

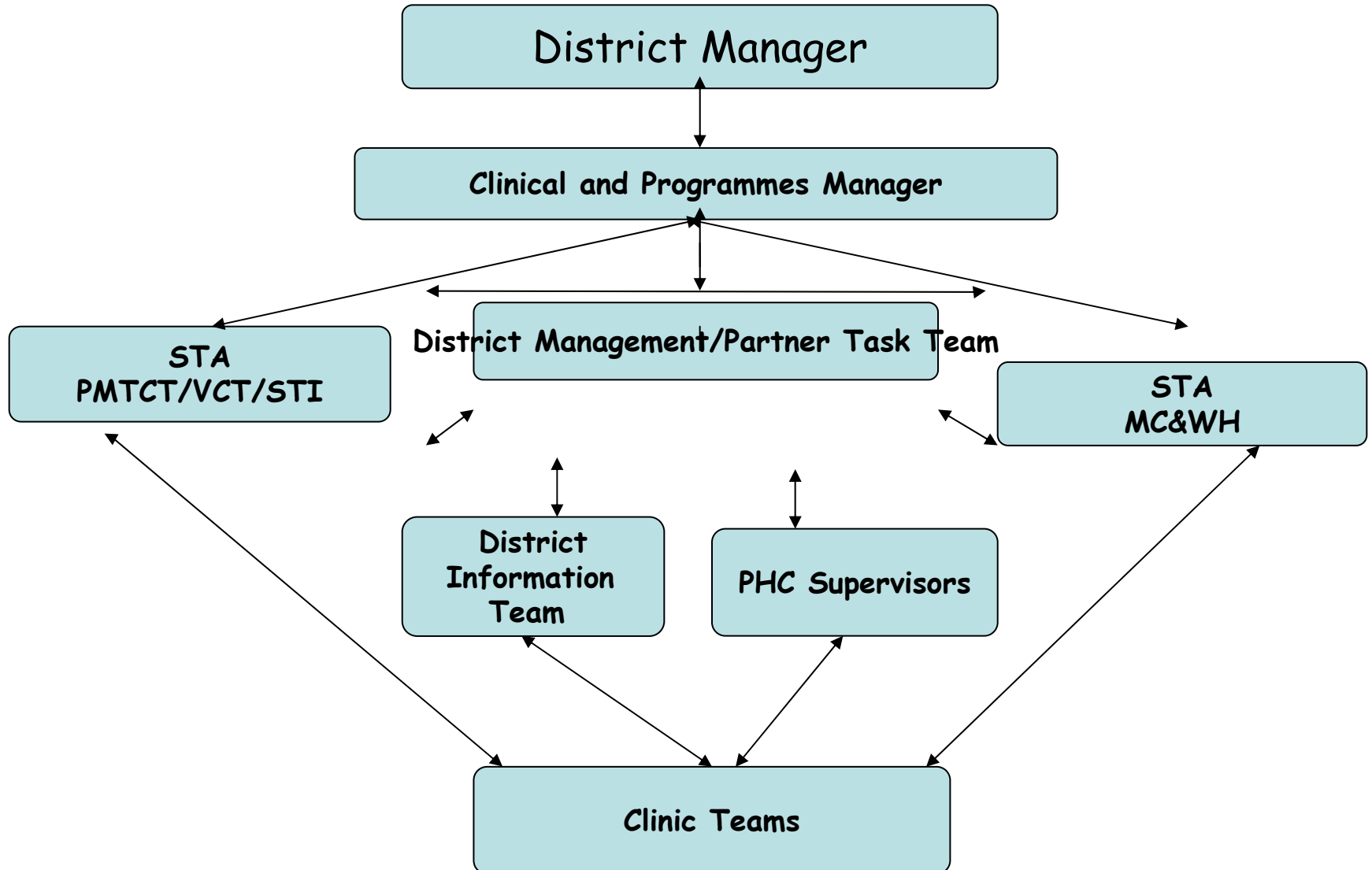
**PMTCT
ACCELERATED PLAN
UPDATE**

AMAJUBA HEALTH DISTRICT

04-05 November 2009

District profile and Data

District PMTCT and Maternal Structure



HEALTH FACILITIES IN EACH SUBDISTRICT

(1 min)

