



# **NORTH WEST PROVINCE**

## **PMTCT**

### **ACCELERATED PLAN**

#### **UPDATE**

##### **BOJANALA DISTRICT**

##### **4 NOVEMBER 2009**



# Current Bottlenecks

## ANTENATAL CARE

BOTTLENECKS	PROPOSED SOLUTIONS / STRATEGIES
Late ANC bookings	<ul style="list-style-type: none"><li>• Include antenatal clients in community awareness on the importance of early bookings and VCT</li><li>• Provide ANC services daily as a supermarket service</li><li>• Increase collaboration between community and Health service providers.</li><li>• Conduct Community dialogues to educate and address attitudes and stigma</li><li>• Advocate for introduction of M2M for the utilisation of mentor mothers for strengthening of support groups.</li></ul>
Stigma and discrimination still exists at communities	
Structural challenges (Inadequate counselling space)	<ul style="list-style-type: none"><li>• Provide temporary structures e.g. park homes</li><li>• Renovation of facilities</li></ul>



## LABOUR AND DELIVERY

BOTTLENECKS	PROPOSED SOLUTIONS/ STRATEGIES
<ul style="list-style-type: none"><li>• Inaccessibility of maternity services in certain communities resulting in woman delivering outside our borders</li><li>• Limited resources-staff</li></ul>	<ul style="list-style-type: none"><li>• To advocate for satellite ambulance station in areas without maternity services.</li><li>• To educate clients to arrange transport throughout ANC</li><li>• Provision of more than one P/N on night duty and over and weekends.</li></ul>



## POST – NATAL CARE

<b>BOTTLENECKS</b>	<b>PROPOSED SOLUTIONS/ STRATEGIES</b>
<ul style="list-style-type: none"><li>• Patients referred to CCMT sites from PHC are not traced or not followed up</li><li>• Post natal follow up and care for mother/baby pair remains weak</li></ul>	<ul style="list-style-type: none"><li>• Attach CHW to individual clients through antenatal to post natal</li><li>• Implement roving doctor teams to initiate patients on site at the PHC clinics especially at Mobile service points</li><li>• Facilitate linkages with CHW programme for advocacy at community level</li><li>• Utilize patient's advocates to follow-up and support clients at home</li></ul>



## KEY INTERVENTIONS AND PROGRESS REPORT

INCREASE ACCESS	STATUS OF IMPLEMENTATION
<p><b>Social Mobilization through:</b></p> <ul style="list-style-type: none"><li>•Community Dialogues</li><li>•Campaigns / Awareness</li><li>•Include the importance of disclosure, Openness to partners/ family member in relation to HIV status.</li></ul> <p><b>In clinic facilitation</b></p> <p><b>Creating enabling environment</b></p> <ul style="list-style-type: none"><li>•Provide adequate counselling space</li><li>•Provide 24hours counselling service.</li></ul> <p><b>•Involve expectant fathers participation – ANC, Delivery and PNC.</b></p>	<ul style="list-style-type: none"><li>• Conducted community dialogue,</li><li>• Men involvement campaigns e.g. visited Taxi ranks</li><li>• Conducted village tours to four communities and Radio campaigns.</li><li>• Trained 30 community Health Workers and placed at individual facilities</li><li>• Provide park homes at four facilities</li></ul>



## IMPROVE THE QUALITY OF THE PROGRAMME

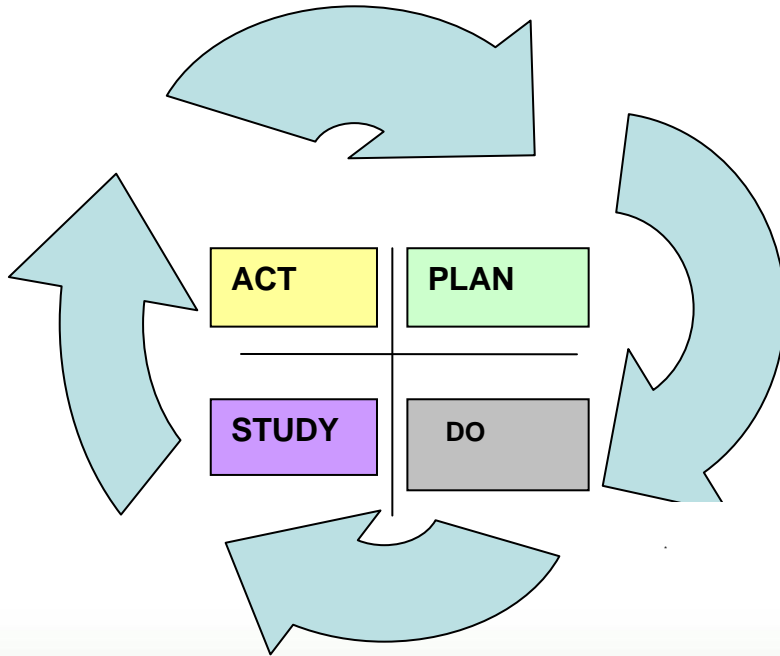
- Establish and train PMTCT working group – To co-ordinate PMTCT activities within the broader MCWH and to address bottlenecks in PMTCT.
- Train facilities on interpretation of data and data management
- Strengthen integration of programmes at implementation level
- Strengthen clinic supervision

