

REPORT OF THE DAC TO MEC, 11 FEBRUARY 2020.

BRIEF HIGHLIGHTS ON COMPOSITION, PROGRAMS, ACHIEVEMENTS,  
CHALLENGES & FUTURE PLANS.

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LESLIE SAKUNEKA, MR.

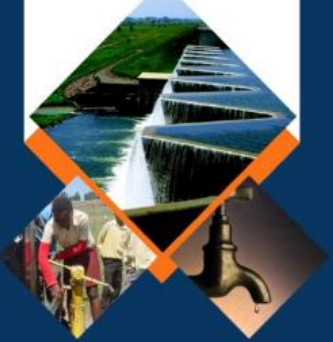
ON BEHALF OF:  
CLLR. T MAPHUMULO, MAYOR & CHAIRPERSON: DAC

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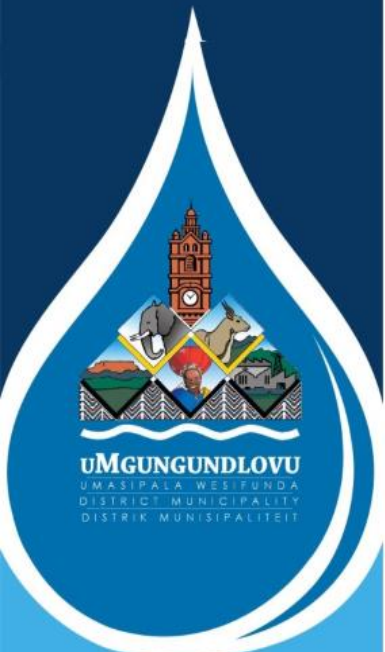


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### **Political mandate by Her Worship the Mayor for the next five years**

1. Metro (step by step roadmap to our common vision)
  2. Universal access to services (100% access)
  3. Maintenance plan (reliable provision of services)
  4. Radical Economic Transformation ( setting up of a functional Development Agency)
  5. Community Partnerships ( EPWP and Co-operatives)
  6. Good Governance (sustaining the clean audit)
  7. Sustainable IGR ( a structured Mayors Forum)
  8. Monitoring and evaluation ( through the SDBIP's)
  9. Special Programmes (for the vulnerable communities)
  10. Achieving sustainable development and climate change mitigation
- (from the Inaugural message by Her Worship the Mayor: Cllr. TE Maphumulo: 2016)







