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Department of  
Health

FREE STATE PROVINCE

# MNCWH: Provincial MCWH Strategic priorities 2018/2019

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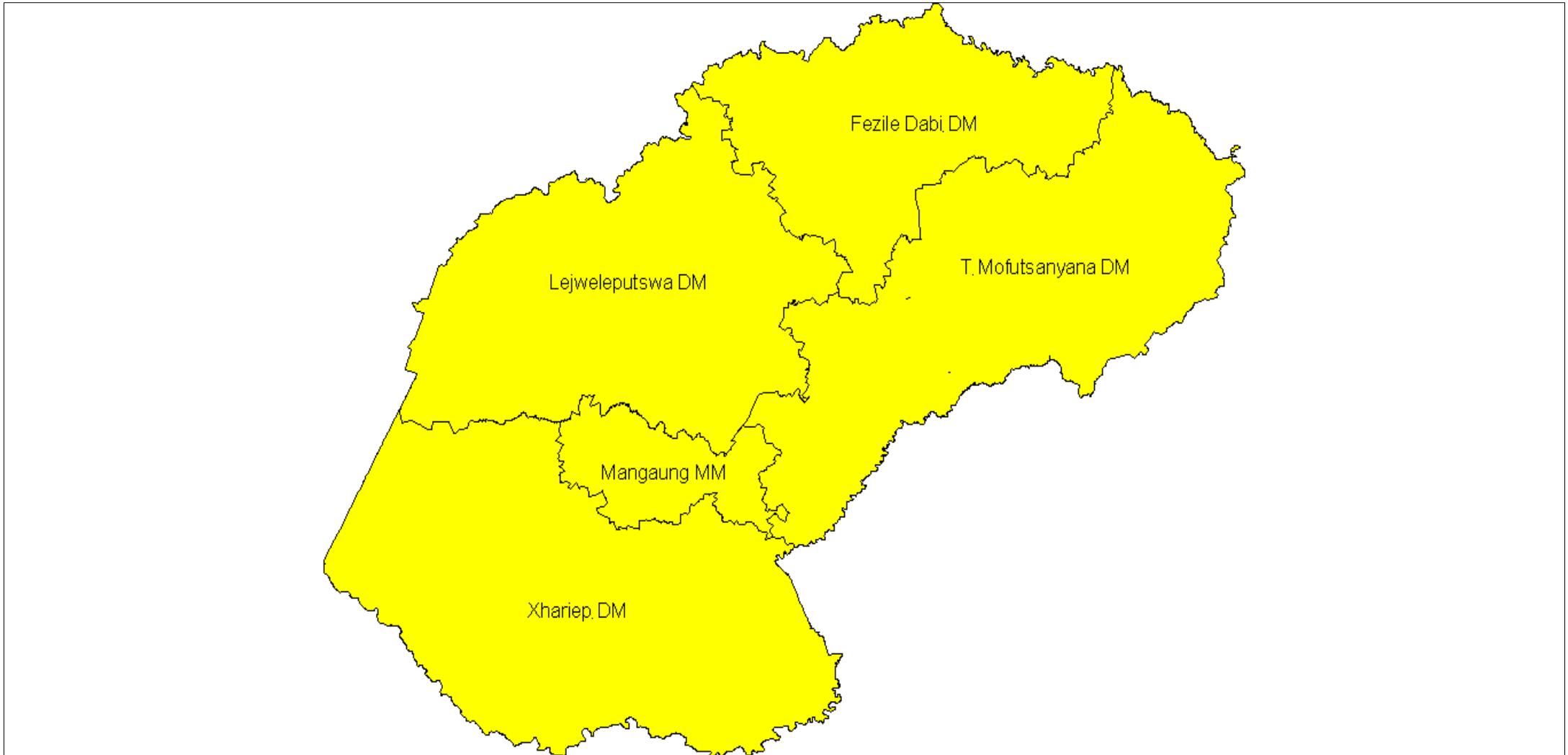
# Presentation outline

- Introduction
- Demographic profile of the Free State
- The current issues in the Free State
- Priority strategies to improve the current performance and progress on implementation
- Conclusion