## TATUS OF IMPLEMENTATION

- Team established and trained in PMTCT - conduct monthly meetings
- Workshop on quality improvement for Managers (Operational and Supervisors) , Programme Coordinators and community counsellors (IHI)
- Trained 21 Data capturers in use of DHIS
- Trained Operational Managers on clinic supervision ( MSH)



# Quality improvement model



- Introduced Quality Mentor
- More ownership of the program at Facilities
- On spot counselling is conducted in consulting rooms
- There is an increase in VCT uptake among pregnant women from 83% to 100%



## SOCIAL MOBILIZATION MODEL

- Master Plan of integrated programme activities was developed and all programmes conducted various activities like Teenage pregnancy survey, man involvement campaign.
- Key Informants e.g. Traditional Leaders, Faith Based organizations and PMTCT Coordinator.
- Sustenance through In-house training
- Plans for rolling out to all Facilities developed.
- Increase the number of trainings to cover all three Clusters.



## PRIORITIES FOR 2010/11

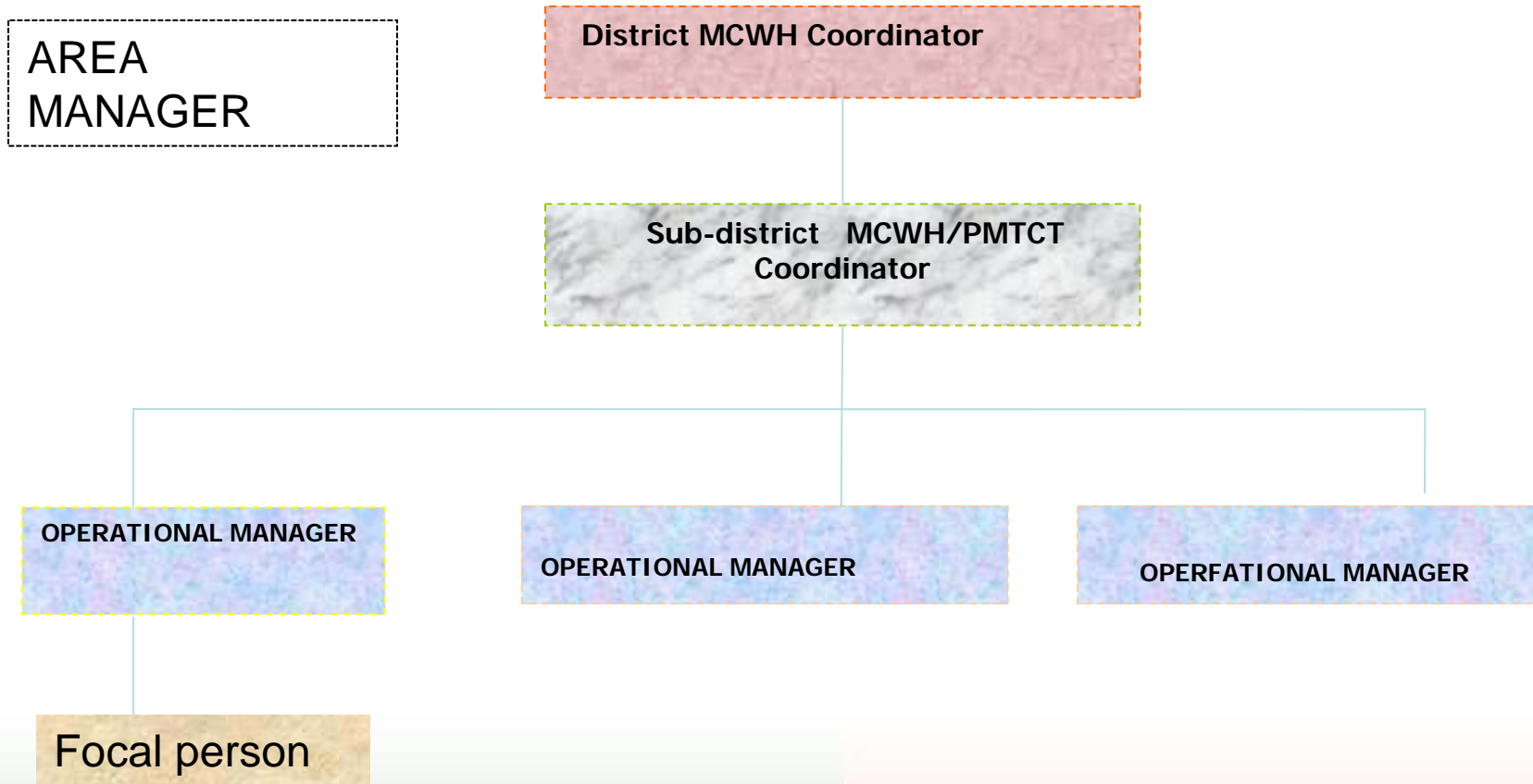
- Primary Prevention of HIV.
  - Increase correct and consistent condom use.
  - Decrease multiple concurrent partnerships.
  - Decrease new infection.
- Improve PMTCT uptake.
- Community outreach programme – To sensitize all women and partners about the need and importance of early ANC booking.
- Men / Fathers, Caregivers participation – To impede change and therefore play critical role in supporting HIV positive women both during pregnancy and post delivery.



