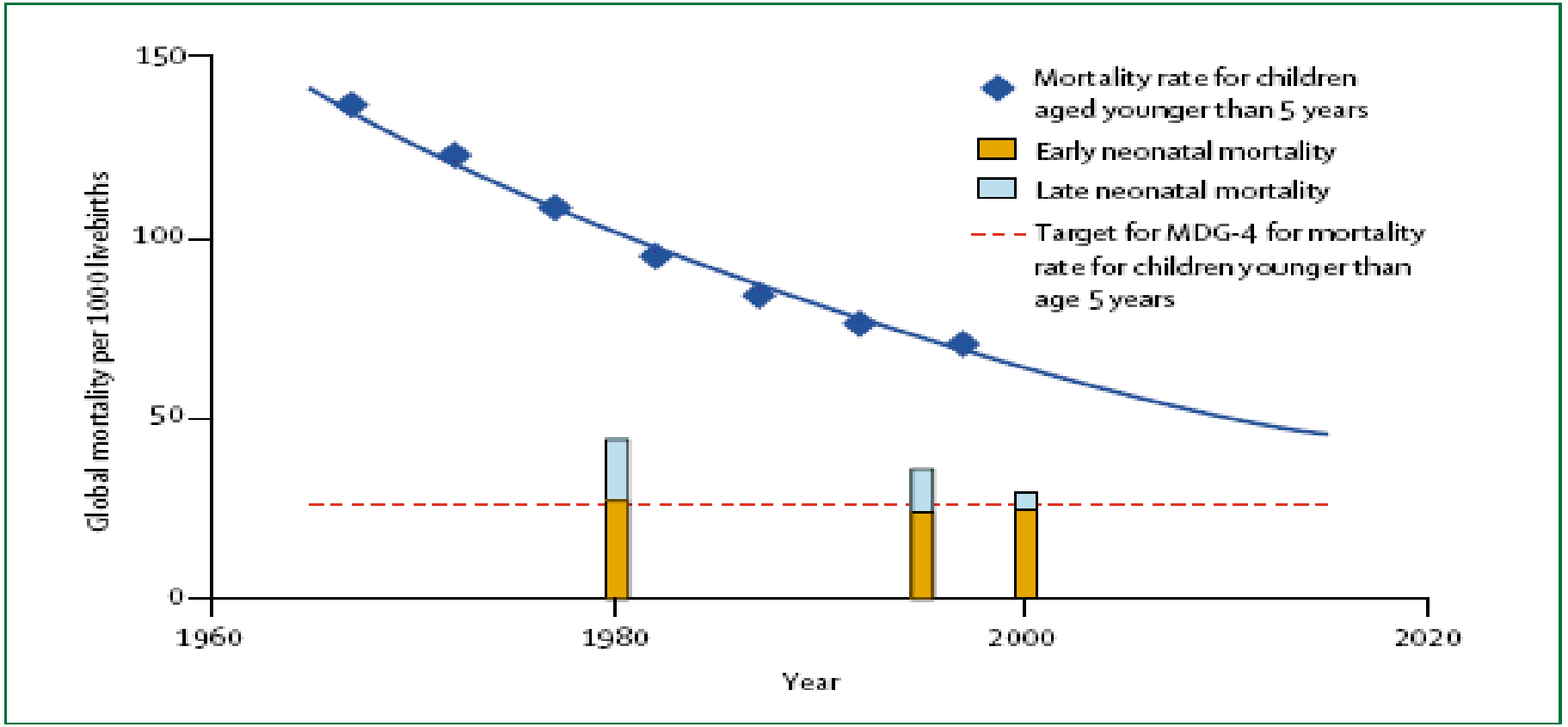
Phila Mntwana

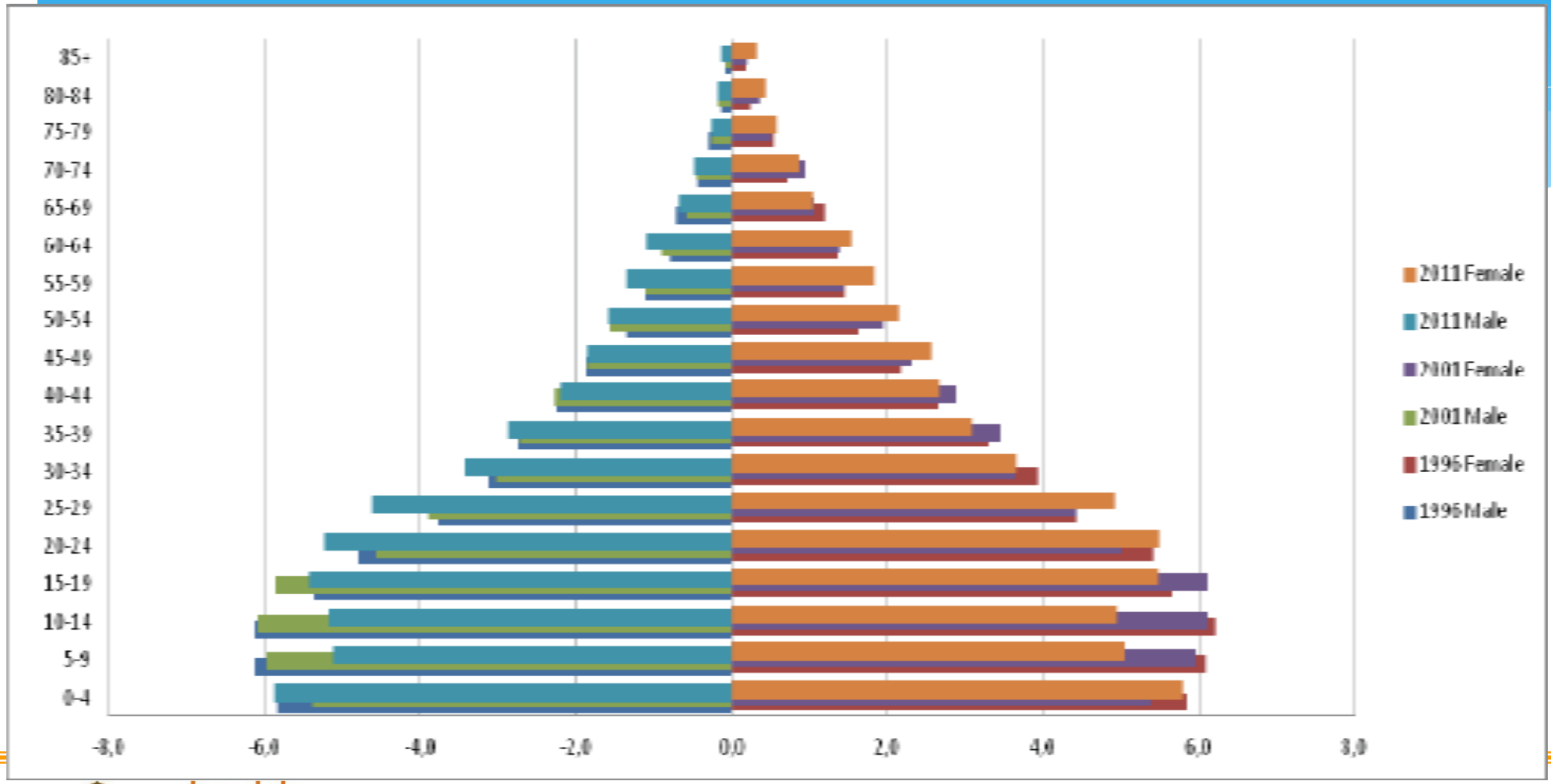
MCWH

Progress in reducing NNMR & U5MR