	Dannhauser Subdistrict	Emadlangeni Subdistrict	Newcastle Subdistrict	District Total
Hospital	0	1	2	3
Clinics	8	2	12	22
Community health centers	0	0	0	0
Mobile clinics	0	2	5	7
Municipal Clinics	1	0	1	2

Overview of PMTCT A-Plan Work Plan

- Key interventions that district planned to
 - **Increase access**
 - ✓ Procure Park Homes for Naasfarm clinic, Nellies Farm and Thandanani
 - ✓ Appoint 3 Lay counsellors for Groenvlei, Greenock and Verdriet clinic
 - ✓ Appoint 4 Professional Nurses – Naasfarm, Nelliesfarm, Thandanani & Vedriet.
 - ✓ Allocate lay counsellors on weekends and at Nellies Farm clinic
 - ✓ Roving team to initiate HAART in PHC

Overview of PMTCT A Plan Work plan

- **Improve the Quality of the Programme**
 - Partners to Employ Quality mentors for Dannhauser Sub district.
 - Provide PMTCT Training for Clinicians.

Progress of PMTCT A-Plan Work Plan (cont)

Improve the Quality of the Programme

- ✓ Roving team started initiating HAART in PHC
- ✓ (Naas farm, Nellies farm and Mndoza clinic.)
- ✓ Unfurnished Park Homes supplied by Kheth'impilo at Naas Farm, Mndoza and Osizweni Clinic 2.
- ✓ 1 Quality mentor (MRC) is facilitating QI in the Dannhauser and Emadlangeni sub districts.

Progress of A-plan (Quality Improvement) (5 mins)

- The A Plan has been integrated in the MC&WH/PMTCT plans.
- QI activities have been added to existing MCWH/PMTCT plans.
- Monthly reviews with DMT and other district programmes e.g. quarterly reviews, perinatal meetings.
- **Implementation of the QI model in the district:**
 - All facilities trained on the model
 - Dannhauser and Emadlangeni are facilitated by 1 quality mentor from MRC.
 - ✓ All facilities formed quality teams after the 1st QI training session in July.
 - ✓ Facilities identified their bottlenecks and developed plans to breach the gaps.

Progress A-plan (Social Mobilization) (3 mins)

- **Social Mobilization Model:**
 - Social mobilization is integrated into our flagship programme as well as our health promotion strategies.
 - Clinical programme managers and the communications manager are leading social mobilization strategies.
 - In clinic facilitation commenced in September and is progressing well.
 - Trained CHW do both in clinic facilitation and follow up of clients in the community.
 - Integrated to PHC service to ensure sustainability.

PMTCT District Data July- September 2009 (for reference only)

Data Elements	July	Aug	Sept	District	2009/10 District Targets
No. of first ANC bookings < 20 weeks	269	233	236	521	
No. of ANC first visits total	834	873	827	2534	
No. of pregnant women tested for HIV	804	817	826	2447	
No. of pregnant women HIV pos new	162	202	222	586	
No. of pregnant women CD4 tested	153	199	221	573	
No. of pregnant women receiving dual ARVs	186	179	185	550	
No. of pregnant women receiving HAART	12	16	17	45	
No. of live births to HIV pos women (HIV exposed)	247	257	278	782	
No. of exposed infants receiving dual ARVs	247	251	266	764	
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	221	182	148	551	
No. of exposed infants PCR tested at 6 weeks	192	173	148	513	
No. of HIV positive infants on PCR	3	11	35	49	
No. of HIV positive infants receiving HAART	2	3	2	7	
No. of women counseled on feeding option	247	257	278	728	

