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Health
PROVINCE OF KWAZULU-NATAL

Maternal and Child Health

Provincial Council on AIDS

20 March 2013

DoH – Strategic Health Programmes

Together We Can Do More





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How many KZN Mothers, babies and children die - 2012

Annual Number of Births	191 520
Mothers	
In facility Maternal Mortality Ratio per 100 000 live births	157
Number of Maternal Deaths	293
Babies	
In facility Still birth rate (%)	2.3
Annual Number of still births	4 551
In facility Neonatal mortality rate per 1 000 births	10.2
Number of Neonatal deaths	1 947
Children	
In facility Under five mortality (%)	5%
Number of child deaths	871

Refer to Annexure 1 for deaths per institution

Health of Pregnant Mothers



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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



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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

	Target	Quarter 1	Quarter 2	Quarter 3
Amajuba	95%	83.6%	88.8%	69.6%
eThekweni	95%	86.2%	92%	87.8%
iLembe	95%	78.6%	85%	77%
Sisonke	95%	68.2%	70.8%	91.7%
Ugu	95%	82.4%	76.8%	76.9%
UMgungundlovu	95%	97.3%	79.4%	78.1%
UMkhanyakude	95%	93.6%	86.5%	80.7%
UMzinyathi	95%	81.2%	80.6%	90.1%
uThukela	95%	92.9%	91.8%	87.2%
UThungulu	95%	81.7%	81%	88.9%
Zululand	95%	82.4%	84.9%	82%
Provincial	95%	85.4%	85.9%	84.3%



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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**



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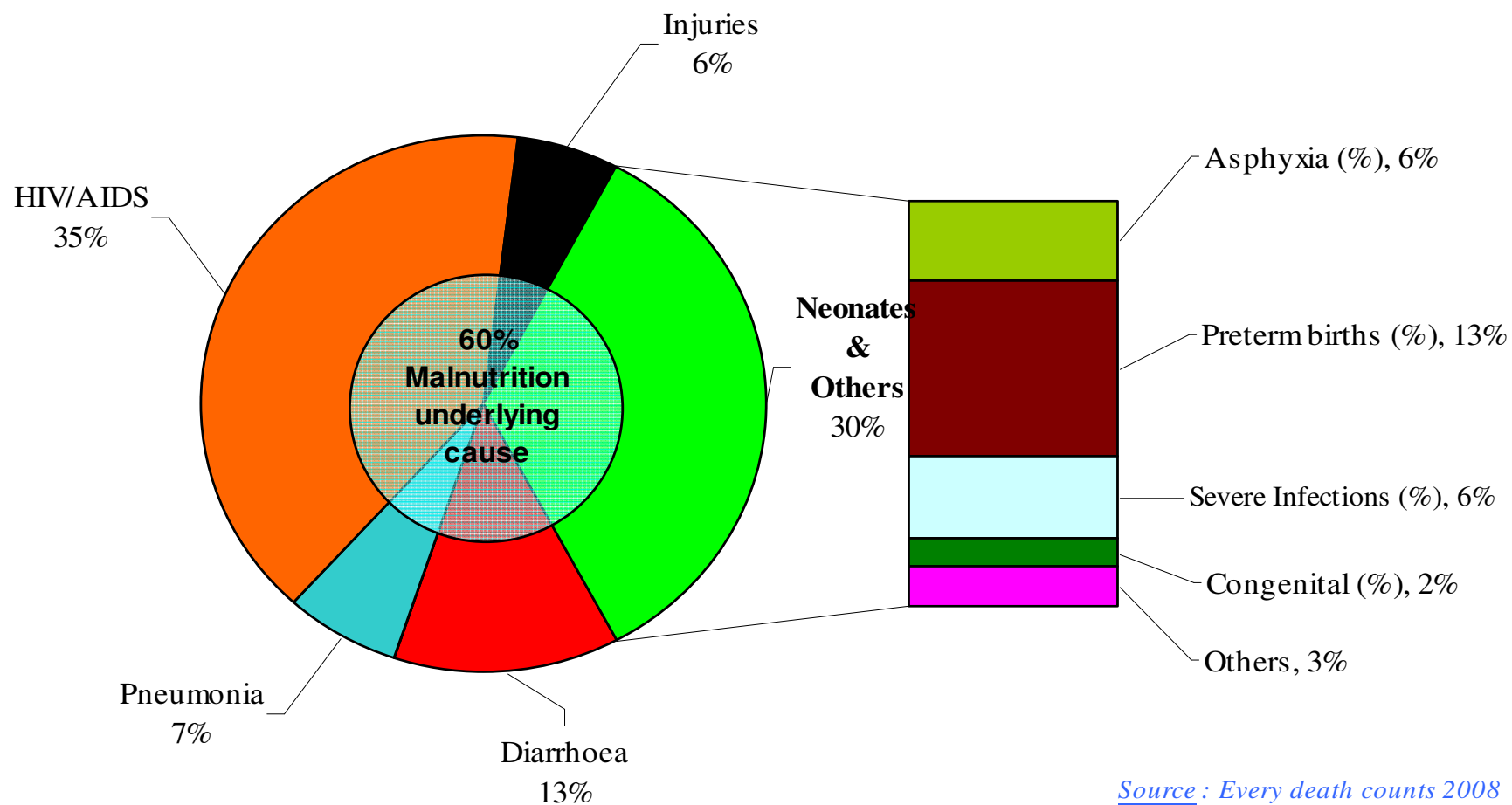
Child Health



