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PMTCT ACCELERATED PLAN UPDATE

THABO MOFUTSANYANA HEALTH DISTRICT

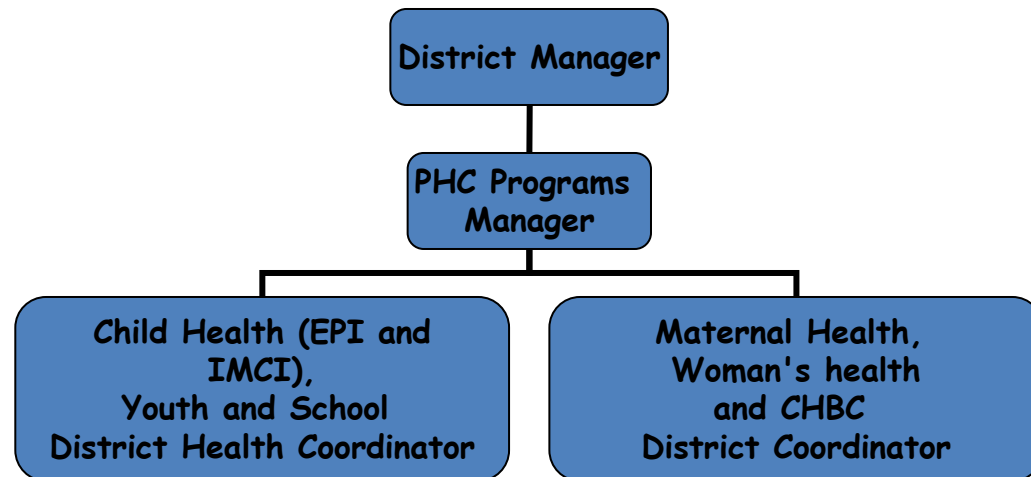
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District PMTCT and MCWH Structure





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General Challenges

- No dedicated PMTCT and MCWH District Coordinator for the past 3 months. A post is awaiting approval for advertisement
- Big groupings of MCWH Programs per a single coordinator e.g.
 - PMTCT coordinator also coordinates STI, HIV and AIDS
 - Child health (EPI and IMCI) allocated to a School and Youth health district coordinator
 - Maternal health and Woman's health have been allocated to a district CHBC coordinator
- Inadequate space for counseling and testing at clinics
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HEALTH FACILITIES IN EACH SUBDISTRICT (1 min)

	Sub district 1 Dihlabeng	Sub district 2 Maluti a Phofung	Sub district 4 Nketoana	Sub district 4 Phumelela	Sub district 5 Setsoto	District Total TM
District Hospital	1	2	1	1	3	8
Regional Hospital	1	1	0	0	0	2
Clinics	9	33	6	5	12	65
Community health centers	0	0	0	0	1	1
Mobile clinics	4	7	3	2	4	20
Municipal Clinics	0	0	0	0	0	0

Antenatal Care (2 Minutes)



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Bottlenecks

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- District uses version 1.3 but is in the process of converting to 1.4 version. AZT and NVP still collected independently.

- **Indicators affected are the following:**

- % of HIV pos pregnant women receiving dual ARVs

- % of pos pregnant women receiving HAAR

- % of HIV-exposed infants receiving dual ARVs

- % of HIV exposed babies tested HIV positive on PCR

- % of HIV positive infants receiving HAART

- % of HIV pos women counseled on feeding options



ANC Bottlenecks

- **PMTCT not integrated within lay counselors training**
- Shortage of Professional nurses to do counseling in the absence of lay counselors . **Prof Nurse Clinical workload in MAP:1:57 and District 1:45**
- **No element on DHIS on “A number of pregnant positive women screened for TB”**
- Late bookings results in:
 - Failure to achieve ANC before 20 weeks gestation,
 - Slow down eligibility of ANC clients for HAART and other ANC investigations



ANC Bottlenecks

- Clients move from clinic to clinic
- There is no standard to guide Health Professionals on whether to write HIV information on the H10 card or not resulting in mismanagement of the mother and the baby e.g.
 - CD4 count taken and AZT initiation
- Different systems of collecting HAART data
 - (Pre ART and ART Registers) and PMTCT Registers
- CD4 count is not done on site on Fridays after the courier has left



Labour and Delivery (2 Minutes)

Bottlenecks

EMS long response time:

