

CASE STUDY

Combined care and treatment for HIV/AIDS and maternal and child health

PATH is working with partners in Kenya to help integrate maternal and child health services with HIV/AIDS care and treatment, introducing a new model to reach more HIV-positive mothers with services. Previously, nearly all mothers in government hospital-based antenatal care programs were being tested for HIV, but only one-quarter of those identified as HIV positive were being successfully enrolled in follow-up care and treatment offered through separate comprehensive care centers for HIV.

Our new, integrated approach uses the maternal and child health clinic as the point of entry for a range of health services for both mothers and babies. Better coordination of services has led to more HIV-positive mothers being treated, better compliance with drug treatment, early diagnosis and enhanced care for newborns, and improved opportunities for testing and treating spouses and other family members.



Wendy Stone

PLANNING AND ORGANIZING INTEGRATED SERVICES

Pregnant mothers receiving care in government hospitals are routinely tested for HIV and screened for tuberculosis. The new integrated approach smoothes the transition to HIV care and treatment for mothers who test positive for HIV. Services were reorganized so that stocks of antiretroviral and other drugs were made accessible to staff in maternal and child health consulting rooms. Patient- and medication-tracking information was provided and coordinated with HIV care centers.

In addition to pregnant mothers receiving care and treatment, infants also receive care and treatment, including diagnosis at birth, as do spouses and other HIV-infected family members. Previously established support groups for HIV-positive mothers encourage medication adherence and provide volunteer peer counseling.

STAFFING, TRAINING, AND SUPERVISION

Maternal and child health service providers received training through ongoing sessions conducted by the Ministry of Health and supported by PATH. Clinicians from the comprehensive HIV care centers then provided regular mentorship, while district health officials and project technical advisors supervised and supported them in providing HIV care and treatment services.

Following an initial pilot program in a district hospital, provincial and district health officials expanded the program to eight additional hospitals in Kenya's Western Province. Facility staff went through sensitization workshops before initiating the program.

PATH's approach to integrated health services

We develop integrated programming across as many as four levels



of a country's health framework: **(I) client-centered services** at the community level;

(II) health operations planning at the organization or agency level;

(III) health system coordination at the national level; and **(IV) intersectoral initiatives** across development

sectors. This case study highlights integration at the client-centered services and health operations levels.

Our approach incorporates nine elements we consider essential for successful integration: planning and budgeting; organization of health services; staffing; training; supervision; logistics; community outreach; referral services; and monitoring, evaluation, and research.



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REFERRAL SERVICES

After 18 months of postbirth care in the maternal and child health clinic, the woman, her child, and her spouse are referred to the comprehensive care center for follow-up HIV care. Peer counselors prepare the patients for the transition and accompany them to the care center.

LESSONS LEARNED AND NEXT STEPS

In Kenya's Western Province, officials have reported an 80 to 100 percent increase in the number of HIV-positive mothers enrolled in follow-up care as well as an increase in access to family planning services.

Women have been more comfortable receiving all of their care from one provider. In fact, they have been reluctant to transition to the comprehensive care center after 18 months, as the program requires, because the small number of patients in maternal and child health clinics means no waiting times, more attention, and better care. In addition, receiving HIV services at the maternal and child health clinic allows women to avoid the stigma associated with visiting the comprehensive care center for AIDS treatment.

One key to the success of this approach has been the involvement of male partners. Pregnant women accompanied by their husbands or partners are seen first in maternal and child health clinics. This preferential treatment has increased the number of males accompanying women to the clinics, promoting HIV partner testing and information dissemination.

Additional tracking and monitoring tools are needed to better evaluate the impact of this approach on health outcomes. Yet the potential impact and preliminary results are promising, and the model has been embraced and rolled out at the national level. PATH staff are conducting site visits to identify challenges and gaps and to continue to help providers strengthen services as they implement the model.

For a more detailed look at our approach to integration, please see PATH's framework for health services integration on www.path.org.



PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being.

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