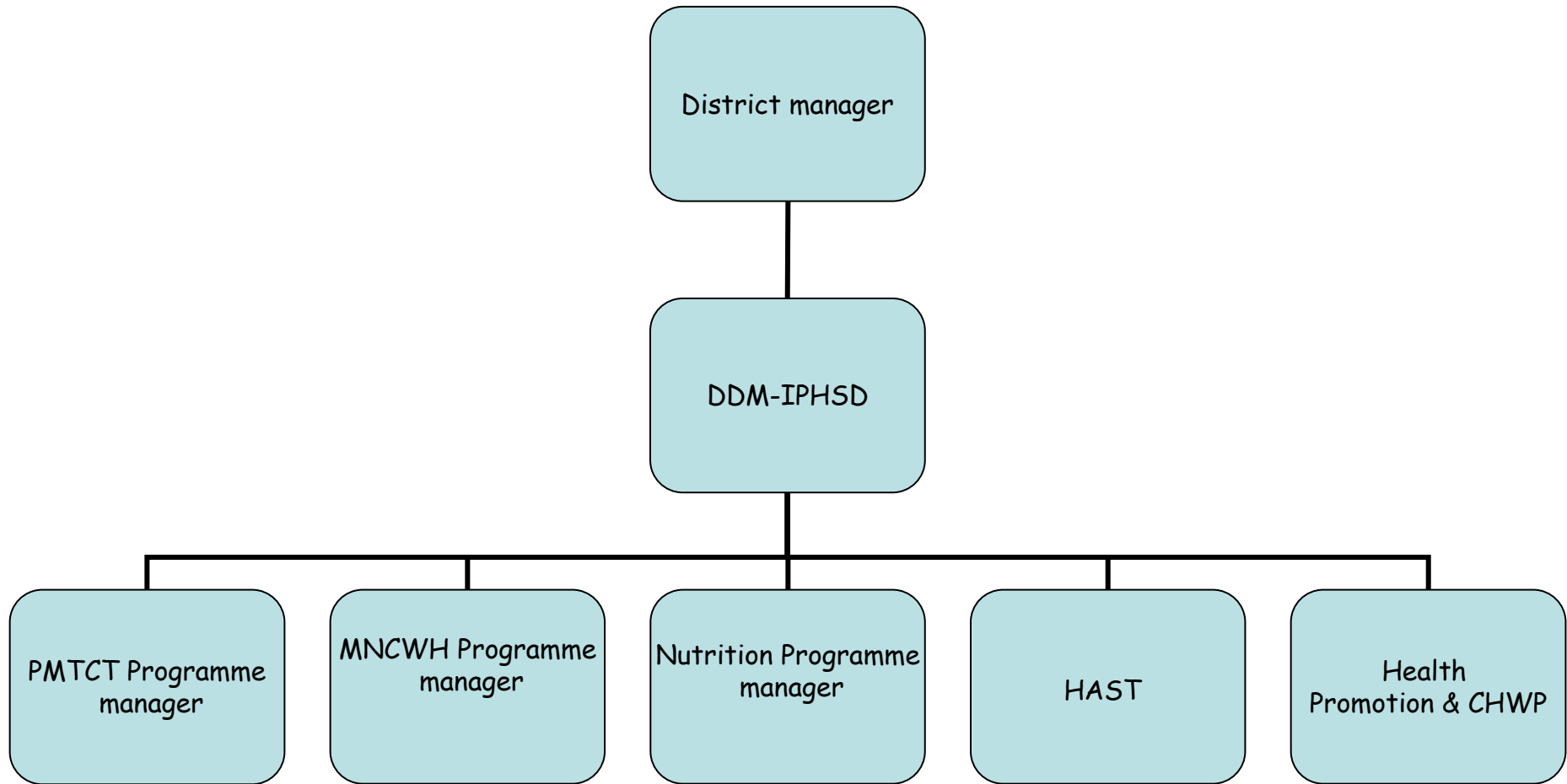


**PMTCT  
ACCELERATED PLAN  
UPDATE**

**ILEMBE HEALTH DISTRICT**

**04 NOVEMBER 2009**

# District PMTCT and MCWH Structure (1 min)



# HEALTH FACILITIES IN EACH SUBDISTRICT

(1 min)

