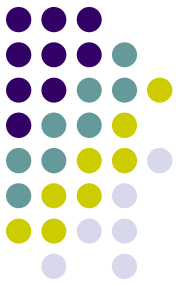


**PMTCT  
ACCELERATED PLAN  
UPDATE**

**AMAJUBA HEALTH DISTRICT**  
***Dannhauser Sub-district***

*D Nsibande*  
*Medical Research Council*  
*26 August 2009*



- NDOH visit to district on 2<sup>nd</sup> and 3<sup>rd</sup> July
- July 16- 17 th– QI Training by IHI ( First learning session)
- QI Training Stats: 62 total attendees

District Office- 8

Newcastle, Madadeni and Utrecht hospital management

Staff from 3 subdistricts facilities

## Partners

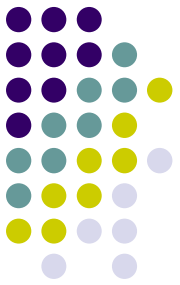
MRC: 3

ARK: 6



| <u>Indicators</u>  | <u>2008/9<br/>Dannhauser<br/>Sub district</u> | <u>2008/9<br/>Newcastle<br/>Sub district</u> | <u>2008/9<br/>Utrecht<br/>Sub district</u> | <u>2008/2009<br/>District<br/>Total</u> | <u>2009/10<br/>District<br/>Targets</u> |
|--|---|--|--|---|---|
| % of first ANC bookings < 20 weeks   | <b>34%</b>                                    | <b>45%</b>                                   | <b>32%</b>                                 | <b>23.6%</b>                            | <b>40%</b>                              |
| % of pregnant women tested for HIV   | <b>100%</b>                                   | <b>92.5%</b>                                 | <b>97%</b>                                 | <b>98.9%</b>                            | <b>95%</b>                              |
| % of HIV pos pregnant women tested for CD4   | <b>100%</b>                                   | <b>98.8%</b>                                 | <b>109%</b>                                | <b>100.8%</b>                           | <b>98%</b>                              |
| % of HIV pos pregnant women receiving NVP  | <b>77.3%</b>                                  | <b>86.5%</b>                                 | <b>41.2%</b>                               | <b>83.9%</b>                            | <b>95%</b>                              |
| % of HIV pos pregnant women receiving dual ARVs                                      | <b>71.4%</b>                                  | <b>98.7%</b>                                 | <b>49%</b>                                 | <b>92.2%</b>                            | <b>95%</b>                              |
| % of pos pregnant women receiving HAART  |   |  |  | <b>66.5%</b>                            | <b>90%</b>                              |
| % of HIV-exposed infants receiving dual ARVs   | <b>90.6%</b>                                  | <b>99.2%</b>                                 | <b>100%</b>                                | <b>99.3%</b>                            | <b>98%</b>                              |
| % of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks              | <b>69.8%</b>                                  | <b>45.5%</b>                                 | <b>120%</b>                                | <b>97.6%</b>                            | <b>80%</b>                              |
| % of HIV-exposed infants PCR tested at 6 weeks                                       | <b>100%</b>                                   | <b>82%</b>                                   | <b>80%</b>                                 | <b>101%</b>                             | <b>85%</b>                              |
| % of HIV exposed babies tested HIV positive (MTCT rate)                              | <b>10.4%</b>                                  | <b>4.2%</b>                                  | <b>2.5%</b>                                | <b>5.1%</b>                             | <b>5%</b>                               |
| % of HIV positive infants receiving HAART or cotrimoxazole prophylaxis after 6 weeks |   |  |  |   |   |
| % of HIV pos women counseled on feeding options                                      | <b>100%</b>                                   | <b>100%</b>                                  | <b>100%</b>                                | <b>100%</b>                             | <b>100%</b>                             |

# District Aim

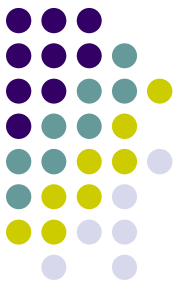


- To reduce MTCT rates in Amajuba to <3% by 2011 (resulting in saving 560+ babies annually from HIV infection in Amajuba)
- To reduce the MTCT rate to **less than 3%** across the District starting with Dannhauser subdistrict by 2011
- To create sustained capacity within existing Department of Health Structures to carry out continuous quality improvement activities in all healthcare facilities in the subdistrict

## Progress



- Monthly PMTCT meeting in July- discuss inputs from NDOH
- Partners meeting – plans and allocation of work areas
- Facility assessment – integration tool and to collect Q1 data
- Quality Improvement teams formed –on site visits to all facilities
- Orientation and bottleneck analysis and change ideas ( PDSA) all clinics
- Progress following facility assessment
  - Training of nurses( EN/ ENA) on HIV counselling
  - Facilities prepared for roving team ART initiation – not all
  - Training on Clinical Charts and Pre-Art registers
  - New PMTCT registers available- training to be commenced.
- Meeting with IHI – update and to get orientation on tools – run charts
- Involvement in Partner collaboration Network teleconference - support

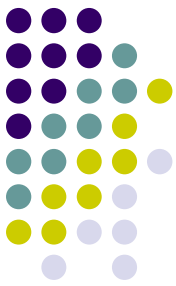


| Indicators   | 2008/9<br>ANNUAL<br>Dannhauser Sub district | April –June 09<br>Dannhauser<br>S/District   | July 09<br>Dannhauser<br>S/District | 2009/10 Sub-<br>district Targets |
|--|---|--|-------------------------------------|----------------------------------|
| % of first ANC bookings < 20 weeks   | 34%   | <b>33%</b>                                   | <b>31%</b>                          | <b>&gt; 40%</b>                  |
| % of pregnant women tested for HIV   | 100%  | 443/450<br>98%                               | 98%                                 | <b>&gt; 95%</b>                  |
| % of pregnant women tested HIV positive  | 25.4%                                       | 113<br>25.5%                                 | 47/181<br><b>25.9%</b>              | <b>&lt; 30%</b>                  |
| % of HIV pos pregnant women tested for CD4   | 100%  | 113<br>100%                                  | 100%                                | <b>&gt; 98%</b>                  |
| % of HIV pos pregnant women receiving NVP  | 77.3%                                       | 191<br>100%                                  | 56<br>100%                          | <b>&gt; 95%</b>                  |
| % of HIV pos pregnant women receiving dual ARVs                                      | 71.4%                                       | 190<br>100%                                  | 56<br>100%                          | <b>&gt; 95%</b>                  |
| % of pos pregnant women receiving HAART  | 66.5% for whole district                    |  |                                     | <b>&gt; 90%</b>                  |
| % of HIV-exposed infants receiving dual ARVs   | 90.6%                                       | 3  | 1<br>100%                           | <b>&gt; 98%</b>                  |
| % of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks              | 69.8%                                       | 135<br>93%                                   | 60%                                 | <b>&gt; 80%</b>                  |
| % of HIV-exposed infants PCR tested at 6 weeks                                       | 100%+                                       | 145<br><b>83%</b>                            | 55/134<br>100%+                     | <b>&gt; 85%</b>                  |
| % of HIV exposed babies tested HIV positive (MTCT rate)                              | 10.4%                                       | 2<br>1%                                      | 2.5%                                | <b>&lt; 5%</b>                   |
| % of HIV positive infants receiving HAART or cotrimoxazole prophylaxis after 6 weeks |   | 1<br>(district total is 3,<br>2 from NN S/D) | 0                                   |                                  |
| % of HIV pos women counseled on feeding options                                      | 100%  | 100%   | 100%                                |                                  |

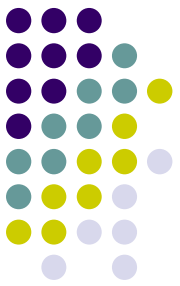
# District Task team meeting – 20<sup>th</sup> July