Lancet 2005; 365, 1891 - 900

KZN POPULATION PYRAMID



health

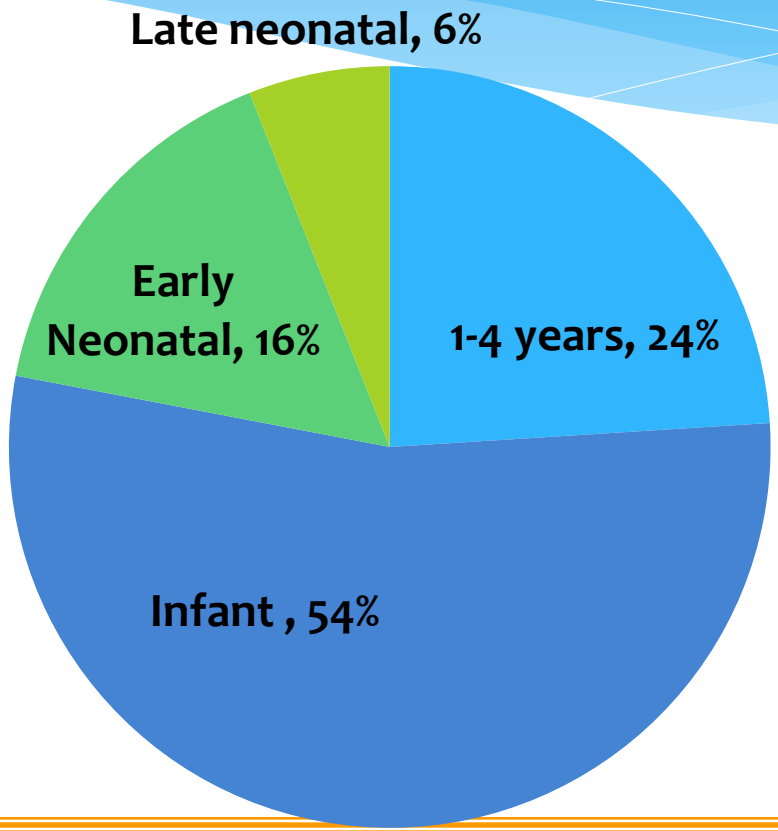
Department:
Health
PROVINCE OF KWAZULU-NATAL