	Mandeni	KwaDukuza	Ndwedwe	Maphumulo	District Total
<b>Hospital</b>	0	1	1	2	4
<b>Clinics</b>	5	3	6	8	22
<b>Community health centers</b>	1	0	1	0	2
<b>Mobile clinics</b>	1	2	4	3	10
<b>Municipal Clinics</b>	2	6	0	0	8

## **Priorities for 2010/11** ( 4 mins)

- Recommendations for taking the A-plan forward and roll out to other sub district

### **BEST APPROACH**

- A-Plan has been rolled out to all sub districts
- Review A -plan implementation in all sub districts
- Identify bottlenecks and draw action plans for each sub district
- Sustain quality improvement teams
- Establish District based CCMT roving teams
- Strengthen social mobilisation (CHWs, Community dialogue and open days)

# Overview of PMTCT A-Plan Work Plan

INTERVENTIONS TO IMPROVE ACCESS	
PLANNED INTERVENTIONS	PROGRESS REPORT
<ul style="list-style-type: none"> <li>• Train 32CHWs on CMT</li> <li>• Allocate trained CHWs to 16 clinics</li> </ul>	<ul style="list-style-type: none"> <li>• CHWs trained on facilitation skills</li> <li>• CHWs have been allocated to 16 clinics</li> <li>• Open day for Maphumulo sub district planned for the 12<sup>th</sup> November 2009</li> </ul>
<ul style="list-style-type: none"> <li>• Increase facilities with M2M programme</li> </ul>	<ul style="list-style-type: none"> <li>• M2M available in 20 facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Provide community based postnatal within 3 days of discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Untunjambili has system in place for referring clients to CHWs</li> <li>• Umphumulo is referring to support group</li> <li>• Sundumbili CHC is referring to patient advocates and they are developing system for referring to CHWs.</li> <li>• District is planning to support Ndwedwe and KwaDukuza sub district to develop system</li> </ul>
<ul style="list-style-type: none"> <li>• Organise community based MNCWH and Nutrition mobilisation to improve key family practices and health seeking behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Village campaigns were conducted in Maphumulo sub district ( child health package)</li> <li>• Household education by CHWs</li> <li>• District community dialogue conducted</li> <li>• IEC material is distributed</li> <li>• Comprehensive outreach on health programmes held in Mandeni and Ndwedwe sub district</li> <li>• Rapid assessment on IYCF practices in Maphumulo sub district</li> </ul>

# Overview of PMTCT A-Plan Work Plan

INTERVENTIONS TO IMPROVE QUALITY	
PLANNED INTERVENTIONS	PROGRESS REPORT
❖ Train health professionals on CCMT to improve access of eligible pregnant women and children to ART (Doctors, nurses and pharmacy staff on PMTCT)	❖ Planned CCMT training conducted ( 10 doctors 51 Professional nurses, 11 enrolled nurses and 7 pharmacy staff)
❖ Training of health professionals on MNCWH and Nutrition interventions	❖ PNC and ANC policy trainings have been conducted ❖ IYCF practices training has been conducted for nurses ❖ 35 nursing staff trained on PCR, EPI growth monitoring and promotion
❖ Train health professionals on BANC	❖ Nurses were trained on BANC ❖ All facilities are implementing BANC
❖ Train health professionals on quality improvement methodologies	❖ Training has been conducted ❖ Facilities have started quality improvement interventions
❖ Prepare and disseminate quarterly progress report on MNCWH and Nutrition	❖ District review meeting held in 1 <sup>st</sup> quarter ❖ 2 <sup>nd</sup> quarter District review meeting planned for the 12 <sup>th</sup> November 2009 ❖ Progress meeting on implementation of MNCWH and Nutrition A-Plan held on 19 <sup>th</sup> of August 2009, 2 <sup>nd</sup> meeting planned for the 26 <sup>th</sup> & 27 <sup>th</sup> November 2009. This will be accompanied by community outreach activities e.g. Cervical Cancer Screening, STI management and VCT at most deprived wards
❖ Rollout HAART for pregnant women in PHC facilities	❖ 5 clinics are initiating HAART on pregnant women ❖ Umphumulo and Montebello hospitals and Ndwedwe CHC will be starting to initiate HAART to pregnant women at PHC level I November 2009. Sundumbili will start initiating pregnant women in December 2009
❖ Equip identified facilities	❖ Process of purchasing CTG machines, ultrasound machines, ventilators and hand held dopplers has been started
❖ Establish appropriate physical structure fore neonatal care at Stanger and Untunjambili hospitals	❖ Funding has been received ❖ Procurement process has been started

