



**PMTCT
ACCELERATED PLAN
UPDATE**

UMKHANYAKUDE HEALTH DISTRICT

04-05 NOVEMBER 2009



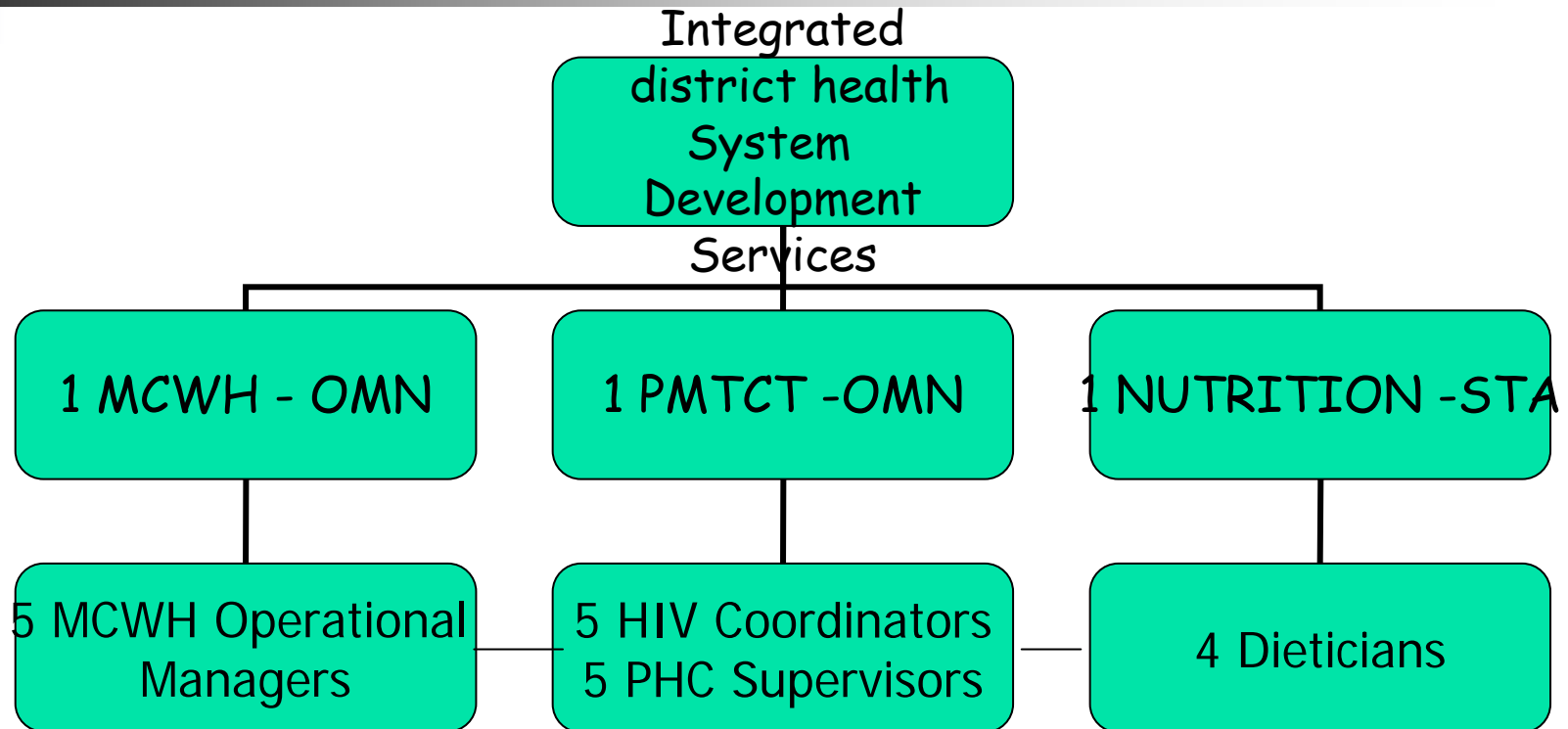
District profile and Data

- Situated in the north-east coast of KZN
- Bordered by Mozambique and Swaziland
- ISRDP Node
- 5 Hospitals, 53 Clinics
- 14 mobile teams with 186 mobile points

