



**By 2030 eThekweni will be Africa's  
most caring and liveable city**



**Accelerated plans for HIV and AIDS, STI, TB, Maternal  
and Child Health**

**PCA Meeting: 5 August 2015**

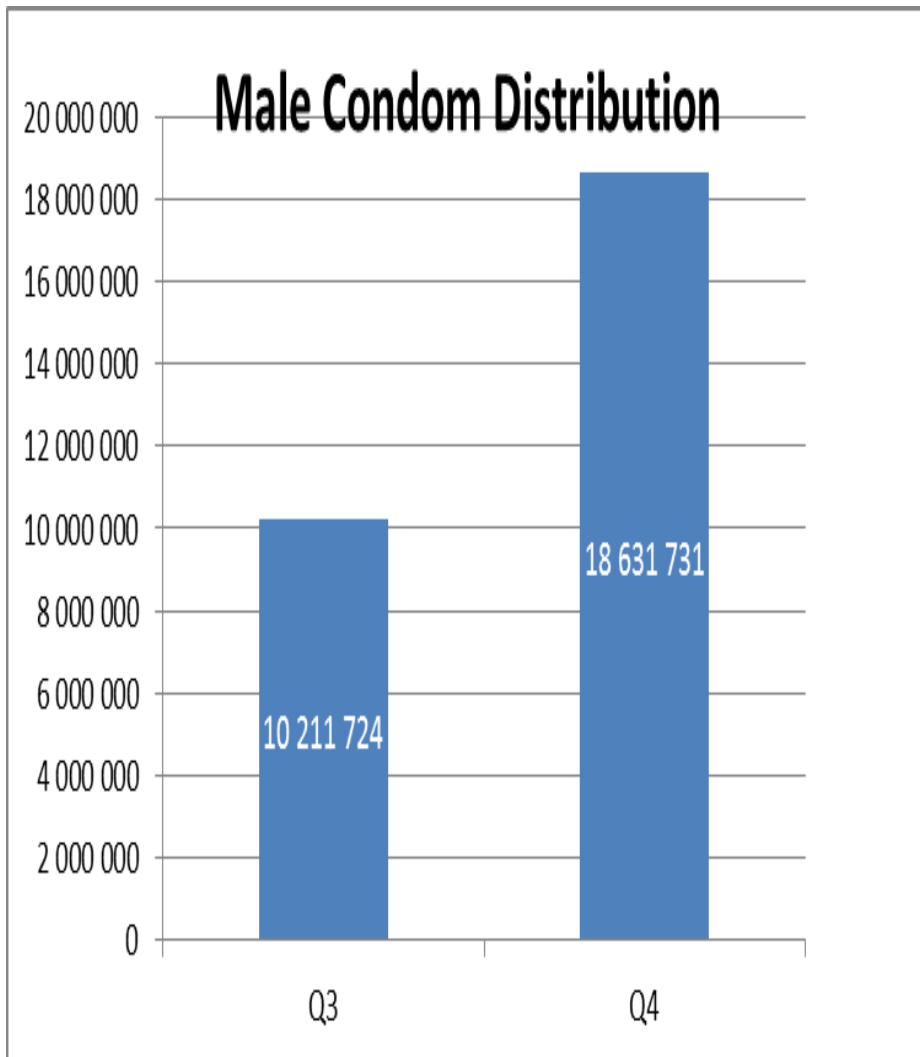
**Presented by: Mayor- Cllr. James Nxumalo**

# Outline

Performance gaps and interventions on:

- Condom Distribution
- Male Medical Circumcision
- Maternal and Infant Deaths
- Sexual Assault

## Condom Distribution Accelerated Plan and Interventions



- Male condom distribution increased by 8 million in the 4<sup>th</sup> quarter
- Ward based outreach teams now distributing condoms at household level
- Additional non traditional sites have increased the number of distribution sites from 206 to 520.
- Recording and reporting of condom distribution have increased.
- Partners working with key populations have also assisted in distributing condoms to key populations.

