

# Preventing Mother-to-Child Transmission of HIV

Country: Kenya



## Millennium Development Goals:

**Goal 6: Combat HIV & AIDS, malaria and other diseases**

**Goal 4: Reduce child mortality**

**Goal 5: Improve maternal health**

**Duration:** Phase 1: November 2003 to March 2007

Phase 2: June 2007 to December 2010

**Beneficiaries:** Phase 1: 1,000 women and 2,000 children and youth

Phase 2: 3,000 women and 8,000 children and youth

**Partners:** Ministry of Health, International Medical Corps, St. Joseph Shelter of Hope, Yatta Youth Group, Voi Youth Forum, Children in Christ, Ndome Wutesia AIDS Group, Talent Nurtures Troupe, community volunteers

**Total project funding:** US\$960,827

**Funding source:** Private donations

**Project goal:** To reduce mother-to-child transmission of HIV and improve the well-being of children, their mothers and families

## What we are trying to accomplish:

1. Enhance primary prevention of HIV infection
2. Enhance prevention of unintended pregnancies of women
3. Improve prevention of HIV transmission from mother to child
4. Expand care and support to HIV-positive women, their infants and families

## Project Overview

Of the 33 million people worldwide who are HIV positive, two million are children. Nine out of 10 of these children acquired the virus from their mothers during pregnancy, birth or breastfeeding. In most countries, women represent a growing share of people living with HIV, which ultimately puts more children at risk.

While Kenya's overall HIV prevalence has declined, the rates of infection among women of reproductive age remain high. According to the Kenya AIDS Indicator Survey (KAIS, 2007) report, about 9.6 per cent of pregnant women in Kenya are infected with HIV, an increase from 7.3 per cent in 2003. When this is coupled with the country's high birth rate, it means that each year about 5,000 children under age five are infected with HIV.

When World Vision first started working in the Voi Area Development Program (ADP) in 2003, losing children to the disease was the norm.

"AIDS was like a dark cloud in this area," recalls Chris Wachira, the coordinator of World Vision's program to prevent mother-to-child transmission (PMTCT) of HIV. "There were so many orphans and so many babies who were being born infected. People didn't know what to do."

The tragedy of this situation is that with the right interventions, almost all children can be protected from HIV infection. However, many mothers in developing countries lack access to the help they need to avoid infecting their children.

### Supporting safe motherhood in Voi, Kenya

World Vision is working with local communities like Voi to build their capacity to protect children and families from HIV, and to provide care for

those living with HIV and AIDS. As part of that initiative, World Vision is helping HIV-positive women take the necessary precautions to prevent transmission of the virus from mother to child.

One of those mothers is 27-year-old Susan who lives in Voi. When she was about four months pregnant, her mother encouraged her to join a prenatal class supported by World Vision. At first she was hesitant, but at her mother's urging, Susan finally agreed.

"They tested me and discovered that I was HIV-positive," she reveals.

Initially despondent, Susan gained more hope as she talked with the counsellors. "They explained how I could take care of the baby," says Susan.

Five months later, as she was due to give birth at Moi Hospital, Susan was given an anti-retroviral medication prior to delivery. Her newborn son was also



*A nurse in Voi, Kenya has medicine and medical supplies available as part of the PMTCT project.*

given the drug in syrup form. These two measures alone helped to halve his risk of infection.

At 17 months, Susan's son Emmanuel remains HIV-free and healthy. "I am very grateful to God for that," she says.

World Vision is helping almost 3,000 mothers like Susan in Voi and developing partnerships to help ensure these services can continue after the project concludes. We are working with the Ministry of Health to establish ongoing safe maternity services and post-natal home follow-up for mothers and their children, including support for improved feeding practices. The project supports the training of more than 100 community health workers who now offer voluntary counselling and testing services.

As part of its initiatives, the project also supports capacity building of four community-based organizations who are teaching women how to prevent transmission of HIV to their children. We have mobilized a network of more than 300 peer educators who are encouraging women to use health facilities for childbirth, adopt safer infant-feeding practices and guard against unintended pregnancies.

The network also provides transportation so they can access anti-retroviral drugs. Nine Community Care Coalitions of volunteer visitors have been organized and trained to provide regular care for 200 mothers and 1,400 orphans and vulnerable children (OVC) in their own homes.

