

# **EThekweni District Report Quarter 3 2019/20**

Provincial Council on AIDS Meeting.

**Date:** 11 March 2020

## PROGRESS REPORT ON Q2 CHALLENGES

CHALLENGE	MITIGATION	STATUS
<ul style="list-style-type: none"> <li>The HIV positivity yield was <b>6% (23 801) in Q1</b> and even lower <b>in Q2 5.2% (22 514)</b> in spite of high testing rate in Q2, below the positivity yield target of <b>9%</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Increase focus of HIV Counselling and Testing Services (HTS) on High Transmission Areas i.e. Informal Settlements, densely populated areas with highly burdened HIV and TB.</li> <li>Targeted testing and strengthen implementation of HTS in high risk and Key Populations: Index Case testing( Contact Testing), Adolescent, Girls Young women(AGYW), Trucks, taxi drivers.</li> <li>Monitoring of daily and weekly performance through weekly nerve Centre meetings.</li> <li>Monitoring testing by the outreach teams and community testing Partners to increase positivity and linkage to care .</li> </ul>	<ul style="list-style-type: none"> <li>No improvement declined further, by 1% from 6% to 5% in Q3.</li> </ul>

## PROGRESS REPORT ON Q2 CHALLENGES

CHALLENGE	MITIGATION	STATUS
<ul style="list-style-type: none"> <li>Male condom distribution in <b>Q1 was 11 919 090 in Q2 was 11 145 296</b> below expected target of <b>15 917 692</b></li> <li><b>Female condoms</b> distribution in Q1 was <b>76 234 and Q 2 was 511 642 below</b> the target of <b>640 710</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Allocate condom distribution targets to HIV Mentors &amp; MMC roving teams, facilities and Partners outreach teams and CHWs</li> <li>Implementation of the condom distribution plan.</li> <li>Monitor performance of facilities through PHC managers. .</li> </ul>	<ul style="list-style-type: none"> <li>No improvement. In Q3 was 9,032,200 below target of 15 917 692.</li> </ul> <p><b>Reasons:</b></p> <ul style="list-style-type: none"> <li>This partly due to termination of services of one of the V MMC Support Partners that was distributing a significant amount of condoms as part of HIV Prevention Programme</li> <li>There is poor distribution and data reporting in facilities</li> </ul>

## PROGRESS REPORT ON Q2 CHALLENGES

CHALLENGE	MITIGATION	STATUS
<p>VMMC in <b>Q1</b> was <b>15 627</b>, in <b>Q 2</b> was <b>11 747</b> below target of <b>17 997</b>.  Attributed to termination of contract of the contract of one support partner -URC.</p>	<ul style="list-style-type: none"> <li>•Facilities requested to develop a plan to ensure that two or more MMC are conducted at a day.</li> <li>•Facilities to plan to conduct MMC instead of relying on partners.</li> <li>•Provincial office has extended two GPs contract whilst dealing URC transition</li> <li>•Awaiting appointment of the new partner, they started providing MMC services to those facilities that were affected in September 2019</li> </ul>	<ul style="list-style-type: none"> <li>• No improvement in Q3 was 6 535 below target of 17 997.</li> </ul>

# PROGRESS REPORT ON Q2 CHALLENGES

CHALLENGE	• MITIGATION	STATUS
The number of Key populations receiving oral Pre-Exposure Prophylaxis in Q1 was 5 247 and dropped to 4 976 in Q2. Q2 Prep dropped as a result of holidays and exams	. Expansion of PreP to health facilities	Site number increased

# PROGRESS REPORT ON Q2 CHALLENGES

CHALLENGE	• MITIGATION	STATUS
<p>VL completion in Q1 was 74.3% in Q 2 decline to 61% below the target of 90%.</p> <p>VL suppression rate of 93% in Q 2 decline to 90% although still within target of 90%.</p>	<ul style="list-style-type: none"><li>• Linking of clients with the case manager and the social worker to promote adherence to treatment.</li><li>• Continuous capturing of the results in the facilities and monitor patients response to treatment Adherence counselling of clients on treatment</li></ul>	<p>VL suppression improved by 1% in Q3, however remains low in children 73%, and VL completion at 56% for children</p>

## Q3: ACHIEVEMENTS/SUCCESSSES

### Goal 1: Accelerate prevention to reduce new HIV, TB and STI infections:

- HTS at 92%
- Reduction in Mother To Child HIV Transmission at 0.5% less against the 1% target
- ToP declined by 52% from 191 in Q2 to 126 in Q3
- Births among 10-19 yrs. declined by 79 (4 % deliveries from 2100 in Q2 to 2021 in Q3.
- Infant death declined by 5.5% from 284 in Q2 to 274 in Q3

### Goal 2: Reduce morbidity and mortality by providing treatment, care and adherence support for all.

- Viral suppression at 91% from 90% in Q2.