# Introduction

- One of the critical indicators of the population's welfare and development is maternal and child mortality.
- South Africa adopted the Sustainable Development Goals 2030 built on the Millennium Development Goals (MDGs). The Sustainable development goals are embedded in the National Development Plan 2030.
- Goal 3 aims to ensure healthy lives and promote well being for all at all ages by 2030 with the following targets:
  - ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes
  - reduce the global maternal mortality ratio to less than 70 per 100,000 live births
  - end preventable deaths of newborns and children under 5 years of age, and reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

# Demographic profile of the Free State



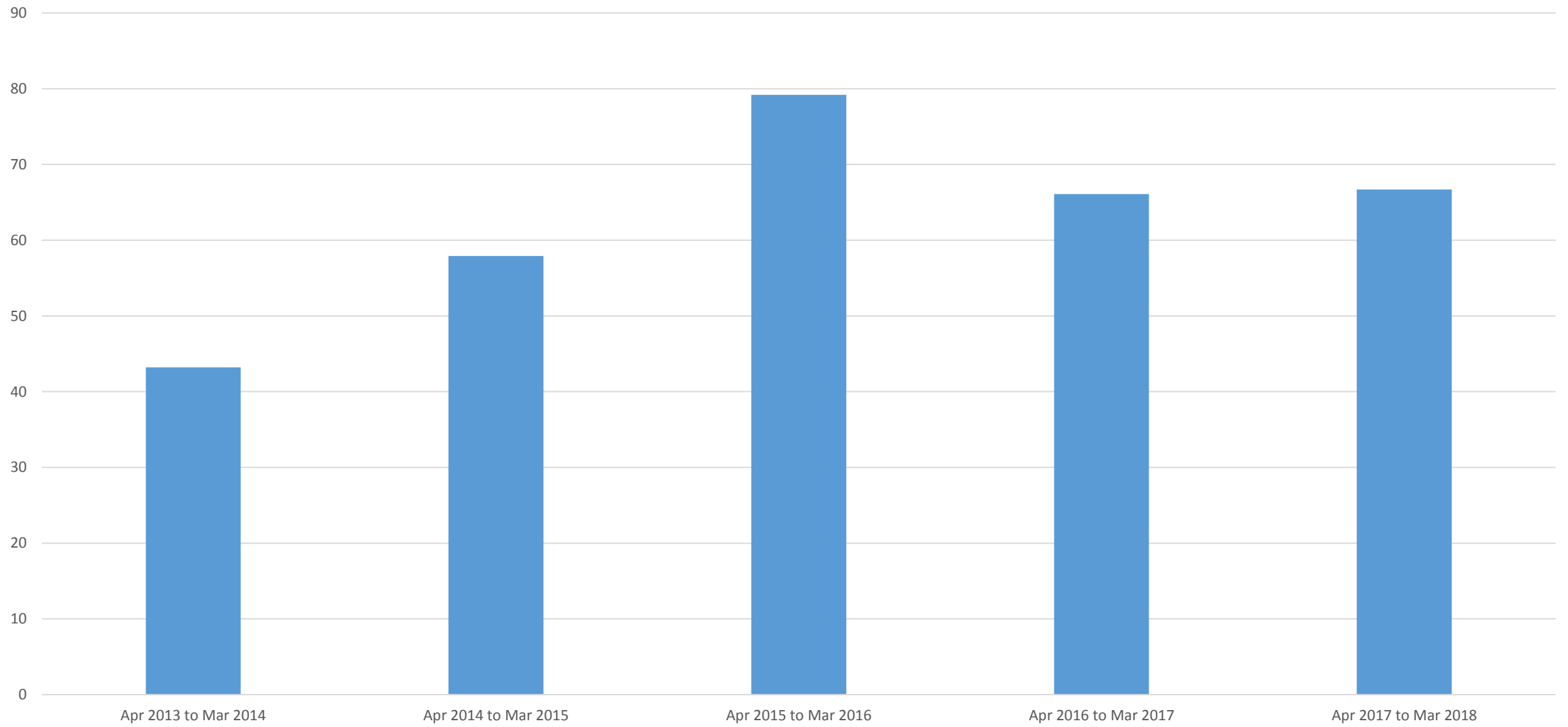
# Provincial profile

- The province is mainly rural with 2.8mil population (*STATSSA: Mid-Year Estimates 2017 & General Household Survey 2017*).
- Free State Province has the quintuple burden of disease brought about by the scourge of HIV and AIDS, Tuberculosis, Non-communicable diseases, Mental health disorders and maternal and child mortality.
- The socio determinants of health e.g housing, clean running water, education, employment and poverty levels are comparable to other provinces.
- Public health sector is faced with increasing demand for services within the limited resources.

