Welcome and Introductions –** Maureen Syowai, Program Director, CQUIN/HIVE, ICAP in Kenya
- **Presentations:**
    - Kenya: Nelly Pato, Lead VTP, NASCOP, Kenya
    - Kwale County, Kenya
        - Juma Mwavita, VTP Lead, County Government of Kwale
        - Mwanasiti Bugu, Assistant Community Health Officer, County Government of Kwale
- **Panel Discussion/Q&A –** Lulu Ndapatani, HIVE VTP Advisor ICAP in Kenya, and Bernadeta Msongole, HIVE VTP Advisor, ICAP in Tanzania.
- **Closing and Next Steps –** Maureen Syowai, Program Director, CQUIN/HIVE, ICAP in Kenya

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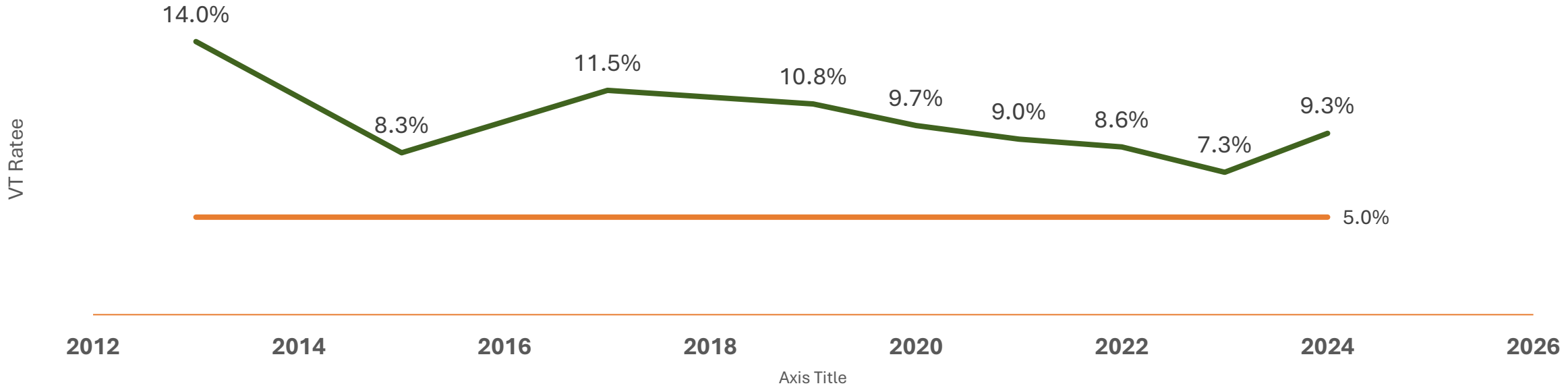
Framing and Country Overview

Nelly Pato
VTP - HIV, Syphilis, and Hepatitis B
Section Lead, NASCOP, Kenya

Vertical Transmission Rate increased in the last year to 9.3%



59.8%

Of new pediatric infections are due to women not receiving ART and dropping off ART.

83%

of pregnant women attended the first ANC visit while 38% did not come for the 4th ANC visit.

The rise in VT rate reflects persistent gaps around access to VTP services during ANC, poor ART adherence and retention and sub optimal postnatal HIV testing retesting

Source: HIV Estimates 2025/ MoH, Kenya Health Information System,

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Critical Gaps in VTP Services

Prevention gaps during pregnancy and breastfeeding:

- Suboptimal repeat HIV testing
- Low PrEP uptake in MNCH settings.

Persistent cascade gaps for mother infant pairs:

- Late identification of pregnant women.
- ART interruption
- Suboptimal viral suppression .

Weak retention and follow-up systems:

- Inadequate tracking of mother infant pairs across the continuum of care.
- Missed EID.

Health system and integration constraints:

- Inadequate HRH capacity,
- Data quality gaps limit continuity of care and the ability to monitor VTP outcomes effectively.
- Change in the national health insurance approach.
- Limited integration and alignment of private sector VTP services with national guidelines and reporting frameworks

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Kenya's VTP Integration Agenda

Kenya has made progress in scaling up facility based VTP services however gaps at community level continue to undermine the progress towards the path to elimination.

Mentor mothers have been pivotal to the success of the VTP program though impacted by current funding landscape

Kenya already has a well-defined community health structure which is funded by both National and county governments.

Strengthening integration of VTP services into MNCH platforms through harmonized tools and aligned reporting systems

Our vision is a future where every child is born free from HIV, syphilis, and hepatitis B, supported by integrated, high-quality maternal and child health systems.

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Why Community Health Systems Matter for VTP

Early initiation into care:

Early pregnancy identification

and linkage to ante natal care

To keep mother infant pairs in care:

Community follow-up improves appointment keeping and adherence

Prevention of new infections:

Creating awareness for HIV testing, resting and linkage to PrEP

Sustain viral suppression:

Follow up, adherence education, appointment keeping reminders and physical tracing.

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System Enablers to Support Community Health Services

- Availability of national community health policies and guidelines
- Defined community health structure and coordination mechanisms
- CHPs stipends paid through national and county governments
- Community training package
- Digital community health data collection and reporting platform.

