

# Mother-to-child transmission of HIV in Western Kenya: operational issues.

[van't Hoog AH](#), [Mbori-Ngacha DA](#), [Marum LH](#), [Otieno JA](#), [Misore AO](#), [Nganga LW](#), [Decock KM](#).

## Abstract

### OBJECTIVES:

To improve uptake in a program to prevent mother-to-child HIV transmission and describe lessons relevant for prevention of mother-to-child transmission programs in resource-poor settings.

### METHODS:

Implementation of a pilot project that evaluates approaches to increase program uptake at health facility level at New Nyanza Provincial General Hospital, a public hospital in western Kenya, an area with high HIV prevalence. Client flow was revised to integrate counseling, HIV testing, and dispensing of single-dose nevirapine into routine antenatal services. The number of facilities providing PMCT services was expanded to increase district-wide coverage. Main outcome measures were uptake of counseling, HIV testing, nevirapine, and estimated program impact.

### RESULTS:

Uptake of counseling and testing improved from 55 to 68% ( $P < 0.001$ ), nevirapine uptake from 57% to 70% ( $P < 0.001$ ), and estimated program impact from 15% to 23% ( $P = 0.03$ ). Aggregate reports compare well with computer-entered data.

### CONCLUSION:

Addressing institutional factors can improve uptake, but expected program impact remains low for several reasons, including relatively low efficacy of the intervention and missed opportunities in the labor room.