



CENTRE FOR  
FAMILY HEALTH  
INITIATIVE  
(CFHI)

...promoting health, protecting well-being

# NEWSLETTER VOL. 4 EDITION 4



**Dear friends and family,**

We welcome you to another interesting edition of our Monthly Newsletters.

Mother to child transmission or perinatal transmission of HIV is the spread of the virus from a woman living with HIV to her child during pregnancy, labor, delivery or breastfeeding. The transmission can occur if the mother is ignorant of her HIV status. Some may be aware of their positive status but due to stigmatization, they decide to keep it secret thereby putting the children at risk. Others are ill-informed about perinatal transmission of HIV. This has been discovered to have grown beyond proportion due to either the carelessness of the Mother due to her level of awareness or because she chose to make her status secret or not even knowing her status, making the child the victim of this circumstance. Despite the awareness and availability of drugs to curb and reduce the spread with its effect to the barest minimum. To protect the children, More sensitization should be done for mothers and expectant mothers

about the importance of knowing their HIV status, the causes, symptoms, effects, transmission, precautions and management for HIV to help curb perinatal transmission with its effect to the barest minimum.

CFHI joined the rest of the world on the 8th of March to commemorate International Women's Day (IWD) by going into the localities within Abuja. There, the team sensitized the women about the theme "Equal for Balance" and the need to treat both the female child and the male child equally, without making any child feel inferior to another. Kindly find the activities carried out on IWD, the article on Mother to Child Transmission of HIV. Reports on Achieving Control of HIV/AIDS Epidemic Through Evidence (ACHIEVE) Orphans and Vulnerable Children (OVC) project, Global Action towards HIV Epidemic Control in Sub-national units in Nigeria (4GATES OVC project), Improving Maternal and Child Health Through Capacity Building and Community Awareness Approach in Imo State Project (CCAP) and Catalyzing Accountability for Maternal Death in Nigeria (CAMDIN) project (also known as Giving Birth in Nigeria) are also featured in this publication.

Do have a pleasant reading.

Kind regards,

Princess Osita-Oleribe

Executive Director, CFHI

## MOTHER TO CHILD TRANSMISSION OF HIV



Human Immunodeficiency Virus (HIV) weakens the body's immunity by attacking and damaging the white blood cells (CD4 cells). Its mode of transmission can be through contact with body fluid, semen, or infected blood. A significant mode of transmission of HIV is Mother to child transmission (MTCT) or perinatal transmission of HIV. This is the spread of the virus from a woman living with HIV to her child during pregnancy, labor, delivery or breastfeeding .

A number of factors can increase the risk of perinatal transmission. The higher the viral load (the quantity of the HIV present in the body) of

an expectant mother, the higher the risk of her transmitting HIV to her child. Conversely, a high viral load result implies a low CD4 count because the white blood cells (CD4 cells) which provides immunity to the body must be destroyed for the viral level to rise. A high viral load may mean a recent HIV transmission, an untreated or uncontrolled HIV. Positive pregnant women and breastfeeding mothers with a CD4 count lower than 200 are at a greater risk of transmitting the virus to their children. Opportunistic diseases including sexually transmitted infections that take advantage of the suppressed immune system such as Hepatitis B, Hepatitis C, Cytomegalovirus, Cryptococcal Meningitis, Tuberculosis, Malaria, Toxoplasmosis, Epstein-Barr Virus, Candidiasis, Coccidioidomycosis, Syphilis, Human Herpesvirus (HHV) 6 and 8, Chorioamnionitis, bacterial vaginosis, Human Papilloma Virus (HPV), Pegivirus C (GB virus C) can stimulate HIV replication and increase the viral load or increase genital secretions during labour and delivery. Some of these maternal co-infections target the genital tract, placenta, fetal membranes and breast tissues which increases the risk of transmission to the child. Labour and delivery of positive women exposes the infants through contact with their mothers' infected blood and vaginal secretions that may be ingested. The risk however increases with the duration of the rupture of the membrane. Premature infants are more likely to be infected than full term infants. Prematurity of the skin, the mucous membranes and the gastrointestinal tract are likely mediums that fuel transmission for premature babies.

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### 2020 INTERNATIONAL WOMEN'S DAY AT CFHI

International Women's Day is celebrated on 8th of March every year to celebrate women and their achievements. This year's theme is "Equal for Balance". CFHI went to the field, Jahi precisely to celebrate women and sensitize them on the importance of gender equality, the fight against discrimination and marginalisation of women. Hence the saying what is good for the goose is good for the gander. The Executive Director explained the importance of treating both male and female child equally and the need for both the male and the



female to be given equal opportunities. The day ended with pictures of women and the staff of CFHI showing the "equal for balance" sign. It was also fun, and items were shared to the women that came for the sensitization exercise to mark the day .