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CHS Policies and Strategy Frameworks

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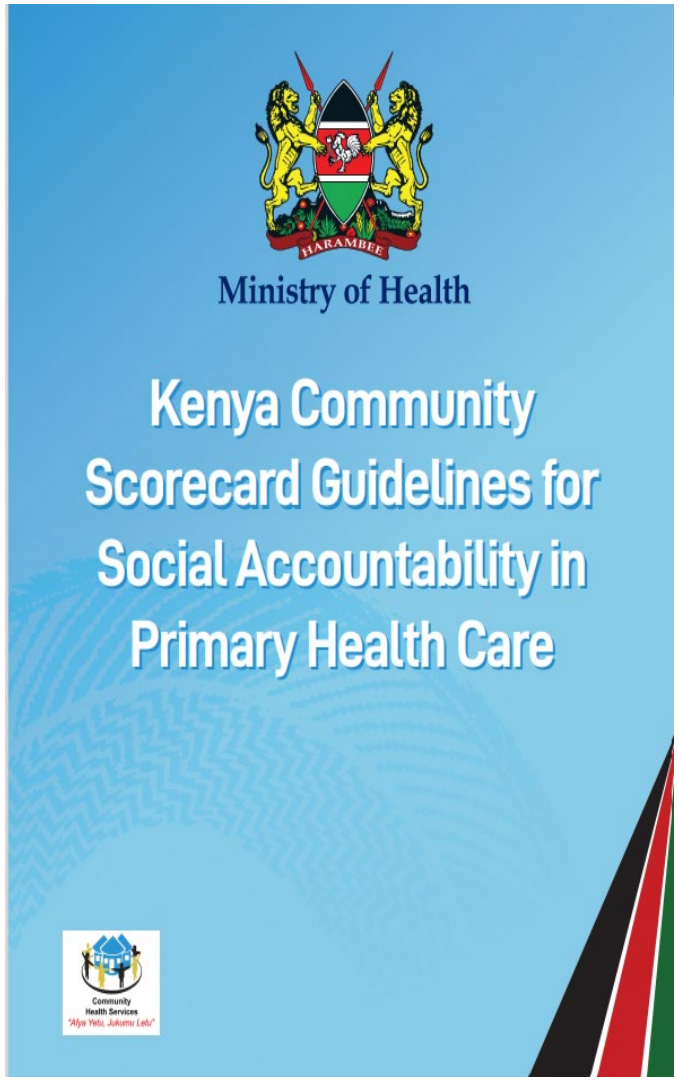
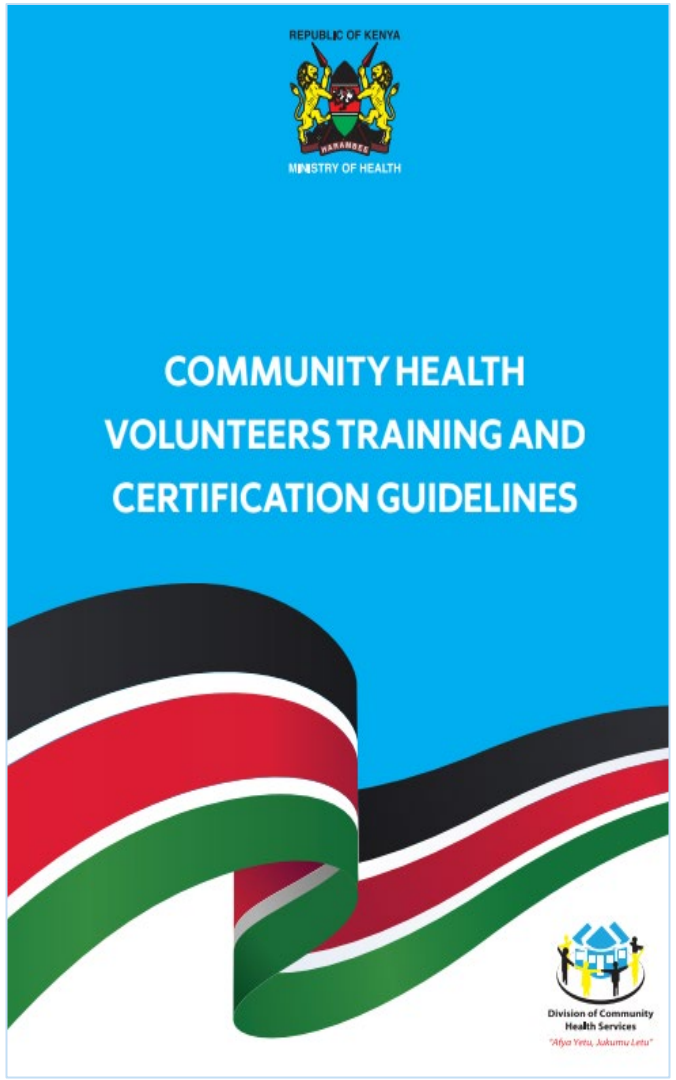
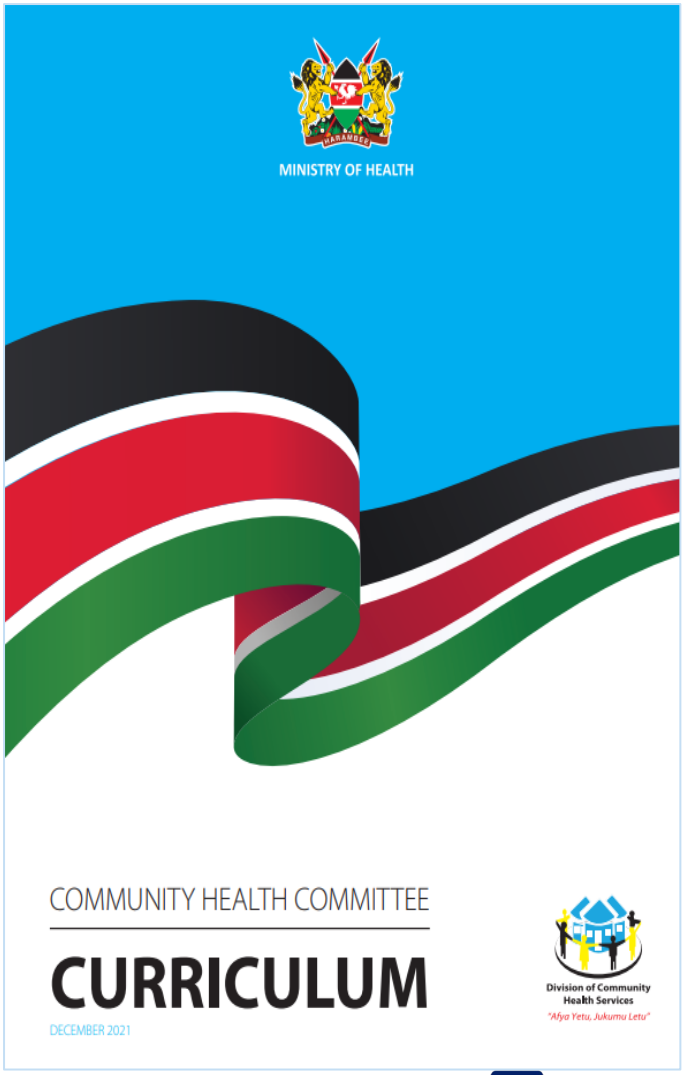
Community Health Strategy Guidelines