# What are the current issues in the Free State?

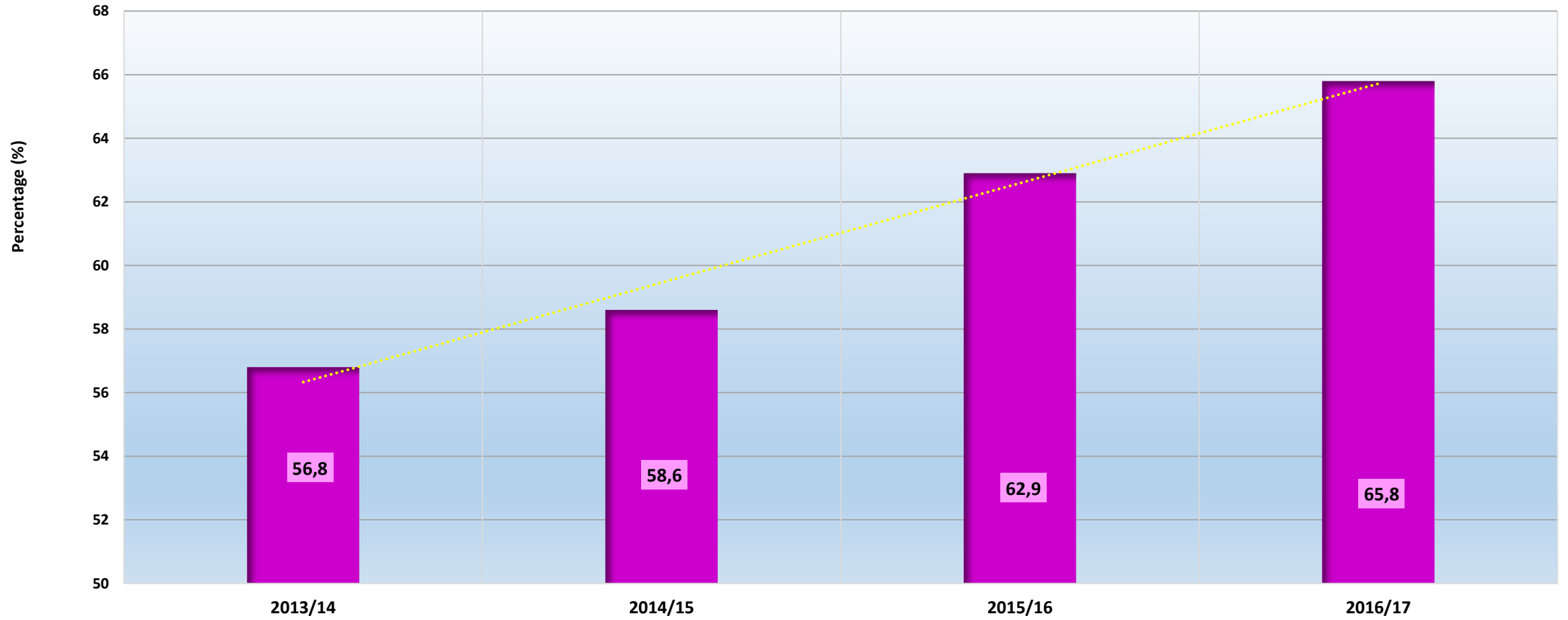
- Low couple year protection
- Lack of knowledge, skills and delay in referral are still major contributors to maternal deaths.
- Increasing deaths due to obstetric haemorrhage
- Lack of professionalism by health care professionals.
- Premature births
- Poor management of labour contributing to asphyxia