- D/H facility assessment feedback given
- Discussion of roles of QI teams and Quality mentors
- Reorientation to district aims and targets
- Change package discussed at facility and run charts introduced
- Update on QM recruitment



| <b>Indicators</b>  | <b>2008/9<br/>ANNUAL<br/>Dannhauser Sub district</b> | <b>April –June 09<br/>Dannhauser<br/>S/District</b> | <b>July 09<br/>Dannhauser<br/>S/District</b> | <b>2009/10 Sub-<br/>district Targets</b> |
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| % of HIV pos pregnant women tested for CD4   | 100%   | 113<br>100%   | 100%   | <b>&gt; 98%</b>                          |
| % of HIV pos pregnant women receiving NVP  | 77.3%  | 191<br>100%   | 56<br>100%                                   | <b>&gt; 95%</b>                          |
| % of HIV pos pregnant women receiving dual ARVs                                      | 71.4%  | 190<br>100%   | 56<br>100%                                   | <b>&gt; 95%</b>                          |
| % of pos pregnant women receiving HAART  | 66.5% for whole district                             |   |  | <b>&gt; 90%</b>                          |
| % of HIV-exposed infants receiving dual ARVs   | 90.6%  | 3   | 1<br>100%                                    | <b>&gt; 98%</b>                          |
| % of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks              | 69.8%  | 135<br>93%  | 60%  | <b>&gt; 80%</b>                          |
| % of HIV-exposed infants PCR tested at 6 weeks                                       | 100%+  | 145<br><b>83%</b>                                   | 55/134<br>100%+                              | <b>&gt; 85%</b>                          |
| % of HIV exposed babies tested HIV positive (MTCT rate)                              | 10.4%  | 2<br>1%   | 2.5%   | <b>&lt; 5%</b>                           |
| % of HIV positive infants receiving HAART or cotrimoxazole prophylaxis after 6 weeks |  | 1<br>(district total is 3,<br>2 from NN S/D)        | 0  |  |
| % of HIV pos women counseled on feeding options                                      | 100%   | 100%  | 100%   |  |



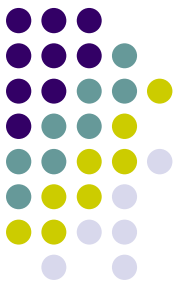
## Gaps Analysis

- Early ANC bookings < 20 wks - low uptake < 40%
- HIV prevalence- increase in last month– 25,9%
- CD4 results for 60% of clients not available in labour ward
- Poor documentation in registers
- Fast tracking delays -
  - PCR and CD4 results given to clients
  - HAART referrals & initiation for women and infants-
    - communication
    - misplaced files @ drivers office.
- ARV Roving team not yet started to visit facilities

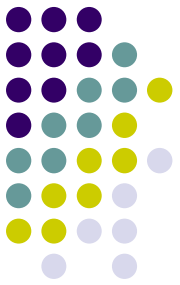


- Mixed feeding ( MTCT high)
- Cotrimoxazole @ 6 weeks – low uptake 60% in July.
- Infants initiated on HAART- difficult to capture per subdistrict
- Lack of lay counsellors in some facilities
- Clinic level vs DHIS data discrepancies
- Feedback from other sub-districts esp – not given

# Plans

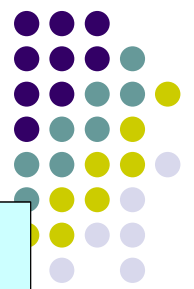


- Facilities to submit numbers of expected clients to labour ward monthly
- Data training
- Recruitment- QM, data capturers and lay counsellors (ARK and MRC)
- Review of S/D data at district task team meetings
- Plan to workshop doctors on PMTCT DT guidelines
- Infant feeding counselling training planned

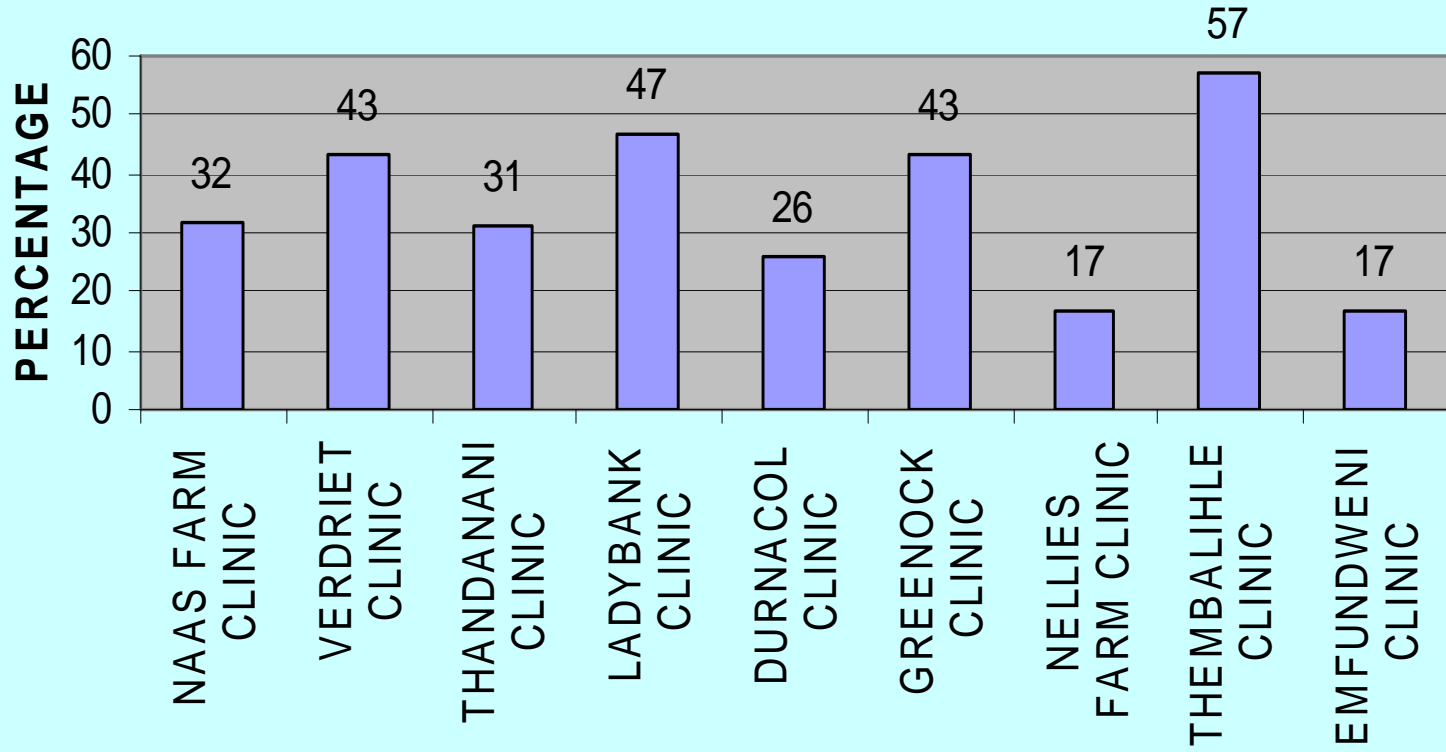


# Plan

- Increase PHC involvement and accountability
- Partners ( ARK & M2M)to present progress and challenges
- Next learning session – 1 October 2009

