

ST. CAMILLUS M. HOSPITAL



Prevention of Mother to Child Transmission of HIV/AIDS

PERIOD: Annual report April 2005 – April 2006

INTRODUCTION.

It dates way back in the year 2003 April when the hospital officially started its services under the supervision and sponsorship by the Catholic Medical Mission Board with their motto being 'BORN TO LIVE'. The first step done was to train the already existing traditional birth attendants in the village's neighbouring the hospital since over 80% of the deliveries were conducted in villages and not in the hospital. Antenatal care was also not well undertaken by the community. Thus they trained 102 traditional birth attendants be March 2003 – October 2003 in the vast Karungu division of Migori district.

INTERVENTIONS.

The mothers attending ANC are counseled on every 1st visit in the clinic and the main PMTCT intervention are stressed as follows;

- i) Nevirapine to Mother and baby for mothers to take home once their results are positive.
- ii) Septrim tablets prophylaxis for mothers and children get syrup beginning 6 wks of age after birth. These are used as a means to reduce early morbidity and mortality rate and frequency of opportunistic illnesses between HIV infected mothers and HIV exposed children.
- iii) Infant feeding counseling and choices,, as chosen by the mother that corresponds with ones own income.
- iv) Testing of the children at 18months

ACTIVITIES.

Mobilization

On going community mobilization more so focusing on male involvement in the PMTCT programmes has been the main target since January 2006 to March in the four locations of Karungu division. Most of them opt to go for VCT rather than come in handy with the wife to the clinic to be tested together.

On going trainings

This was done to Traditional Birth attendants of Nyatike division of Migori district with the matoso association with the first group of 20 TBA's trained in May 2005 and the second group of 14 trained in May 2006.

We also do home visit to the other TBA's trained in the year 2003 to share with them the problems they face in their work and enrich them with pieces of information on changes, new ideas that have come up regarding their work in the villages.

More 5 staff too was trained in PMTCT in the hospital courtesy of CMMB. We thank them a lot of which 2 are in maternity and 2 in ANC. One has already left employment with the Hospital.

CHALLENGES

- i) It is difficult to follow up mothers who are lost due to distance to the health facility since the programme was initiated
- ii) Financial upsets in the community influencing the choice of infant feeding as exclusive breastfeeding for six months in this area as a majority are low income generators.
- iii) Disclosure of test results to partners is difficult since mothers come unaccompanied by their spouses to the clinic and this prompted us this year to do an intensive community mobilization but this time focusing on men as a matter of fact.

ACHIEVEMENTS.

At the moment we have children tested at 18 months in this period were 8 and were non reactive. We are still waiting for more mothers to come and hoping their results will be good.

COLLABORATORS/PARTNERS.

CDC.

Towards the end of the year 2005, CDC stepped in and offered to do the infant PCR (polymerase chain reaction) test for free for HIV exposed infants from the age of 6weeks. We need not wait for up to 18months to know the status of the babies. This would then help in early diagnosis of HIV positive children early for management and initiation to ARVS thus averting many childhood deaths. Between January 2006 and April, 16 samples have been collected and results received back of which 2 were positive awaiting ARV therapy and 14 were negative awaiting 2nd PCR tests after 2 months complete cessation of breast milk by their mothers and we hope the results will remain the same.

GOK

Since the year 2005, the private sector and the GOK made agreements in scaling up PMTCT services together and they now do supply us with the test kits, nevirapine tablets and syrups and all these are got from the District stores.

GOODWILL FRIENDS

In the month of March we introduced a package of 1kg of sugar alternating with 1kg of rice as a small gift to the mothers attending ANC for the first visit. Since then we have distributed a total of 136kgs of sugar and rice with an aim to improve its attendance but broadly to increase the PMTCT uptake. This was enabled by a good in hand will from Italy. After a one month observation, the number of ANC attendance has increased to 103 in the month of May up from 63 in the month of April and do hope it will rise even more.

ONGOING ACTIVITIES.

1. Follow up of PMTCT mothers and children at home and via the Child welfare clinic
2. Counseling and testing of all mothers attending the ANC at first visit to avoid missed opportunities
3. Visiting the TBA's at home and encouraging them to send mothers to the ANC for easy identification of the HIV positive mothers to ensure they have their nevirapine with them and for the baby plus a safe delivery kit with them during delivery at home.

**PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV
ST. CAMILLUS MISSION HOSPITAL, KARUNGU YEAR 2005-2006.**

	Data Measure	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	TOTAL
A	First ANC visit	38	28	45	32	34	38	33	37	23	43	35	35	28	449
B	ANC revisit	39	42	37	41	53	43	46	45	45	33	41	47	35	547
C	ANC learn HIV status	21	15	15	19	24	30	20	26	28	23	26	35	27	309
D	ANC HIV tests	22	19	22	21	24	32	24	30	32	27	26	37	27	343
E	ANC HIV positive	1	3	4	3	3	6	1	3	3	2	7	6	2	44
F	Mother NVP ANC	1	2	3	1	3	3	1	3	3	2	6	6	2	36
G	Infant NVP ANC	3	2	3	2	3	3	1	3	3	2	7	6	2	40
H	Maternity mother tests	12	5	16	6	5	4	6	4	2	5	9	15	6	95
I	Maternity HIV positive	2	4	5	1	0	1	1	1	0	2	0	1	0	18
J	Mother NVP maternity	3	0	1	1	0	1	0	1	0	0	0	0	0	7
K	Infant NVP maternity	3	0	2	1	0	1	0	0	2	2	0	0	0	11
L	Deliveries	44	63	52	59	32	66	35	56	36	38	31	46	47	605
M	Full PN counseling	12	5	17	16	10	17	2	10	17	19	15	26	17	277