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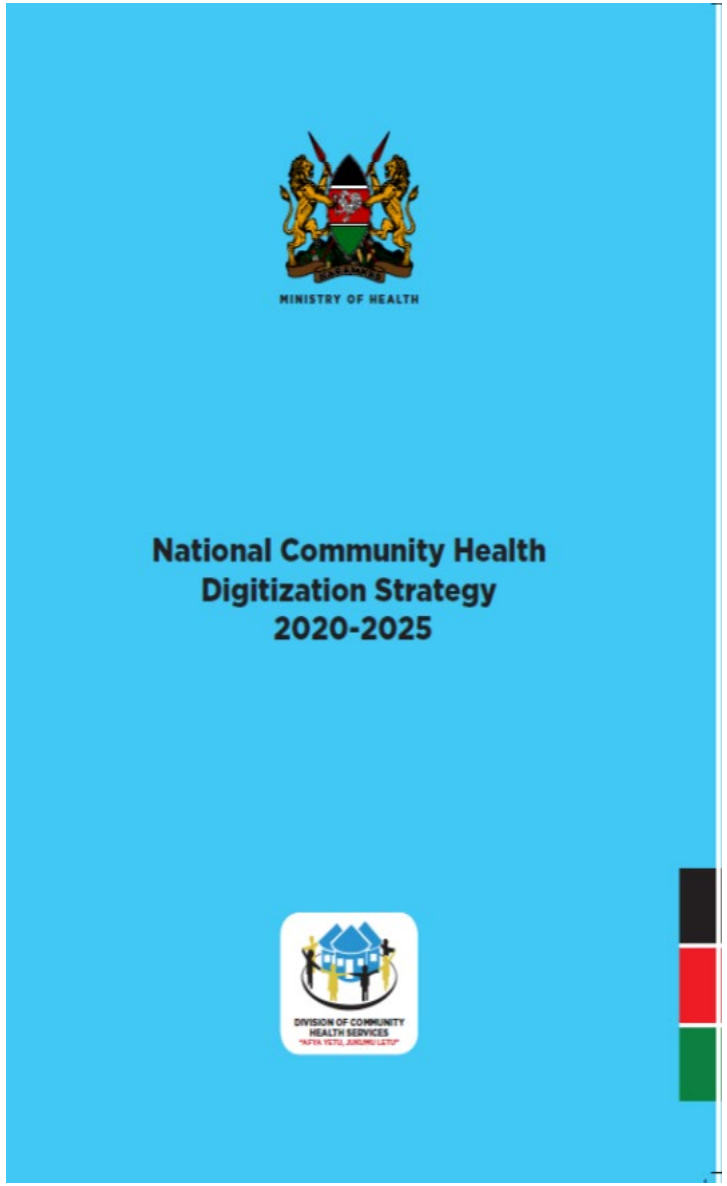
Electronic Community Health Information System (eCHIS)