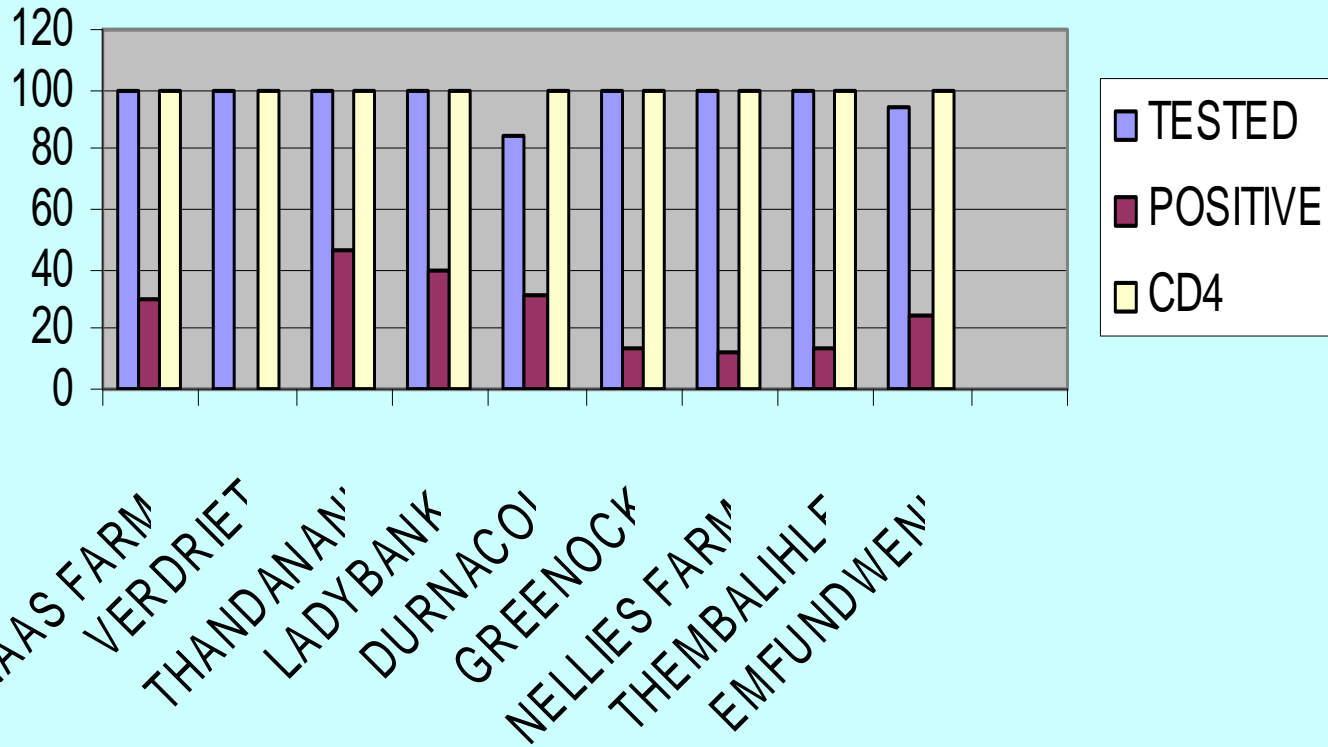


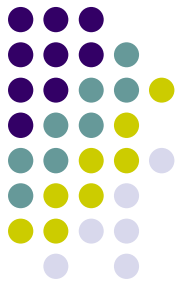
### ANC ATTENDEES <20 WEEKS-JULY



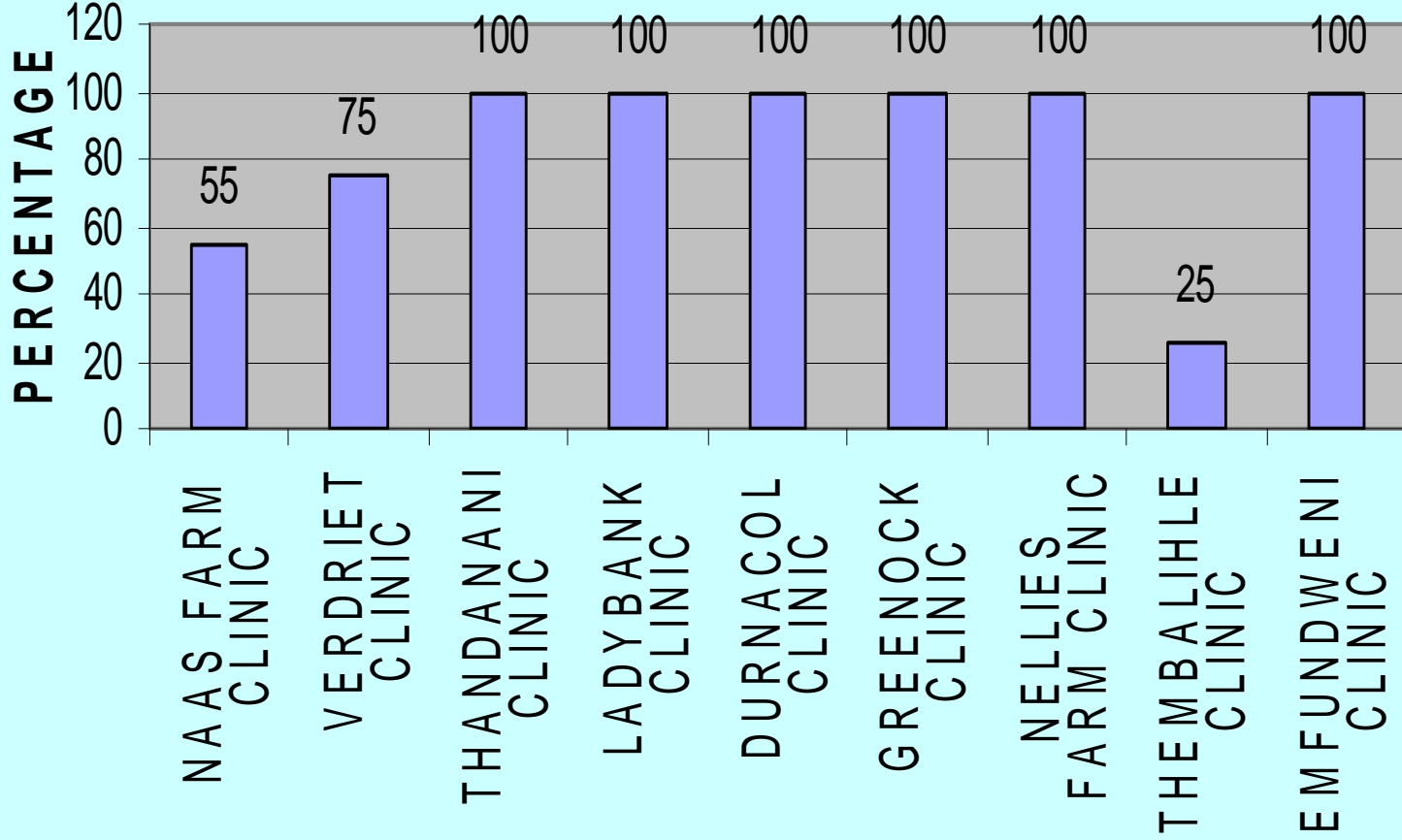


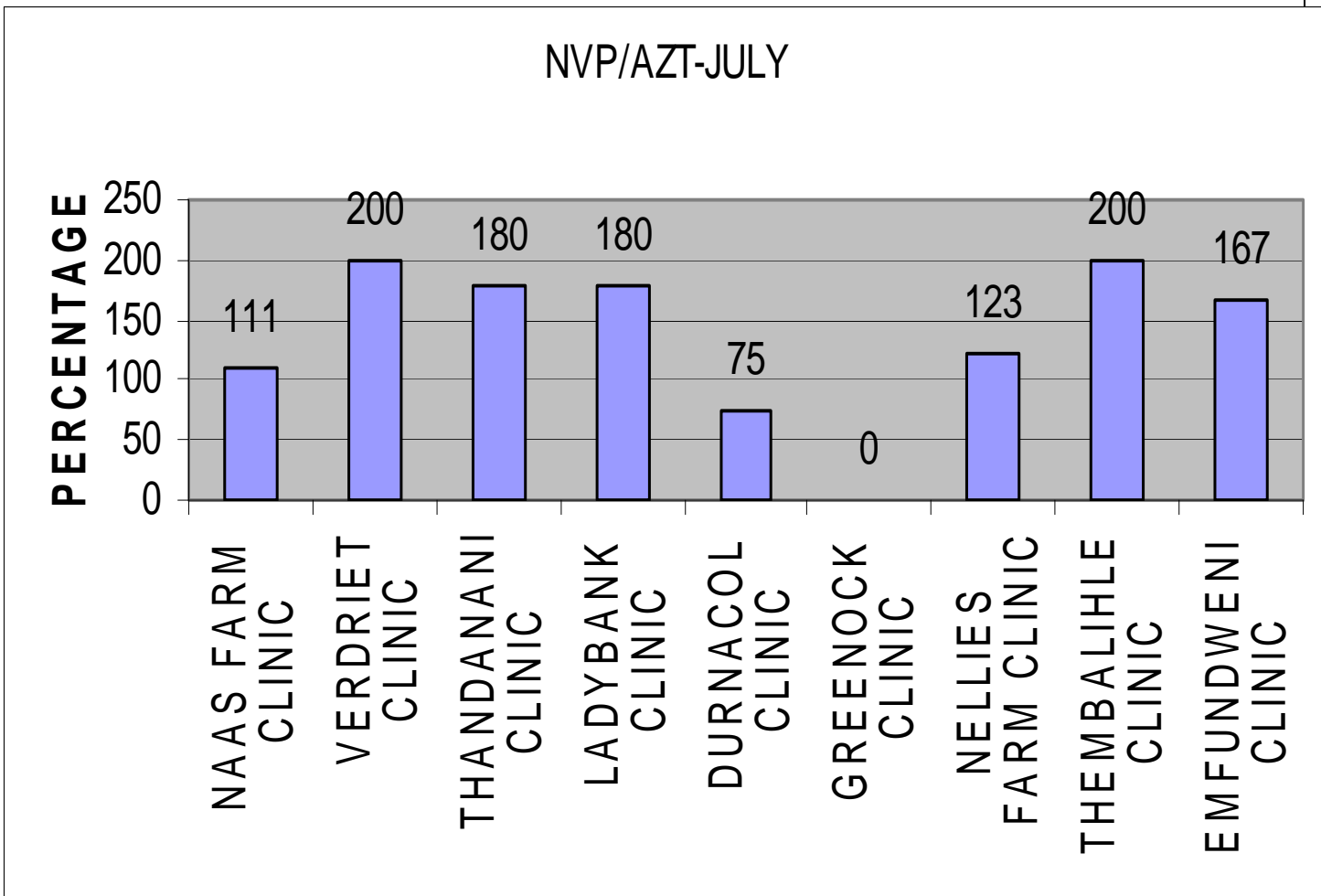