# DISTRICT PROFILE AND DATA



## DISTRICT PMTCT AND MCWH STRUCTURE





## HEALTH FACILITIES IN BOJANALA

	MORETELE	MADIBENG	KGETLENG	MOSES KOTANE	RUSTENBUR G	DISTRICT TOTAL
HOSPITAL	NIL	1	2	1	1 Provincial	4
CLINICS	19	18	2	49	21	109
CHC	2	1	0	2	3	8
MOBILE	2	6	3	5	6	22
MUNICIPALITY	NIL	5	2	0	4	11



## MCH OVERVIEW

Other Indicators	MORETELE	MADIBENG	KGETLENG	MOSES KOTANE	RUSTENBURG	DISTRICT TOTAL
Population total	195079	378291	40112	259575	419530	1,292527
District ANC HIV prevalence rate	23.2					
Number of women of reproductive age (15-49 years)	49664	100294	10453	69055	112750	342216
District ANC coverage (Booking rate)	79.1					
% of babies delivered in a health care facility	26.5	48.8	86.9	63.2	49.5	56
Average number of monthly deliveries	94					
Immunization coverage	52.7	101.3	213	77	114.6	186.2%
Maternal mortality rate	0	0	0	1	1	2
Under-five mortality rate	0	0	0	0	0	0

**MORETELE – HOSPITAL DELIVERIES NOT INCLUDED**



## PMTCT DISTRICT DATA – SEPTEMBER 2009

Data Elements	MORETEL E	MADIBEN G	KGETLEN G	MOSES KOTANE	RUSTENBUR G	DISTRICT TOTAL	TARGET
No. of first ANC bookings < 20 weeks	93	193	51	151	208	696	60%
No. of ANC first visits total	228	414	100	260	654	1656	100%
No. of pregnant women tested for HIV	293	648	104	382	694	2121	95%
No. of pregnant women HIV pos new	68	164	37	127	238	634	<20%
No. of pregnant women CD4 tested	66	365	37	267	240	975	100%
No. of pregnant women receiving dual ARVs	24	86	0	0	103	213	100%
No. of pregnant women receiving HAART	36	27	6	26	26	121	100%



Data Elements	MORETELE	MADIBEN G	KGETLENG	MOSES KOTANE	RUSTENBUR G	DISTRICT TOTAL	TARGET DISTRICT
No. of live births to HIV pos women (HIV exposed)	15	74	21	78	74	262	\$44%%
No. of exposed infants receiving dual ARVs	15						100%
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	51	35	1	46	46	179	100%
No. of exposed infants PCR tested at 6 weeks	35	110	1	59	49	254	95%
No. of HIV positive infants on PCR	14	8	0	11	42	75	<20%
No. of HIV positive infants receiving HAART							100%
No. of women counseled on feeding options	66	162	37	128	218	611	100%