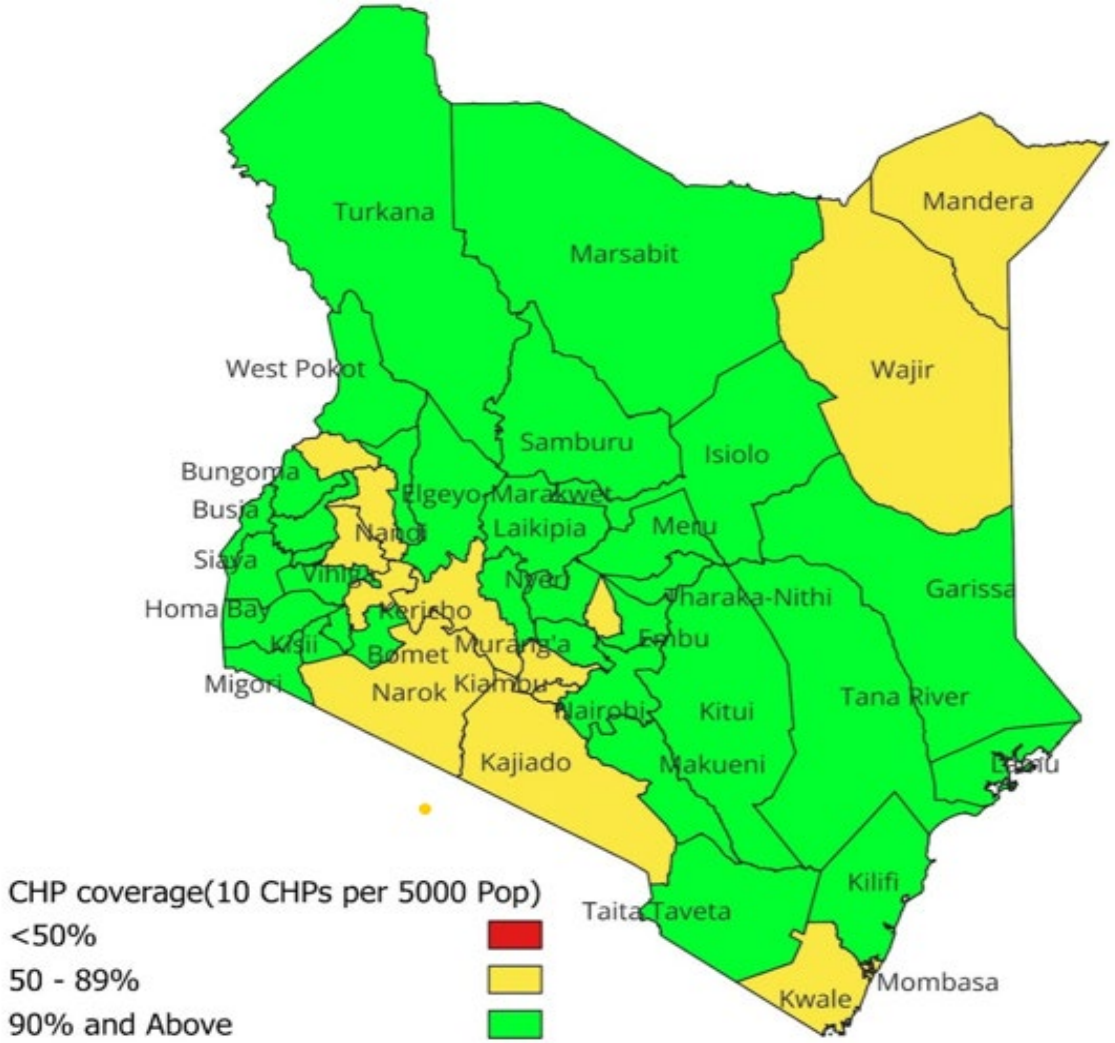


Operational Features of eCHIS

Community Level	**Household Enrolment**	**Service Delivery** MoH Tools: MoH 513/4/5	**Client Referral**	**Community based Surveillance** HH, CHW+CHEW,..	**Commodity Management**	**Messaging** Follow Ups, Immunization, Referral	**Data Visualization** Real time dashboards for informed decision making; targets, KPIs
Sub National Level (County / Sub-County, Health Facility)	**Supportive Supervision** Mentorship & Coaching	**Performance Mgt.** Monitor health indicators, CHW+CHEW KPIs		**Community based Surveillance** HH, CHW+CHEW,..	**Data Validation** QA/QC Checks	**Messaging** Follow Ups, Immunization, Referral	**Data Visualization** CU Activation, HH Mapping, Commodity Mgt, ...
National Level	**Integration in National Framework** DHIS2,NIIMS, EMR...	**Performance Mgt.** Monitor health indicators, CHW+CHEW KPIs		**Community based Surveillance** HH, CHW+CHEW,..		**Data Visualization** Leadership & Governance, HR, Financing	

LET'S MAKE NAIROBI WORK

Status of Community Health Coverage in Kenya



CHPs have been trained and provided with the following tools to support service delivery at household level

- CHP Kit (BP machine, MUAC tape, weighing scale)
- Smart phone for data collection at household directly into the electronic community health information system (eCHIS)
- MOH 100 (referral form to HF)

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Counties that have integrated VTP

- **To date, 27 of 47 counties (57%) have integrated VTP services within community health systems.**
- **Mentor's mothers work hand in hand with CHPs to**
  - Provide regular home visits for adherence support
  - Trace PBFW and infants who have missed their clinic appointments
- **Demand creation for PrEP for HIV negative pregnant and breast-feeding women.**

Demand creation for PrEP among HIV-negative pregnant and breastfeeding women is essential to drive uptake, improve persistence, and ensure readiness as Kenya rollouts of long-acting PreP (LEN) as part of choices offered for prevention for this population.

- *Kwale County has demonstrated strong progress in integrating VTP into community systems and will shortly present their lessons and best practices.*

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Thank You!

Country Experience: Kwale County

Juma Mwavita
VTP Focal Person
County Government of Kwale, Kenya

Background

Kwale County, Kenya

- 1 of 6 counties in the coastal region.
- Estimated population of 1,082,553.
- 226 Health facilities, of which **174 (76%) provide VTP services.**
- 168 community health units supported by 1,632 Community Health Promoters (CHPs), with each unit comprising approximately 9–10 CHPs.
- 57 community health assistants (CHAs) who supervise CHPs.
- 31 mentor mothers support VTP services in health facilities across the County.

