Mother-to-child care the key to falling infections

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Mary Awuor, 23, checks

into the Orodi district hospital

in Ndhiwa, Homa Bay

County with her nine-month

old baby.

She has walked less than

a kilometre from her home

to the hospital where she

queues with her baby for

prevention of mother-tochild

transmission treatment

(PMTCT).

Mary tested HIV-positive

eight years ago, and two of

her children died from the

virus. But thanks to the decentralisation

of Maternal

and Child Health (MCH)

clinics to remote areas and

the integration of PMTCT

and Maternal and Child

Health (MCH) services

her third baby has tested

negative.

“I lost two of my children

to the virus because there

was no one to advise me on

how I to raise my children in

the right way; moreover the

hospital was almost 30 kilometres

away,” she said.

For years, the only hospital

in the region that offered

PMTCT and MCH services

was the Ndhiwa district

hospital which is about

30 kilometres from Orodi.

Getting to Ndhiwa was also

a challenge because of the

poor state of roads and the

expense.

This meant that for many

years HIV-positive mothers

in Ndhiwa district could not

access the services to protect

their HIV-exposed infants

(HEI) from testing positive

due to the failure to attend

postnatal care classes.

“I gave birth to my two

children at the Ndhiwa district

hospital, and when I was

told they were positive, I was

afraid and very saddened by

the news. The fear made me

keep away from the hospital,

and I ended up losing them,”

she adds.

The situation was bad in

the district in October 2010;

the HIV prevalence rate

stood at 35.9 per cent with

new infections registered

among new-born babies

accounting for half of the

numbers.

But as a result of the MCH

facilities in many remote

areas and the integration of

the services, the prevalence

rate has come down drastically.

But according to Dr Justus

Ocholla of District Aids Sexually

Transmitted Infections

Organization (Dasco) Kenya,

in 2011 the prevalence rate

stood at 22 per cent while

by October this year it had

remarkably come down to

13.9 per cent.

“The integration models

have worked wonders in

these remote areas; the

staff at these centres have

been trained and are committed

to ensuring that the

rate comes further down,” Dr

Ocholla said.

The MCH clinics were

opened in 2010. According to

Hellen Anayngo, the nurse in

charge at Orodi dispensary,

the number of mothers

visting the institution has

increased since 2010 when

the number of mothers who

visited the health facility in

a month was about 10. But

today the hospital reveives

between 20 to 30 mothers

in a month.

“This has greatly decreased

the number of deaths of newborn

babies because the

mothers are given care right

from birth up to 18 months,”

Ms Anyango said.

Each mother has a file at

the hospital where they are

monitored closely until the

babies are out of danger. The

hospital has also got peer

counsellors who are charged

with the task of following up

on mothers who fail to keep

up with the treatments.