### Couple Year Protection rate %

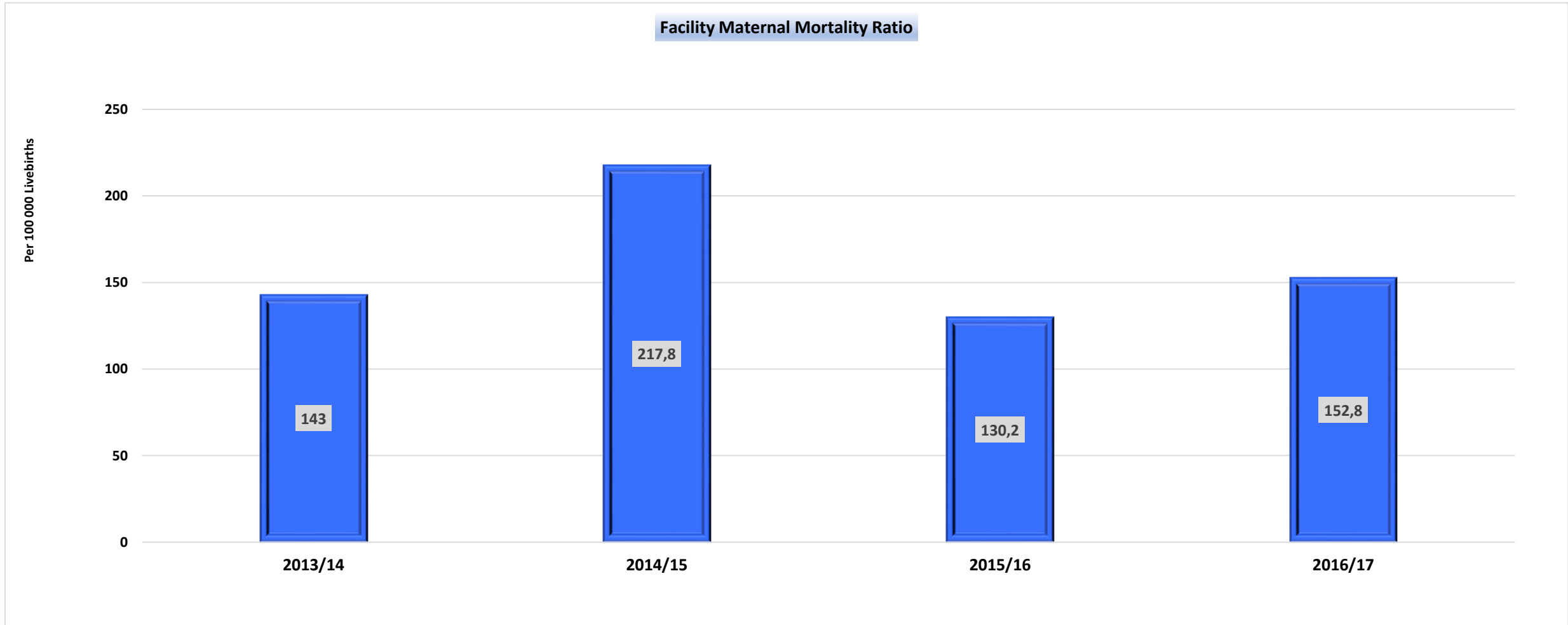




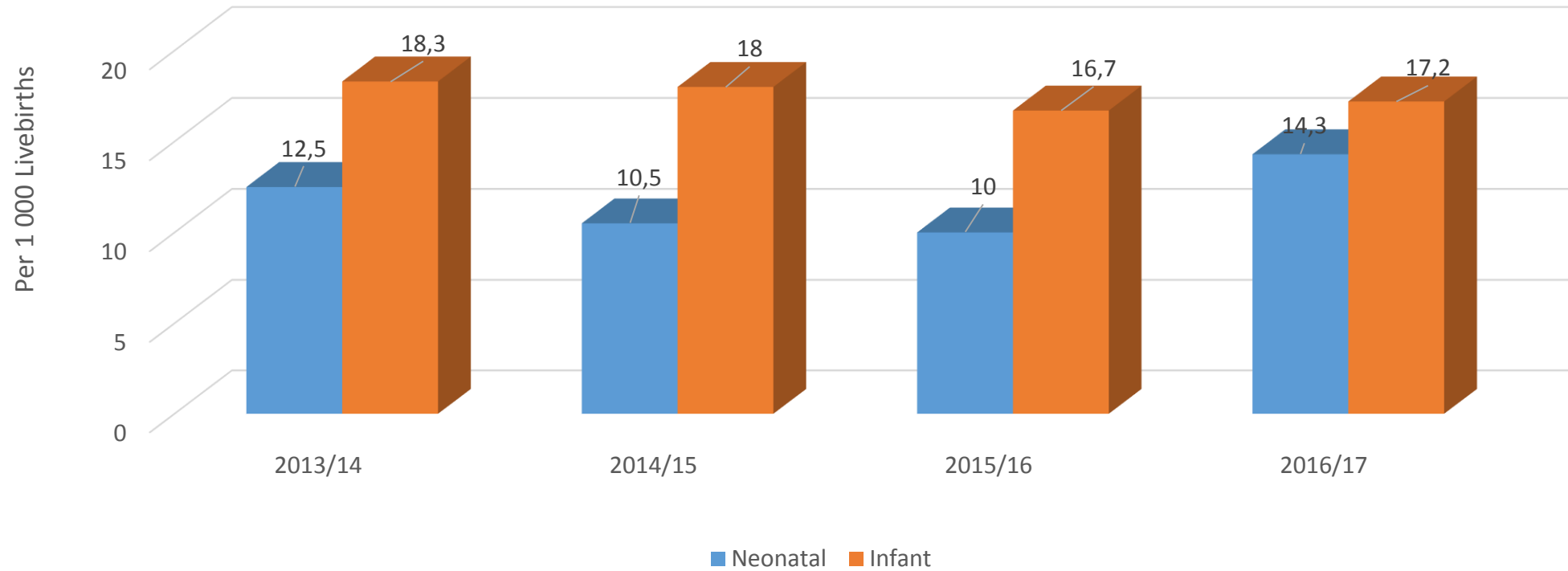
Antenatal 1st visits before 20 weeks rate



# SDG 2030: Reduce the global maternal mortality ratio to less than 70 per 100,000 live births



## Infant & Child Mortality 2013/14 - 2016/17



Strategies	Activities	Progress/Achievements
Increase awareness of maternal and child health	Fund formal and informal communication	Procurement of radio slots on local radio stations
	Conduct community engagements	<ol style="list-style-type: none"> <li>1. The MEC: Health taking PHC services to the communities.</li> <li>2. ACSM unit facilitating awareness campaigns.</li> </ol>
	Develop skills of WBOT to identify & refer pregnancy and vulnerable children	<ol style="list-style-type: none"> <li>1. WBOT doing pregnancy test in the household to improve early referral to health care facilities</li> </ol>
Prevention unwanted/unplanned pregnancies	Mobilize resources for outreach sterilization	<ol style="list-style-type: none"> <li>1. The province is till not doing well on sterilisation.</li> <li>2. In 2014 there was an increased uptake of sub dermal implants which was followed by more removal and poor uptake in 2017.</li> <li>3. Emphasis is put on the use of IUCD as a long term contraceptive method.</li> <li>4. The department is conducting outreach services to TVETS to increase uptake of contraceptive services.</li> <li>5. Developed an MOU to provide private health care providers with contraceptives to improve access.</li> </ol>
	Develop sufficient skills per district for sterilization and complicated contraception	

Strategies	Activities	Progress/Achievements
Improve quality of Antenatal care	BANC plus implementation	<ol style="list-style-type: none"> <li>1. Orientation of Local Area Managers was conducted.</li> <li>2. Full roll out of BANC plus in the province.</li> </ol>
	Implementation advanced ANC	<ol style="list-style-type: none"> <li>1. Trained 45 Advanced Antenatal Care Midwives.</li> <li>2. Consult second antenatal visit for early detection of high risk pregnancies.</li> <li>2. Procured (21) mobile sonar to be used for AANC.</li> </ol>
	Increase number of mothers registered on Mom Connect	<ol style="list-style-type: none"> <li>1. Mom Connect registrations varied significantly over the quarters of the last financial year.</li> <li>2. Nurse connect has been introduced in all health care facilities in the province.</li> </ol>
	HIV Provider Initiated counseling and testing (Universal test and treat) & TB screening and treatment.	<p>Antenatal testing rate – 100%</p> <p>HIV initiation - 82.7%</p>

