

Community Health Volunteers Update

A Newsletter from the APHIA II Western Project

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Prevention of Mother to Child Transmission of HIV (PMTCT)

HIV can be passed from a HIV-infected mother to her child during pregnancy, during labor and delivery or through breastfeeding. Once a woman becomes pregnant she should visit a health facility for ante-natal care. Through antenatal care there are ways to reduce the risk of transmission of HIV to the baby. If a woman is not infected with HIV, she cannot pass the virus to her child.

A pregnant mother can pass on HIV to her foetus (an unborn baby) during pregnancy. There is a higher chance that a HIV positive pregnant woman will pass on HIV to her unborn baby if she has other infections or illnesses, if her HIV infection is new, or if she is not eating well. Sexually transmitted infections (STIs), malaria and other diseases infections may keep the placenta from working properly while the baby is in the womb making it easier for HIV to pass to the foetus. Risk of transmission of HIV during pregnancy is higher if pregnant a woman is malnourished, because this makes the placenta weak thereby increasing the chances of the foetus being infected with HIV.

HIV infection results to a low CD4 count leading to a weak immune system which might leave the mother very sick. To lower the chance of HIV transmission during pregnancy, women should:

- Go for ante-natal care and get tested so they know their status and can make good decisions for themselves and their babies
- Take medications as prescribed by a doctor (including antiretroviral drugs or ARVs)
- Use condoms to prevent new infection and re-infection
- Get treated for STIs, malaria and other infections
- Eat healthy foods

The risk of transmitting HIV is higher when

germs from unclean instruments are used during delivery. If a woman does not deliver at a health facility with the help of a skilled health worker, she may be exposed to unclean instruments. Delivering at a hospital under assistance of skilled staff can help reduce risk of transmission. In addition, a woman should take nevirapine during labor and give nevirapine (medicine to slow the spread of HIV) during labor and the baby should be given nevirapine as soon as possible after the birth and always within 72 hours.

Women who have prolonged labour (where a long time passes between when a woman's amniotic fluid breaks and the baby is born) can also increase the risk of transmission of HIV. If a baby is born premature, it's skin is very weak and any open cuts or scratches can expose the baby to HIV infection.

After delivery all women-HIV positive or HIV negative-should breastfeed their baby exclusively for the first 6 months of life. This is the best option for most mothers and will help ensure that the baby grows strong and healthy.

Research has shown that exclusive breast feeding for the first 6 months is the best option for most HIV-positive mothers with limited resources and it actually reduces the risk of HIV transmission. Exclusive breastfeeding means giving the baby only breast milk for the first six months of life and not giving any water, liquids, foods or herbs. Giving these items can actually increase the risk of HIV transmission in the first 6 months.

Breastfeeding exclusively is better for the baby than replacement feeding (formula or animals milk) or mixed feeding (using breast milk or other milk or liquids). Those other



A pregnant mother at antenatal clinic

options put the baby at risk of increased illness through (diarrhea, pneumonia), death or HIV infection.

The other option is replacement feeding. Replacement feeding means using formulas to provide nutrients for the baby. However a mother using replacement feeding must be able to buy the amount of the formula needed. The mother must also maintain cleanliness when using replacement feeding to avoid any chances of the child getting sick. Tell a mother to consult a health worker to help choose the best way to feed her baby, no matter what her HIV status is.

Husbands and mother-in-laws should be supportive and encourage pregnant women to get tested for HIV and attend ante-natal care. Being supportive to a HIV positive mother means;

- Husbands should go for testing with their pregnant wives.
- Provide financial support for transport to ante-natal care visits.
- Encourage and support their women to exclusively breast feed for 6 months.

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PMTCT - A Mother's Joy



Grace holding her twins Allan and Alex after breast feeding

My name is Grace Ondachi from Luanda village in Mabusi, Lugari district. I am married and blessed with five children and my two last borns are twins. I learnt about my status through VCT after several counseling visits by Ambassadors of Hope in the year 2007. I lived in denial about my status for a very long time so I did not take the drugs. I was so devastated that I felt like killing myself. I kept on asking myself, "Why am I HIV positive? Is this world worth living in?"