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Kwale County HIV Epidemic Profile 2025

Estimated pregnant and breastfeeding women in need of VTP services – 787

Estimated VT rate – 13.3%

VTP services coverage – 74%

HIV prevalence among women – 4.0%

HIV prevalence among men – 1.8%

Children living with HIV (0-14 years) – 1,285

Source: HIV Estimates 2025

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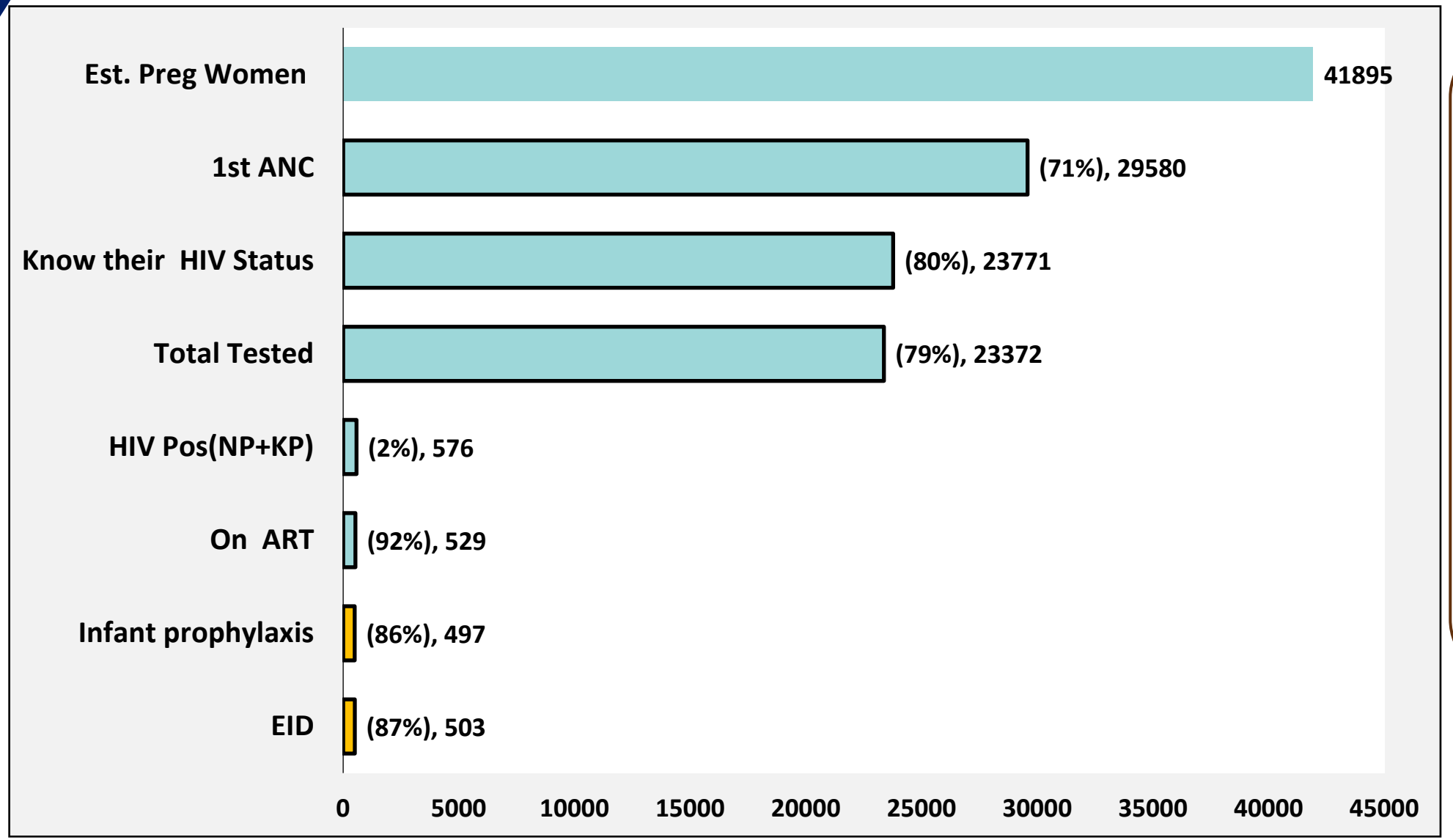
County VTP Context (Oct 24- Sep 25)



Gaps in Service Coverage

- Late and low ANC attendance
- Sub-optimal HIV testing for PBFW
- HCW Capacity gaps across the VTP continuum

Data Source: Kenya Health Information System

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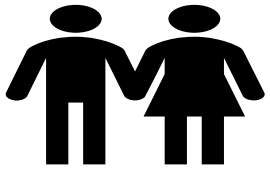
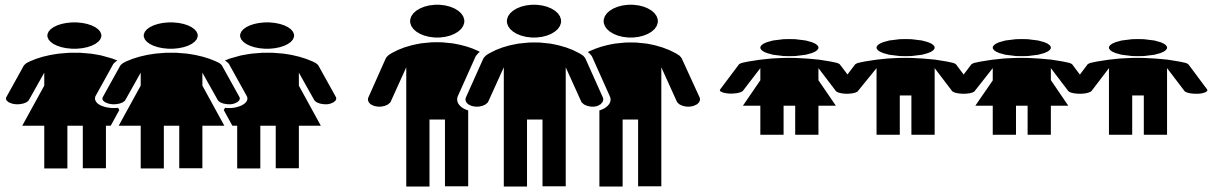
Kenya Community Health Strategy Structure

Link health facility



Community Health Assistants (CHA)



Community Unit – 10 Community Health Promoters (CHPs)

Each CHPs is assigned 100 households

- Community assistants supervised by the sub county community health strategy head who is supervised by county CHS head
- Monthly stipend provided by National and County governments
- Standardized training manuals and packages available

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Roles and Responsibilities

Community Health Assistant (CHA)

- **One CHA may supervise 2 to 3 CHUs**
- **Supervise, trains and mentors the CHPs**
- **Consolidate community data and uses this to inform decisions and prioritize interventions**
- **Support referrals & follow-up**

Community Health Promoters (CHPs) *(Household)*

- Identify and register pregnant women
- Support early ANC attendance
- Promote facility deliveries
- Refer infants for immunization & HEI

Health Facility (Dispensary, HC, Sub County Hospital)

- Receives referrals
- Provides services (ANC, delivery, HEI & VTP)
- Provides feedback that client has received services
- Utilizes data generated at community to prioritize interventions

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Community-Based VTP Service Delivery Model

At the Health Facility

- Mentor mothers and nurses identify clients for follow up.
- Shares list with community health assistant (CHA) does not highlight why client is required at HF (supervises the CHPs)
- CHA shares list with CHPs according to the community health units they are clustered in.
- CHPs then trace clients at household level and refers/escorts them to facility for services

At Community Level

- During routine household visits Community health promoters (CHPs) identify pregnant and post- natal clients and refers them to HFs for services
- A referral form; MOH 100 is shared with the client which documents service referred for.

