PMTCT ACCELERATED PLAN UPDATE

ZULULAND HEALTH DISTRICT

Thabisile Dlomo- Deputy Manager

4-5 Nov-09

HEALTH FACILITIES

	Abaqulusi	eDumbe	Nongoma	Pongola	Ulundi	District
Hospital	3	0	1	2	4	10
Clinics	13	6	12	9	17	57
Community health centers	0	1	0	0	0	1
Mobile clinics	5	2	3	3	5	18

District PMTCT and MCWH Structure (1 min)

DISTRICT MCWH CORDINATORS X2

- CEO, MEDICAL MANAGER,PHC SUPERVISORS,HAST COORDINATORS, NURSING MANAGERS
ABAQULUSI SUB DISTRICT
- CEO, MEDICAL MANAGER,PHC SUPERVISORS,HAST COORDINATORS, NURSING MANAGERS
eDUMBE SUB DISTRICT
- CEO, MEDICAL MANAGER,PHC SUPERVISORS,HAST COORDINATORS, NURSING MANAGERS
NONGOMA SUB DISTRICT
- CEO, MEDICAL MANAGER,PHC SUPERVISORS,HAST COORDINATORS, NURSING MANAGERS
ULUNDI SUB DISTRICTX 3 INSTITUTIONS
- CEO, MEDICAL MANAGER,PHC SUPERVISORS,HAST COORDINATORS, NURSING MANAGERS
uPHONGOLO SUB DISTRICT

Antenatal Care

Bottlenecks	Causes	Progress
Late ANC booking Pregnant women ***Baseline:20%*** ***Target:50%*** ***Actual:31%***	Clients consult private medical practitioners to confirm pregnancy and delay attending state clinics. Lack of understanding of the benefits of early ANC booking. Negative staff attitude Lack of "Flexi-Time" Teenagers usually hide pregnancy until very late	•Maternity case records were distributed to GPs in all municipalities. **To monitor the use.** **•79 schools visited to create awareness on pregnancy and importance of early booking.** • Preparing a research proposal to investigate factors influencing timing of initiation of ANC in Zululand District

PMTCT

Bottlenecks	Causes for not 100%	Progress towards 100%
Low HIV Testing Rate for Pregnant women ***Baseline: 91%*** ***Target: 95%*** ***Actual: 97%*** ***(aiming for 100%)***	-P/Ns do not do VCT in the absence of HIV Counselors -Negative staff attitude -Long waiting hours due to shortage of P/Ns Lack of integration of services due to inadequate physical space Limited understanding of benefits of PMTCT by clients	•Mobile clinics were supported with gazebos and HIV counselors. •-Monitoring and feedback. • QI implemented in Ulundi and Nongoma. • Social mobilsation

PMTCT cont

Bottleneck	Causes	Progress
Low proportion of HIV pos pregnant women receiving CD4 testing ***Baseline :92%*** ***Target:95%*** ***Actual: 80%*** ***(Baseline questionable because of the quality at the time of planning.)***	•Collection of specimens from clinics to join the courier on Fridays •Poor Data management	• Arrangements have been made for specimens to be taken to NHLS by hospital transport on Fridays. •NHLS technician is on standby to conduct CD4 Test over weekends • QI programme implemented at Ulundi municipality with the help of CRH. •District implementing data quality improvement plan.

PMTCT cont

Bottlenecks	Causes	Progress
Low proportion of HIV pos pregnant women receiving NVP during labour. ***Baseline:65%*** ***Target:95%*** ***Actual:74%***	•Poor documentation •Reluctance to record medication as taken if administration was not directly observed	•Some improvement has been noted after strengthened monitoring and feedback •Strengthen supervision. •Emphasize recording of NVP taken as reported by the client