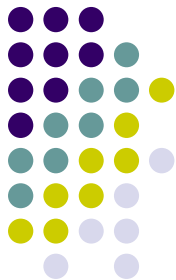
## HIV, POSITIVE & CD4 RATE-JULY



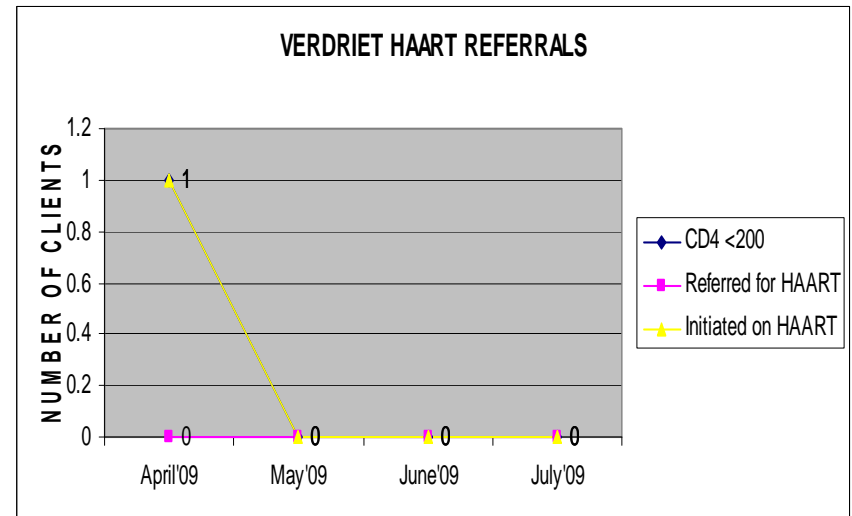
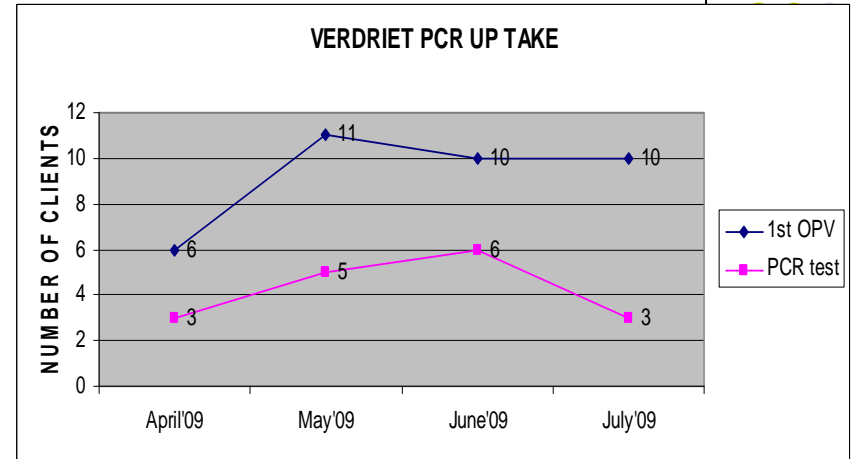
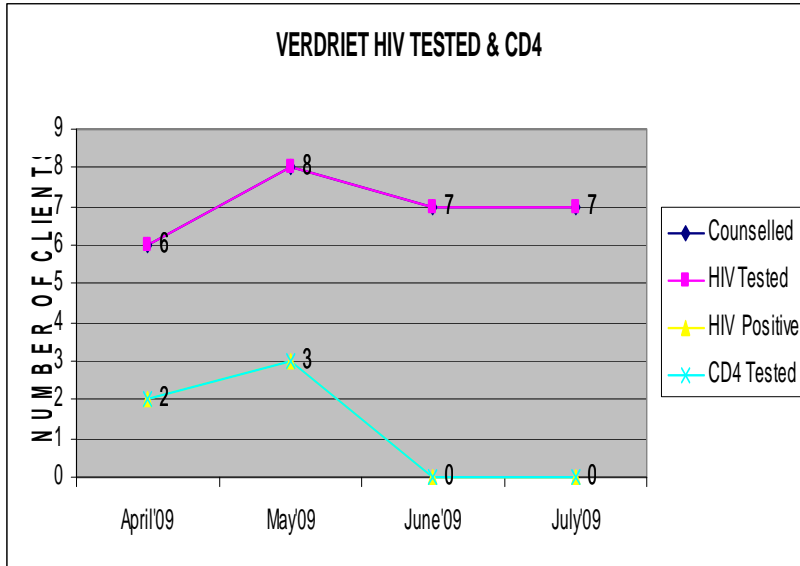
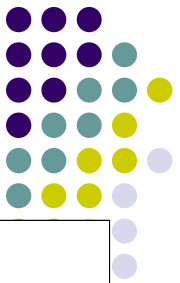


