



ST. CAMILLUS M. HOSPITAL KARUNGU PMTCT PROJECT



Prevention of Mother to Child Transmission of HIV/AIDS

PROGRESS REPORT: ANNUAL

PERIOD COVERED: JANUARY- DECEMBER 2017

INTRODUCTION

Prevention of mother to child transmission of HIV/AIDS intervention has helped reduce chances of mother to child transmission of HIV. Integrating MCH services for pregnant and breastfeeding mothers so as to achieve the 2030 vision of <5% pre-natal, perinatal and post-natal mortality as well as neonatal deaths. These will also help in achieving <1% sero-conversion among the HIV exposed babies.



PROJECT GOALS

The main goals is to observe the 4-prongs of PMTCT which include

1. Prevention of HIV among women of reproductive age-antenatal care, postpartum and post-natal care, the entry point is HIV testing and counseling.
2. Providing appropriate counseling and support to women living with HIV/AIDS to meet their unmet needs for family planning.
3. Asses the ARVs and their exposed infants to prevent HIV infections from mother to child and their partners for discordant couples.
4. HIV care, treatment and support for women, children living with HIV and their families.

INTERVENTIONS

The hospital has put up measures which include HTS services, ANC services, immunizations and PMTCT services done by competent healthcare staffs. It is also offering free delivery services in partnership with the government of Kenya so as to reduce home deliveries and pre and post-delivery related deaths. Provide nutritional support for mothers and their babies. Availability of ARVs and Cotrimoxazole prophylaxis for mothers and their babies. Screening of communicable diseases and cervical cancer screening

SERVICES OFFERED

1. ANC profile
2. Immunizations
3. PHDP
4. Screening and prevention of OIs
5. Reproductive health services
6. ARV adherence counseling
7. Nutritional counseling



CHALLENGES

As any other facility in the country we face a number of challenges which can directly or indirectly affect service delivery. They include just mentioning a few;

- 1) Staff shortage to attend to high number of clients with interlinking activities and documentations.
- 2) Testing at the maternity (L&D) still not well tackled
- 3) Lack of an organized post-natal clinic



ANC TURN-OUT AND PCR TEST PERFORMED FOR JANUARY-DECEMBER 2017

MONTHS	1ST ANC	REVISIT	TOTAL	KPs	TESTED	NEW POSITIVES	PCR COLLECTED
JANUARY	18	34	52	8	10	0	18
FEBRUARY	16	49	64	6	10	3	24
MARCH	14	50	64	4	10	0	21
APRIL	13	40	53	7	8	0	29
MAY	15	34	49	6	9	0	27
JUNE	15	32	47	4	11	0	22
JULY	18	53	71	4	14	0	21
AUGUST	15	51	66	2	13	0	26
SEPTEMBER	19	33	52	4	15	0	25
OCTOBER	28	48	76	12	16	1	23
NOVEMBER	15	45	60	6	9	0	14
DECEMBER	6	39	45	0	6	0	20
TOTAL	192	508	699	63	129	4	270

MATERNITY TESTING PERFORMED FOR JANUARY-DECEMBER 2017				
MONTHS	COUNSELING	TESTED	NEGATIVE	POSITIVE
JANUARY	38	38	32	6
FEBRUARY	33	33	24	9
MARCH	36	36	34	2
APRIL	20	20	20	0
MAY	29	29	29	0
JUNE	28	28	28	0
JULY	38	38	38	0
AUGUST	50	50	50	0
SEPTEMBER	30	30	30	0
OCTOBER	53	53	53	0
NOVEMBER	43	43	43	0
DECEMBER	45	45	45	0
TOTAL	443	434	364	17