PMTCT

Bottlenecks	Causes	Progress
Poor fast tracking of eligible HIV Pos pregnant women on HAART. ***Baseline:12%*** ***Target:95%*** ***Actual: 61%***	•Nongoma still very low because of failure to attract and retain critical staff. •Long CD4 TAT at most clinics(Ceza, Nkonjeni, eDumbe, Itshelejuba). •Late booking for ANC •Poor recording and communication of CD4 results •WHO Clinical staging not done •Clients not reaching CCMT sites due to financial constraints. •High attrition rate of doctors in Nongoma and Ulundi	•10 PHC clinics were supplied with Sim card system for retrieval of CD4 results by NHLS . Currently being expanded to 10 more clinics. • Clinics without sms facilities phone their hospitals weekly for results •Drivers were trained on handling specimens. •Thembumusa clinic is initiating clients on HAART-roving team. •Employment of dedicated professional for ARV clinics by EGPAF

PMTCT cont

Bottlenecks	Causes	Progress
Low % of HIV exposed infants tested for PCR at six weeks ***Baseline:15%*** ***Target: 95%*** ***Actual:64%***	•Need to obtain consent for PCR testing from biological parent. Poor documentation and communication for continuity of care. •Tendency to focus on immunisation only	• Mothers sign consent for PCR prior to discharge from Post natal wards. •Implemented the referral system from post natal wards to PHC facilities. • Quality Improvement •CMT in clinic facilitation project **CHWs over 700 PMTCT clients on individual follow up schedule. This a possible best practice to be rolled out but the limitation is that it cannot be sustained using CHWs. To consider developing capacity of full time staff .**

INTRAPARTUM CARE

Bottlenecks	Causes	Progress
High maternal Mortality Rate Baseline:159/100000 0 Target:145/100 000 Actual:220/100 000(10 maternal deaths)	•Poor monitoring of the progress of labour •Insufficient/lack of functional equipment •Lack of skills in managing obstetric emergencies •High staff turn over (incl staff rotation) •Suboptimum ante natal care as well as management of labour. •Impact of HIV and AIDS •Patient related causes including delays in seeking medical care. •Most clinics not conducting deliveries- delays in accessing delivery supervised by health professional	•On the job training on the use of Partogram(recording, interpretation and action) •Provision of functional equipment and required consumables e.g. CTG and CTG paper. •In service training on managing Obstetric emergencies. •Implementation of BANC •Monthly PMR meetings at all District hospitals

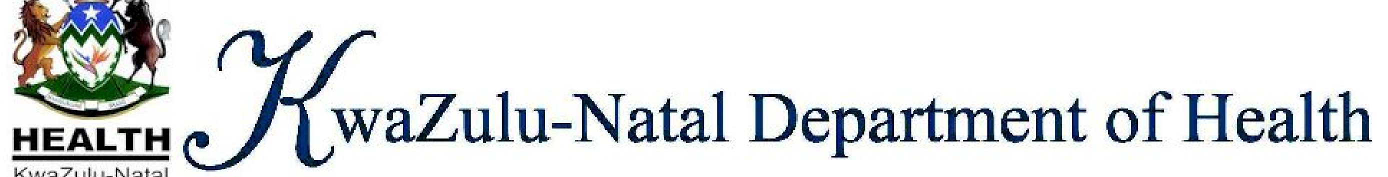
CHILD HEALTH SERVICES

Bottleneck	Causes	Progress
Low vitamin coverage 12 to 59months Base line : 24% Target : 50% Actual : 46%	• Well baby clinic concept not fully implemented leading to missed opportunities. • Children already at schools or early education centres.	• Close monitoring and support. • Mobile clinics and School Health services to provide Vit A at pre schools

A PLAN - QI

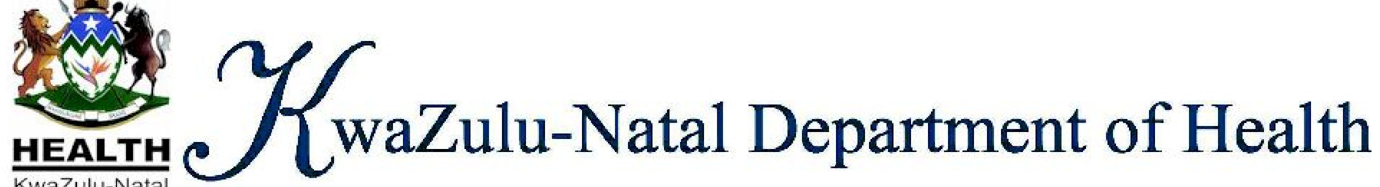
QI Model

- Implemented in Ulundi and Nongoma municipalities
- Ulundi is supported by CRH -1full time QI mentor and 1 coordinator
- Nongoma receives support from EGPAF- mentorship done by the Programme Officer
- Training on the model in April- Ulundi and June – Nongoma