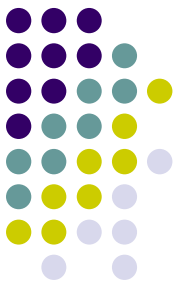
## PCR UPTAKE-JULY





# Verdriet





# Verdriet

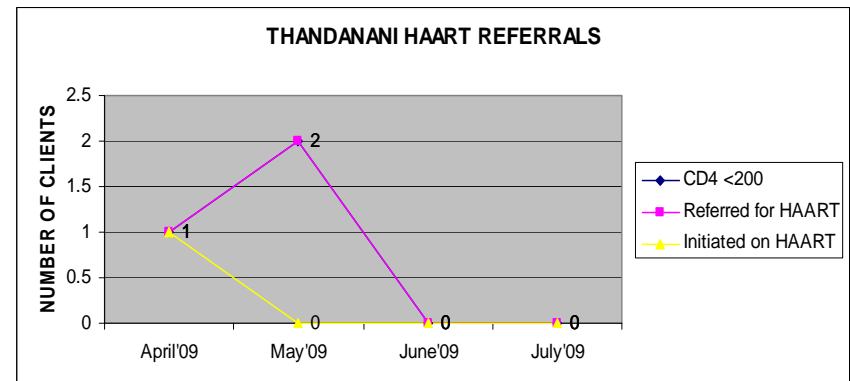
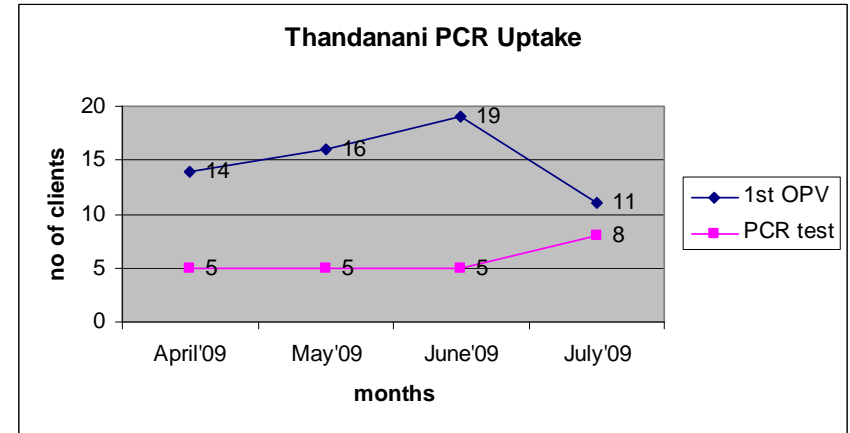
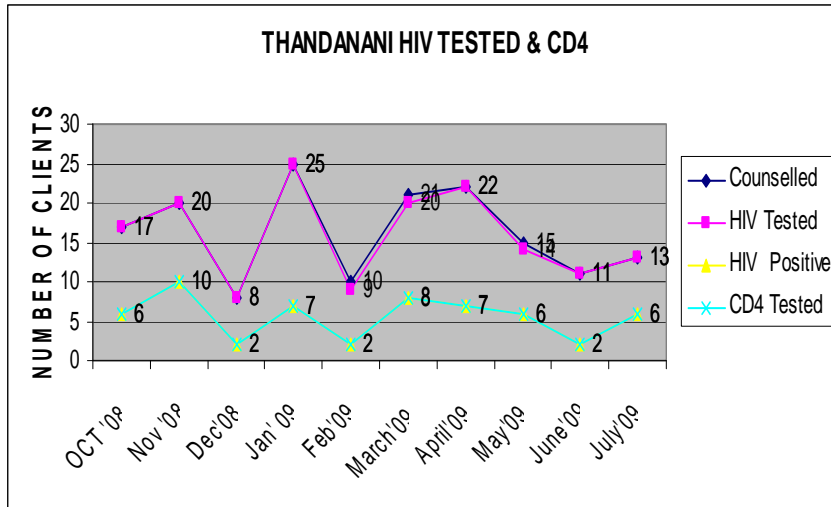
- PCR uptake declined—**75%** in July
- Blood registers incomplete – no follow up on low CD4 results
- Gaps in dual therapy recording – **60%** last Qter
- No lay counsellor- PICT\*
- Nurses willing to do PL classes\* - training
- To monitor referral completion

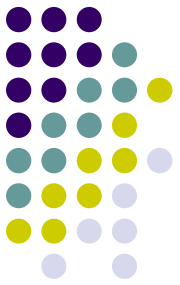
## Challenges

L/C needed

HIV training for nurses

# THANDANANI





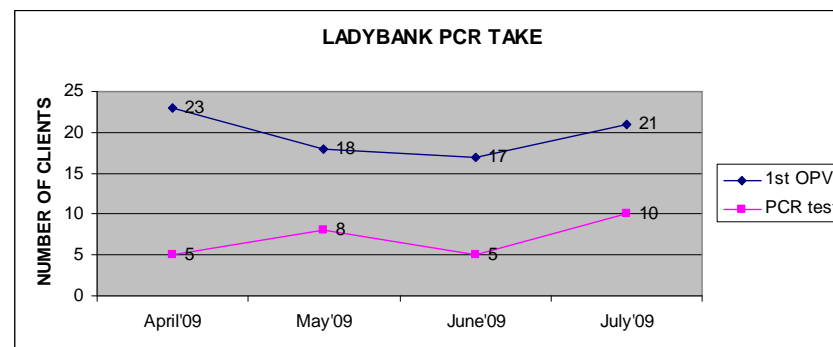
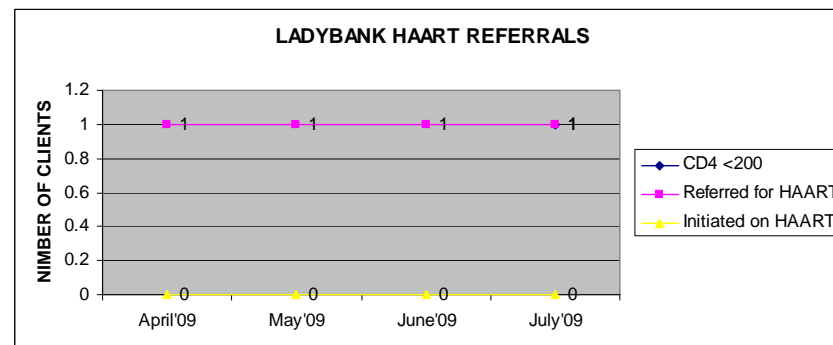
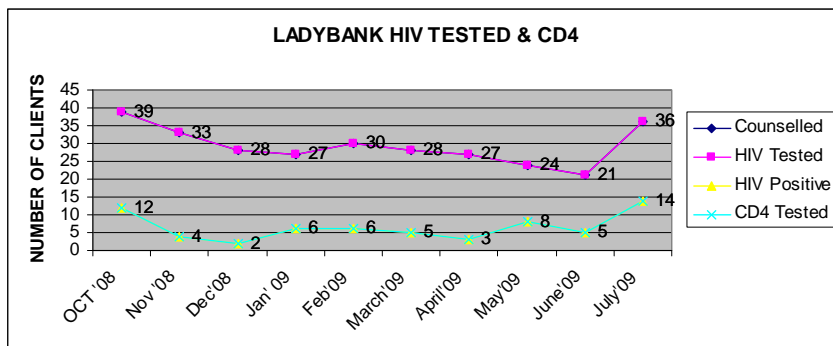
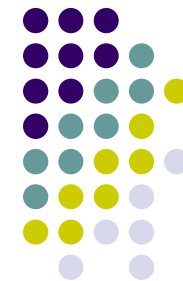
# Thandanani

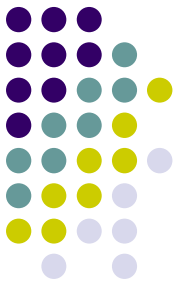
- ANC HIV positive rate **46%** in July
- Cotrimoxazole **75%** @ 6 weeks
- PCR **75%** last term , but in July\*