HEALTH FACILITIES IN EACH SUBDISTRICT

	Umhlabuyali ngana LM	Jozini LM	Big Five 5 LM	Hlabisa LM	Mtubatu ba LM	District Total
Hospital	2	2	0	1	0	5
Clinics	16	18	3	12	4	53
Community health centers	0	0	0	0	0	0
Mobile clinics	5	3	0	2	2	14
Municipal Clinics	0	0	0	0	0	0

District PMTCT and MCWH Structure



Overview of MCWH/PMTCT Work Plan



- Key interventions to Increase access:
 - All PHC facilities offer PMTCT and HAART daily.
 - 14 Mobile teams with HIV and AIDS counsellors for VCT/ PMTCT

Progress of MCWH/PMTCT cont...



Quality Improvement no. 1

Improve the quality of data

- Training of Nurses, facility information officers and lay counselors on PMTCT data management done.
- Data feedback is part of perinatal mortality meetings
- Slight improvement in quality of data seen.
- Ongoing facility support visits for data discussion.

Progress of MCWH/PMTCT- plan



Quality improvement no. 2

- To Ensure HIV positive pregnant women are fast tracked for HAART:
 - Bundling of CD4 testing on diagnoses of HIV for pregnant women.
 - Module 1 and 2 done before CD 4 cell result received back from laboratory
 - Women initiated at PHC facility by visiting CCMT team.
 - Sustain and support roving teams.
 - Strengthen Public Private Partnerships.



Progress of MCWH/PMTCT- plan cont.....

- Quality Improvement no.3
 - To Ensure PCR test are done at 6/52 visit and CD4 testing if result are positive:
 - PMTCT stamp is used on RTHC on discharge.
 - Postnatal card issued on discharge indicate whether child exposed or not.
 - Courier Service facilitate safe delivery of results back to facilities.
 - Open communication with NHLS lab for results ensures improved service.
 - SMS Printer Project is being piloted in 5 clinics.



Revitalization of structures to improve service delivery.

- 2 New PMTCT units under construction at Mseleni and Manguzi Hospital.
- All new clinics have 2 counseling rooms within same roof to improve integration.
- Extension of Mduku clinic completed through Aspen support for CCMT
- Extension of Mngobokazi clinic under construction

PMTCT District Data Report September 2009 (for reference only)

Indicators	Mhlabuy alingana	Jozini	Big Five	Hlabisa	Mtubatu ba	District	2009/10 District Targets
% of first ANC bookings < 20 weeks	43%	43%	28%	26%	19%	32%	40%
% of pregnant women tested for HIV	99%	115%	99%	95%	110%	99%	100%
% of pregnant women tested HIV positive	19%	17%	30%	26%	35%	25%	
% of HIV pos pregnant women tested for CD4	99%	98%	97%	128%	88%	109%	100%
% of HIV pos pregnant women receiving dual ARVs	76%	98%	107%	93%	68%	88%	80%
% of pos pregnant women receiving HAART	108%	26%	49%	38%	25%	49%	50%
% of HIV-exposed infants receiving dual ARVs	97%	105%	100%	101%	100%	101%	98%
% of HIV-exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	95%	101%		87%		115%	100%
% of HIV-exposed infants PCR tested at 6 weeks	76%	73%		57%		83%	80%
% of HIV exposed babies tested HIV positive on PCR	5%	18%	5%	8%	11%	9%	5%
No of HIV positive infants receiving HAART	11	24	0	15	12	62	
% of HIV pos women counseled on feeding options	112%	106%	100%	107%	100%	105%	100%



SOCIAL MOBILIZATION

- **5 Local radio presentations on PMTCT.**
- **Community contacts trained on PMTCT:**
 - **80 Community Health care workers.**
 - **41 Volunteers from Government funded NGO.**
 - **59 Traditional Health practitioners at Mbazwane**
- **127 households visited during door-to-door campaign.**
- **5 “Male Partner Involvement” focus group sessions**



SOCIAL MOBILIZATION cont...