# CURRENT BOTTLENECKS

CURRENT BOTTLENECKS		
ANTENATAL CARE	LABOUR	POSTNATAL CARE
<ul style="list-style-type: none"> <li>• HAART initiation at PHC level</li> <li>• Initiation of eligible HIV positive pregnant women on HAART</li> <li>• Follow up of women referred for HAART</li> <li>• Early booking before 20 weeks</li> <li>• Recording</li> <li>• Human Resource shortage- doctors and pharmacist</li> <li>• CD4 testing</li> </ul>	<ul style="list-style-type: none"> <li>• Recording</li> <li>• Staffing</li> </ul>	<ul style="list-style-type: none"> <li>• PNC Visits by CHW,S</li> <li>• PNC Visits at 6 days</li> <li>• Insufficient infant feeding support/follow up</li> <li>• Sustenance of feeding options is a challenge, resulting in mix feeding</li> </ul>

# Implementation of Quality Improvement Model

- District conducted quality improvement training for 54 health professionals( Operational managers PHC supervisors, Quality managers and District team)
- Performance of all sub districts was reviewed
- Sub districts identified indicators that need improvement and set targets for three years
- Facilities had to start facility based quality improvement activities.
- District utilizes District Programme managers as quality mentors – Focusing on priority sub district
- 7 out of 10 facilities in Maphumulo sub district have been visited and they have started to implement quality improvement model.

# **Implementation of Quality Improvement Model-Cont....**

- The district has requested partners to support with quality mentors who will cover the whole district

## **IMPACT**

- There is improvement on CD4 testing, PCR testing.

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

- Community Dialogue at a district level has been conducted
- The District plans to have community dialogues in all four sub districts
- Planning for next community dialogue in Ndwedwe sub district is already underway. Dialogue is planned for 19 November 2009
- Household visits by CHWs is ongoing.

# A-plan (Social Mobilization)

## Social Mobilization Model:

- 32 CHWs trained by CMT , they are now based at clinics (facilitation and health promotion).
- There are facility based support groups for HIV positive women (M2M) and community based support groups (MCDI).
- Village child health campaigns were conducted in Maphumulo sub district.
- Health promotion through local radio stations
- Conducted rapid assessment of current IYCF practices in Maphumulo sub district

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

Integration of social mobilisation into programme activities

- The District developed an integrated plan

Who is leading- Senior Technical Advisor -PMTCT

How do you see the district taking forward the CMT in clinic facilitation model?

- District will expand training to include all CHWs and Youth Ambassadors

# **District profile and Data**

# Partner Organisations (1 min)

<b>Partner Organisations</b>	
<b>Partner Name</b>	<b>Sub district supported</b>
MCDI	All
M2M	All ( 20 sites)
ARK	All
UNICEF	All
IHI/UKZN	All
RHRU	All
HUMANA PEOPLE TO PEOPLE	3 Sub Districts (KDC)
MRC	All
URC	All