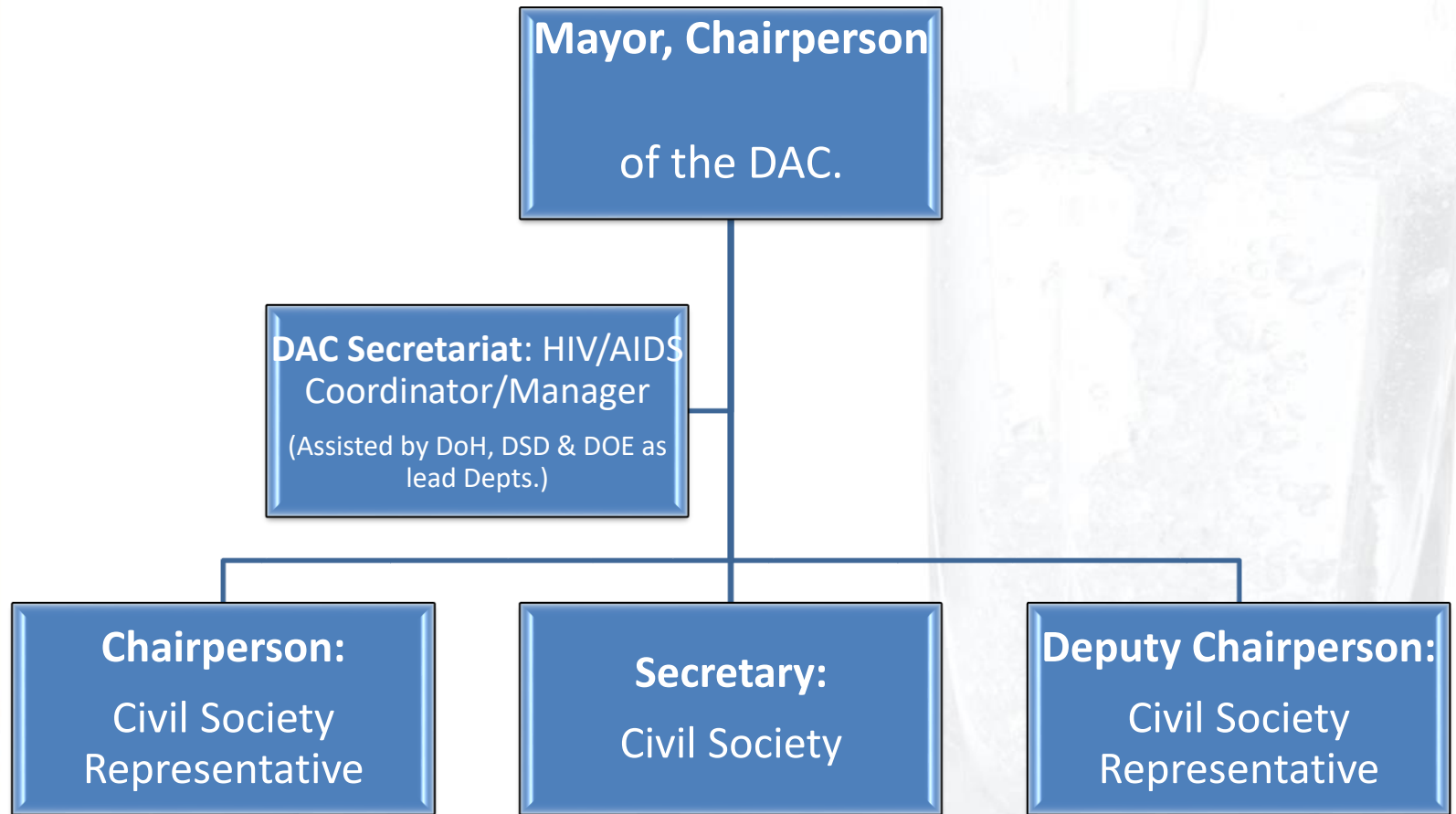
# Composition of the DAC

- The DAC is composed of the government departments, civil society partners, public interest groups, institutes of higher learning and other community interest groups.