Leveraging Community Systems for VTP

The process involved the following steps:

- Sensitization of CHAs and subsequently oriented CHPs on VTP priorities
- Integrated VTP related information into routine CHP household visits by providing information on benefits of:-
  - HIV testing as a pathway to early treatment initiation and prevention
  - Consistent ANC, postnatal, and HIV clinic attendance to ensure continuity of VTP services.
  - Male partner involvement and family support in improving adherence, retention, and overall VTP outcomes.
- Shared simple VTP-focused tracking tools with CHPs in addition to the already existing electronic community health information system (eCHIS)
- Strengthened bidirectional feedback between facilities and community units

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Additional Community Services Tools

Annex 7

MOH 100: COMMUNITY REFERRAL FORM

REPUBLIC OF KENYA
MINISTRY OF HEALTH

MOH 100: COMMUNITY REFERRAL FORM

SECTION A: Patient /Client Data	
Date:	Time of referral:
Name of the patient:	
Sex: Male ☐ Female ☐	Age:
Name of Community Health Unit:	
Name of Link Health Facility:	
Reason(s) for Referral	
Main problem(s):	
Treatment given:	
Comments:	
CHV Referring the Patient:	
Name:	Mobile No:
Village/Estate:	Sub Location:
Location:	
Name of the community unit:	
Receiving Officer:	
Date:	Time:
Name of the officer:	
Profession:	
Name of the Health facility:	
Action taken:	
SECTION B : Referral back to the Community	
Name of the officer:	Mobile No:
Name of CHV:	Mobile No:
Name of the community unit:	
Call made by referring officer: Yes: ☐ No: ☐	
Kindly do the following to the patient: 1. 2. 3.	

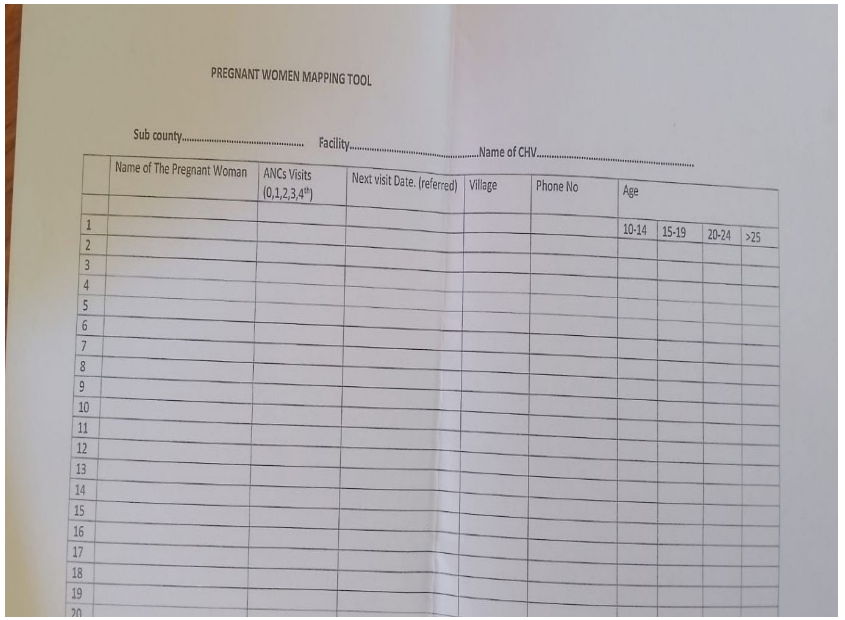
Official Rubber Stamp & Signature _____

REPUBLIC OF KENYA – MINISTRY OF HEALTH

Division of Community Health Services
"Afya Yetu, Jukumu Letu"

SUPPORT SUPERVISION CHECKLIST FOR COMMUNITY HEALTH UNITS

Name of Community Health Unit	
MCUL Code	
Total population of the CHU	
Total number of CHWs under the CHU	
Total number of CHWs Undergone basic training	
County	
Sub-County	


PREGNANT WOMEN MAPPING TOOL

Sub county..... Facility..... Name of CHV.....

	Name of The Pregnant Woman	ANCs Visits (0,1,2,3,4th)	Next visit Date. (referred)	Village	Phone No	Age			
						10-14	15-19	20-24	>25
1									
2									
3									
4									
5									
6									
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19									
20									

Pregnant Women Mapping Tool

- Subcounty, Facility, Name of CHV
- Name
- ANC Visit
- Next visit date
- Village
- Phone Number
- Age