A PLAN – QI (Cont)

- **Approach-** Ulundi
- Coaching and mentorship at 2 PHC clinics and PHC supervisor and HAST Coordinator rolled it out to the rest (4) including Mobile
- Nkonjeni had facilitation in 4 clinics and now all 11 clinics receive facilitation by QI Mentor
- Step by step analysis of the PMTCT Process using data to identify problems
- Use a range of methods to address them e.g. process mapping, QI teams, PDSAs Run charts



A PLAN - QI

Taking QI Forward

- **All district programme coordinators to be coached on QI so as to support sub districts.**
- **PHC supervisors to drive QI in clinics and Operational Managers in the hospitals**
- **Supervisors from other sub districts to be seconded to participate in mentorship site visits for coaching.**
- **Support with QI mentorship from partners if possible.**

OVERVIEW PMTCT A PLAN CONT.

Early changes thus far:

- **Use of process map emphasised counselling and testing before palpation**
- **Implementation of Plan Do Study Act Cycles (PDSA) led to**
  - **Improvement in transportation of specimens to laboratory**
  - **TAT CD4 results improved from 3 weeks to one week**
  - **Improved communication between clinics and mother hospital**
  - **Clinics are now able to identify problems and work out solutions on their own(Ceza)**
- **Data are starting to match**
- **PHC Supervisor (Ceza) confident , can sustain the QI programme.**
- **Nkonjeni had a longer break in period . Also making progress.**
- **Different approach used in Nongoma**
- **Process is very slow in Nongoma**

SOCIAL MOBILIZATION

- Started with Community dialogues in Nongoma and Ulundi municipalities
- 32 CHWs Trained on in clinic facilitation by Community Media Trust (CMT)- placed in 12 clinics in Nongoma and 4 in Ulundi
- Two CMT facilitators mentoring and supporting implementers.
- It was included in the KPAs of existing outreach programmes workers e.g. school Health, CHWs.
- 5 Community Health Facilitators received CMT training- to cascade to the rest of CHWs
- Door to door IEC and open days
- Focus groups at the Lutheran Church in Ulundi at Women's Conference.
- Church youth was addressed on PMTCT.

SOCIAL MOBILIZATION

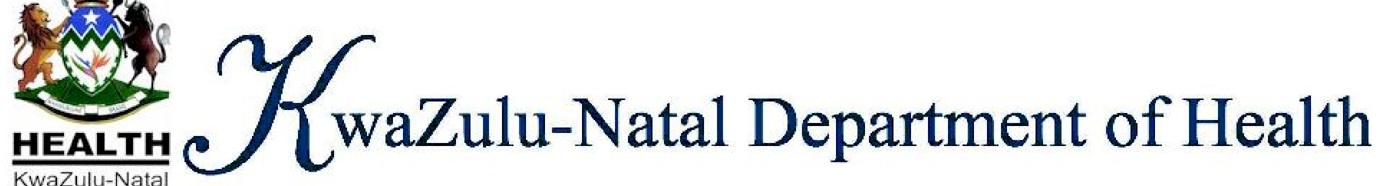
- District Health Promotion coordinator at District level lead SM and PHC supervisors at sub district level

- Taking in clinic facilitation forward
  - Roll out to all sub districts
  - Community Health Facilitators to train and mentor CHWs who would give one day a week for in clinic facilitation.
  - Request CMT to train HIV Counselors on in clinic facilitation

Priorities for 2010/11 (4 mins)