- The DAC nominates OR elects a civil society representative and the deputy civil society representative to lead on civil society engagements and protection of civil rights to HIV.



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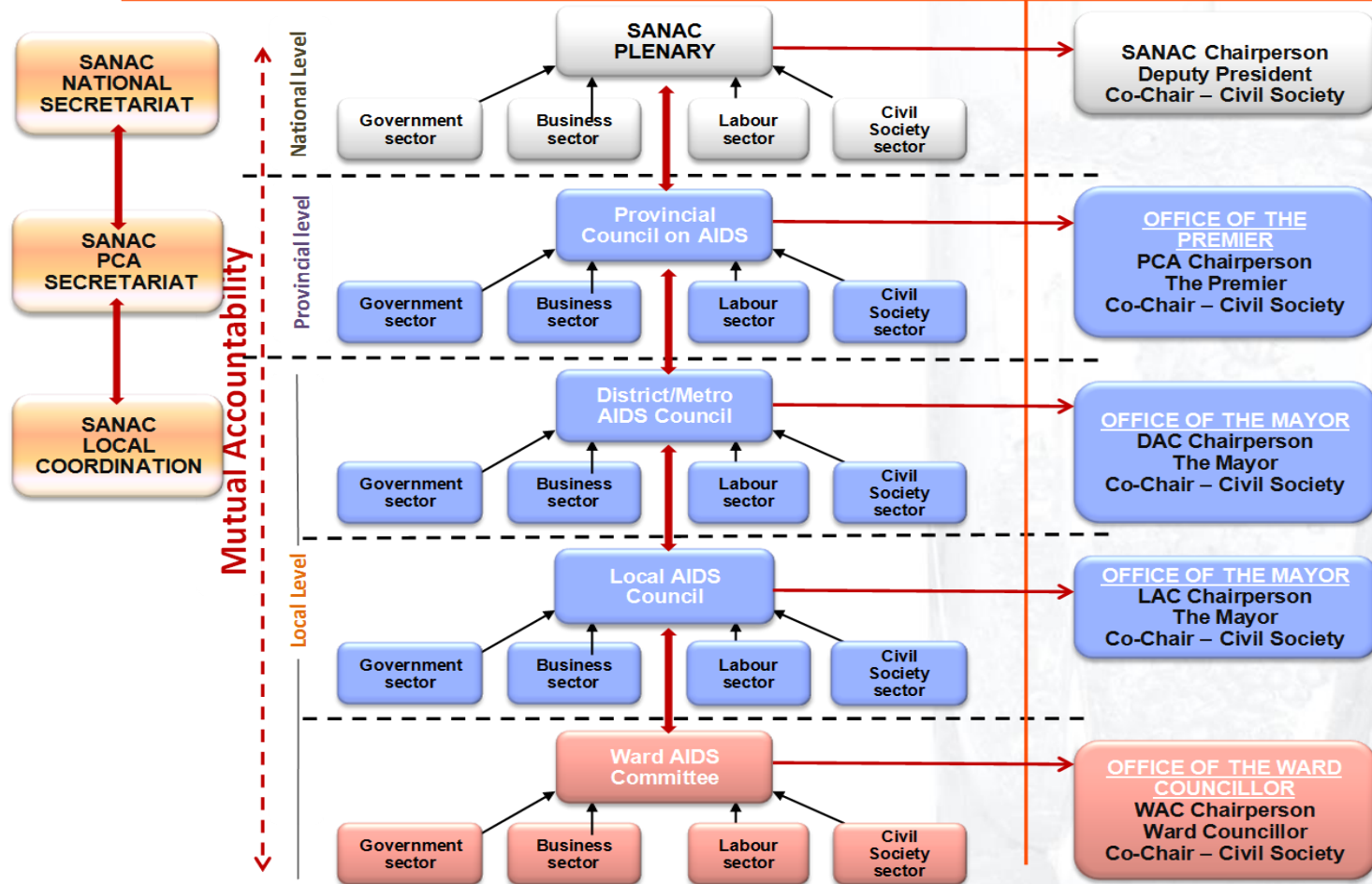
# DAC Executive