## Identified Community Condom Distribution Sites- Database

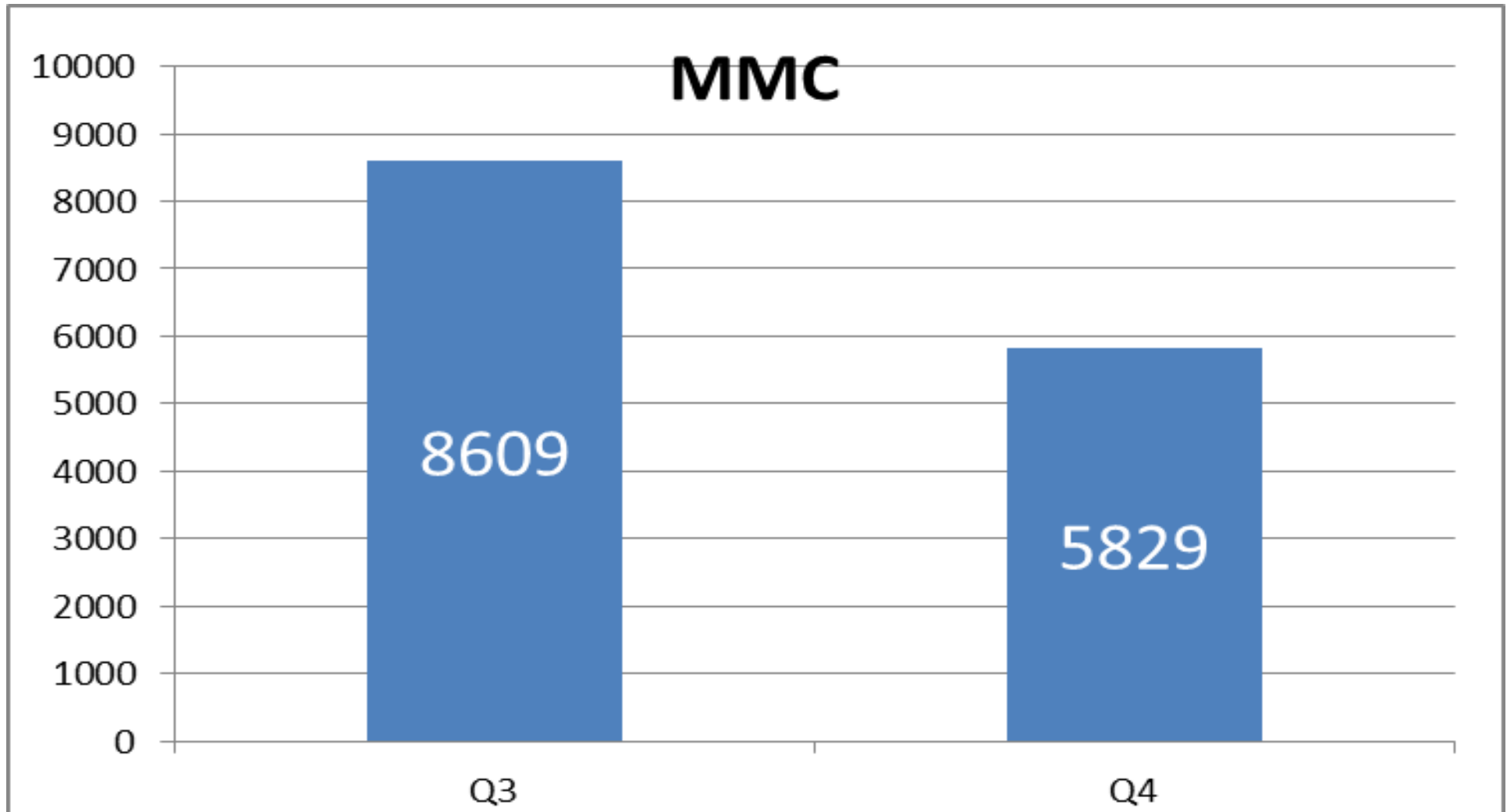
SITES	Number Identified	Quantity per site
Taverns/ Bottle stores	154	12 000 each per month
Shops/ Tuck Shops	176	12 000 each/ month
Hair Salons	20	6 000 per salon/ month
Shopping Malls	15	18 000 each / month
Taxi ranks	15	18 000 each/ month
Community halls	4	6 000 each /month
Traditional Areas/ Courts	5	6 000 each/ month
Petrol Station Ablutions	12	6 000 each/ month

**NB! Weekly replenishing plan and distribution monitoring**

## Identified Community Condom Distribution Sites- Database

SITES	Number Identified	Quantity for Distribution
Tertiary Institutions	11	24 000 each / month
Prison	1	30 000 to cover all mediums
Hotels / Lodges	20	24 000 each / month
Block of Flats	15	6 000 each/ month
Beauty Parlors	50	18 000 each/ month
Weighbridges	3	18 000 each /month
Community Residential Units (Hostels)	8	24 000 each/ month
PRASA Stations	31	12 000 per station/month