**Continuation from page 2...** Breast feeding is also a risk factor depending on the degree of the mothers' viral load. If neither the mother nor baby is on consistent HIV treatment, there is a high chance that the baby will be infected through breastfeeding. In situations where the mother becomes positive after weaning her child, the child is at risk when sharing/using sharp objects used by the infected mother, and blood transfusion from the infected mother to the child is a risk factor as well.

Some expectant mothers especially in hard to reach communities are ignorant of the existence of perinatal transmission. Some of these women birth their children in their homes with the assistance of traditional birth attendants. They go through the entire pregnancy period without antenatal care because there is no access to basic health care. These expectant mothers cannot even go for testing because they do not know that they need to be tested for HIV while pregnant. This increases the risk of mother to child transmission.

Prenatal care is essential because it is care given before pregnancy to prepare the woman for milestones that come with pregnancy: what to do to increase chances of conceiving, what to do when one discover she is pregnant, what to expect during pregnancy, ways to protect the foetus, ways to reduce risk of pregnancy complications, nutrition in pregnancy, diseases and viral infections associated with pregnancy, labour and delivery, and ways to maintain general wellbeing during and after pregnancy. Every woman of reproductive age who desires to get pregnant should register for prenatal care and not wait until the pregnancy is confirmed because it is empowers them to make informed decisions for themselves and their child/children.

HIV screening should not only be done during antenatal appointments i.e. when the pregnancy has been confirmed. It is important to go for HIV screening and counseling at any health centre to ascertain your HIV status and the presence of sexually transmitted infections even before the pregnancy is confirmed. The earlier the virus is detected, the better the chances of living longer and enjoying a normal life. Thus, at any time before, during, or after pregnancy one discovers she is exposed or is at risk of contracting the virus, she

should repeat the test.

Male partners and spouses should also be part of prenatal, antenatal and postnatal care because these men are part of the process of reproduction. They play an integral role in the healthy development of the foetus and well being of the mother. Through sex, the mother can contract HIV or sexual transmitted diseases that increase the risk of perinatal transmission. Expectant fathers should go for HIV screening because knowing their status will reduce the risk of perinatal transmission.

Provider-initiated HIV testing and counseling in health facilities (PITC) reduces the risk of perinatal transmission by health care providers recommending HIV testing and counseling for patients who show conditions that may indicate underlying HIV disease. Pregnant women of unknown HIV status can also get tested for HIV before and as soon as their pregnancy is confirmed, through voluntary counseling and testing at any Health Centre. This will help reduce the risk of Mother to Child transmission of HIV.

More sensitization should be done for all (male and female) of reproductive age in areas where people do not have

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**Children marking the International women's day.**

**Continuation from page 3...** have opportunity/access to information about perinatal transmission especially in hard to reach communities. Carry out free voluntary HIV testing for expectant fathers, expectant mothers and mothers in these communities. Speak to these mothers about the advantages of registering and attending prenatal appointments before pregnancy Antenatal appointments while pregnant and post-natal appointments after delivery irrespective of their HIV status.

There is no proven cure for HIV but it is not a death sentence. Infected women who know their status should begin and be consistent with antiretroviral treatment even before conceiving to facilitate a healthy life. Antiretroviral care and treatment is also important during and after pregnancy to achieve an undetectable viral load. The risk of mother to child transmission during pregnancy and childbirth is lowest when a woman with HIV has an undetectable viral load.

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## PROJECT REPORTS

### **ACHIEVING CONTROL OF HIV/AIDS EPIDEMIC THROUGH EVIDENCE (ACHIEVE) ORPHANS AND VULNERABLE CHILDREN (OVC) REPORT**



ACHIEVERS' Club



Adolescent Club meeting in Sabo-Lugbe

The ACHIEVE OVC team began the month with the Implementation of clubs and group meetings such as; kiddies' club, adolescent club, Gender Norms, Better Parenting, Implementation of DREAMS Like Program activities, Infant and Young Child Feeding (IYCF). A total of 234 (M134=, F=100) children across Mabuchi and Kagini participated in kiddies club activities, where they were educated on gender roles and norms. A total of 256 (M115=, F=141) adolescent across Waru, Tudun-wada and Kabba, participated in adolescent club activities, where they were educated on Sexually Transmitted Infection (STI) HIV/AIDS and HIV Testing. A total of 68 (M=4, F=64) beneficiaries from Old Karmo participated in Gender Norms meeting., These group were educated on Values and Value clarification. A total of 98 women participated in Better Parenting activities across Kapwa and Sabo-lugbe. They were educated on; Taking care of children with disability, parent-child communication, and Good Listen-

ing Skills. 50 girls participated in this month's edition of Achievers club (the DREAMS-like Program) at JSS Kabusa. The topics discussed were; Adolescent sexual risky behavior, and sexual health behavior. 46 women of child bearing age were in attendance at the IYCF support group meeting at Jahi, Respectively.