- Women come to facilities when they are fully dilated.
- This impacts negatively on NVP Uptake in Labour

Increased number of BBAS (July – September data)

Dihlabeng:68-----10.46%

MAP:281-----23.5%

Nketoana:52-----13.98%

Phumelela:21-----9.5%

Setseto:89-----16.3%

District:511-----13.31%



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Post-Natal Care (2 Minutes)

Bottlenecks

- HIV exposed babies are lost to follow up
- Non availability of a wellness clinic to monitor clients who were not eligible for HAART



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Overview of PMTCT A-Plan Work Plan

Interventions to increase access

- Tracing of mothers and exposed babies by health care workers
- Active social mobilization
- Intersectoral collaboration with NGOs e.g. Khomananai, funded NGOs and Care givers
- Strengthen counseling and testing of all pregnant women



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Key interventions planned to improve the quality of the programme

- Designed ANC registers that have the information of the mother and the baby
- Quarterly stakeholders meeting to give feedback and develop improvement measures
- Continuous training of professional nurses to reach at least one Prof Nurse trained per each clinic
- Strengthen supervision, monitoring and evaluation of facilities



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Key interventions planned to improve the quality of the programme

- EGPAF Mentor: Monitors +-20 clinics in MAP monthly
- Supervisors: Each clinic visited once monthly
- Data from each cluster verified monthly by a supervisor and signed off before been sent to a sub district data capturer
- District coordinators: each monitors 8 clinics monthly, compile the report on outcomes and send the report to local area managers and supervisors for response on identified gaps
- PHC programs Managers: monitors 4 facilities in one sub district monthly. Presents the report at the monthly PHC coordinators meeting jointly with the rest of other on monitoring
- Quarterly in-depth review meetings are held
- PMTCT outcomes are now presented according to clinic supervision clusters
- DPSA quality strategy implemented in MAP



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Progress made

1st Quarter (April to June 2009)

Introduction of the A plan

- **8th May 2009: Map stakeholders meeting held to introduce A plan and A plan task team nominated**
- **10th May 2009: 30 MAP Prof Nurses trained on PMTCT guidelines**
- **26th -27th May 2009: a door to door campaign took place at 3 villages in MAP**
- **28. May 2009: Community awareness campaign conducted in MAP**



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Progress made

2nd quarter (July to September 2009): Implementation of A Plan activities

Trainings done

- 6-10 July 2009: 44 people attended a 5 day Basic Paediatric training
- 27-29. July 2009: 44 ENAS attended A 3 day PMTCT training
- 29-30. July 2009: 50 Prof nurses attended a 2 days PMTCT and PDSA training.
- 29. 10. 2009:44 MAP clinic managers attended a follow up PMTCT and PDSA workshop where 4 facilities presented their quality strategies employed on identified gaps
- **11-14. August 2009:** 40 Prof nurses attended an Advanced management training



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Progress made

1st quarter 2009/10

Personnel appointed for PMTCT

- PMTCT Mentor appointed in May 2009
- 8 ENAS appointed and allocated in 8 clinics in MAP to support with A plan implementation



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Progress made Social Mobilization Model

Community dialogues

- 24-30 July 2009: 32 Care givers were trained on PMTCT for advocacy and They now deliver PMTCT and HIV information to communities in 16 clinics MAP under the supervision of clinic managers
- 29-30 . 10. 2009: A follow up training was done
- 30. 08. 2009-01. 09. 2009: CMT held a community dialogue for 40 stake holders in MAP
- 07-08. 10. 2009 District held a Community dialogue in Dihlabeng.98 people reached
- 21-22. 10.2009: held in Nketoana for 77 people
- 27-28. 10. 2009 .56 people reached



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Progress made Social Mobilization Model

- 07. 08. 2009: Khomanani community partnership meeting held
- 19. 08. 2009: Lesedi support group meeting was held
- 29. 10. 2009.
- DPSA feedback workshop was held in MAP for Clinic managers. Each clinic presented its plan on strategies employed to improve on PMTCT gaps identified and every plan was discussed with all to deepen their knowledge on PMTCT management



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Priorities for 2010/11

- Partners to appoint PMTCT Mentors for other 4 sub districts and PMTCT ENAS according to need at those 4 sub district
- Involvement of other Sub – Districts in key activities e.g. trainings, quality improvement meetings and information session meetings
 - Roll out PDSA model to other Sub - Districts
 - Roll out community dialogues and PMTCT clinic facilitation
- The district strategy on supervision, monitoring and evaluation is already implemented in all 5 sub districts with hospitals being incorporated.