Lancet 2005; 365, 1891 - 900

In KZN …

* 1 in 20 children die before their 5th birthday
* Of these…
  * 38% die outside the health service
  * 55% die in association with HIV
  * 33% have underlying severe malnutrition

Age distribution of under 5 deaths



Lancet 2005; 365, 1891 - 900

Aim of PMCs

* **To Reduce morbidity and mortality from preventable conditions: HIV, Pneumonia, diarrhoea and malnutrition**

Objectives

* To provide comprehensive prevention and health promotion package for children at community level.
* To provide the community leadership and warroom members with a simple diagnosis of the status of the children in the community, so that corrective measures may be taken when necessary.
* To monitor the Nutritional and Health Status of all Children under 5 years at community level on a monthly basis.
* To ensure early identification of children with malnutrition, diarrhoea, TB and other health conditions as early as possible and to refer for health care.
* To identify children who require referral for government
* To improve access to preventative health services: **G**rowth Monitoring; **O**ral rehydration, **B**reastfeeding and **I**mmunization.

Location

* The location of the **"PHILA MNTWANA CENTRE"** will be dependent on the decision by the local leadership as part of the OSS operations in the ward. The location will include but not limited to the following structures:
* War rooms
* Early Childhood Development Centers (ECDs)
* Elderly Luncheon Clubs
* Any other point in the ward depending on the catchment population under 5 years and the accessibility based on geographical size of the ward
* N.B. Each **"PHILA MNTWANA CENTRE"** should be linked to a local PHC facility or mobile team

Services

* **Immunization**
* EPI Screening and /or referral and other Health Services for children under 5 years.
*
*
* **Wellness**
* Vitamin A supplementation to children 12 – 59 months administered 6 monthly.
* HIV counseling and referral
* TB screening and/or referral.

Services

* **Growth Monitoring**
* Monthly MUAC measurements to detect acute malnutrition in children 6-59 months (Moderate = MAM and Severe = SAM)
* Growth interpretation and Promotion using the weight for age chart of the RTHB.
*
* **Oral rehydration**
* Assessment of Diarrhoea and Education on preparation and administration of Sugar-Salt- Solution (S-S-S) /Oral Rehydration Solution (ORS).
*
* **Breastfeeding**
* Infant & Young Child Feeding Assessment and Counseling

Implementation Process

* **1) Staffing**
* The CCGs will be responsible for staffing the **"PHILA MNTWANA CENTRES"**
* The CCGs will rotate daily to ensure that at all times serves are provided. The CCG Facilitator will be responsible for staff rotation rooster
*
* **2) Supervision and Support**
* The CCG supervisors and CHF's will supervise and monitor the activities conducted by the CCGs in the GMP Sites.
* In the municipal wards with Family Health Teams (FHTs), the team will support the CCGs with all the activities in the **"PHILA MNTWANA CENTRES"**
* **At district level:** The MCWH coordinator will be responsible for compiling reports on the status of the all the sites in the district.
* The District Manager remains overall responsible.
* Other key team members include: the District Nutrition coordinator, the PHC and Paeds nurse district clinical specialists, CCG coordinator and DDM monitoring. The DDM Programmes is the team leader.