PMTCT District Data September 2009 (for reference only)

Data Elements	Dannhauser Sub district	Emadlangeni Sub district	Newcastle Sub district	District	2009/10 District Targets
No. of first ANC bookings < 20 weeks	59	35	162	256	
No. of ANC first visits total	145	56	628	829	
No. of pregnant women tested for HIV	143	50	625	818	
No. of pregnant women HIV pos new	37	18	222	277	
No. of pregnant women CD4 tested	37	18	221	276	
No. of pregnant women receiving dual ARVs	48	5	150	203	
No. of pregnant women receiving HAART	2	3	12	17	
No. of live births to HIV pos women (HIV exposed)	2	12	254	268	
No. of exposed infants receiving dual ARVs	1	12	244	257	
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	31	2	109	147	
No. of exposed infants PCR tested at 6 weeks	31	2	114	147	
No. of HIV positive infants on PCR	3	0	27	29	
No. of HIV positive infants receiving HAART	0	0	2	2	
No. of women counseled on feeding options	2	12	251	265	

PMTCT District Data Report July -September 2009 (for reference only)

Indicators	July	August	Sept	District	2009/10 District Targets
% of first ANC bookings < 20 weeks	269	233	236	738	
% of pregnant women tested for HIV	96%	93.6%	99.9%	96.6%	
% of pregnant women tested HIV positive	26.2%	31%	33.5%	30.3%	
% of HIV pos pregnant women tested for CD4	94%	98.5%	99.5%	97.8%	
% of HIV pos pregnant women receiving dual ARVs	114.8%	88.6%	83.3%	93.9%	
% of pos pregnant women receiving HAART	49.3	52.8	51%	51%	
% of HIV-exposed infants receiving dual ARVs	100%	97.7%	95.7%	97.7%	
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	89.1%	70.8%	53.2%	65.6%	
% of HIV-exposed infants PCR tested at 6 weeks	77.7%	67.3%	53.2%	65.6%	
% of HIV exposed babies tested HIV positive on PCR	1.6%	6.3	24	9.5%	
% of HIV positive infants receiving HAART					
% of HIV pos women counseled on feeding options	100%	100%	100%	100%	

PMTCT Dannhauser Sub-District Data July- September 2009 (for reference only)

Data Elements	July	Aug	Sept	Sub District	2009/10 District Targets
No. of first ANC bookings < 20 weeks	58	51	59	168	
No. of ANC first visits total	185	165	145	495	
No. of pregnant women tested for HIV	181	155	143	479	
No. of pregnant women HIV pos new	38	45	37	120	
No. of pregnant women CD4 tested	37	45	37	119	
No. of pregnant women receiving dual ARVs	41	38	48	127	
No. of pregnant women receiving HAART	7	0	2	9	
No. of live births to HIV pos women (HIV exposed)	1	2	2	5	
No. of exposed infants receiving dual ARVs	1	2	1	4	
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	52	48	31	131	
No. of exposed infants PCR tested at 6 weeks	55	48	31	134	
No. of HIV positive infants on PCR	1	2	3	5	
No. of HIV positive infants receiving HAART	0	0	0	0	
No. of women counseled on feeding options	1	2	2	5	

Dannhauser Sub-District PMTCT Data Report July- September 2009 (for reference only)

Indicators	July	August	Sept	District	2009/10 District Targets
% of first ANC bookings < 20 weeks	31	30.9	41	33.9	
% of pregnant women tested for HIV	98%	93.9%	99%	97 %	
% of pregnant women tested HIV positive	20.9%	29%	25.6%	25%	
% of HIV pos pregnant women tested for CD4	97.4%	100%	100%	99.2%	
% of HIV pos pregnant women receiving dual ARVs	107.9%	84.4%	129.7%	105.8%	
% of pos pregnant women receiving HAART	100%+	0%	33.3%	50%	
% of HIV-exposed infants receiving dual ARVs	100%	0%	66.7%	60%	
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	90.6%	92%	62%	82%	
% of HIV-exposed infants PCR tested at 6 weeks	100+	92	62	87.9	
% of HIV exposed babies tested HIV positive on PCR	2%	4.1%	9.1%	4%	
% of HIV positive infants receiving HAART	0	0	0	0	
% of HIV pos women counseled on feeding options	100%	100%	100%	100%	