### **Helping communities implement sustainable solutions**

With the help of community partners in Voi, World Vision established quality antenatal care and PMTCT services in 2003. However, because of the stigma associated with HIV and AIDS, only two women were willing to participate in the program when it began. After three years, an estimated 48 per cent of women were accessing antenatal services.

Even Susan, who has greatly benefited from the project, is determined to keep her participation in it a secret. Her marriage has fallen apart since she tested positive for HIV and she is terrified of other people discovering her condition.

"I fear if people know that I have HIV, they will isolate me, laugh at me and leave me on my own," explains Susan.

When World Vision evaluated the first phase of the project in 2007, we

determined to increase our emphasis on community education with the hopes of encouraging women like Susan to access services. One of the ways this need has been addressed in the project's second phase is through partnerships with both community and faith-based organizations. We are training 120 school and faith-based teachers as life skills educators, and 450 children and youth as peer educators. Through this work, we are reaching 8,000 children and young people while helping to reduce the stigma of HIV and AIDS.

The need was further addressed through our efforts to strengthen the partnership with traditional birth attendants in Voi. The project recognized the important role of birth attendants and equipped them with information and training. The birth attendants are now urging mothers to give birth in hospitals and they now refuse to serve women who have not taken an HIV test. These partnerships with birth attendants, as well as community health workers and local volunteers, have created a network of support for women, which is both effective and sustainable.

To help influence and change community perceptions of people living with HIV and AIDS, World Vision recruited local health workers and other respected community members as peer educators.

"They would identify an expectant mother and tell her the benefits of being tested, where to get it done, and encourage her to go to the community health unit," explains Chris Wachira.

In less than two years, more than 100 women had enrolled in the project. "Many of the people who initially

*World Vision empowers health care workers to assist HIV-positive mothers and their babies.*

came for testing and enrolled in the PMTCT program then became peer educators,” explains Wachira. “Those HIV-positive mothers were able to tell their stories for the first time without fear.”

Through them, other mothers learned that the project can actually save their children’s lives—a reward that, for most, far outweighs the burden of being identified as HIV-positive.

In May through July 2009, World Vision conducted research in Voi ADP to better understand the social-cultural, economic and traditional practices that increase the risks of transmission of HIV from mother to child during pregnancy, birth or breastfeeding. The important findings and recommendations from this research will be used in designing future PMTCT programs.



### **Expanding the project’s impact**

The lessons learned through World Vision’s partnerships in Voi are helping to inform PMTCT projects in other regions where World Vision is working. For example, the design of our project in Cambodia has been strengthened by a visit from Chris Wachira, who recommended changes based on the experience in Kenya. In Cambodia, World Vision is now

working with the Ministry of Health to provide similar services to 42,000 women through 55 health facilities. Following the successful model in Voi, World Vision developed a network of volunteers and health workers who are helping to change community attitudes, encourage women to be tested and provide home-based care for families living with HIV.

### **Results to date:**

1. Essential infection-prevention supplies, home-based care kits and refrigerators for medication were provided to nine government health facilities to improve infrastructure and institutional capacity to provide Prevention of Mother-to-Child Transmission (PMTCT) services.
2. The number of women accessing antenatal services in six clinics more than doubled to 1,719 women from 840 women as a result of social mobilization and peer education. One hundred eighty three HIV-positive mothers were registered for PMTCT services.
3. Peer education and life skills training was established in 27 schools in partnership with the Children in Christ ministries.
4. Nine Community Care Coalitions were established to care for 1,400 orphans and vulnerable children (OVC) and 200 mothers in partnership with local churches and welfare groups. One hundred and seven OVC have been supported in vocational training and 167 OVC households have been supported in income-generating initiatives.
5. Family planning counselling and links to antenatal services have been established in 28 health facilities.

### **What we learned from this project:**

- Community social mobilization for use of antenatal services and institutional capacity building for PMTCT are prerequisites for a successful OVC and PMTCT program.
- Given the sensitivity of HIV and AIDS in some communities, it is necessary to partner with legitimized and trusted institutions, like the government and the church, to gain financial and social support for PMTCT initiatives. At the grassroots level, peer education has been an effective tool for creating dialogue; however, special attention still needs to be given to men in behaviour-change activities.
- Access to appropriate treatment for most mothers seeking PMTCT services is still a challenge. Many cannot afford even just the bus fare to the hospital for treatments or for routine comprehensive clinic visits.