

ST. CAMILLUS MISSION HOSPITAL KARUNGU PMTCT PROJECT



Prevention of Mother to Child Transmission of HIV/AIDS

PROGRESS REPORT: ANNUAL

PERIOD COVERED: JANUARY- DECEMBER 2016

INTRODUCTION

Integrating interventions for prevention of transmission of HIV from mothers to infants during pregnancy, delivery and breastfeeding with other health care services to increase coverage. 90% of HIV infections in children under the age of 15 years are consequences of mother to child transmission of HIV during pregnancy, delivery and breastfeeding.

INTERVENTIONS

Our Hospital has intervened by putting into practice HTS services which include Counselling, Informed consent, Confidentiality, Correct results and Connection to the ART programme. We strive to offer safe obstetric practices to HIV positive known women e.g. safe delivery, SVD, CS, initiation of prophylactic to newborn. We support infant feeding, counselling and provision of nutritional support to identified malnourished children.



New born child waiting for vaccination at the clinic

PROJECT GOALS

To achieve zero mother to child transmission by 2020, since we serve mixed generalized population, we offer HIV counselling and testing to all patients attending hospital facilities regardless of patient's reason for visit at the Hospital.

Henceforth, we offer PITC at:

- In patients including adult and Paediatric facilities
- Outpatient including TB,STI clinics
- Where PMTCT is offered to ANC and maternity wards for CMTCT.

This is done with the aim of interrupting HIV transmission to the unborn/newborn child while facilitating early entry into CMTCT program for care and treatment for the infected mother. Since the facility has a significant number of known positive mothers and children on care and treatment who are also known as PLHIV/AIDS.



Mothers with their children at the MCH clinic

SERVICES OFFERED

In our MCH clinic, we have integrated services so that we can achieve more than 90% adherence and compliance done through:

- ART adherence
- Ensuring positive health
- Screening and prevention of OIs
- Reproductive health services
- None-communicable screening and management
- Nutritional services through assessment, counselling, education and support
- Prevention of other infection through immunization, malaria prevention and control, education on hygiene and use of safe water.

CHALLENGES

Like any health set up in a developing country, while striving to achieve zero mother to child transmission, our transmission rate at the facility stands at 3.4%, unlike the developed countries where transmission rates stand at 1%.

This could happen while depending on factors as follows

- There is high coverage of PMTCT interventions during pregnancy and delivery but follow-up of mothers and infants is very poor.
- Poor integration of PMTCT services into routine care and lack of clarity of health workers roles and poor record keeping creates barriers to accessing services post-delivery.

Table 1. PCR Tests Performed for PMTCT January – December 2016							
MONTHS	1 st ANC	REVISIT	TOTAL	WOMEN			
January	11	11	22	0	11		
February	6	20	26	0	14		
March	17	18	35	0	10		
April	11	22	33	0	10		
May	11	21	32	0	11		
June	13	38	41	0	15		
July	27	16	43	0	18		
August	10	28	38	1	8		
September	12	21	33	0	24		
October	13	21	34	0	12		
November	11	24	35	1	20		
December	12	32	44	0	24		
Total	154	262	416	2	164		

HTS IN MATERNITY for January - December 2016

MONTHS	Counselling	Tested	Negative	Positive
January				
February				
March	41	41	41	0
April	38	38	38	0
May	75	75	75	1
June	73	73	72	1
July	50	50	49	1
August	60	60	58	2
September	62	62	61	1
October	42	42	42	0
November	22	22	22	0
December	18	18	18	0
Total	482	482	476	6