

Best Practices to Eliminate Mother-to-Child-Transmission of HIV in Nairobi's Informal Settlements: A Case Study from Kariobangi North Health Center

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Abstract

Nairobi City County, with its major, informal urban settlements, is home to a large and growing proportion of people living with HIV. Alike in other cities, urban dynamics – such as high mobility, high population density and high concentrations of marginalized, fragile and stigmatized communities – create and exacerbate vulnerability to HIV infection (The Nairobi City County HIV Fast Track Report 2015). The youth. Nairobi City County Health Management team, is working to eliminate mother-to-child transmission (MTCT) in Nairobi's informal settlements. In 2016, the Kariobangi Health Center (HC), located in Kasarani Sub-county, recorded a high early infant diagnosis (EID) positivity rate of 6.1% (NASCOP EID 2015). Hence comprehensive strategy to reduce MTCT was necessary. The objective of the study was to establish the most effective interventions in eliminating mother to child transmission (MTCT) in Kariobangi H/C through comprehensive Provision of comprehensive eMTCT services.

Methodology

From October 2016 to March 2017, a strategy to improve delivery of prevention of MTCT (PMTCT) services was implemented. HTS counselors performed HIV testing at first antenatal care (ANC), labor and delivery, and six-week postpartum visits to ensure timely initiation of ART and follow-up. Mentor Mothers conducted aggressive follow-up with clients who declined ART, Continuous medical education and on-the-job training were done to capacitate nurses to provide PMTCT care, Monthly Work Improvement Team (WIT) meetings were held to review the PMTCT continuum of care and Peer education and psychosocial support

Results

Timely ART initiation for PMTCT clients has led to high ART uptake in Kariobangi HC. Rates of ART provision were sustained with 100% (110) of HIV-infected pregnant women provided with ART in 2016 and 100% (93) in 2017. and the interventions have also led to a reduction in HIV positivity for infants under the age of 12 months from 6.1% in 2016 to 2.4% in 2018 %.

Conclusion

Provision of comprehensive PMTCT services, timely ART initiation, and continuous follow up of the mother-baby pair are key in reducing pediatric HIV infections and ultimately preventing child deaths.

Biography

Jane Koech has her expertise in monitoring and evaluation and passion in improving maternal newborn and child outcome. . She has built this after years of experience in research, evaluation, and program based implementation. She has also strong background in community dynamics and engagement using ecological model.