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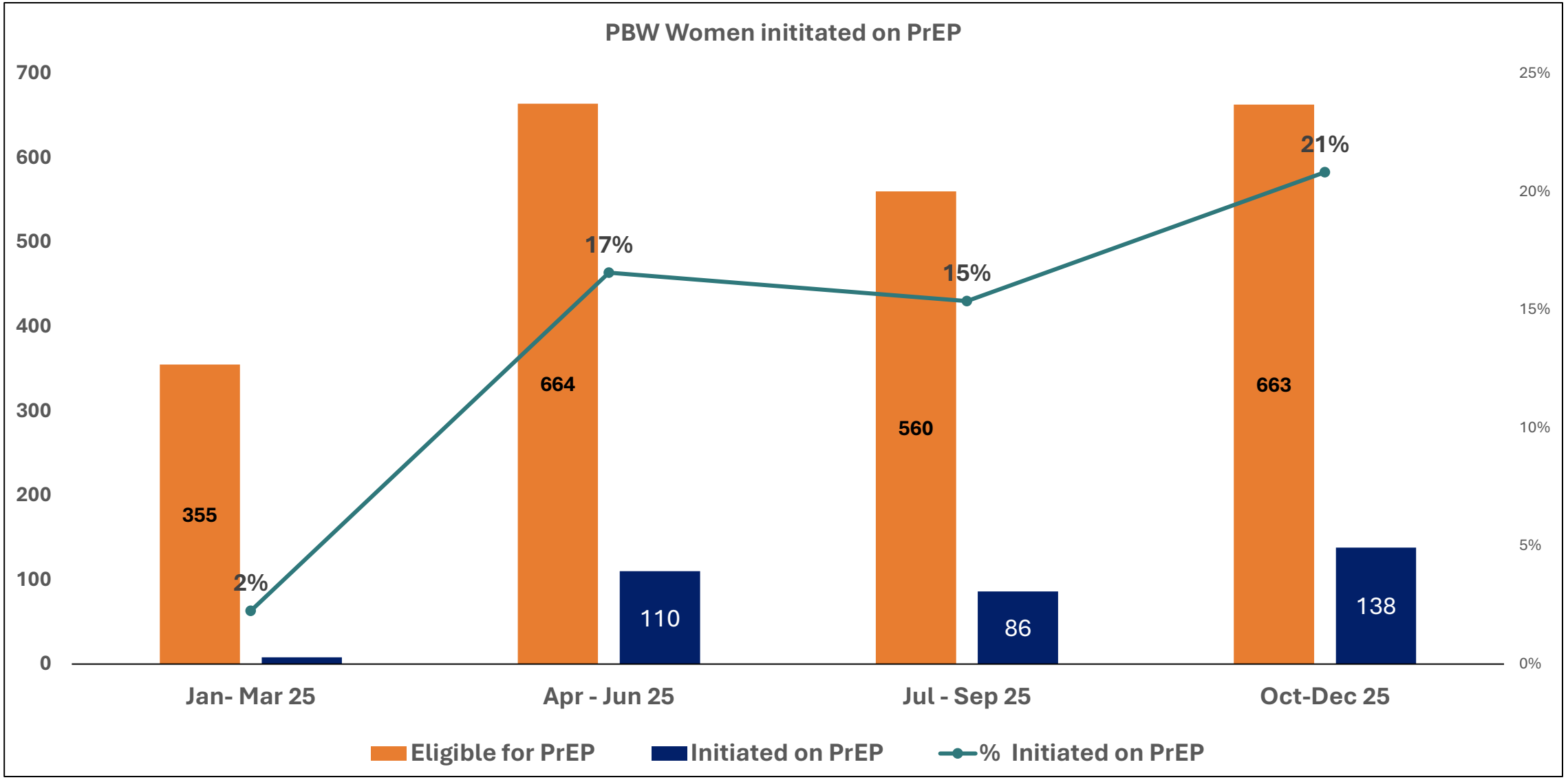
Results and Early Outcomes



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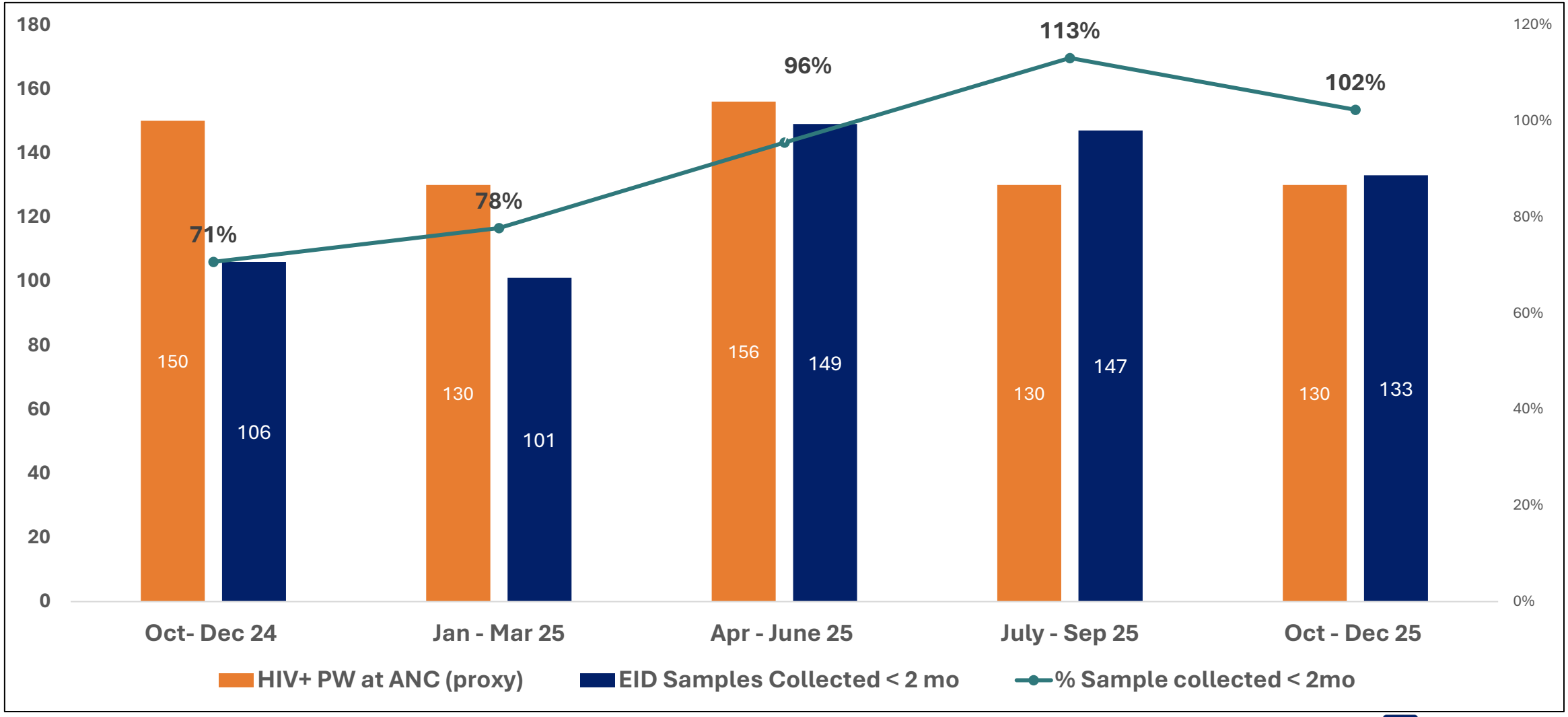
Early Infant Diagnosis < 2 months