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Main Causes of Child Mortality



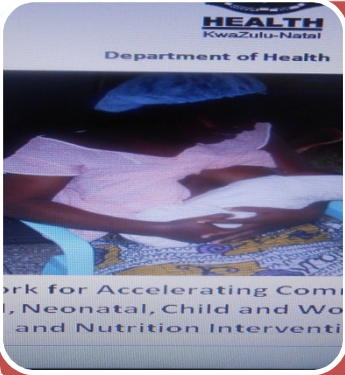
Source : Every death counts 2008



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Child Health



Community Level

- *Growth Monitoring
- *Food security
- *Oral rehydration
- * water and sanitation
- *Breastfeeding
- *Employment
- *Literacy
- *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

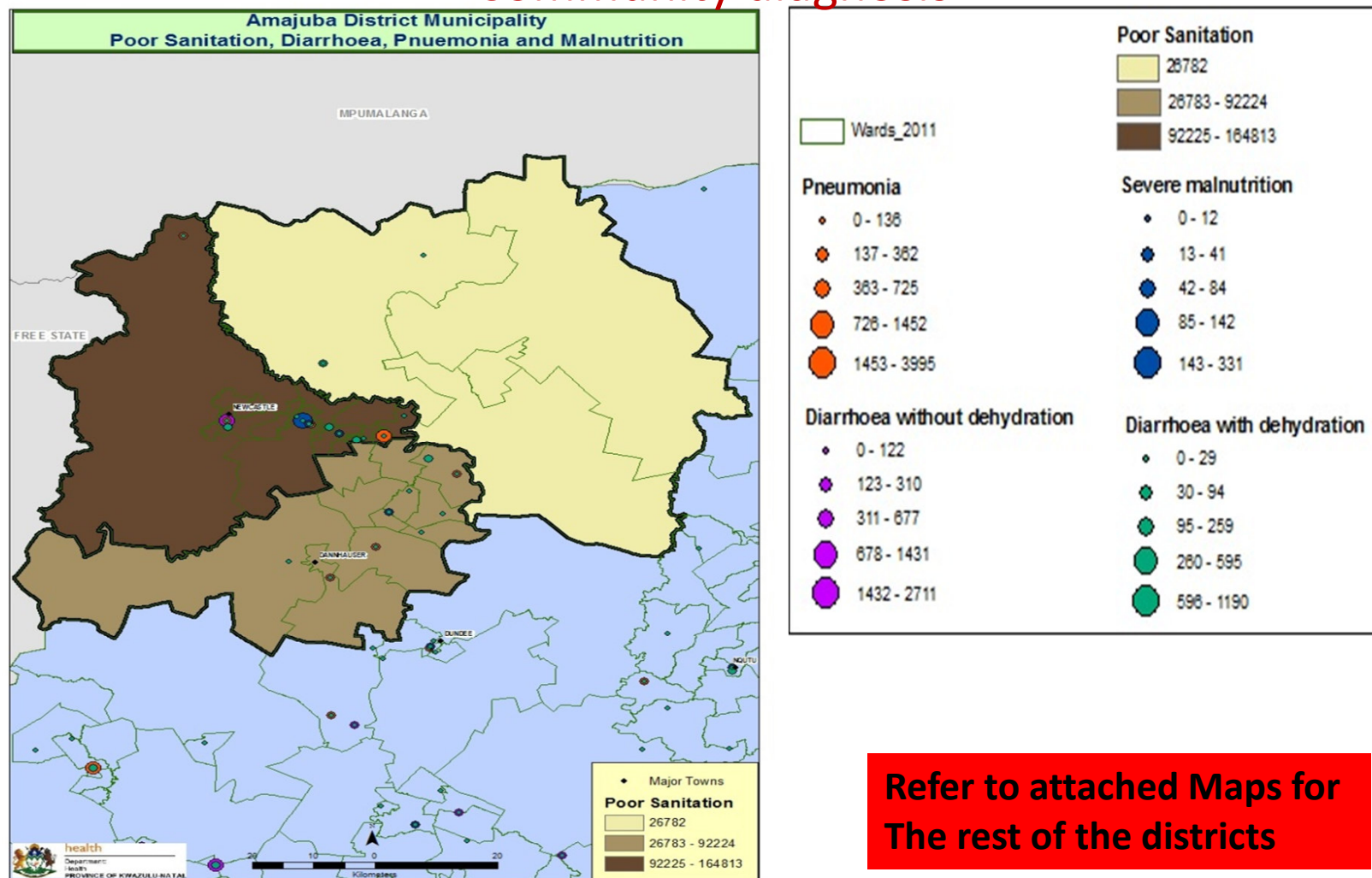


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GROWTH MONITORING:

Community diagnosis



Refer to attached Maps for
The rest of the districts

Source: Statistics SA, Census 2011 and DHIS



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 $\geq 90\%$ 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



Measles injection for children
aged 9 to 59 months 1st Round only



Polio Drops for children
aged 0 to 59 months 1st and 2nd Rounds

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.



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Polio and Measles Campaign 2013

Rounds	Dates	Antigen and screening	Target Population
1 st Round	29 th April – 17 th May 2013 (can include 18&19)	Measles	9 to 59 Months
	29 th April – 17 th May 2013	Polio	0 to 59 Months
2 nd Round	17 th -28 th June 2013	Polio TB Malnutrition	0 to 59 Months



Target Population <5years per District

Districts	Target Population < 5yrs
Amajuba	51 092
eThekweni	313 092
iLembe	63 334
Sisonke	64 617
Ugu	78 518
Umgungundlovu	102 881
Umkhanyakude	82 580
Umzinyathi	63 606
uThukela	76 729
Uthungulu	104 520
Zululand	103 932
Provincial	1 104 893

**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

**Victory Is Possible
Together WE Can Do More**



Acknowledgements

- Strategic Health Programmes
- ALL DISTRICTS
- Office of the Premier
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- Dept. of Social Development
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- Hon Premier, Dr Mkhize
- Hon MEC, Dr Dhlomo
- HOD, Dr Zungu
- DDG, Dr Dhlamini