
2011

Service improvements and community education lead to increase in uptake of HIV services for infants and young children

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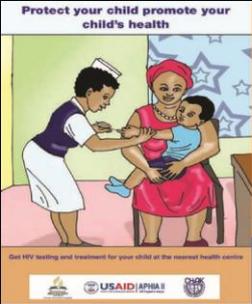
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OR Summary

APHIA II Operations Research Project in Kenya |

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Community education and improvements in individual case tracking can increase the proportion of infants exposed to HIV who are tested for HIV and put on appropriate treatment. Health facilities should streamline services to ensure that as many exposed infants as possible are identified and followed up.

In 2010, APHIA II Operations Research Project collaborated with Kendu Adventist Hospital and the Christian Health Association, to launch a study to examine the effect of improved services and awareness-creation on the uptake of HIV testing and treatment services for children and infants exposed to HIV.

Intervention: Health workers used posters and brochures to create awareness in the community about HIV infection in children and the availability of early infant diagnosis and treatment services, as well as the general care of children living with HIV. At the hospital, staff were sensitized and referrals strengthened, to ensure that any HIV-exposed infant seen at the hospital was put on Septrin and received a referral for HIV testing at four weeks of age. The comprehensive care centre at the hospital also set aside one day a week for children-only clinic. Processing of HIV tests was also streamlined through collaboration with the reference laboratory at CDC/KEMRI Kisumu, to reduce time between submission of dry blood samples for DNA-PCR testing and delivery of results to the hospital.

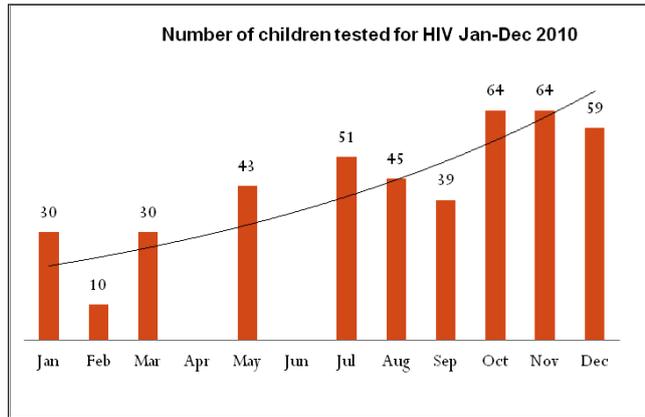
Key findings

- I. *Community education had a positive effect on knowledge, attitudes and behaviour regarding HIV testing and treatment in children and infants:*
 - a. At endline, 14% and 20% of the respondents knew that babies can acquire HIV from the mothers during pregnancy and labour respectively, compared with 6% and 13% at baseline.
 - b. Knowledge about where HIV testing services for children could be obtained significantly increased from 86% to 94%.
 - c. 35% of respondents said that a child aged under 15 years in their household had been tested for HIV, compared to 25% at baseline.

- II. *Improvements in client tracking and client flow enhanced the provision and uptake of paediatric HIV testing and treatment:*
 - a. The number of exposed children who were traced and tested for HIV at KAH rose from an average of 28 infants to 54 per month, as illustrated in the following chart.

More exposed infants (184) were tested for HIV and enrolled on Septrin and ARVs, compared to 109 a year earlier.

- b. There was a reduction observed in the time spent by clients waiting for services from about two and a half hours to less than one hour.



III. *Critical gaps persist which need to be addressed:*

- a. Knowledge about early infant diagnosis was still low at endline, and only 22% of the respondents knew that it can be done at six weeks after birth. In addition, only 24% of the respondents at the endline knew that breast-feeding could transmit HIV infection, compared to 23% at baseline.
- b. A decline from 33% at baseline to 22% at endline was found in the proportion of clients who reported that they had received counselling about HIV testing for their child at facility on the day of the interview. Similarly, the proportion of client-provider sessions where HIV counselling was given dropped from 43% at baseline to 24% at endline.

Recommendations:

- ✓ Health facilities should consistently strive to identify gaps and missed opportunities in paediatric HIV testing and treatment and address them. They should also strengthen community education activities to create demand for the services.
- ✓ Health care institutions need to review and strengthen systems for tracking pregnant mothers living with HIV seeking care within their facilities, to ensure that exposed children receive HIV testing as early as possible and are enrolled on treatment as appropriate.
- ✓ To ensure that quality care is maintained, health facilities should ensure broader integration of services for the infant exposed to HIV, and use of the mother-baby record card, so that no child drops out of the system.

Source: Kalibala, S, S Kiplangat, S Sarna, and R Mwangi. 2011. *Enhancing Uptake of Paediatric HIV Testing and Treatment in Kenya: Intervention Study Report*. Population Council, Nairobi

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