### Goal 3: Reach all key and vulnerable populations with customised and targeted interventions.

- PrEP cumulative uptake is at 1 886 against 810 target
- Total condom distribution to key vulnerable population increased from 24 84 0 in Q2 to 251 040 in Q3.

# ACHIEVEMENTS/SUCCESSIONS

## **Goal 4: Address the social and structural drivers of HIV, TB and STIs**

- Children receiving service through drop in centres increased from 734 in Q2 to 806 in Q3.
- GBV survivors provided with post-violence care increased from 2 191 in Q2 to 3 093 in Q3.
- Over 18yrs reached through substance abuse program increased from 13 180 in Q2 to 48 445 in Q3.

## **Goal 5 Ground the response to HIV TB and STIs in human rights principles and approaches.**

- No departmental reports submitted due to lack of contact person in each dept.

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

- No functional structures as per XXXX UNAIDS report.



## Q4: District Action Plans

1 <sup>st</sup> 90: Challenge	Mitigation
<ul style="list-style-type: none"><li>• HTS declined by 51,501 (15% change) from Q 2</li><li>• Positivity yield declined by 1% from 6% to 5%</li></ul>	<ul style="list-style-type: none"><li>• Greater focus on case finding and linkage to care<ul style="list-style-type: none"><li>✓ Expand Index case testing</li><li>✓ Target men : isibaya samadoda</li><li>✓ Hostels and hot spot targeting</li><li>✓ Target youth through AYFS</li><li>✓ Ensure 25-30% of headcount is offered HIV testing everyday at facility level</li><li>✓ Attach HTS targets for clinicians - 2 per day and lay counsellors-15 per day</li><li>✓ PICT in all entry points at facility level using HIV risk assessment tool</li></ul></li></ul>

## Q4: District Action Plans

VMMC: Challenges	Mitigation
VMMC in Q3 was <b>below</b> target	<ul style="list-style-type: none"><li>• Monthly monitoring of partner targets and results</li><li>• Strengthen demand creation for VMMC through AYFS and all community structures</li><li>• Continue to monitor performance vs. targets.</li><li>• Build capacity of DoH to perform VMMC for sustainability</li></ul>

## Q4: District Action Plans

Condoms: Challenges	Mitigation
<ul style="list-style-type: none"><li>• Condom distribution in Q3 was 9,032,200 below target of 15 917 692.</li></ul> <p>Female condoms distributed in Q3 was 486 207 below the target of 640 710.</p>	<ul style="list-style-type: none"><li>• Increase distribution support by NGOs and CBOs, FBOs.</li><li>• Accurately document numbers distributed at primary and secondary sites.</li><li>• Monitor distribution levels from facility against primary site.</li><li>• Account for distribution numbers at ward level</li><li>• Monitor minimum and maximum stock levels monthly at the facilities.</li><li>• Collaborate with sport dept. to distribute during soccer matches</li><li>• Identify root cause and develop QIPs</li><li>• Strengthen data recording at facility level</li></ul>

## Q4: District Action Plans

ANC: Challenges	Mitigation
<ul style="list-style-type: none"><li>• First Ante-Natal Care visit before 20 weeks in Q3 declined by 2%</li></ul>	<ul style="list-style-type: none"><li>• Promote pregnancy screening at facility and community level.</li><li>• Raise awareness about the benefits of early ANC through all community structures.</li></ul>

## Q4: District Action Plans

TB: Challenges	Mitigation (Plans to Address Challenge)
TB missing cases were 1,061 of 5021	<ul style="list-style-type: none"><li>• Raise awareness at facility and community level on high TB prevalence and resistance</li></ul>
MDR TB LTFU rate has significantly increased by 5%	<ul style="list-style-type: none"><li>• Routine investigation for all high risks population<ul style="list-style-type: none"><li>-Pregnancy women, diabetes, HIV+ and EIDs and mobile men and migrants</li></ul></li><li>• Engage with all community structures to promote TB treatment adherence</li><li>• Attach targets for TB defaulter tracing at community level</li><li>• Collaborate with other community structures to communicate the</li></ul>