The team progressed with needs assessment, which was conducted for one hundred and thirty-six (136) caregivers across assigned communities. Furthermore, it supported 5 Vulnerable Children (VC ) with Health Emergency, supported 6 VC with adherence logistic to enable them assess care at health facilities, distributed nine referral forms for possible enrollment into the OVC program, update ed TRAV Tool for Positive VC and Caregivers.

**IMPROVING MATERNAL AND CHILD HEALTH THROUGH CAPACITY BUILDING AND COMMUNITY AWARENESS APPROACH IN IMO STATE PROJECT (CCAP) REPORT**

The team started the month by seeking the comprehensive list of traditional birth attendants in the state and explored every avenue of getting a complete list including following-up with the HODs of Health and Reproductive Health Coordinator (RHC) and working with the Imo State Primary Health Care Development Agency. The details of a total of 450 Traditional birth attendants (TBAs) were collated. *Continue on Page 7*



Group photograph of TBAs after training at Orlu Local Government Area, Imo State

**CATALYZING ACCOUNTABILITY FOR MATERNAL DEATH IN NIGERIA (CAMDIN) PROJECT (also known as Giving Birth in Nigeria)**

The CFHI team started the month with a scheduled CAMDIN sensitization exercise in Gudun Karya, Orozo and Byazhin, where the community stakeholders mobilized pregnant and women of child bearing age.



Orozo Community during CAMDIN sensitization

The team also reached out to the religious leaders within the communities to carry out CAMDIN sensitization exercise in the church and mosques within the communities.

The team collaborated with the PHC in Gudun Karya to conduct blood pressure (BP) screening for all the women especially the pregnant ones. Topics such as “Why are women dying in the communities, Danger signs of pregnancy and Nutrition in pregnancy” were discussed. A total of 60 pregnant women were screened for BP and 3 referrals made to the health facility. In all, in the month under review, 179 women of child bearing age were reached with the CAMDIN messages and admonished to be good ambassadors by reaching out to other women within their communities.

**GLOBAL ACTION TOWARDS HIV EPIDEMIC CONTROL IN SUB-NATIONAL UNITS IN NIGERIA (4GATES) ORPHANS AND VULNERABLE CHILDREN (OVC) PROJECT REPORT**

The 4GATES team began the month with the enrollment of target beneficiaries into the OVC program across the four (4) Local Government Areas; which are Owerri North, Owerri West, Owerri Municipal and Mbaitoli through facility engagement, clinic day meetings and the use of snowball approach. The team carried out some on spots services such as health education, birth registration... *Continue on Page 8*



4GATES team carrying out folder auditing in a health Facility

*Continuation from Page 4 ...* It is pertinent to note that having an undetectable viral load is not a constant state but requires strict adherence to HIV care and treatment to maintain it. Administration of antiretroviral treatment is the most essential strategy for prevention of perinatal transmission. It should be made available to HIV infected mothers and mothers-to-be in all settings.

Cesarean delivery for HIV positive mothers reduces the risk of transmission. But the presence of HIV in an expectant mother is not an indication for caesarean section. No matter the type of delivery, a woman who has been adherent to her antiretroviral therapy before and during pregnancy is at a lower risk of transmitting the virus to the baby. Antiretroviral drugs may be administered during labour to women who did not take or was not consistent in taking antiretroviral treatment when pregnant. Elective caesarean section may be recommended if the antiretroviral therapy is unable to suppress the viral load.

Antiretroviral prophylaxis should be administered to HIV exposed infants immediately after birth. The duration for antiretroviral care and treatment for the infant is dependent on the mothers' choice of feeding, either exclusive breast feeding or infant formula. It is highly recommended that the mother chooses only one feeding method for her child which is either strictly breastfeeding or formula feeding but not both. However, World Health Organisation recommends HIV infected mothers to only do exclusive breastfeeding except replacement feeding is acceptable, feasible, affordable, sustainable and safe. Organisations and programs providing interventions to HIV positive expectant mothers and mothers should incorporate safe, inexpensive and available strategies to fight opportunistic diseases that increase the risk of mother to child transmission of HIV during pregnancy, labour, delivery and breastfeeding. Recommending that the positive women sleep under treated mosquito nets and if possible, providing it for them is a good strategy.