- 421 women interviewed during Rapid Assessment on PMTCT, MCWH & Nutrition at Umhlabuyalingana conducted with support of Academy for Education and Development (AED) .
- 9 health professionals and 21 CHWs trained on Rapid Assessment data collection.
- 8 Facility Audits conducted on the implementation of MCWH, PMTCT and Nutrition programmes



SOCIAL MOBILISATION cont..

- Training of health professionals and CHWs on ANC/PNC policy
- Health promotion sessions on PMTCT, ANC and PNC.
- Launch of ANC/PNC Policy
- Health Promotion sessions by CHF & Lay Counselors at Izimbizo
- Health education sessions at schools by School Health and HIV/AIDS teams
- M2M support groups in 17 facilities

Partner Organisations

Partner	Role	Sub-District
AMREF	VCT, Gender Based Violence	Mtubatuba Jozini
Africa Centre	PMTCT, VCT, HAART	Mtubatuba, Hlabisa
Mpilonhle	VCT - high schools & community	Mtubatuba, Hlabisa
Roman Catholics Bishops Council	VCT, HAART	Hlabisa, Jozini
University of KZN	Research, Data management	District Wide
Population Council	Integration of ANC/PNC Policy, Crisis care centers	Umhlabuyalingana
Options for Health	Education on positive living	Jozini. Big 5
Mothers to Mothers to be	Support HIV+ mothers	District wide
Broadreach Healthcare	Assessment of late childhood vaccinations	Jozini, Mtubatuba



CURRENT BOTTLENECKS

- **Poor quality of data**
- **Lack of implementation of Community Component of IMCI.**
- **Shortage of skilled and experienced personnel for programme management.**



Solutions

- IMCI HHCC training for clinic managers has started
- Champions have been identified
- Information committees at all levels
- Ongoing training on data management



Antenatal care Bottlenecks

- ❑ **Late antenatal booking .**
- ❑ **Poor implementation of BANC.**
- ❑ **Poor fast tracking of HIV positive pregnant women eligible for HAART.**
- ❑ **Lack of partner involvement in pregnancy.**
- ❑ **Failure to prescribe nutrition supplements to pregnant & lactating women**



Solutions

- In-service training on ANC/PNC policy for midwives ANC services daily
- Marketing of ANC services
- Distribution of ANC cards to the GPs
- All HCW to be trained on nutritional assessment

Labour and Delivery Bottlenecks



- ❑ **Inappropriate use of partogram**
- ❑ **High maternal and perinatal mortality rate**
- ❑ **Delays in EMRS response time**
- ❑ **Poor management of HIV positive women**
- ❑ **High low birth weight rate**
- ❑ **Inadequately skilled personnel**
- ❑ **Shortage of advanced midwives**



Solution

- In-service training for all practicing midwives on intra-partum care
- Conduct audits on compliance to protocols
- Regular perinatal and maternal mortality reviews
- Strengthen training on management of HIV positive women



Post-natal Care Bottlenecks

- ❑ **Poor adherence to PNC policy**
- ❑ **Poor integration of postnatal care with other services i.e. Well Baby Clinic**
- ❑ **Poor recording and reporting of postnatal care clients at PHC level.**



Solution

- In-service training on ANC/PNC policy for midwives
- Implementation of the new postnatal card
- Attending to both mother and child in well baby clinics
- Improve recording of PNC data at PHC facilities



Roles:

- Role of Partners: Trainings, Research, Expansion of services e.g. SRH
- Role of Province: Support visits, resources, M&E, review of data elements in DHIS 1.4



Role of District

- Monitoring, support and evaluation
- Trainings
- Ensure availability of policies and guidelines to facilities
- Data verification and feedback
- Implementation of Quality Improvement programmes



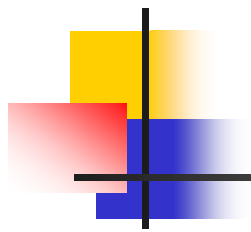
Role of sub-district

- Implementation of policy guidelines
- Ensure integration of services and programmes i.e. ANC & nutrition
- Monitoring and evaluation of the programme
- Supervision and support



Focus for 2010/2011

- Strengthen implementation of BANC
- Improve integration of postnatal care service into other services
- Implementation of Community Component of IMCI
- Improve quality of data
- Strengthen community based interventions



THANK YOU