# MCH overview (reference only)

<b>Other Indicators</b>	<b>Mandeni</b>	<b>Kwa Dukuza</b>	<b>Ndwedwe</b>	<b>Maphumulo</b>	<b>District</b>
Population total	<b>146026</b>	<b>182 737</b>	<b>170 660</b>	<b>133 180</b>	<b>632 603</b>
District ANC HIV prevalence rate (2008)	<b>37.26</b>	<b>31.56</b>	<b>27.17</b>	<b>22.61</b>	<b>30.77</b>
Number of women of reproductive age (15-49 years)	<b>41 801</b>	<b>94.819</b>	<b>42.606</b>	<b>32 866</b>	<b>167 092</b>
District ANC coverage (Booking rate) QR 2	<b>108</b>	<b>120</b>	<b>32</b>	<b>48</b>	<b>77</b>
% of babies delivered in a health care facility QR 2	<b>40%</b>	<b>115%</b>	<b>68%</b>	<b>91%</b>	<b>79%</b>
Average number of monthly deliveries for the district and per sub district	<b>(427)</b> <b>142</b>	<b>(1615)</b> <b>538</b>	<b>(486)</b> <b>162</b>	<b>(319)</b> <b>106</b>	<b>(2858)</b> <b>952</b>
Immunization coverage	<b>85%</b>	<b>121%</b>	<b>56%</b>	<b>52%</b>	<b>78%</b>
Maternal mortality rate	<b>0</b>	<b>3.1</b>	<b>0</b>	<b>2.2</b>	<b>5.3</b>
Under-five mortality rate	<b>0</b>	<b>1.2</b>	<b>0</b>	<b>2.1</b>	<b>3.3</b>

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

<b>Data Elements</b>	<b>Mandeni</b>	<b>KwaDukuza</b>	<b>Ndwedwe</b>	<b>Maphumulo</b>	<b>District</b>	<b>2009/10 District Targets</b>
No. of first ANC bookings < 20 weeks	<b>298</b>	<b>526</b>	<b>154</b>	<b>173</b>	1151	
No. of ANC first visits total	1070	1310	469	537	3386	
No. of pregnant women tested for HIV	795	1523	521	670	3509	
No. of pregnant women HIV pos new	248	510	121	105	984	
No. of pregnant women CD4 tested	270	554	140	128	1092	
No. of pregnant women receiving dual ARVs	302	567	123	119	1112	
No. of pregnant women receiving HAART	7	12	5	20	44	
No. of live births to HIV pos women (HIV exposed)	188	679	67	141	1075	
No. of exposed infants receiving dual ARVs	177	679	70	141	1067	
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	153	625	178	139	1095	
No. of exposed infants PCR tested at 6 weeks	215	579	105	140	1039	
No. of HIV positive infants on PCR	2	14	4	3	23	
No. of HIV positive infants receiving HAART	11	85	4	22	122	
No. of women counseled on feeding options	309	681	45	139	1174	

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

Indicators	Mandeni	KwaDukuza	Ndwedwe	Maphumulo	District	Baseline 3 <sup>rd</sup> Qtr (08/09)	2009/10 District Targets
% of first ANC bookings < 20 weeks	N298 D1070 28%	N526 D1310 40%	N154 D469 33%	N173 D537 32.2%	N 1151 D3386 33.9%	40%	50%
% of pregnant women tested for HIV	N795 D797 99.6%	N1523 D1530 99,5%	N521 D575 91%	N670 D684 97.9%	N3509 D3586 97.8%	91%	95%
% of pregnant women tested HIV positive	N248 D795 31%	N 510 D1523 33%	N121 D521 23%	N105 D670 15.6%	N985 D3509 28%	N/A	TBD
% of HIV pos pregnant women tested for CD4	N270 D248 108.8%	N 554 D510 109%	N140 D121 115%	N128 D105 121%	N1092 D984 110.9%	74%	85%
% of HIV pos pregnant women receiving dual ARVs	N302 D248 121.7%	N567 D510 111%	N123 D121 101%	N119 D105 113.3%	N1111 D984 112.9%	83%	95%
% of pos pregnant women receiving HAART	N7 D27 26%	N43 D58 74%	N5 D31 16%	N20 D33 60.6%	N75 D149 50.9%	No data	50%
% of HIV-exposed infants receiving dual ARVs	N177 D188 94%	N679 D679 100%	N70 D67 104%	N141 D141 100%	N1067 D1075 99.2%	83%	<b>95%</b>
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	N153 D262 58%	N628 D507 123%	N178 D165 107%	N139 D98 141.8%	N1098 D1032 106.3%	No data	60%