September 2009 (for reference only)

Indicators	July	August	Sept	District	2009/10 District Targets
% of first ANC bookings < 20 weeks	30.3%	32.4%	33,6%	31.9%	
% of pregnant women tested for HIV	100%	93,9%	100,7%	98,2%	
% of pregnant women tested HIV positive	20.9%	29%	25.6%	25%	
% of HIV pos pregnant women tested for CD4	97,4%	100%	100%	99,2%	
% of HIV pos pregnant women receiving dual ARVs	107,9%	84,4%	129,7%	105,8%	
% of pos pregnant women receiving HAART					
% of HIV-exposed infants receiving dual ARVs	100%	0%	66,7%	60%	
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	30,6%	24,5%	33,3%	29,3%	
% of HIV-exposed infants PCR tested at 6 weeks	29,1%	31%	22,9%	27,7%	
% of HIV exposed babies tested HIV positive on PCR	12,8%	4,2%	21,2%	11,7%	
% of HIV positive infants receiving HAART					
% of HIV pos women counseled on feeding options	100%	100%	100&	100%	

Current Bottlenecks

Antenatal Care (2 mins)

Bottlenecks

Bottlenecks	Causes	Proposed Solutions/Strategies
<p>-Poor attendance of Perinatal Meetings by PHC Staff.</p> <p>-Limited access for high risk ANC clients</p> <p>-Low coverage of ANC before 20 weeks.</p>	<p>-Staff shortage</p> <p>-Transport challenges</p> <p>No high risk clinic at Madadeni Hospital due to minimal Staff required – 2 Midwives, 1 Doctor, 2 EN's and 2 ENA's</p> <p>-Community is not well informed about the importance of early attending ANC.</p>	<p>PHC Staff to report direct to hospital holding Perinatal.</p> <p>No budget for staff employment</p> <p>Radio presentations</p> <p>-Offer pregnancy test in all facilities.</p> <p>-Ensure implementation of ANC and PNC Policy..</p>

Antenatal Care (2 mins)

Bottlenecks

Bottlenecks	Causes	Proposed Solutions/Strategies
<p>-Poor access to ART in some clinics in DH</p> <p>-Lack of counseling space at Thandanani clinic</p>	<p>Budget Constraints</p> <p>Lack of furniture for Park Homes and rooms Nellies Farm, Naas Farm, Mndozo and Osizweni clinic 2.</p> <p>- Poor Infrastructure</p> <p>- Budget constraints</p>	<p>Request Partners assistance in procurement of Furniture.</p> <p>Rearrange services within facilities.</p> <p>Kheth'mpilo to plan for Procurement of Park Home next financial year.</p>

Antenatal Care (2 mins)

Bottlenecks

Bottlenecks	Causes	Proposed Solutions/Strategies
<p>Poor collection and collation of data.</p> <p>Poor standard of analysis and verification of data.</p>	<p>Insufficient number of data collection tools.</p> <p>Registers not aligned</p> <p>Lack of data management skills.</p> <p>Staff shortage</p>	<p>Data collection to be edited and standardized</p> <p>Staff training on data management including computer skills.</p> <p>District support through mentorship, training, positive feedback.</p>
<p>Inadequate demonstration of infant feeding</p> <p>Shortage of Midwives at PHC to perform all ANC interventions</p>	<p>No ideal kitchens in hospitals and no kitchen space at clinics</p> <p>No budget to fill vacant posts</p>	<p>Infrastructure expansion</p> <p>Budget to be informed by service delivery needs</p>

Labour and Delivery (2 mins)