## Q4: District Action Plans

2 <sup>nd</sup> 90: Challenges	Mitigation
<ul style="list-style-type: none"><li>• Total number of patients remaining on ART in Q3 slightly lower than in Q2 (<b>declined by 141</b>) affected by the festive season migration</li><li>• Adult lost to follow up (LTFU) at 6 months in Q2 was 7.6% and Q3 6%</li></ul>	<ul style="list-style-type: none"><li>• Scaling up case management</li><li>• Continue with tracking and tracing</li><li>• Data clean up to align patients on synch and CCMDD with tier.net</li><li>• Scale up welcome back strategy</li><li>• Continue with de-duplication exercise</li></ul>

## Q4: District Action Plans

Maternal Health: Challenges	Mitigation
Total maternal death remained unchanged ( <b>n=16</b> ) between Q2 and Q3	<ul style="list-style-type: none"><li>• Audit of each death with QIPs</li><li>• Monitor essential steps on the management of obstetric certain emergencies</li><li>• Pregnancy screening and raising awareness of danger signs for pregnancy at community level</li></ul>

## Q4: District Action Plans

3 <sup>rd</sup> 90: Challenges	Mitigation
<p><b>VL completion</b> in Q3 was <b>70%</b> a <b>3% decline from Q 2</b></p>	<ul style="list-style-type: none"> <li>• Optimal utilisation of roles of VL champions, Linkage offices, CA and CHWs, YA and outreach teams</li> <li>• Intensify VLD at facility and community level through:               <ul style="list-style-type: none"> <li>✓ Literacy classes –promoting U=U</li> <li>✓ Case management</li> <li>✓ CCMDD and adherence clubs</li> <li>✓ VL sample collection in all outreach teams</li> </ul> </li> </ul>
<p><b>VLD for children in 56% &amp; VLS is 72.6% in Q3</b></p> <p>Challenges:</p> <ul style="list-style-type: none"> <li>•Viral due list not effectively utilised at facility level</li> <li>•Disclosure for children</li> <li>•Poor implementation of appointment systems</li> <li>•Patient related challenges</li> <li>•Facility waiting times and missed opportunities for VLD through CCMDD streams</li> </ul>	



## Q4: District Action Plans

3 <sup>rd</sup> 90: Challenges	Mitigation
<p>VLD for children in 56% &amp; VLS is 72.6% in Q3</p>	<ul style="list-style-type: none"><li>• Support awareness on VLD and VLS through community structures</li><li>• Implement enhanced adherence and disclosure counselling for care-givers</li><li>• Use the extended hours to increase access for VL sample collection</li><li>• VL sample collection using outreach teams</li><li>• PNC: supporting treatment cascade for mother-baby pairs</li><li>• Routine HIV testing and VL completion checking for breastfeeding mothers, breast feeding and IMCI</li></ul>

## Q4: District Action Plans

Sexual Assault: Challenges	Mitigation
<p>Sexual assaults new cases remain high(unchanged between quarters).</p>	<ul style="list-style-type: none"><li>• All eligible clients must be offered PEP</li><li>• Active participation of SAPS and Dept. Justice to ensure correct information is passed to the survivors and timeliness of linkage to care</li><li>• Strengthen referral pathways across all depts.</li><li>• Routine screening in all PHC for sexual assault</li></ul>

## Q4: District Action Plans

Sexual Assault: Challenges	Mitigation
<p>Slight decline of sexual assault for under 12yrs from 296 in Q2 to 293 in Q3</p>	<ul style="list-style-type: none"><li>• Communication with community structures:</li><li>✓ Engage community leaders in highly affected areas</li><li>✓ Raise awareness about the burden and confront cultural taboos the importance of timely reporting of sexual assault and the</li><li>✓ Ensure availability of PEP to increase demand</li><li>✓ Conduct focus groups and dialogues with boys and men to raise awareness and identify mitigation strategies</li></ul>

# PRIORITIES for 2019/2020

- Achieve 90 90 90 targets by March 2020.
  - Index testing through testing of contacts to improve positivity yield
  - Community Testing in hot-spots/high transmission areas
  - Same day ART initiation
  - Find and return to care those that have defaulted treatment
  - Find missing TB clients
  - Find the Men for Health services
  - Implementation of extended hours to improve access to care
  - Implementation of the Community Oriented Primary Health Care Based Model.
  - Improve condom distribution.
  - Strengthen Centralised Chronic Medicine Dispensing and Distribution(CCMDD).
  - Promoting VL completion for VLS for U=U
- Nerve Centre Meetings at DAC level to engage all departments and strengthen monitoring of district performance

# OPPORTUNITIES

- Last mile efforts to meet 90-90-90
- Engagement of all community structures
- Revitalization of the DAC and WACs
- Dedicated DAC secretariat

**Thank You**