Objective	Activities	Progress
Enhance capacity for safe maternal and child services	Structured outreach programs for pediatrics, obstetrics & gynaecology	<ol style="list-style-type: none"> <li>1. Outreach program is done by higher levels of care to the lower levels of care.</li> <li>2. An in-reach program is implemented where staff from lower level of care circulate</li> </ol>
	Accredit facilities for safe deliveries and C/Section	<ol style="list-style-type: none"> <li>1. The unit of clinical quality and standard compliance together Maternal health collaborate in assessing delivering facilities.</li> </ol>
		<ol style="list-style-type: none"> <li>2. Establishment of an Obstetric midwife birthing unit in Bongani hospital is in progress</li> </ol>
		<ol style="list-style-type: none"> <li>3. Procured Non –Pneumatic garments.</li> </ol>
	Training of health care providers on ESMOE, HBB, MSSN, BANC +	<ol style="list-style-type: none"> <li>1. Training on MSSN is intensified to ensure coverage of all delivering facilities.</li> </ol>
		<ol style="list-style-type: none"> <li>2. Induction of undergraduate and postgraduate students on maternal and child health priorities.</li> </ol>
	Train clinical management on clinical governance	<ol style="list-style-type: none"> <li>1. Training on Clinical governance conducted for Clinical and Nursing Managers.</li> <li>2. The clinical quality and standard compliance unit is in a process of reviewing job descriptions of Clinical Managers to ensure accountability.</li> </ol>

Strategies	Activities	Progress
Reduction maternal & neonatal deaths  - Improve quality of maternity services - Neonatal survival strategies - Reduce complications due to unsafe miscarriage	Establish Functional maternity waiting homes	There are currently 20 maternity waiting homes which has decreased BBA rate from 8.1% in 2014/15 to 6.1% in 2017/18
	Improve inter facility transport	The province has 12 rostered obstetrics ambulances. The challenges of skilled EMS personnel still remain
	All delivery sites implement Emergency obstetric simulation training	This is monitored through CARMMA assessments. 24/31 hospitals implement more than 80% of the CARMMA elements
	Management of neonates	The province is establish neonatal high care beds at two (2) districts hospitals (Fezi Ngubentombi and Botshabelo.
		Procured Thermoregulation bags as a shelf item at the medical depot to prevent hypothermia in newborn babies
		Funded three cooling machines (Tertiary and two regional hospitals) to reverse the effect of Hypoxic Ischemic Encephalopathy in babies
		Procured bili check machines for all district hospitals to reduce unnecessary referrals to higher levels of care.

Strategies	Activities	Progress
<p>Reduction maternal &amp; neonatal deaths</p> <ul style="list-style-type: none"> <li>- Improve quality of maternity services</li> <li>- Neonatal survival strategies</li> <li>- Reduce complications due to unsafe miscarriage</li> </ul>	<p>Implement KMC in all delivery facilities</p>	<p>All delivering facilities have KMC units and is practiced though at Tertiary and Central hospitals it is intermittent due to the condition of the mother and neonates.</p>
	<p>Promote donation of breast milk for premature babies</p>	<p>The province has six breast milk banks. The intention is to have satellite (collection) banks.</p>
	<p>Monitor implementation of CTOP in all designated CTOP sites</p>	<p>Accreditation of private providers is done through the office of standard compliance.</p> <p>There are currently ten service providers accredited to provide CTOP.</p>



# Conclusion.....

- The Free State has made progress on maternal and child health performance in spite of the trying circumstances.
- Let us continue to do so for better health outcomes.
- The survival of mothers & their children is in our hands.



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# Acknowledgements:

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NDIYABULELA! NGIYABONGA! KE YA LEBOHA! THANK YOU! DANKIE!



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