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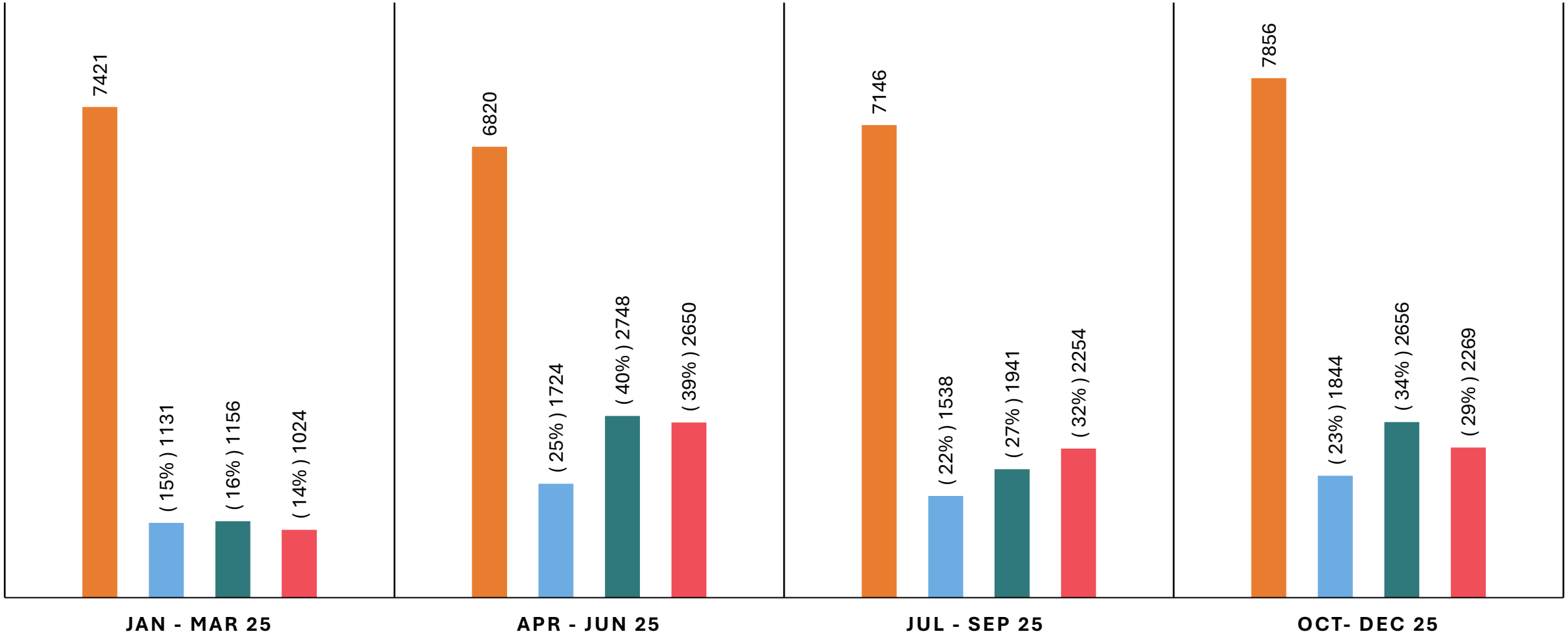
HIV Testing Services



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Successes and Lessons Learned

Community level demand creation by CHPs has contributed to PrEP uptake for HIV negative PBW

Enhanced collaboration between CHPs, mentor mothers, and health facility teams has supported improved continuity of care across pregnancy, delivery, and breastfeeding.

Improved coordination between community and facility teams has strengthened early identification, linkage, and follow-up of mothers and infants who miss appointments.

Need to strengthen last-mile access and continuity of care

Need to strengthen facility-level data tracking and follow-up systems to ensure timely monitoring of mother infant outcomes and reduce missed opportunities.

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Q&A Discussion

Moderators

Lulu Ndapatani
HIVE Regional Clinical Advisor, ICAP Kenya

Bernadeta Msongole
HIVE Regional Clinical Advisor, ICAP Tanzania

Panelists & Discussants

Nelly Pato
eMTCT - HIV, Syphilis, and Hepatitis B Section Lead
NASCOP, Kenya

Juma Mwavita
VTP Focal Person
County Government of Kwale, Kenya

Mwanasiti Bugu
Assistant Community Health Officer - Kenya

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Thank you.