



Ugu District Municipality

***Together Working To Ensure
An Effective And Efficient Service Delivery***

PRESENTATION TO PROVINCIAL AIDS COUNCIL

- PRESENTER : CLLR MA CHILIZA
- DATE : 7 MARCH 2018
- VENUE : GREY'S HOSPITAL

Quarter 1 (Apr-Jun 2017) Action Item Update

| Challenge | Mitigation | Status |
|--|---|---|
| 224 Learner pregnancies in the quarter | Conduct awareness campaigns that cover topics such as sexuality and dual protection | 20 awareness campaigns conducted in schools |
| Exceeded targets for HIV testing | Commenced contact index testing of partners and families | High transmission Area Team in place . Will Continue current activities since district is on target. but to focus more on contact index testing |
| MMC – only 1532 conducted Decrease in males aged 15 to 29 in targeted quarter | Each sub-district to have their own local camps supported by partner. | MMC supporting partners have been introduced to the district. Local GPs to be contracted to conduct MMCs. |

Quarter 1 (Apr-Jun 2017) Action Item Update

| Challenge | Mitigation | Status |
|--|--|--|
| Condoms were previously not captured on DHIS from facilities. | New tools have been updated to include condom's and back capturing has been done | 1 735 393 male condoms distributed and 76 773 of female condoms in the quarter |
| 34% of sexually assaulted cases are children under 12 years of age | Conduct awareness and information session sessions with parent and schools School health teams given targets to conduct health education in schools | - Conducted awareness programmes in informal settlements (4 sessions per quarter in each sub district) |

Quarter 1 (Apr-Jun 2017) Action Item Update

| Challenge | Mitigation | Status |
|---|--|---|
| 1 Maternal Death occurred at a public health facility | Conduct awareness campaigns on early booking for antenatal care services | Conducted awareness to public members on early booking for ANC (about 77% booking before 20 weeks of pregnancy). Pregnancy testing by CCG's implemented in the community. |
| 50 reported infant deaths occurring at public facilities. | Conduct awareness campaigns on infant care in the community. | Conducted awareness to public members |
| Reported PCR positivity of 1.7% at around 10 weeks | Promote exclusive breastfeeding among mothers | Follow up of mothers after birth Tracing of results for PCR positive children Implement adherence programmes Increase ANC before 20 weeks |

Achievements/Successes

- **Goal 1: Accelerate prevention to reduce new HIV, TB and STI infections**
 - Conducted awareness campaigns ,over 20 sessions per quarter
 - Community mobilisation and roadshows provided by district partners and CCGs to communities (Partners involved ,active partners forum ,all reporting on quarterly basis to the district
 - Conducted 5 awareness campaigns to informal settlements, taverns, farms and TVETS – 2 sessions held per month accessing >1000 learners
- **Goal 2: Reduce morbidity and mortality by providing treatment, care and adherence support for all**
 - Onsite training and support conducted to health facilities and slots in public meetings facilities ,about 20 slots per month conducted in public events
 - Weekly nerve centre meetings held in all health facilities attended by stakeholders ,weekly nerve centre in the district to lobby for more participants

Achievements/Successes

- **Goal 1:** Conduct day to day health education sessions and counselling to community members & clients who test positive on adherence
- **Goal 2: Reduce morbidity and mortality by providing treatment, care and adherence support for all**
 - Conduct awareness on T90 indicators in public meetings. Focussing on Viral load suppression and benefits of Adherence.
 - Train stakeholder forums on T90 indicators and capacitate them on their role in encouraging people to test and take treatment if positive
- **Goal 3: Reach all key and vulnerable populations with customised and targeted interventions**
 - HTA teams and Ward Based Outreach Teams provided services to vulnerable populations
 - Supporting partner (FPD) conducted door to door health support
 - Community awareness's by DOH and other stakeholders

Achievements/Successes

- **Goal 4: Address the social and structural drivers of HIV, TB and STIs**
 - Targeted awareness campaigns targeting key population areas such as Taverns ,Farms ,TVETS and informal settlements. District partners forum in place and active
 - 8 Education slots in public meetings conducted by politicians
- **Goal 5: Ground the response to HIV, TB and STIs in human rights principles and approaches**
 - HIV and AIDS mainstreamed in agendas for all sector group meetings /events
 - District Civil Society Forum in place