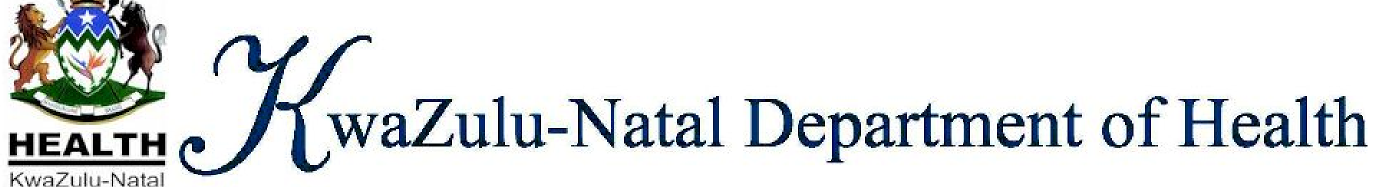
- **Approach**- Intensify Community mobilization using flagship programmes and QI and on site mentorship
- National- Policy directives. M and E
- Partners- Expand QI support to other sub districts
  - Support with additional resources
- Province- Resource allocation, M and E
- Districts and sub districts
- – Implementation, mentorship and M and E

- Focus for 2010/11
  - Improve data management at all levels
  - Roll out social mobilisation and QI to the entire district
  - Improving telecommunication infrastructure for PHC clinics



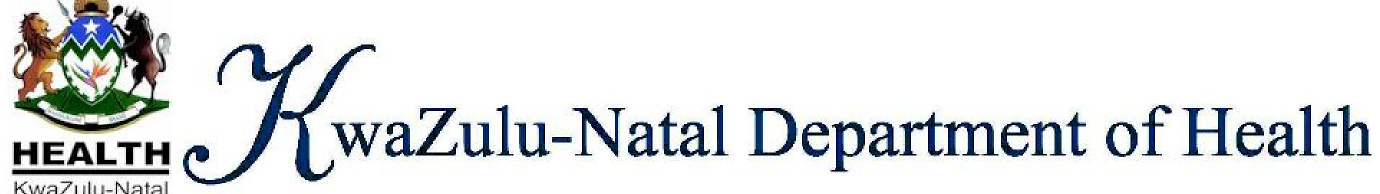
MCH overview (reference only)

Other Indicators	Abaqulusi	eDumbe	Nongoma	Ulundi	UPhongolo	District
Population total	204,914	87,150	205,479	222,521	127,868	847,932
District ANC HIV prevalence rate	**34**	**27**	23%	**27%**	**31**	**28%**
Number of women of reproductive age (15-49 years)	59296	23144	45435	53624	34926	216425
District ANC coverage (Booking rate)	97.8	71.1	74.8	71.5	92.8	81.3
% of babies delivered in a health care facility	84.3	61.1	93.5	88.9	76.3	80.8
Average number of monthly deliveries for the district and per sub district	460	149	371	685	304	736
Immunization coverage	126%	60%	50%	104.5%	75.5%	85%
Maternal mortality rate	227/100 000	0	339/100 000	277/100 000	141/100 000	220/100 000
Under-five mortality rate						



PMTCT Sub-District Data (Nongoma) July- September 2009

Data Elements	July	Aug	Sept	SUB DISTRICT TOTAL
No. of first ANC bookings < 20 weeks	**139**	**148**	**131**	418
No. of ANC first visits total	432	424	406	1262
No. of pregnant women tested for HIV	323	412	404	1139
No. of pregnant women HIV pos new	85	93	82	260
No. of pregnant women CD4 tested	113	111	121	345
No. of pregnant women receiving dual ARVs (AZT)	103	114	100	317
No. of pregnant women receiving HAART	0	2	7	9
No. of live births to HIV pos women (HIV exposed)	90	97	154	341
No. of exposed infants receiving dual ARVs	90	97	154	341
No. of exposed infants receiving cotrimoxazole prophylaxis at 6 weeks	95	88	63	246
No. of exposed infants PCR tested at 6 weeks	95	91	52	238
No. of HIV positive infants receiving HAART	2	8	8	18
No. of women counseled on feeding options	90	96	104	290



Thank You!!!