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

<b>Indicators</b>	<b>Mandeni</b>	<b>KwaDukuza</b>	<b>Ndwedwe</b>	<b>Maphumulo</b>	<b>District</b>	<b>Baseline 3<sup>rd</sup> (08/09)</b>	<b>2009/10 District Targets</b>
% of HIV-exposed infants PCR tested at 6 weeks	N215 D262 82.6%	N579 D507 114%	N105 D165 64%	N140 D98 143%	N1039 D1032 101%	50%	60%
% of HIV exposed babies tested HIV positive on PCR	N2 D147 1.3%	N14 D579 2.4	N4 D105 3.8%	N3 D140 2.1%	N23 D971 2.3%	10%	7.5%
% of HIV positive infants receiving HAART	N11 D11 100%	N85 D85 100%	N4 D4 100%	N22 D23 95.3%	N122 D123 99.1%	19%	50%
% of HIV pos women counseled on feeding options	N188 D188 100%	N679 D679 100%	N67 D67 100%	N141 D141 100%	N1075 D1075 100%	No data	100%

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

<b>Data Elements</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>District</b>	<b>2009/10 District Targets</b>
No. of first ANC bookings < 20 weeks	<b>379</b>	<b>375</b>	<b>398</b>	1152	
No. of ANC first visits total	1108	1176	1193	3477	
No. of pregnant women tested for HIV	1182	1123	1204	3509	
No. of pregnant women HIV pos new	323	311	350	984	
No. of pregnant women CD4 tested	384	343	365	1092	
No. of pregnant women receiving dual ARVs	443	328	340	1111	
No. of pregnant women receiving HAART	11	17	8	36	
No. of live births to HIV pos women (HIV exposed)	380	353	342	1075	
No. of exposed infants receiving dual ARVs	375	358	342	1075	
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	291	337	439	1067	
No. of exposed infants PCR tested at 6 weeks	337	331	303	971	
No. of HIV positive infants on PCR	10	8	5	23	
No. of HIV positive infants receiving HAART	69	27	24	120	
No. of women counseled on feeding options	384	404	388	1176	

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

<b>Data Elements</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Total Sub-district</b>	<b>2009/10 District Targets</b>
No. of first ANC bookings < 20 weeks	50	63	60	173	
No. of ANC first visits total	176	197	174	537	
No. of pregnant women tested for HIV	205	222	243	670	
No. of pregnant women HIV pos new	27	45	33	105	
No. of pregnant women CD4 tested	34	58	36	128	
No. of pregnant women receiving dual ARVs	36	48	35	119	
No. of pregnant women receiving HAART	5	11	4	20	
No. of live births to HIV pos women (HIV exposed)	47	44	50	141	
No. of exposed infants receiving dual ARVs	45	44	50	139	
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	61	35	43	139	
No. of exposed infants PCR tested at 6 weeks	54	41	45	140	
No. of HIV positive infants on PCR	2	1	0	3	
No. of HIV positive infants receiving HAART	5	8	9	22	
No. of women counseled on feeding options	61	35	43	139	

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

<b>Indicators</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Total Sub district</b>	<b>Baeline 3<sup>rd</sup> Qtr (08/09)</b>	<b>2009/10 District Targets</b>
	<b>N 50 D 176</b>	<b>N 63 D 197</b>	<b>N 60 D 174</b>	<b>N 173 D 537</b>	40%	<b>50%</b>
% of first ANC bookings < 20 weeks	<b>28.4%</b>	<b>31.9%</b>	<b>34.4%</b>	<b>32.2%</b>		
	N 205 D 212	N 222 D 227	N 243 D 245	N 670 D 684	91%	95%
% pregnant women tested for HIV	96.6%	97.7%	99.1%	97.9%		
	N 27 D 205	N 45 D 222	N 33 D 243	N 104 D 670	N/A	TBD
% of pregnant women tested HIV positive	13.5%	20.2%	13.5%	15.6%		
	N 34 D 27	N 58 D 45	N 36 D 33	N 128 D 105	74%	85%
% of HIV pos pregnant women tested for CD4	125.9%	128.8%	109%	121.9%		
	N 36 D 27	N 48 D 45	N 35 D 33	N 119 D 105	83%	95%
% of HIV pos pregnant women receiving dual ARVs	133.3%	106.6%	106%	113.3%		
	N5 D 10	N 11 D 14	N 4 D 9	N 20 D 33	No data	50%
% of pos pregnant women receiving HAART	50%	78.5%	44.4%	60.6%		