# Male Medical Circumcision

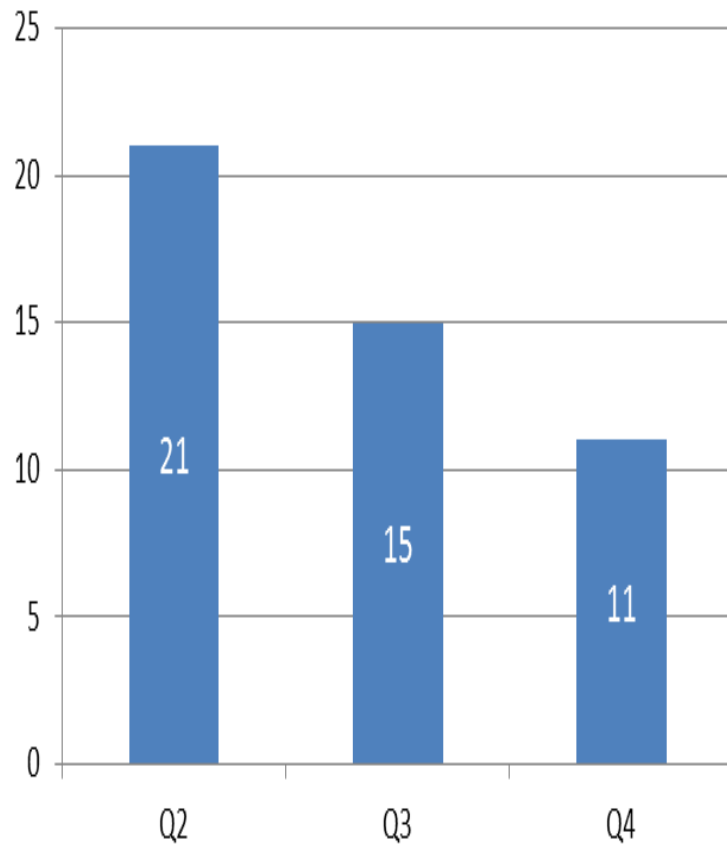


## MMC Accelerated Plan and Interventions

- Community dialogues targeting older men. “Isibaya samaDoda”. To address MMC and sexual assault - (already conducted at community residential units: Klaarwater, KwaMashu, Umlazi T-section)
- Older men championing and advocating for MMC through the Men’s sector, utilizing men as change agents
- Continuing with social mobilization at schools through a partnership with the Department of Basic Education
- NGO partners are mobilizing at community level to create demand
- MMC camps at Tertiary institutions with mobile MMC units
- District has been allocated a dedicated MMC mobile truck to commence in second quarter of current financial year.
- The district has been allocated 12 MMC roving teams to increase high MMC volume sites from 2 to 5 within the districts.
- Health facilities allocated performance based targets