## PMTCT DISTRICT DATA JULY – SEPTEMBER 2009

	JULY	AUGUST	SEPT.	TOTAL	
No. of first ANC bookings < 20 weeks	891	925	696	2512	60%
No. of ANC first visits total	2579	2385	1152	6116	95%
No. of pregnant women tested for HIV	2491	2439	2121	7051	95%
No. of pregnant women HIV pos new	594	656	634	1884	< 20%
No. of pregnant women CD4 tested	686	860	975	2521	100%
No. of pregnant women receiving dual ARVs	462	335	207	1004	100%
No. of pregnant women receiving HAART	101	170	121	397	100%
No. of live births to HIV pos women (HIV exposed)	488	570	262	1320	100%
No. of exposed infants receiving dual ARVs	314	392	179	884	100%
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	257	369	179	807	95%
No. of exposed infants PCR tested at 6 weeks	250	359	254	863	95%
No. of HIV positive infants on PCR	83	101	75	259	<20%
No. of HIV positive infants receiving HAART					100%
No. of women counseled on feeding options	712	911	601	2233	100%



## PMTCT SUB DISTRIC DATA JULY - SEPTEMBER

	JULY	AUGUST	SEPT.	TOTAL	Target
No. of first ANC bookings < 20 weeks	109	93	93	295	60%
No. of ANC first visits total	274	226	321	821	95%
No. of pregnant women tested for HIV	278	295	293	866	95%
No. of pregnant women HIV pos new	52	55	68	175	< 20%
No. of pregnant women CD4 tested	47	59	66	172	100%
No. of pregnant women receiving dual ARVs	46	32	24	102	100%
No. of pregnant women receiving HAART	21	24	27	72	100%
No. of live births to HIV pos women (HIV exposed)	23	19	15	57	100%
No. of exposed infants receiving dual ARVs	23	19	15	57	100%
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	40	32	51	123	95%
No. of exposed infants PCR tested at 6 weeks	56	51	35	140	95%
No. of HIV positive infants on PCR	10	3	14	27	<20%
No. of HIV positive infants receiving HAART	6	4	3	13	100%
NO of women counseled on feeding options	51	59	65	175	100%



## DISTRICT DATA REPORT JULY – SEPTEMBER 2009

	JULY	AUG	SEPTEMBER	Target
% of first ANC bookings < 20 weeks	34.5	37.7	29.6	60%
% of pregnant women tested for HIV	96.6	99.3	90.1	95%
%. of pregnant women HIV pos new	23.8	26.9	29.9	< 20%
% of pregnant women CD4 tested	59.7	67.0	88.9	100%
% of pregnant women receiving dual ARVs	50.0	42.4	37.6	100%
% of pregnant women receiving HAART				100%
% of exposed infants receiving dual ARVs	70.5	68.8	66.4	100%
% of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	52.7	64.7	68.3	100%
% of exposed infants PCR tested at 6 weeks	0.5	0.6	1.0	95%
% of HIV positive infants on PCR	33.2	28.1	29.5	<20%
% of HIV positive infants receiving HAART				100%
% of women counseled on feeding options	62.0	71.0	54.8	100%



## SUB DISTRICT DATA REPORT JULY – SEPTEMBER 2009

INDICATORS	JULY	AUG	SEPT	DISTRICT TARGET 2009/2010
% of first ANC bookings < 20 weeks	39.8	41.2	29	60%
% of pregnant women tested for HIV	100	100	91	95%
%. of pregnant women HIV pos new	18	18	23	< 20%
% of pregnant women CD4 tested	55.3	64.8	52	100%
% of pregnant women receiving dual ARVs	100	94.7	100	100%
% of pregnant women receiving HAART	40	5.4	16.6	100%
% of exposed infants receiving dual ARVs	95.7	94.7	100	100%
% of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	173.9	168.4	215.8	100%
% of exposed infants PCR tested at 6 weeks	23	27	23	95%
% of HIV positive infants on PCR	18.5	5.9	40	<20%
% of HIV positive infants receiving HAART	60		21	100%
% of women counseled on feeding options	98	95.5	94.9	100%



# Partners organizations

- Foundation for Professional Development (FPD)
- Management Science for Health (MSH)
- Institute for Health Improvement (IHI)
- Population Council
- University of Pretoria
- JHHESA
- ESI
- CMT