## PMTCT Maphumulo Report July- September 2009 ( for reference only)

<b>Indicators</b>	<b>July</b>	<b>August</b>	<b>Sept</b>	<b>Total Sub district</b>	<b>Baseline 3<sup>rd</sup> Qtr (08/09)</b>	<b>2009/10 District Targets</b>
% of HIV-exposed infants receiving dual ARVs	N 46 D 47  <b>97.8%</b>	N 44 D 44  <b>100%</b>	N 51 D 50  <b>10%</b>	N 141 D 141  <b>100%</b>	  <b>95%</b>	  <b>95%</b>
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	N 61 D 47  168.4%	N 35 D 44  79.5%	N 43 D 50  86%	N 139 D 141  98.5%	  60%	  60%
% of HIV-exposed infants PCR tested at 6 weeks	N 54 D 47	N41 D44	N43 D50	N140 D141	  50%	  60%
% of HIV exposed babies tested HIV positive on PCR	N 2 D 54  3.7%	N 1 D 41  2.4%	N 0 D 45  0%	N 3 D 140  2.1%	  10%	  7.5%
% of HIV positive infants receiving HAART	N5 D 5  100%	N 8 D 9  88.8%	N 9 D 9  100%	N 22 D 23  95.6%	  19%	  50%
% of HIV pos women counseled on feeding options	N 47 D 47  100%	N 44 D 44  100%	N 43 D 43  100%	N 141 D 141  100%	  No data	  100%

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

Indicators	July	Aug	Sept	Total District	Baseline 3 <sup>rd</sup> Qtr (08/09)	2009/10 District Targets
% of first ANC bookings < 20 weeks	<b>N 379</b> <b>D 1108</b>  <b>34.2%</b>	<b>N 375</b> <b>D 1176</b>  <b>31.8%</b>	<b>N 398</b> <b>D 1193</b>  <b>33.3%</b>	<b>N 1151</b> <b>D 3477</b>  <b>33.1%</b>	40%	<b>50%</b>
% pregnant women tested for HIV	N 1182 D 1195  98.9%	N 1123 D 1183  94.9%	N 1204 D 1208  99.6%	N 3509 D 3586  97.8%	91%	95%
% of pregnant women tested HIV positive	N 323 D 1182  27.3%	N 311 D 1123  27.6%	N 350 D 1204  29%	N 984 D 3509  28%	N/A	TBD
% of HIV pos pregnant women tested for CD4	N 384 D 323  118.8%	N 343 D 311  110.2%	N 364 D 350  104%	N 1092 D 984  110.9%	74%	85%
% of HIV pos pregnant women receiving dual ARVs	N 443 D 323  137.1%	N 328 D 311  105.4%	N 342 D 350  97.1%	N 1111 D 984  112.9%	83%	95%
% of pos pregnant women receiving HAART	N 11 D 54  20.3%	N 17 D 55  30.9%	N 8 D 56  14.2%	N 36 D 165  21.8%	No data	50%

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

Indicators	July	August	Sept	Total District	Baseline 3 <sup>rd</sup> Qtr (08/09)	2009/10 District Targets
% of HIV-exposed infants receiving dual ARVs	<b>N 376</b> <b>D 380</b> <b>98.9%</b>	<b>N 358</b> <b>D 353</b> <b>101.4%</b>	<b>N 343</b> <b>D 342</b> <b>102.2%</b>	<b>N 1077</b> <b>D 1075</b> <b>100.1%</b>	<b>95%</b>	<b>95%</b>
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	<b>N 291</b> <b>D 320</b> <b>91%</b>	<b>N 337</b> <b>D 370</b> <b>91%</b>	<b>N 439</b> <b>D 312</b> <b>140%</b>	<b>N 1067</b> <b>D 1002</b> <b>106%</b>	<b>60%</b>	<b>60%</b>
% of HIV-exposed infants PCR tested at 6 weeks	<b>N 337</b> <b>D 320</b> <b>105.3%</b>	<b>N 331</b> <b>D 370</b> <b>89.4%</b>	<b>N 303</b> <b>D 312</b> <b>97.1%</b>	<b>N 971</b> <b>D 1002</b> <b>96.9%</b>	<b>50%</b>	<b>60%</b>
% of HIV exposed babies tested HIV positive on PCR	<b>N 10</b> <b>D 337</b> <b>2.9%</b>	<b>N 8</b> <b>D 331</b> <b>2.4%</b>	<b>N 5</b> <b>D 343</b> <b>1.6%</b>	<b>N 23</b> <b>D 971</b> <b>2.3%</b>	<b>10%</b>	<b>7.5%</b>
% of HIV positive infants receiving HAART	<b>N 69</b>	<b>N 27</b>	<b>N 24</b>	<b>N 120</b>	<b>19%</b>	<b>50%</b>
% of HIV pos women counseled on feeding options	<b>N 380</b> <b>D 380</b> <b>100%</b>	<b>N 353</b> <b>D 353</b> <b>100%</b>	<b>N 342</b> <b>D 342</b> <b>100%</b>	<b>N 1175</b> <b>D 1175</b> <b>100%</b>	<b>No data</b>	<b>100%</b>