## Challenge

Space –park home needed

# LADYBANK





# Ladybank

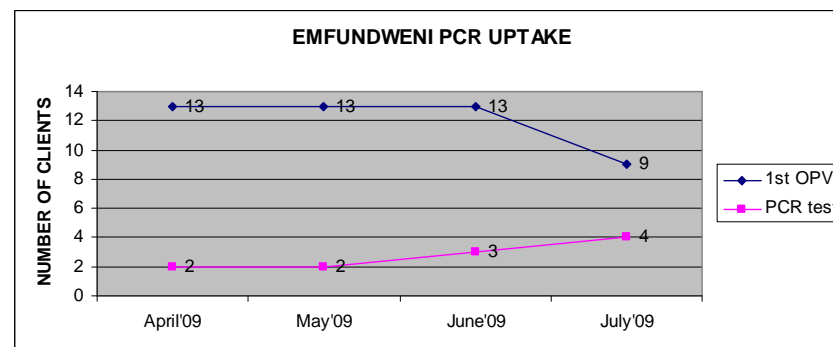
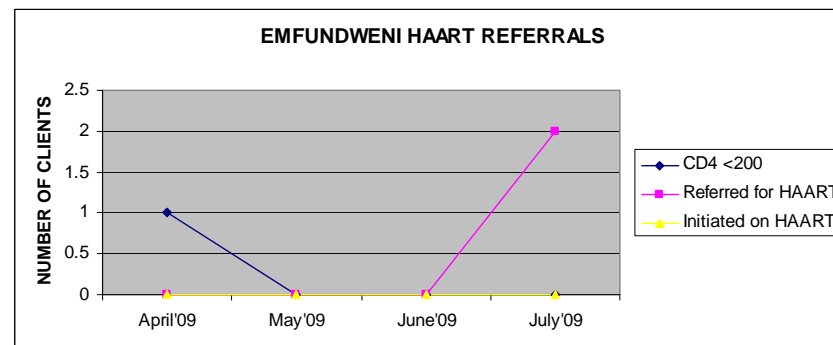
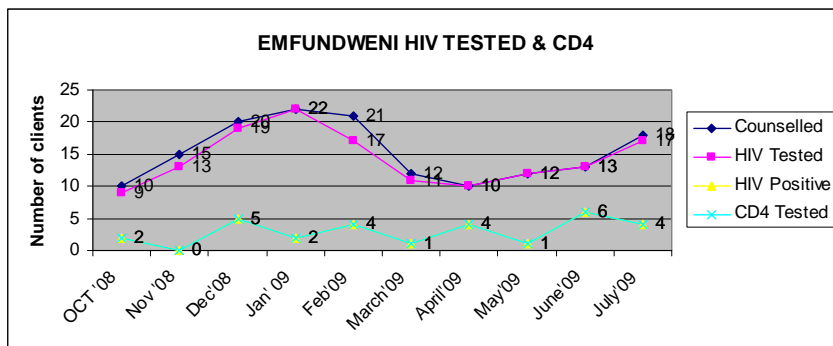
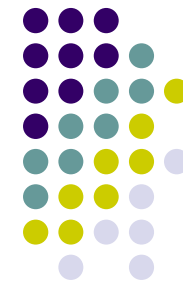
- HIV prev ANC 39% - July
- PCR 78%-last Q
- Cotrim- 72% -last Q