Achievements/Successes

Goal 6: Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs

- Dedicated office and budget for HIV and AIDS in the district and local municipalities
 - Ugu District : R500 000
 - Ray Nkonyeni : R500 000
 - Umuziwabantu : R180 000
 - Umzambe : R280 000
 - Umdoni : R250 000
- Dedicated Health Promoter from the Office of the Premier based in the district municipality supporting HIV and AIDS programmes with a dedicated vehicle
- Local and District Civil Society Forums in place

Challenges for Q2 and Q3 (Jul-Dec 2017) and Mitigation Plans

| Challenge | Mitigation | Status |
|--------------------------|--|--|
| Low HIV positivity yield | <ul style="list-style-type: none">• DOH targeting contact index testing.• Collaboration with FPD (community testing partner to focus on linkage to care and conducting HIV awareness events in areas with low positivity yield) | <ul style="list-style-type: none">• 75% of people living with HIV know their status which equates to 104 112 clients in Ugu district who know their status |

Challenges for Q2 and Q3 (Jul-Dec 2017) and Mitigation Plans

| Challenge | Mitigation | Status |
|--------------------------|---|---|
| Low HIV positivity yield | <ul style="list-style-type: none"> • Engaging with local farms and farmers association to provide services on the farms. • Flexi time (working evenings and weekends) in and outside of facilities to catch men who are on their way home from work. • Super focus at high yield facilities. | <ul style="list-style-type: none"> • Farm engagement on-going • Some facilities are sitting at 20-25% yield and others at 17-23% yield; fixed teams placed at all high yield facilities- namely GJ Crookes, St Andrews, Margate, Marburg and 2 CHCs |

Challenges for Q2 and Q3(Jul-Dec 2017) and Mitigation Plans

| Challenge | Mitigation | Status |
|--|--|--|
| Poor linkage to care – outside of facility due to clients running away after getting the positive result | <ul style="list-style-type: none"> • Community testing partners to be based outside facilities • Record all patient files from the HTA mobile clinic (e.g. men from the nearby taxi rank and commercial sex workers) into TIER.Net | <p>TIER.Net loaded on mobile clinics computer</p> <p>Community based partners such as FPD and Red Cross implementing HTC services in community .</p> <p>Implemented and ongoing.</p> |

Challenges for Q2 and Q3 (Jul-Dec 2017) and Mitigation Plans

| Challenge | Mitigation | Status |
|-------------------------|---|--|
| High Rate of Defaulters | <ul style="list-style-type: none"> • To determine if defaulters have been moved to CCMDD programme. • Data Capturers are generating defaulter list from TIER.Net • Facilities are phoning patients that are on the Defaulter list. | <ul style="list-style-type: none"> • SOP to ensure all CCMDD patients who miss their pick ups are recorded, tracked and traced was implemented in all 50 facilities. • 4969 Outcomes recorded on TIER.Net. • All 50 facilities receive a Medipost list of patients collected their monthly treatments to trace defaulter patients on a monthly basis. |

Challenges for Q2 and Q3 (Jul-Dec 2017) and Mitigation Plans

| Challenge | Mitigation | Status |
|-------------------------|--|--|
| High Rate of Defaulters | <ul style="list-style-type: none"> • Road shows focussing on CCGs, Data capturers, Lay counsellors and HAST implementing clinicians in district. • Weekly nerve centre meetings by Ugu EXCO monitoring performance and providing recommendations for each team • Staff training | <ul style="list-style-type: none"> • 5 road shows held ,covering SOPS for tracking and tracing ,processes to be followed to manage Loss To Follow Up ,Viral loads due and Waiting for ART • Weekly performance review ,weekly review of plans /roster for the 3 roving teams |

Challenges for Q2 and Q3 (Jul-Dec 2017) and Mitigation Plans

| Challenge | Mitigation | Status |
|---|---|--|
| Self transfers to other facilities without notifying facility where they started ART (LTFU) | <ul style="list-style-type: none">• Revive literacy classes in all facilities in order to improve clients adherence to treatment. | The lost to follow up numbers have decreased considerably with the implementation of the weekly nerve center meetings. |

Plans for the Next Quarter

- Conduct strategic session to review terms of reference
- Review /develop role clarification , reporting systems , monitoring o and evaluation strategy for the UDAC for District AIDS Council
- Convene a strategic session to develop a programme of collaboration with other community based sectors such as religious sector and civil society stakeholders
- Set targets or standards for local leaders e.g. politicians to conduct minimum slots e.g. per month to a specific number of community members