Maternal and Child Health

Provincial Council on AIDS

20 March 2013

DoH – Strategic Health Programmes

Together We Can Do More
### How many KZN Mothers, babies and children die - 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Number of Births</strong></td>
<td>191 520</td>
</tr>
<tr>
<td>Mothers</td>
<td></td>
</tr>
<tr>
<td>In facility Maternal Mortality Ratio</td>
<td>157</td>
</tr>
<tr>
<td>Number of Maternal Deaths</td>
<td>293</td>
</tr>
<tr>
<td><strong>Babies</strong></td>
<td></td>
</tr>
<tr>
<td>In facility Still birth rate (%)</td>
<td>2.3</td>
</tr>
<tr>
<td>Annual Number of still births</td>
<td>4 551</td>
</tr>
<tr>
<td>In facility Neonatal mortality rate</td>
<td>10.2</td>
</tr>
<tr>
<td>Number of Neonatal deaths</td>
<td>1 947</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td></td>
</tr>
<tr>
<td>In facility Under five mortality (%)</td>
<td>5%</td>
</tr>
<tr>
<td>Number of child deaths</td>
<td>871</td>
</tr>
</tbody>
</table>

Refer to Annexure 1 for deaths per institution
Health of Pregnant Mothers
Maternal health

Community Level
* HIV presentation
* Early Booking
* Family Planning (Dual Protection)
* Post Natal Care

Clinic Level
* Family Planning
* AnteNatal and Post Natal Care
* Basic Emergency Obstetric Care
* TB and HIV screening and Management

Hospital Level
* Comprehensive Emergency Obstetric Care
* Family Planning
* Intensive Care
Main causes of maternal deaths (2012)

1. Non-preg-related infections (HIV and AIDS) 42.6%
2. Medical and Surgical Conditions 13.4%
3. Hypertensive disorders 8%
4. Obstetric haemorrhage (Bleeding during or after delivery) 9%
5. Miscarriage 5.6%

1. Prevention of HIV – Know your status – HCT campaign
2. Leadership to encourage booking early when Pregnant
3. Community leaders to support 6 x 6 x 6 Principle. (Six hours, six days, six weeks)
4. Dual Protection: Contraceptives and Condoms
### ANC clients initiated on HAART rate

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amajuba</strong></td>
<td>95%</td>
<td>83.6%</td>
<td>88.8%</td>
<td>69.6%</td>
</tr>
<tr>
<td><strong>eThekwini</strong></td>
<td>95%</td>
<td>86.2%</td>
<td>92%</td>
<td>87.8%</td>
</tr>
<tr>
<td><strong>iLembe</strong></td>
<td>95%</td>
<td>78.6%</td>
<td>85%</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Sisonke</strong></td>
<td>95%</td>
<td>68.2%</td>
<td>70.8%</td>
<td>91.7%</td>
</tr>
<tr>
<td><strong>Ugu</strong></td>
<td>95%</td>
<td>82.4%</td>
<td>76.8%</td>
<td>76.9%</td>
</tr>
<tr>
<td><strong>UMgungundlovu</strong></td>
<td>95%</td>
<td>97.3%</td>
<td>79.4%</td>
<td>78.1%</td>
</tr>
<tr>
<td><strong>UMkhanyakude</strong></td>
<td>95%</td>
<td>93.6%</td>
<td>86.5%</td>
<td>80.7%</td>
</tr>
<tr>
<td><strong>UMzinyathi</strong></td>
<td>95%</td>
<td>81.2%</td>
<td>80.6%</td>
<td>90.1%</td>
</tr>
<tr>
<td><strong>uThukela</strong></td>
<td>95%</td>
<td>92.9%</td>
<td>91.8%</td>
<td>87.2%</td>
</tr>
<tr>
<td><strong>UTHungulu</strong></td>
<td>95%</td>
<td>81.7%</td>
<td>81%</td>
<td>88.9%</td>
</tr>
<tr>
<td><strong>Zululand</strong></td>
<td>95%</td>
<td>82.4%</td>
<td>84.9%</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Provincial</strong></td>
<td>95%</td>
<td>85.4%</td>
<td>85.9%</td>
<td>84.3%</td>
</tr>
</tbody>
</table>
Reducing maternal mortality: HIV Prevention