I was traced by Ambassadors of Hope and referred to Mabusi health facility where I was counseled and tested again. But through continuous counseling from my peer counsellors at Mabusi, I slowly

accepted my status and was enrolled into the psychosocial support group at the facility. I was enrolled into the PMTCT programme and keenly advised on the drugs I need to take to avoid any chances of my child also getting infected with HIV.

At seven months I was given Septrin and Nevirapine. Since my home is a bit far away from the health facility I requested the doctor to give me Nevirapine drugs for me and the baby just in case I did not make it on time to the facility. When I started noticing signs of labour I swallowed my drugs and after my twins were born I also gave them Nevirapine syrup. I then took them to the health centre for check up and they were found to be well. They are now six

months old and have been tested twice for HIV and the results were all negative.

During the times that I attended the antenatal clinic the peer counselors and health officials at Mabusi frequently gave health talks on the importance of exclusive breastfeeding. I had never practiced it before when raising my other three children and I became more determined to go through this process with the twins. It was a tall order feeding two boys on breastmilk alone and I constantly received a lot of pressure to start them on porridge when they were just two months old. My peer counselors Phanice and Caroline constantly sang this song to me that I must eat well for my children to get enough milk. With my HIV status and also the twins I always make sure I eat very well. During the six months I used to take a lot of green vegetables, tea and milk to ensure that I had plenty of milk enough for the both of them all the time

I finally hit the six months mark on 19th of November and completely put a stop to giving them more breast milk. I started weaning the boys on porridge and light foods including eggs and mashed potatoes and they are doing well. Allan the eldest weighs 7.9 kgs and Alex weighs 7.5 kgs. Personally I am fairing on very well. I go for regular check up and two months ago my CD4 count was at three hundred (300).

I believe that any mother who test positive when pregnant has a chance to have a baby free of HIV if she goes through PMTCT and adheres to all the teachings and advice from the health workers. My twins are a perfect example to all that you must never give up hope. You too can do it!

Who are Ambassadors of Hope?

Ambassadors of Hope are a group of persons living with HIV and AIDS aged 18 years and above. These people know their status, have been trained by PATH and are able to disclose their status to family, friends and the rest of the society in order to influence their environment and reduce stigma and discrimination associated with HIV and AIDS. The Ambassadors of Hope share their status publicly and advocates for their involvement in community activities to enable the family and the community understand the immense value of care and support networks for people living with HIV and AIDS

Frequently Asked Questions on PMTCT

Can a HIV positive mother give birth to a HIV negative child?

Yes! If no PMTCT intervention is taken, 60 out of 100 children will become HIV negative and 40 children will become HIV positive. However, if a mother uses PMTCT interventions then the chances of the baby being HIV negative are even lower.

A baby is formed from the union of a woman's egg and a man's sperm. The egg and the sperm do not contain HIV even if the woman and man are HIV positive. When a child is in the womb, it is enclosed in a sac of water which separates it from the mother and the only contact is through the placenta which allows into the baby's system only what the baby needs. If the mother remains healthy, the child will most likely to be born negative.

Why are some babies born to HIV

positive mothers and don't get infected while others do?

Well, we do not really know why this is so but the following factors increase the likelihood of a HIV positive mother passing the virus to her baby during pregnancy, labor and delivery or breast feeding:

- If the mother has been recently infected or re-infected with the virus
- If the mother's general health and nutritional status is not good.
- If the mother has breast conditions (diseases or infections).
- If the mother/parents do not understand how to feed their baby
- If the baby's health is compromised during breast feeding and has sores and ulcers in the mouth or along the digestive system.

Parents are encouraged to seek the counsel

Helping HIV Infected Pregnant Mothers Benefit from PMTCT



Right; Everline talks to a pregnant mother on safe sex at Kakamega PGH

My name is Everline Shimonyo. I am a community health volunteer attached to Kakamega Provincial General Hospital (PGH) to help in defaulter tracing of HIV exposed pregnant mothers who have been enrolled into PMTCT care and treatment services.