Bottlenecks		
Bottlenecks	Causes	Proposed solutions/strategies
<p>-Absence of Emails in Labour ward leading to poor implementation of PPIP.</p> <p>-Poor follow up of Babies causing poor prophylaxis management.</p>	<p>Budget constraints</p> <p>-Stigma – mothers who do not disclose their HIV status to families have difficulty accessing health care.</p> <p>-Poor recording of HIV information on RTHC results in missed opportunities.</p>	<p>Use FIO computer</p> <p>Strengthen counseling skills.</p> <p>Community mobilization to raise awareness on importance of testing and dealing with HIV.</p> <p>Strengthen M2M support groups.</p> <p>Implementation of new RTHC.</p>

Post-natal Care (2 mins)

Bottlenecks

Bottlenecks	Causes	Possible solutions
<p>Poor adherence to chosen infant feeding method especially breastfeeding leading to mixed feeding.</p> <p>Poor identification and reporting of Home Maternal Deaths</p>	<p>Stigma</p> <p>Poor support of mothers.</p> <p>Cultural beliefs</p> <p>Poor community involvement in Maternal Health Issues</p>	<p>Strengthen counseling on Infant feeding.</p> <p>AFASS criteria.</p> <p>Involvement of Community Stakeholders</p> <p>Engage THP's and footsoldiers.</p> <p>Structured report of home deaths by CHW's</p>

Priorities for 2010/11 (4 mins)

- **Approach**

- Integrated and militaristic

Role of National

- Sharing best practices

- Ensuring the Psychologist is a PMTCT team member

- Monitoring and evaluation

ROLE OF PROVINCE

- Motivation for filling of posts
- Aggressively address data problems
- Support and provide training
- Motivate for psychologist post (debriefing sessions)
- Monitoring and evaluation

ROLE OF SUB-DISTRICT OR DISTRICT

- Analyze performance indicators
- Develop action plans to address gaps
- Implement plans
- Community mobilization
- Market ANC services on the NCR
- Strengthen IMCI, M2M
- Foot soldiers in each ward
 - Empower people (HIV,AIDS,PMTCT,Nutrition)
 - Monitor healthy habits - ANC attendance
 - Refer as the need arise
 - Monitor and evaluate performance

ROLE OF PARTNERS

- Employ quality improvement mentors
- Provide clinicians for roving teams
- In-service education for clinicians
- Support training initiatives
- Provide adherence support personnel
- Give technical support e.g. procurement of stationary
- Tracing of ART clients, psychosocial support of HIV positive mothers.
- PMTCT and MCWH integration, mentorship and support on staff, in service training.

MCH overview (reference only)

Other Indicators	Dannhauser Sub district	Emadlangeni Sub district	Newcastle Sub district	District
Population total	129 631	41 394	422 244	593 269
District ANC HIV prevalence rate	31,9%	30,5%	33%	32,4%
Number of women of reproductive age (15-49 years)	28 435	7 440	107 239	143 114
District ANC coverage (Booking rate)	32%	52%	31%	32.8%
% of babies delivered in a health care facility	2.15%	41%	84%	79.6%
Average number of monthly deliveries for the district and per sub district	12	105	2018	2 135
Immunization coverage	99%	47%	66%	72%
Maternal mortality rate	0%	0%	205:100 000	205:100 000
Under-five mortality rate	41:100 000	172:100 000	127:100 000	108:100 000

DH does not have hospital or CHC for deliveries

Emadlangeni patients prefer to deliver in hospitals in Newcastle

Number of maternal deaths: 4

Partner Organizations (1 min)

Partner Organizations	
Partner Name	Subdistrict
MRC	Dannhauser, Emadlangeni, Newcastle
Kheth'impilo	Dannhauser and Newcastle
M2M	Dannhauser, Emadlangeni, Newcastle
FHI	Dannhauser, Emadlangeni, Newcastle
SACTWU	Newcastle

Thank You