Women worldwide face inequality and discrimination, women infected with HIV are not exempt. They are more stigmatized than men infected with the virus. Consequently, some HIV infected women who know their status keep it secret. They avoid

hospital check-up appointments, stay away from HIV support groups, and sometimes decide to live in denial just to avoid stigmatization. These women choose to reject help so that the society will not know, stigmatize or discriminate against them. These decisions make the presence of antiretroviral treatment less effective, increases the risk of transmission to others and cause early death.

The higher the viral load of the mother, the greater the risk of transmission. But with the use of antiretroviral drugs and the increasing knowledge of people on HIV related issues, transmission of HIV from mother to child has greatly reduced. This reduction is due to high rate of drug adherence, which in turn leads to the low amount of viral load in the body (undetectable viral load). Opportunistic diseases that take advantage of the suppressed immune system can be prevented if the mother's viral load is suppressed to the barest minimum. Also, the risk of mother-to-child transmission of HIV during pregnancy and childbirth is lowest when a woman with HIV has an undetectable viral load. It is however important to note that having undetectable HIV virus is not a constant state, it requires continuous adherence to care and treatment to maintain it as such.



More sensitization should be done for mothers especially in hard to reach communities about perinatal transmission. Carry out free voluntary HIV testing for mothers in these communities. Speak to these mothers about the advantages of registering and attending antenatal appointments while pregnant. It is possible for a HIV positive mother to deliver a HIV negative baby. Encourage positive mothers, exposed and positive children to follow necessary management measures to enjoy a healthy life.

*Continue on Page 8...*



BP screening for a pregnant woman in GudunKarya

**Continuation from page 5...** The team successfully worked with the Coordinator of Reproductive Health in the Imo State Ministry of Health to prepare the Training Need Assessment (TNA) tool for the CCAP. Subsequently, it randomly selected TBAs from the 3 senatorial zones in the state who participated in the need assessment.

The team continued its work on the development of the training manual for the TBAs using the lessons drawn from the TNA, the National training manual for traditional birth attendants and WHO document among other resources. With the help of the Imo State Coordinator of Reproductive Health, it also drew up a tentative list of medical practitioners to serve as facilitators for the eventual training. CCAP team members further prepared and submitted the activity schedule for trainings.



Executive Director doing the "Equal for Balance" Sign during the IWD 2020 outreach.



Beneficiary happily doing the "Equal for Balance" sign



THE TEAM ADDRESSING PLHIV DURING CLINIC

**Continuation from page 5...**

... and meetings were attended to iron out all Issues that could make the project difficult or not attainable.

The team also visited the office of the Medical Director Imo State Specialist Hospital (ISSH) to introduce the OVC program, and to seek for collaboration in the identification and enrolment of PLHIV registered in their health facility. It also conducted a 1-day step down training on the basics of the OVC program and the use of Data Tools for community volunteers engaged as replacement for declining volunteers. During the month, the project team achieved the following:

The team through facility engagement, support group engagement, clinic day meetings and the use of the snowball approach, facilitated enrolment of 655 households and a total of 2,277 beneficiaries enrolled and provided services. The details are as follows: 655 new Households were enrolled as beneficiaries of the OVC program. These new households comprise of 655 caregivers and 1,622 (M-810; F-812) Vulnerable Children (VC). 119 (M-65; F-54) of these VCs are HIV+, 1347 (M-658; F-689) Number of -VCs, 120 (M-66; F-54) while 36 (M-16;F-20) are exposed infants whose HIV statuses are yet unknown.

**Continuation from Page 6...** There is no cure to HIV but it is not a death sentence. A mother can have a normal life and live longer if she makes her health a priority.

A lot has to be done to improve the status of people living with HIV. They reserve the right to be seen and heard. Health workers have a large role to play in ending stigma and discrimination of people living with HIV. Their utterances and attitudes should be less judgmental and more supportive so as to improve the quality of health care received. Supporting people living with HIV to live normal lives through words of encouragement, physical, monetary and emotional support is an effective technique. With collective efforts, HIV stigma can be combated.

***Interested in helping in any aspect of our work?***

**Persons interested in donating to our activities, offering volunteer services or partnering with us, are always welcome. All CFHI's projects are community based and family centred, so that our beneficiaries are reached with activities that proffer sustainable solutions.**

**Therefore, individuals or groups concerned with improving community health, sustainable socio-economic empowerment and the development of family centred policies should kindly do so through the channels below.**

**For Donations and/or others:**

**Account Details**

**Name: Centre for Family Health Initiative**

**Number: 5080117843**

**Bank: Fidelity Bank PLC**

**Swift Code: FIDTNGLA**

**Or Contact us:**

**Address: Plot 508, Excellence & Friends Road, off Liberty Road (Arab Road), Cadastral Zone, Kubwa Extension II, Abuja (FCT) Nigeria.**

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