I got involved in community work when I learnt of my HIV status in 2007. At the time I experienced different emotions. I later joined Tushauriane support group of people living with the virus at Kakamega PGH.

Through Tushauriane Support Group, members shared their personal experiences and how they are living with their condition. They also reach out to the public by giving health talks at designated points in the health facility.

I remember the day I was scheduled to deliver a health talk at the Mother and Child Health Clinic in Kakamega PGH. The subject was on educating expectant mothers to know their HIV status in order to prevent infecting their babies.

I facilitated a fifteen minute health talk to mothers present at the clinic. After the

session, a lady known as Gloria approached me and recounted her fears about knowing her status. She feared testing positive as it could have affected her marriage. She had a miscarriage in her last pregnancy and neighbors had rumored her to be infected with HIV virus.

Through my discussion with Gloria, I empathized with her ordeal and linked her to a nurse at the clinic. She was six weeks pregnant. The nurse counseled her and she agreed to be tested. When the nurse shared her test results, Gloria broke down weeping. For three months she did not attend the clinic, the nurse sent me to search for her so that she can be helped to take care for her unborn baby and prevent passing HIV to her baby.

I found Gloria busy at the market place selling her vegetables. I shared with her the purpose of my visit and Gloria agreed to visit the health facility again and continue with her antenatal care. She received further counseling on care for her baby, infant feeding, safe sex practices, as well as family planning. I counseled her on the importance of sharing her status with her family members. She later disclosed her status to her mother in-law and her husband.

Gloria delivered her baby at Kakamega PGH hospital and she received anti-retroviral treatment. Her baby received a dose of nevirapine at birth and the following six weeks. As a result, her baby is HIV free.

Gloria is one of the women I have helped enroll back in PMTCT program. I work with the community surrounding the health facility, including several families scattered in neighboring districts by encouraging them to support pregnant mothers know

their HIV status. At times I walk a long way to visit pregnant mothers in the villages who come to the facility and don't return.

Some family members do not always want to listen and sometimes they don't have time to talk to me. But I keep visiting and answer all their questions about PMTCT as this is part of helping my community to overcome stigma and prevent illnesses and increase the use of maternal and child health services.

Who is a Peer Counsellor

A Peer counselor is an individual who has known his or her HIV status, disclosed through public sharing, undergone through the Prevention of Mother to Child Transmission of HIV and is living positively. Once you have been identified as a peer counsellor then the person has to undergo training to be able to share health information with others with similar status.

Having undergone thorough training, a peer counselor is able to provide these services both at the facility and community level.

- Give health talks on HIV & AIDS issues and breastfeeding options while emphasizing exclusive breast feeding of HIV exposed babies.
- Advocate on stigma reduction and discrimination through open sharing of HIV status.
- Sensitize clients on behavior change by emphasizing on condom use and family planning.
- Promote counseling and testing for HIV. Talk about the available counseling and testing services in the health facility (PMTCT, VCT, PITC, DBS)
- Establish and conduct psychosocial support services (PSS), receive positive clients from the CHW and enroll them in the support group. Form the PSS groups, plan for the PSS meetings and conduct them under supervision of a health care worker.
- Defaulter tracing: Liaise with the health worker to know HIV positive mothers and their babies who are not continuing with care and follow them up at the community.
- Referrals: Transit clients from the facility support group and link them to community support groups.
- Provide support for the Persons Living with HIV and AIDS, do home visits to find out the clients progress and encourage them to seek medical interventions if need arises.

of a health practitioner to get more advice and help on the above listed factors.

How does a child become infected with the virus from the mother?

Infection can take place during pregnancy, labor and delivery and breastfeeding.

If a woman is HIV positive, her blood and milk contain HIV. HIV can pass from the mother to the child during pregnancy but also during labor and delivery if the baby comes in direct contact with the mother's blood and secretions. If the mother breast feeds, the HIV in the milk may pass to the baby.