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Priorities for 2010/11

NDOH

- To develop a well designed ANC registers
 - To provide guidelines
 - To support financially

Partners

Support in Human and material resources
Trainings
Roll out of PDSA

Province?

M&E
Make available to districts ANC registers and guidelines

Districts or Sub districts

Implement the A plan



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District Profile and Data



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MCH Overview

Other Indicators	Dhlabeng	MAP	Nketoana	Phumelela	Setsoto	District	District target
Population total	138 084	381 020	65 777	54 391	131 118	770 390	1.5% PHC HC increase
District ANC HIV prevalence rate	24.5	24.57	27.23	22.77	28.67	25.55	Reduce by 50%
Number of women of reproductive age (15-44 years)	33 408	94 262	15 343	11 865	31 324	188 679	
District ANC coverage (Booking rate)	77.43	84.97	91.53	60.23	75.57	77.95	80%
% of babies delivered in a health care facility	0.4 72.4	0.3 93.6%	0.8 100	0.0 98.9	0.0 98.4%	92.66	
Average number of monthly deliveries for the district and per sub district	1	140	1	0	12	154	
Immunization coverage	114	82.5	82.5	84.27	91.5	90.95	90%
Maternal mortality rate	47/136=34%						



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Partner Organizations

Partner Name	Sub district
EGPAF	Maluti a Phofung
Right To Care	Dihlabeng
	Nketoana
	Phumelela
	Setsoto
CMT (Community Media Trust)	MAP
Johns Hopkins (Health and Education in Sa)	MAP



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PMTCT Sub Districts and District July -September 2009 (for reference only)

Data Elements		Dihlabeng	MAP	Nketoana	Phumelela	Setsoto	District	2009/10 District Targets
No. of first ANC bookings < 20 weeks	PHC	297	883	136	98	193	1607	45%
No. of ANC first visits total	PHC	650	2179	393	236	732	444	
No of Pregnant women pre test counseled for HIV	PHC	649	2155	384	234	609	4031	100%
	Hospital		12	1		18	31	
No. of pregnant women tested for HIV	PHC	632	2 016	382	212	575	3817	90%
	Hospital		7	1		17	25	
No of pregnant women HIV positive new	PHC	154	550	85	61	165	1015	
	Hospital		1			10	1	
No. of pregnant women CD4 tested	PHC	150	532	81	58	142	963	100%
	Hospital		1	5			6	
No. of pregnant women receiving dual ARVs								
No. of pregnant women Initiated AZT	PHC	100	442	59	26	102	729	
	Hospital		2		13		15	
No. of pregnant women receiving NVP in labour	PHC	0	138	0	0	17	155	
	Hospital	60	163	40	30	69	362	



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PMTCT District and Sub district July – September 2009

Data Elements	Dihlabeng	MAP	Nketoana	Phumelela	Setsoto	District	2009/10 District Targets
No. of pregnant women receiving HAART HIV Positive ANC Registered on ART new	11	144	31	9	36	231	
No. of live births to HIV pos women (HIV exposed)	1 119	141 208	1 43	3 27	12 153	158 153	
No of Babies given NVP	0 136	142 207	0 43	0 27	5 153	147 566	
No of babies given AZT	0 127	146 207	3 43	0 19	5 153	154 549	
No. of exposed infants receiving dual ARVs							
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	103	354	75	45	82 1	658	
No. of exposed infants PCR tested at 6 weeks	109	350 5	84	65	124	758 5	
No. of HIV positive infants on PCR	2	27 2	3	4	7	43 2	
No. of HIV positive infants receiving HAART							
No. of women counseled on feeding options							



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PMTCT District and Sub district September 2009 (for reference only)

Indicators	Dihlabeng	Map	Nketoana	Phumelela	Setsoto	District	2009/10 District Targets
% of first ANC bookings < 20 weeks	45.76	44.2	36.46	44.1	32.26	40.56	45%
% of pregnant women tested for HIV	94.6	87.5	99.5	92.9	92.9	93.5	95%



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In conclusion

With good team spirit, nothing is impossible

Thank you
Baie Dankie
Ke a leboha