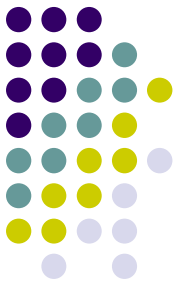
## Challenge

No telephonic comm

Additional L/C needed

# EMFUNDWENI





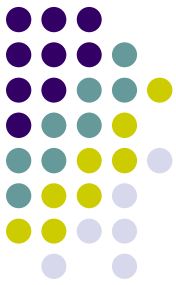
# Emfundweni

- PCR uptake 47% last Q
- Dual therapy 82% last Q

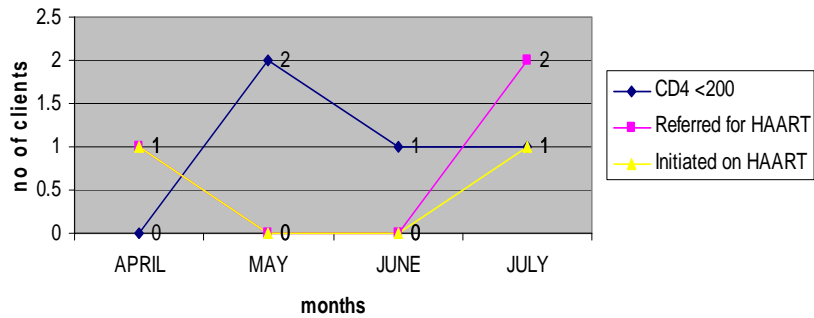
## Challenge

No computer and no data capturer

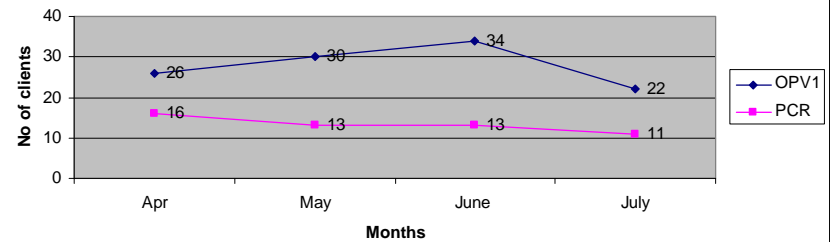
# NELLIES FARM



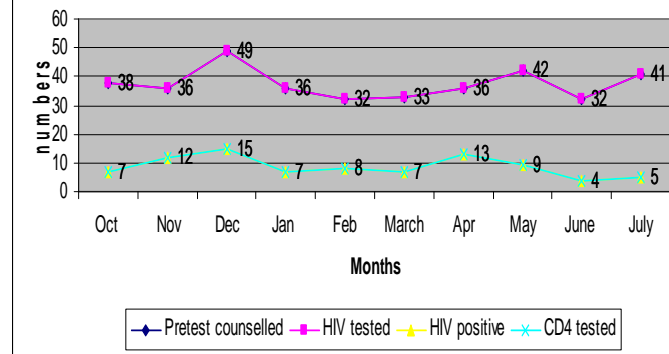
Nellies F HAART Referrals

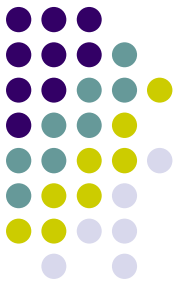


Nellies F PCR uptake



Nellies Farm HIV Testing and CD4

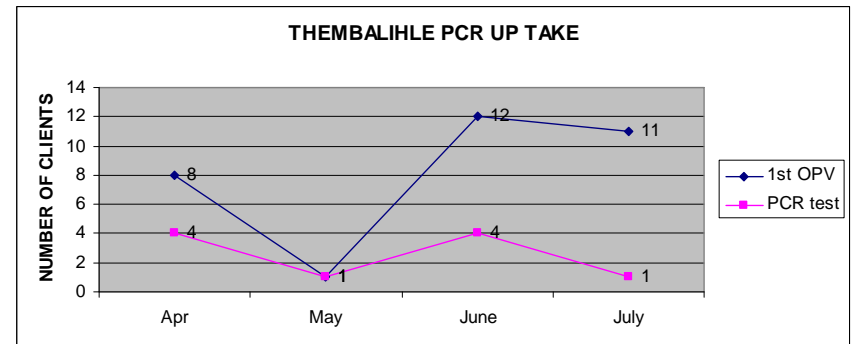
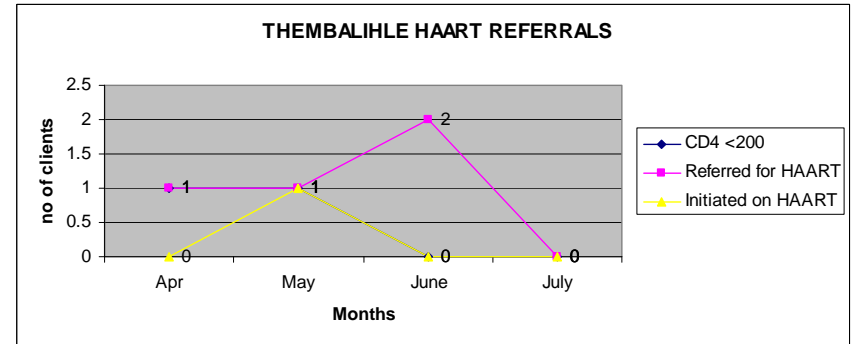
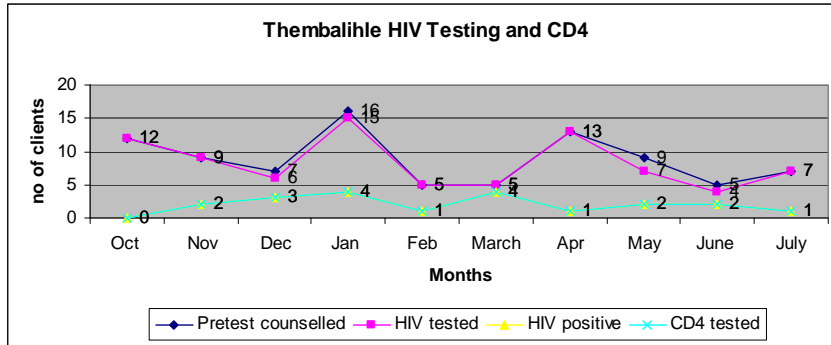
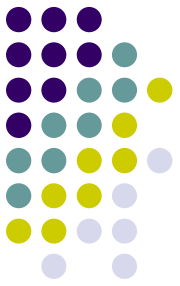


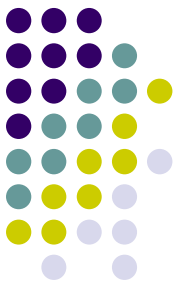


# Nellies F

- ANC attendance before 20 weeks **16%** in July
- F/U of clients for HAART initiation - ? documentation

# THEMBALIHLE





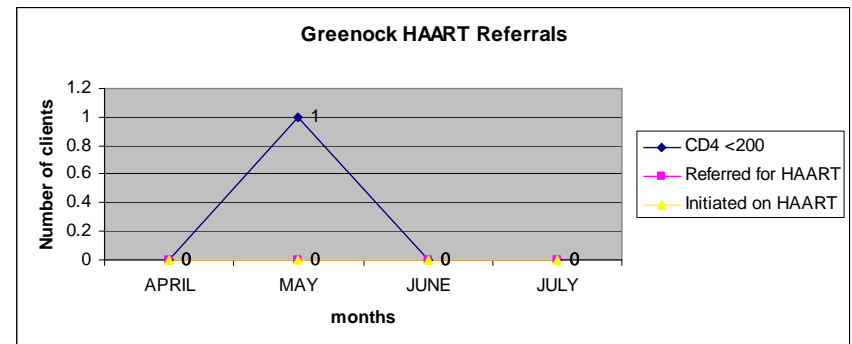
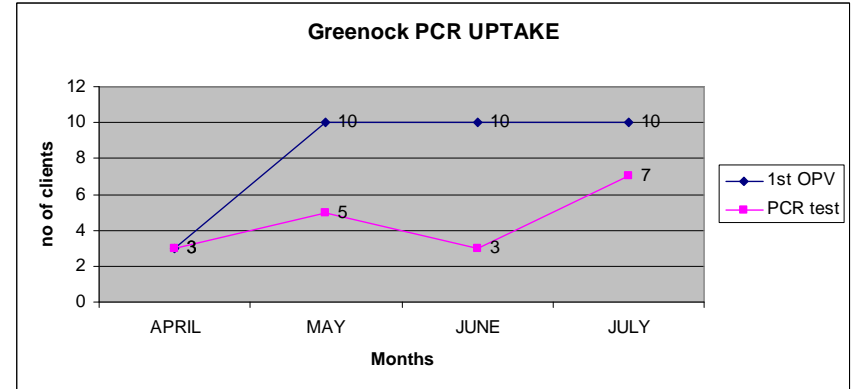
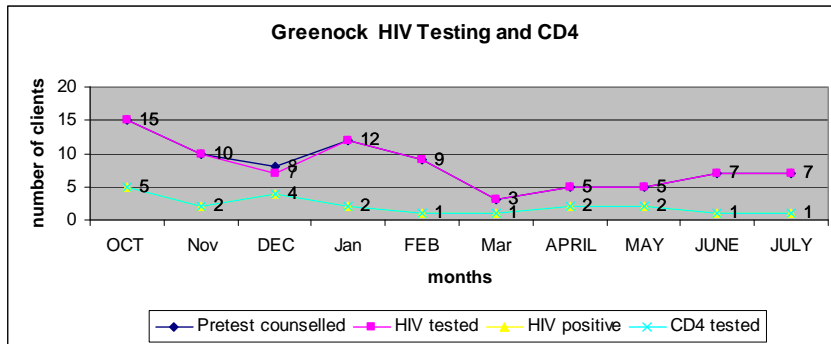
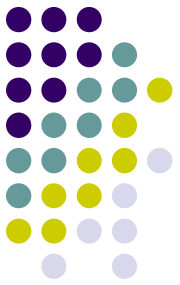
# Thembalihle

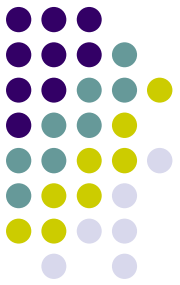
- 57%\* ANC before 20 weeks
- 25% PCR in July; PCR 89% last Q
- DT uptake 80% last term
- Cotrimoxazole 67% last Q
- HIV Testing rate 89% last Q ( Kn status)???

## Challenges

- No computer, no photocopier, no telephone

# GREENOCK





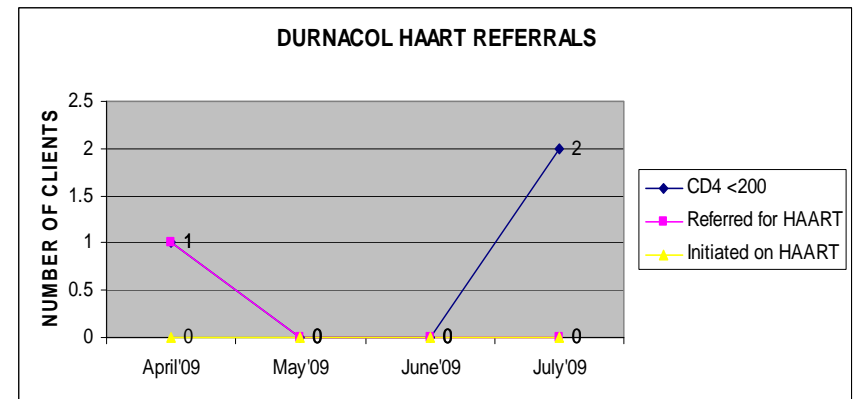
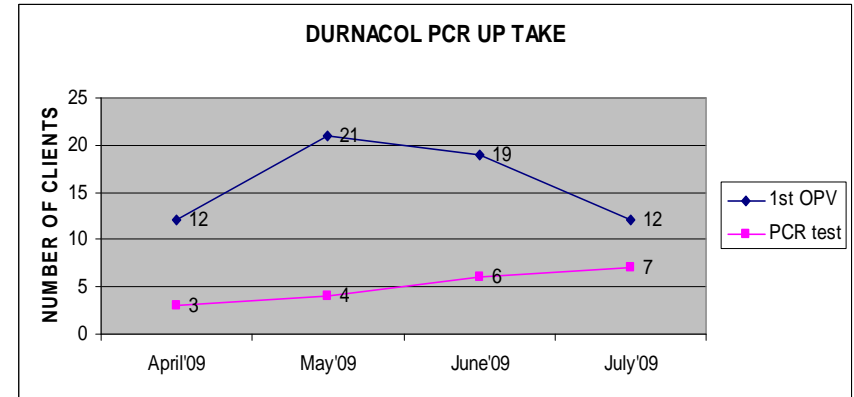
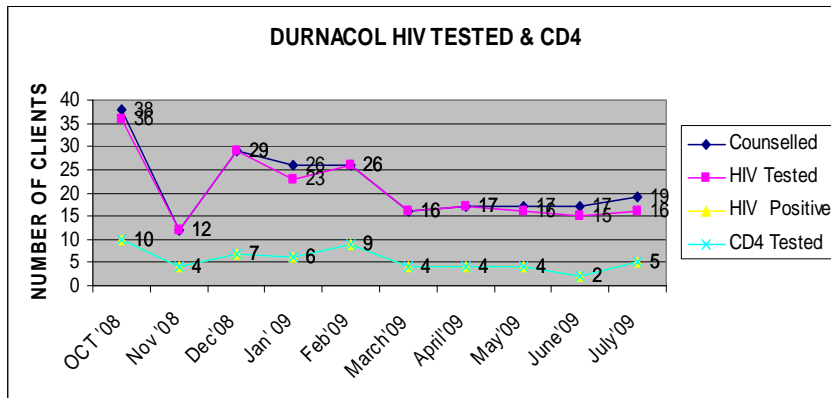
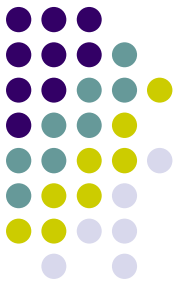
# Greenock