Can anything be done to prevent or reduce the risk of a mother passing HIV to her baby?

YES, there are preventive actions that can

be taken and health services available to reduce chances of a mother infecting her baby. These include:

- Both parents knowing their HIV status and accessing antenatal care and comprehensive care services
- Safe delivery services
- Antiretroviral drugs (ARVs) are provided through PMTCT service delivery for HIV positive pregnant women prenatally, during labour and the postpartum period.
- Early testing of the child to know his status (6weeks after birth) through special tests (DNA PCR) and options for treatment and care can be reviewed and initiated as early as possible.
- Seeking advice on infant feeding and breast feeding to prevent the child from infection

Male Involvement Key to PMTCT Success



Members of Banja Samaritan Support Group listen to Rose - nurse in charge Banja Health Facility

One of the greatest challenges facing providers in promoting the prevention of mother to child transmission (PMTCT) services in Western Province is reaching male partners of HIV positive women and persuading them undergo HIV counseling and testing. In a bid to increase male involvement in the uptake of PMTCT services USAID/APHIA II Western has helped establish male support group, to offer treatment care and support to those infected and affected by HIV & AIDS. In all the facilities APHIA II Western has integrated male involvement activities with the PMTCT services leading to a significant rise in the number of men getting tested and knowing their status.

In Hamish Banja location, the Banja Health Facility started the Banja Samaritan Support Group to encourage men to accompany their wives for PMTCT services and also offer treatment, care and support to those infected and affected by HIV.

"Most of us men shy away from going to the facility to be tested for HIV. We see no need to accompany our expectant wives to antenatal clinic and be involved in PMTCT services and reproductive health matters," says 49 yr old Said Juma living positively and

a member of the Banja Male Support group.

The Banja group educates men in the community on what an ANC package entails, precautions to take during pregnancy, child delivery, requirements for the mother and the baby after delivery, HIV infection and pregnancy, dealing with HIV results, male examination (BP, jaundice and HIV), demonstration of condom use and screening for sexually transmitted infections and TB.

The Banja Support Group meets weekly to discuss issues of PMTCT within the community. And the group has also formed a smaller group dubbed the 'treatment buddies' who are assigned the responsibility of visiting those already enrolled in PMTCT. Each of the 'treatment buddies' visit clients within their locality.

During these visits, they check up on the health conditions especially of the HIV positive clients who have missed to attend the sessions and are at times bed ridden. The buddies also hold discussions with them about different health issues concerning HIV/AIDS and PMTCT. They share challenges they face on a daily basis and advice on the best ways to live positively.

With the support of APHIA II Western, the

group holds monthly outreaches within specific sites in the district. During the outreaches the group members conduct health talks on the importance of men supporting their wives through PMTCT. The outreaches are also used as avenues of counseling and testing more men in the community and for distributing condoms. The members of the support groups also visit members of the community in their churches since they cannot be able to reach everyone through the outreaches.

Male involvement has grown drastically as a result of these interventions. At Banja location the male testing rates have increased significantly with more than 50% of the population of Banja having been tested and knowing their status. The most encouraging part of this initiative is that for every man tested they make a follow up bringing their spouses and children to the facility to also get tested. Says Rose Inziani the nurse-in-charge at Banja Health Facility explains, "They formed 3 groups: the PMTCT group for pregnant and lactating mothers who are HIV positive, the persons living with HIV/AIDS (PLWHAs) group, and a group for children from 1 year to 18 years who are either infected or affected by HIV/AIDS and their guardians.

At the moment, the PLWHAs group has 117 registered members, 14 women undergoing PMTCT and 27 children receiving pediatric treatment. The members meet in their respective groups once every month.

Rose attests that more men are being seen accompanying their pregnant wives to the facility for HIV testing, pregnancy check up when bringing their children for immunization. She says, "The men in the community thought that clinic and HIV/AIDS issues were for women but slowly, change is finally picking up."

The community members are no longer afraid of visiting the health facility and there is a general awareness in the community about matters concerning HIV/AIDS, PMTCT and RH.

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