# Maternal Health Care Services

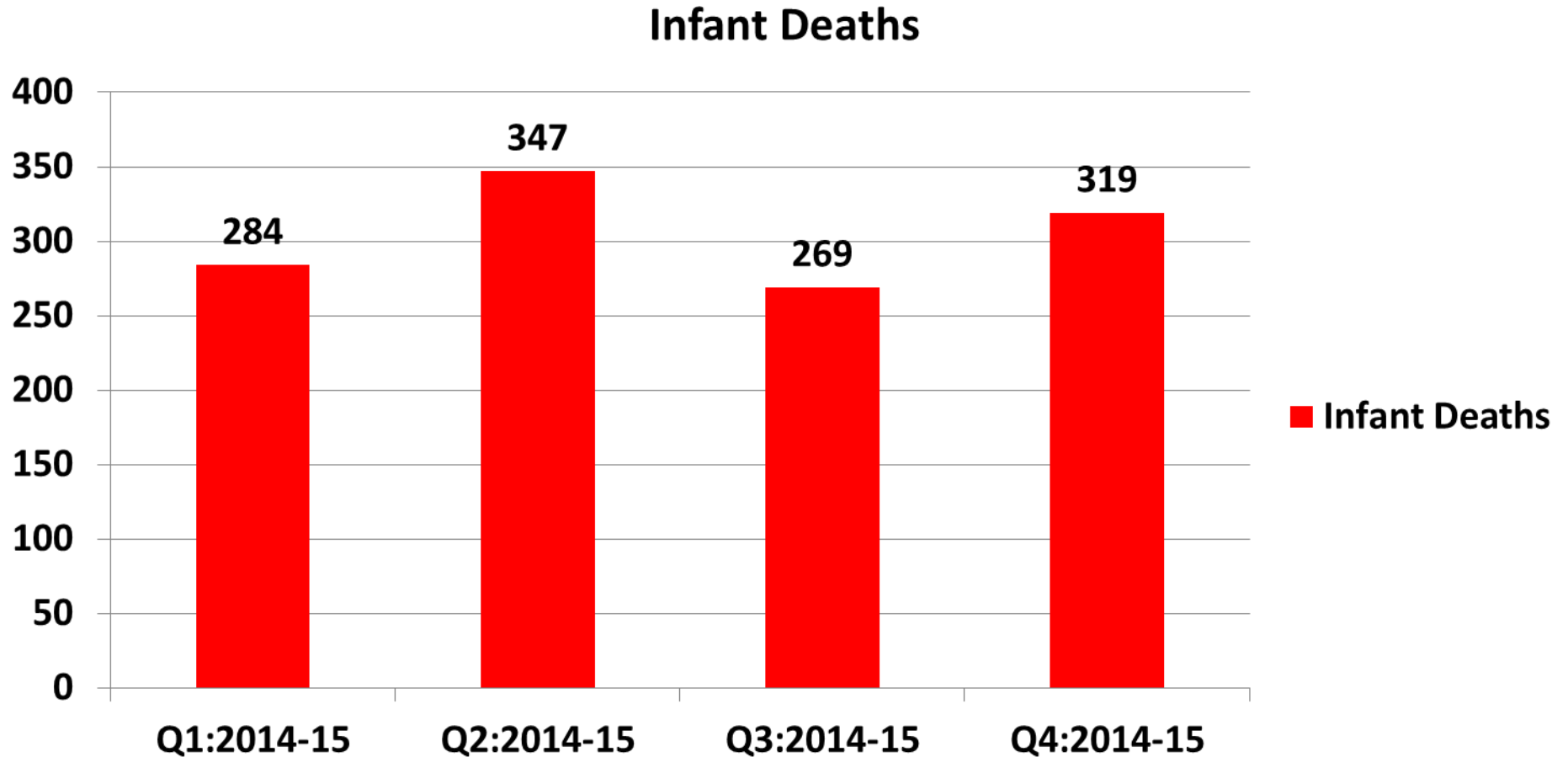
Maternal Deaths Q3-4 2014-15



- A reduction in maternal deaths is noted between Q2, Q3 and Q4. This is attributed to a number of interventions such as:
- Community ward based interventions and education by Ward Based Outreach Teams, CCGs focusing on Early Ante-Natal bookings, increased HIV and TB screening for pregnant women and improved post delivery care
- There is also an increase in the utilisation of maternal waiting homes at Osindisweni Hospital, Qadi Clinic, KwaDabeka CHC, Halley Stott Clinic, and Tongaat CHC
- There are now 8 dedicated maternal ambulances that provide prompt transportation of women requiring emergency care
- Increased support to health facilities by the District Specialist teams is improving quality of care for pregnant women