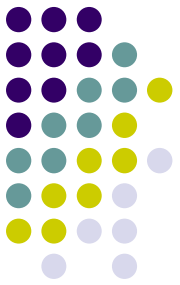
- 43% \* attendance before 20 weeks –Jul
- 14%\* HIV pos rate ANC –July
- Cotrimoxazole 91%

## Challenge

- Lack of counselling space

# DURNACOL





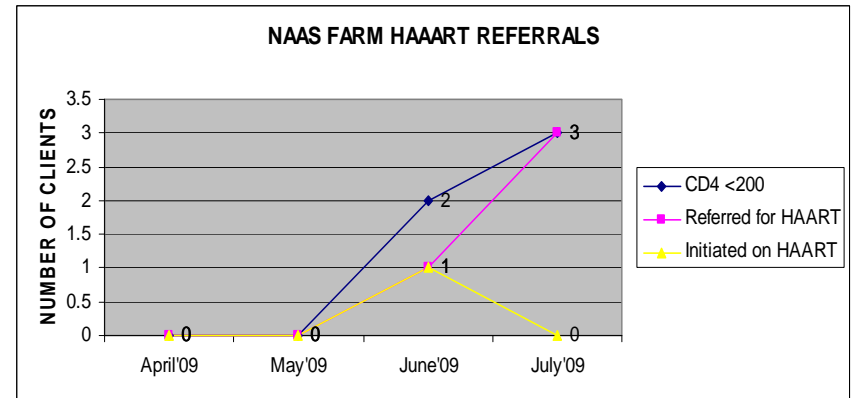
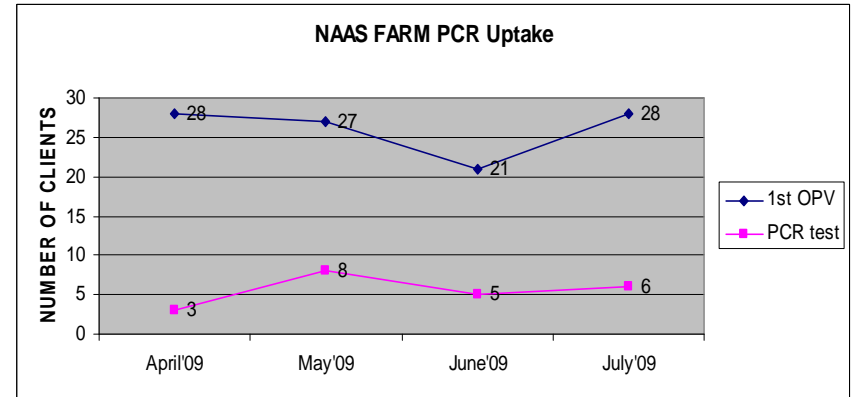
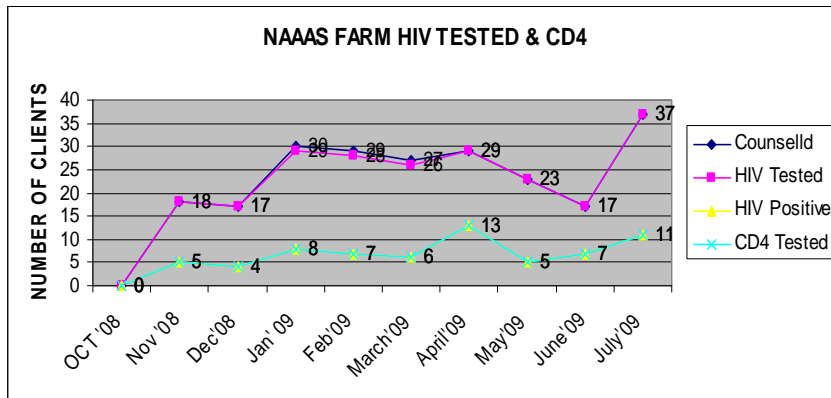
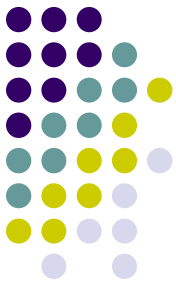
# Durnacol

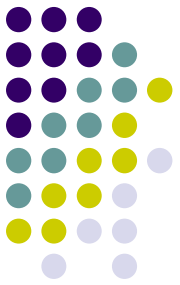
- PCR uptake **62%** last Q
- HIV Pos rate increased to **31%** from 20 last Q
- Monitor HAART initiation among referred clients
- July HIV testing **84%** ???- 16/19 ( 3 known status ( denominator)

## Challenges

None documented

# NAAS FARM





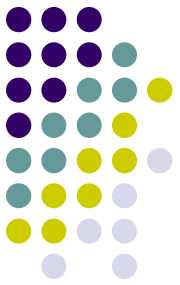
# Naas Farm

- PCR **53%** last Q & **55%** in July
- Shortage of L/C → reported missed opportunities – HIV counselling
- Gaps in registers
- No telephone

## Challenges

Shortage of LC and PN

Infrastructural problems

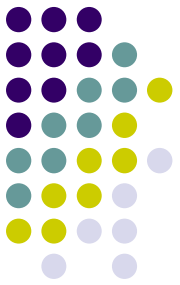


# Infants on HAART uptake

- Madadeni Hosp- 4 seen in 2008/2009-; no one put on HAART
- Newcastle Hosp- 3 (1 from NDH put on HAART for April to June, 2 from NN sub-district put on HAART)



- To improve filing system for CD4 results
- to photopy results and staple to clients charts/ clinical charts or record
- Need to review system of transferring files from clinics. Newcastle has a file transfer register for staff to sign.
- Thandanani and Durnacol have received orientation on ARV initiation, to spread this to other clinics
- Calculate Cotri uptake- - Cotrimoxazole issued to infants @ 6weeks - most clinics at 100% but the data includes PCR in babies taken after 6 weeks; needs to separate PCR @ 6weeks and PCR later
- HAART initiation for infants- ART clinics to start documenting and indicate referring facility
- PMTCT Coordinator to follow up with province re cellphones.
- Blood registers adapted to reflect results given – M& E of these monthly
- Infant feeding counselling training planned and
- HIV training for EN and ENAs done this week
- Data validation monthly- use of data high impact intervention lists
  - use of run charts – train on site
  - re - training on new registers
  - train data capturers on site



THANK YOU