EVERYBODY’s RESPONSIBILITY

- “Know your status” – HCT Campaign - “I am responsible, We are responsible, KZN is responsible”
- Hlola Manje - Zivikele Campaign
- Behaviour Change Communication in partnership with OTP
- Integrated School Health Policy and youth ambassadors
- 2nd Phase of Anti-Sugar Daddy Campaign: Community Dialogues
- Medical Male Circumcision in all sectors of KZN society
- Responsibility: Promote HCT campaign; ensure that the campaigns are conducted in their community
Fixed Dose Combination

• To replace the current triple drug therapy with a single combination drug

• Phased in introduction – determined by and large by the availability of stock of drugs

• The Initial Phase – 1st April target group:
  – All pregnant women who are eligible for both prophylaxis and life-long ART (as priority group – mother and baby!)

• Responsibility of leadership is to:
  – Encourage early booking and 6x6x6 Principle through various community forums and structures
  – Encourage HCT before, during and post pregnancy
  – Encourage compliance with ARTs, family planning and
Reducing maternal mortality – Family Planning

• Increase community awareness of Family Planning methods in all Community and Municipality gatherings, Community Care Givers, Youth ambassadors, media, school health teams

• Improve access to Family Planning Services (incl. emergency contraception and long term contraceptives - IUCD)

• Responsibility: Community leaders to Promote dual protection through all community structures
Reducing maternal deaths: Early Booking

3. Early antenatal booking, to allow HIV testing and early diagnosis and treatment of HIV and related conditions:
   • Integration into Operation Sukuma Sakhe
   • Once client misses monthly period, must report to confirm pregnancy.
   • All ANC sites must start antenatal care at the time of diagnosis of pregnancy – everyday is ANC day.
   • Responsibility: Community leaders to encourage and promote early attendance for Antenatal Clinic (ANC) through various community structures
Reducing maternal mortality: Post delivery Care

• Continue care of mother and baby post-delivery through scheduled visits at health institutions and home visits by CCGs.

• **Six hours; Six days; Six weeks Principle**

• Dispel the cultural believe that the baby must not leave the house before one month

• **Responsibility: Community leaders to promote the 6x6x6 Principle**
Reducing maternal: Improving access

• Establish waiting mothers areas at delivery facilities: to address delay to seeking emergency care (delivery)

• Responsibility: the leadership in partnership with DoH to ensure community-based waiting mothers areas.

• Dedicated maternity ambulances to reduce transport delays in cases of emergency (home to facility and between facilities)

• Responsibility: sufficient road and telecommunication infrastructure
Child Health
Main Causes of Child Mortality

- HIV/AIDS: 35%
- Diarrhoea: 13%
- Pneumonia: 7%
- Injuries: 6%
- Asphyxia (%): 6%
- Preterm births (%): 13%
- Severe Infections (%): 6%
- Congenital (%): 2%
- Others: 3%

60% Malnutrition underlying cause

Source: Every death counts 2008
Child Health

Community Level
- Growth Monitoring
- Oral rehydration
- Breastfeeding
- Literacy
- Food security
- Water and sanitation
- Employment
- Women and Youth Empowerment

Clinic Level
- Immunization
- Integrated Management of Childhood illnesses
- HIV and TB screening and treatment

Hospital Level
- Neonatal resuscitation
- Care of pre-term babies/Kangaroo Mother care
- Paediatric care – the very sick
GROWTH MONITORING:
Community diagnosis

Source: Statistics SA, Census 2011 and DHIS

Refer to attached Maps for The rest of the districts
Growth Monitoring

War-room – Weighing Post

Community Diagnosis

- Community Diagnosis – Growth Monitoring Wall Chart (attached annexure 2)
- Identification of severe malnutrition and regular plotting on the Chart
- Monthly monitoring of the Early Warning Wall Chart by the Ward Leadership and OSS Team.
- Responsibility Leadership to promote weighing of their children through various community structures
- Responsibility: DoH to ensure availability of weighing posts
Growth Monitoring

- CCGs trained in the use of the Mid Upper Arm Circumference (MUAC) Tape—early detection of underweight children
- Effective recognition of sick / malnourished children in the community
- Referral of the sick children to the Clinic
- SASSA/ DOH Cooperation on Malnutrition
Community Champions for maternal and child health