## PMTCT Sub-district vs District Data Report July- September 2009 ( for reference only)

Indicators	Sub-District	District	Baseline 3 <sup>rd</sup> Qtr (08/09)	2009/10 District Targets
% of first ANC bookings < 20 weeks	N 173 D 537  32.2%	N 1152 D 3477  33.1%	40%	50%
% pregnant women tested for HIV	N 670 D 684  97.9%	N 3509 D 3586  97.8%	91%	95%
% of pregnant women tested HIV positive	N 105 D 670  15.6%	N 984 D 3509  28%	N/A	TBD
% of HIV pos pregnant women tested for CD4	N 128 D 105  121.9%	N 1092 D 984  110.9%	74%	85%
% of HIV pos pregnant women receiving dual ARVs	N 119 D 105  113.3%	N 1111 D 984  112.9%	83%	95%
% of pos pregnant women receiving HAART	N 20 D 33  60.6%	N 36 D 165  21.8	No data	50%

## PMTCT Sub-district vs District Data Report July- September 2009 ( for reference only)

<b>Indicators</b>	<b>Sub-district</b>	<b>District</b>	<b>Baseline 3<sup>rd</sup> Qtr (08/09)</b>	<b>2009/10 District Targets</b>
% of HIV-exposed infants receiving dual ARVs	N 141 D 141  100%	N 1077 D 1075  100.1%	95%	95%
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	N 139 D 141  9835%	N 1067 D 1002  106%	60%	60%
% of HIV-exposed infants PCR tested at 6 weeks	N140 D 98 143%	N 971 D 1002  96.9%	50%	60%
% of HIV exposed babies tested HIV positive on PCR	N 3 D 140  2.1%	N 23 D 971  2.3%	10%	7.5%
% of HIV positive infants receiving HAART	N 22 D 23  95.6%	N 120	19%	50%
% of HIV pos women counseled on feeding options	N 141 D 141  100%	N 1175 D 1075  100%	No data	100%

# **Priorities for 2010/11 ( 4 mins)**

## Role of National

- Funding for equipment
- Funding for training on quality improvement model for management
- Review of indicators for standardized interpretation

# **Priorities for 2010/11 ( 4 mins)**

## **Role of Partners**

- Quality mentors
- Funding for District based roving teams( 3 Doctors and 2 Pharmacists /PAs
- Community health worker electronic reporting system for monitoring performance
- Funding for network connections for clinic computers

# **Priorities for 2010/11 ( 4 mins)**

## **Role of the Province**

- Funding for implementation of the PHC structure
- Retention strategy for pharmacists
- Technical support- SMS system for lab results
- Transport for specimens from clinics and mobiles
- Establish Central foetal monitoring system for support of management of labour

# **Priorities for 2010/11 ( 4 mins)**

## **Role of District and sub district**

- Review of the plan- annually and quarterly
- Technical support to strengthen implementation
- Monitoring and evaluation
- Funding of the planned activities

# Priorities for 2010/11 ( 4 mins)

What would be the focus for 2010/2011?

- Initiation of HAART at PHC level
- District based CCMT team
- Data management
- Reporting system for CHWs
- Recording and reporting (CD4 testing, PCR testing, CPT and dual therapy for pregnant women)

THANK YOU

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