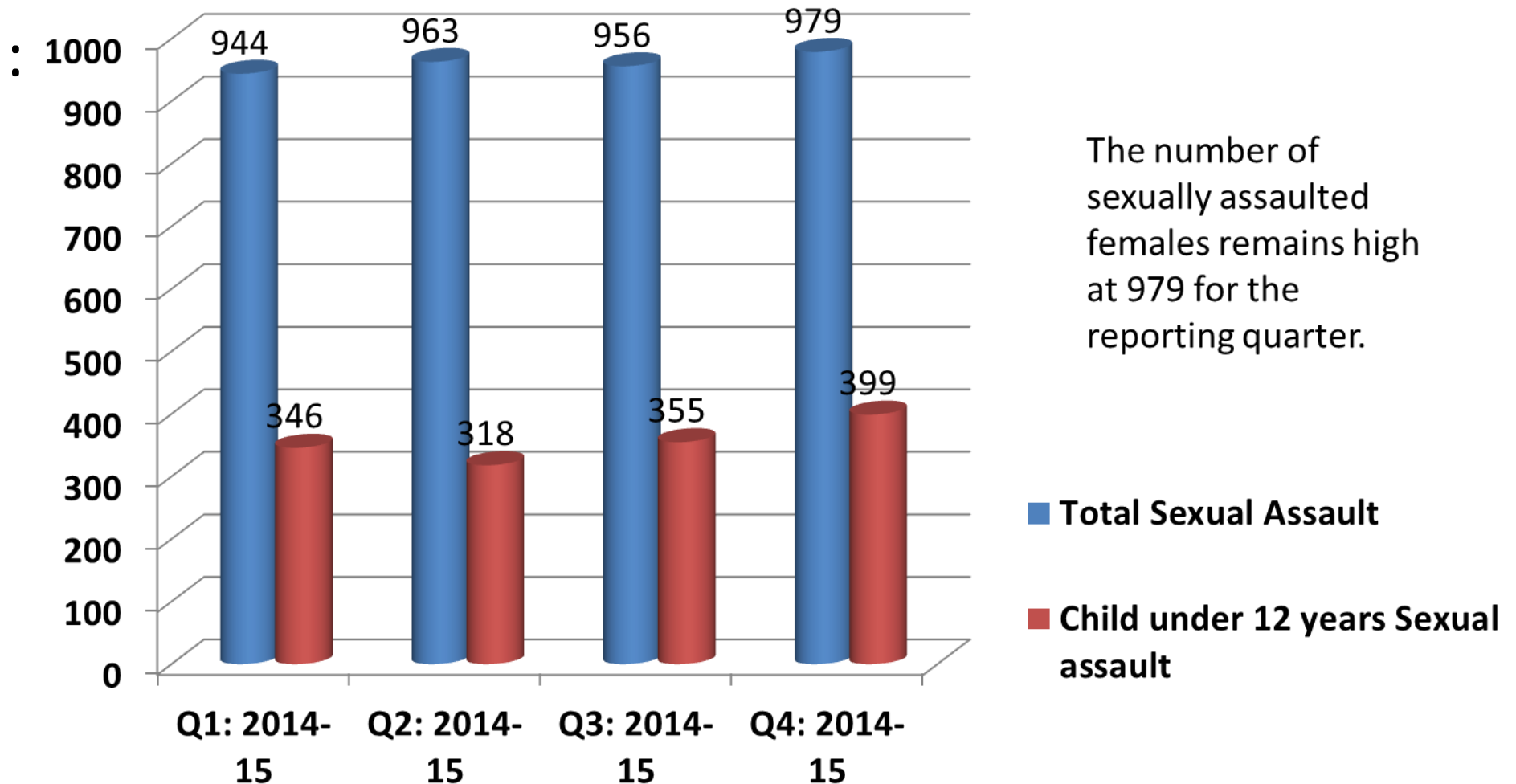
## Intervention Area: Infant Deaths in Public Health Hospitals



## Child Health

- Infant deaths remain a challenge with a notable increase in Q4
- Major causes of infant deaths are Low Birth Weight (Pre-maturity), Diarrhoea and Pneumonia
- **Interventions**
  - Intensive promotion of exclusive breastfeeding by CCGs and outreach teams at ward level.
  - District has established Milk Banks at Mahathma Gandhi, R K Khan and Addington hospitals to provide breastmilk for needy infants.
  - Education on frequent hygienic practices especially at household levels is emphasised during door-to-door visits.
  - Collaborative Partnerships with DSD on referral of children diagnosed with malnutrition for food security.

## Sexual Assault 2014- 2015 Cases



# Sexual Assault Acceleration Plan

- Sexual Assault Awareness included as part of the discussions in the campaigns conducted and planned for a year.
- The Department of Basic Education awareness campaigns, life-skills and youth empowerment.
- Sharing of data/ information in war room structures to alert leaders and communities of the social ills and health related matters linked to causes of maternal and infant deaths.
- Early Identification and referral of child bearing women that are not accessing health services during ward based activities by CCGs and Outreach teams.
- Collaborative partnership has been established with the SAPS to analyze Sexual Assault and Violence data per affected area.
- SAPS committed to submit an intervention plan to be integrated to DAC Ward based activity plans, after discussions with the Province.

## Cross Cutting Outreach Intervention Plans

Areas of poor performance are/ will be addressed through integrated community based campaigns targeting HTA sites. These campaigns are:

- “Hlola Manje- Zivikele”. – in the CBD and Taxi Ranks, 2 already done in May and July. More activities planned for the year.
- Community Dialogues for men, in hostels and taxi ranks. 4 already conducted (Klaarwater, Kwa-Mashu , Elangeni FET and Umlazi T17)
- Taxi Ranks Services. 15 already established
- Weigh- Bridge services for truckers (HCT, NCDs, STI, MMC mobilization, Condom Distribution)- Umdloti, Winkelspruit and Mariannhill.
- Campaigns planned for learners at Basic education and Tertiary level.
- **Model:** Wall to wall coverage and area saturation