- Through existing structures: DSD Luncheon clubs
- Currently 360 Luncheon clubs – Annexure 3
- Currently provided by DSD
  - Meals
  - Active ageing
  - Sports and recreation and Social outings
  - Opportunity to socialize, Inter generational programs (story telling to children)
  - Arts and crafts; Skills development
  - Education talks on nutrition, elderly abuse and domestic violence
  - Social work services
  - ABET, Outreach programs
  - Visiting the sick
  - Rehabilitation service e.g stroke therapy, speech therapy etc
  - Integrated community care and development systems
Community Champions for maternal and child health

• Services to be provided by health:
  • Education on maternal and child health
  • Weighing of children and referral for IMCI management
  • Health promotion basic health care
  • Education on HIV /AIDS awareness programs
  • Education on nutrition
Education Material for CCGs

Infant and Young Child Feeding

Maternal and Child Health
Tools and Material for CCGs

- latex gloves
- Mid Upper Arm Circumstance (MUAC) tapes
- Oral Rehydration Solution (ORS)
- Hand soap
- Vitamin A
- Condoms
- Information, Education, and Communication Materials
- Data tools
Child Mortality: Oral Rehydration

- To prevent dehydration from diarrhoea, sugar/salt water solution is best for rehydration
- CCG have been trained to educate all mothers and care givers

CCGs also have ORS for rehydration prior to referral
Immunization

- Children vaccinated against vaccine preventable conditions
  - At birth: Polio and TB (BCG)
  - Rota virus, pneumonia, hepatitis, diphtheria.
- National immunization campaigns every three years to promote herd immunity
National Polio and Measles Campaign

• SA has not yet reached ≥90% Measles coverage in every District!
• In KZN, pockets of low coverage are in Amajuba, Sisonke and Zululand)
• Build-up of susceptible cases necessitates campaign every 3-4 years
• Threat of importations from neighbouring countries where services have collapsed/ coverage is low (undocumented immigrants)
• Participation in Global & Southern African Regional strategies to eradicate Polio & eliminate Measles
NATIONAL POLIO & MEASLES IMMUNISATION CAMPAIGN 2013

1st Round (29 April to 17 May 2013)
Measles & Polio drops
2nd Round (17 to 28 June 2013)
Polio drops

For KZN only: TB and malnutrition screening

Immunise every child - give Polio and Measles a final push.
## Polio and Measles Campaign 2013

<table>
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<tr>
<th>Rounds</th>
<th>Dates</th>
<th>Antigen and screening</th>
<th>Target Population</th>
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<td>1&lt;sup&gt;st&lt;/sup&gt; Round</td>
<td>29&lt;sup&gt;th&lt;/sup&gt; April – 17&lt;sup&gt;th&lt;/sup&gt; May 2013 (can include 18&amp;19)</td>
<td>Measles</td>
<td>9 to 59 Months</td>
</tr>
<tr>
<td></td>
<td>29&lt;sup&gt;th&lt;/sup&gt; April – 17&lt;sup&gt;th&lt;/sup&gt; May 2013</td>
<td>Polio</td>
<td>0 to 59 Months</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Round</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; - 28&lt;sup&gt;th&lt;/sup&gt; June 2013</td>
<td>Polio TB Malnutrition</td>
<td>0 to 59 Months</td>
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</tbody>
</table>
Target Population <5years per District

<table>
<thead>
<tr>
<th>Districts</th>
<th>Target Population &lt; 5yrs</th>
</tr>
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<tbody>
<tr>
<td>Amajuba</td>
<td>51 092</td>
</tr>
<tr>
<td>eThekwini</td>
<td>313 092</td>
</tr>
<tr>
<td>iLembe</td>
<td>63 334</td>
</tr>
<tr>
<td>Sisonke</td>
<td>64 617</td>
</tr>
<tr>
<td>Ugu</td>
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<td>Uthungulu</td>
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<td>103 932</td>
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<tr>
<td>Provincial</td>
<td>1 104 893</td>
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</table>

Leadership is requested
To ensure that the Children in their Community are Brought for immunization and to Communicate Through all the Community Structures
SIYABONGA THANK YOU

Acknowledgements

• Strategic Health Programmes
• ALL DISTRICTS
• Office of the Premier
• Developmental Partners
• Dept. of Social Development
• Health Portfolio Committee Members

• Hon Premier, Dr Mkhize
• Hon MEC, Dr Dhlomo
• HOD, Dr Zungu
• DDG, Dr Dhlamini

Victory Is Possible
Together WE Can Do More