Implementation Process(cont)

* **3) Site Preparation**
* a. Site assessments for preparedness
* Site assessment visits should be conducted to assess feasibility prior to implementation, using warroom assessment tool. See attached Assessment tool (Appendix 2: Quality Improvement on War Rooms: audit tool and OTP tool to be aligned)

* **4) Leadership and Community Mobilization**
* • Intensive community education and mobilization is key to the success of the sites. The must be sensitized in terms of the nature of the services to be provided, the importance of monthly monitoring of the growth of the child and importance of keeping the children healthy at all times.
* • The community leadership, in particular the Local Councilor, is responsible for

* **5) Referral Systems**
* • Assess referral systems that are in place within the wards so that these systems are enhanced to
* ensure children with nutritional and health problems are detected and referred early.
* • Existing CCG referral forms should be used for referral purposes from community to PHC facility.

Implementation Process(cont)

* 6) Skills Strengthening
* • An orientation program or refresher training on MNCWH & N Framework should be conducted for CCG's, Support staff (FHTs), CCG supervisors, CHFs and War Room Health Representatives in all wards.
* • Further training should include OSS package.

* 7) Community Advocacy
* • The Community Outreach component should engage Ward Councilors, Izindunas, and Amakhosis through the Community Health Facilitators (CHFs).
* • The Primary Health Care Coordinators (PHCCs) should mobilize the Clinic Advisory committee and war room health representatives.
* • The District OSS Co-ordinator should ensure engagement of the Local Task Team (LTT) and Local Aids council (LAC).

Data Management

* 8) Data Management and M & E
* • Data should be captured daily onto the tally sheets, validated weekly and collated onto a monthly summary form.
* • Data will flow from the CCGs in each child wellness site to the central war room, where it will be collated, analyzed, interpreted, graphically represented and posted on the strategic points in the war room.
* • The monthly collated summary sheet should be forwarded to the CHF for verification and submission to the PHC Operational Manager.
* • The PHC coordinator will further verify the data for onward submission to the DIO.
* • Data will be feedback to the community leaders (local counselor and traditional leadership) via the war rooms.

Equipment & Furniture

12. Resources
- Tables
- Chairs
- MUAC Tapes
- Non-stretchable string (50cm lengths, for measuring MUAC)
- Vitamin A supplements (200 000 iu)
- Daily, weekly and monthly Recording and Reporting tools (tally sheets)
- Site register (exercise book)
- Health Education book (exercise book)
- Log Book (exercise book)
- Growth Monitoring wall chart
- Sugar and Salt solution/ORS sachets
- 1 Litre container (anything eg: 1 lt juice bottle etc)
- Posters (see Annexure 3: MUAC Poster)
- IEC material
- Baby weighing Scales (where applicable)
- Condoms (male and female)
- Condocans

Phila Mntwana centres

Municipality	Site	Ward no.	Referral clinic	Rationale/Reason for identifying points
uMshwati	Mbheka Crèche (Gqumeni area)	8	Gcumisa	Family Health Team (FHT),CCGs, Deep Rural, 12km away from the clinic
uMgeni	Lidgeton	4	Balgowan	FHT, CCGs, informal settlement
Mpofana	Muden hall	4	Bruntville	FHT, CCGs, Deprived, 15km away from the clinic

Phila Mntwana centres cont..

Municipality	Site	Ward no.	Referral clinic	Rationale/Reason for identifying points
Impendle	Usizo crèche (Qutshini)	2	Nxamalala	FHT, CCGs, Deep rural, 10km away from the clinic
uMsunduzi	Gcebeni store (Mpumuza-Vulindlela)	2	Mpumuza	FHT, CCGs,
	France (Imbali)	13	Imbalenhle CHC	FHT, CCGs, Deprived
	Jika Joe (Downtown)	33	East- Boom	Informal settlement

Phila Mntwana centres

Municipality	Site	Ward no.	Referral clinic	Rationale/ Reason for identifying site
uMsunduzi	Peace Valley hall (Plessislaer)	23	Imbalenhle CHC	Informal settlement
	Oribi Hall (Oribi village)	24	Scottsville clinic	Low socio economic status
	Sacca (Mkondeni)	37	Scottsville clinic	Overcrowded informal settlement

Phila Mntwana centres cont..

Municipality	Site	Ward no.	Referral clinic	Rationale/Reason for identifying points
uMsunduzi	Copesville hall	29	Northdale Gateway	FHT, CCGs, Informal settlement. High incidence of diarrhea for under 5yrs
	Entabeni (Dambuza)	21	Caluza clinic	Crowded area with RDP houses.
uMkhambathini	eMbungwini crèche (eMbungwini area)	2	Injabulo	18km away from the clinic

Phila Mntwana centres cont..

Municipality	Site	Ward no.	Referral clinic	Rationale/Reason for identifying points
Richmond	Esigcakini (Kwa Magoda)	2	Ndaleni clinic	FHT, CCGs