# HIV/AIDS Structural Coordination

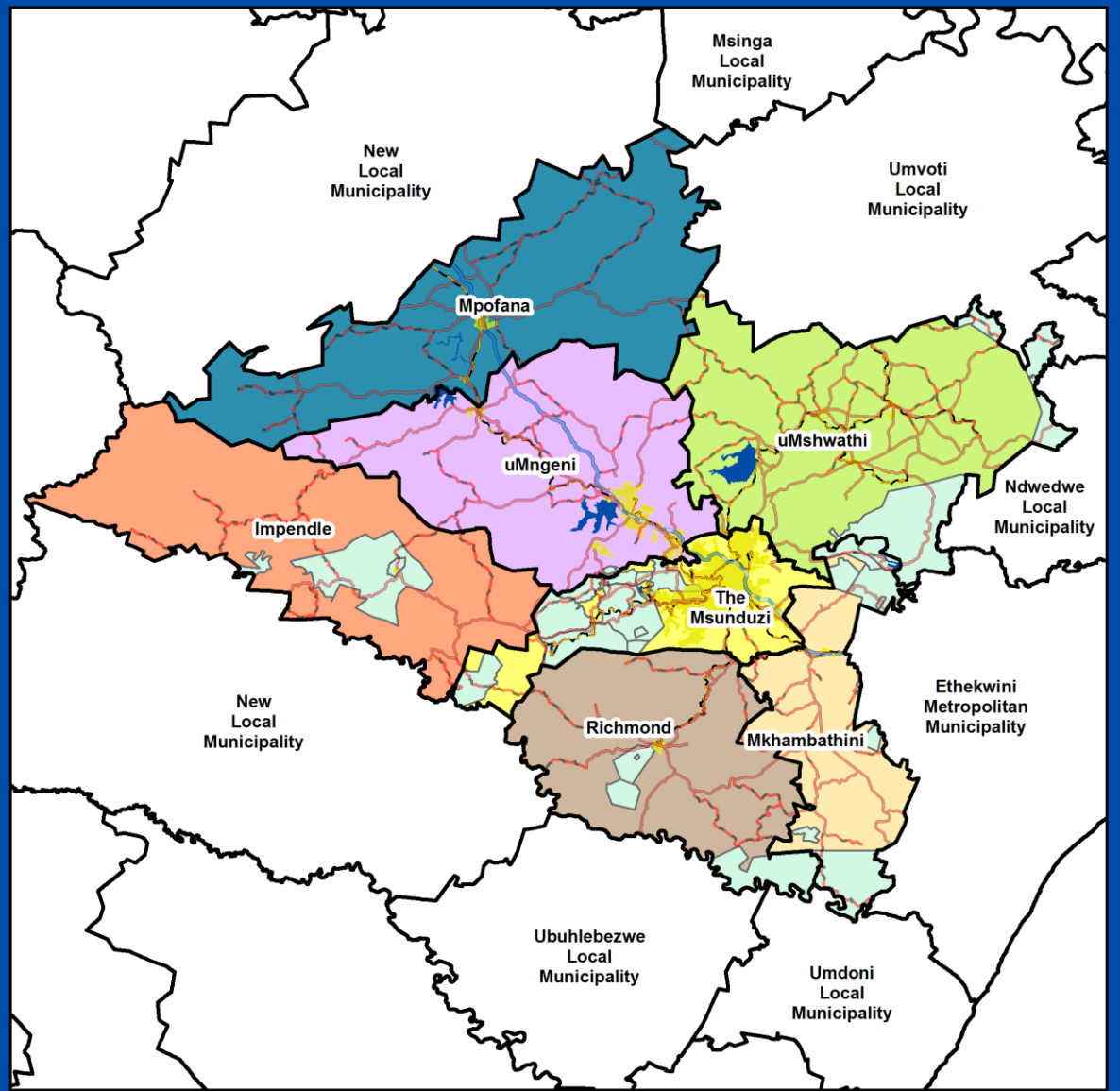
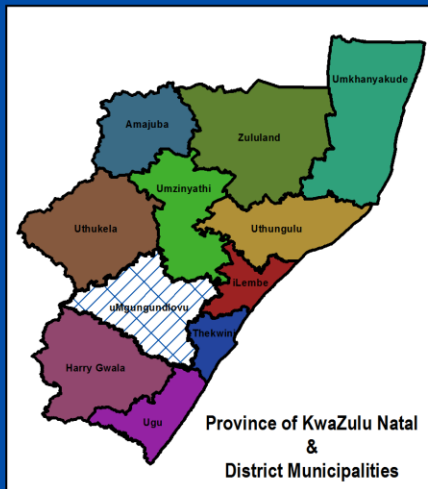
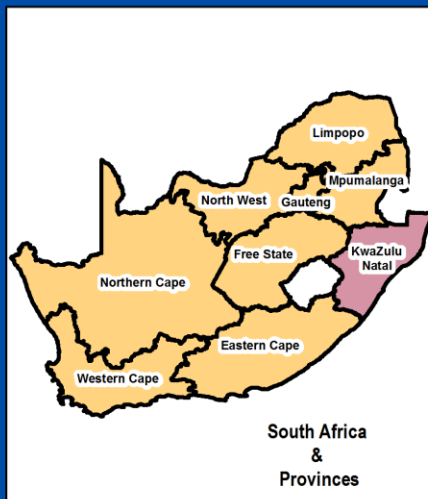
## Governance and Coordination

## Formal Oversight



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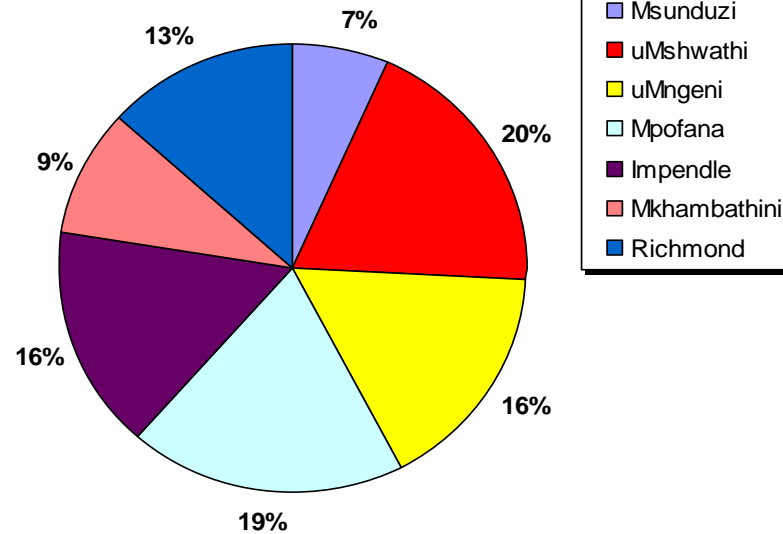
# District-wide Coverage



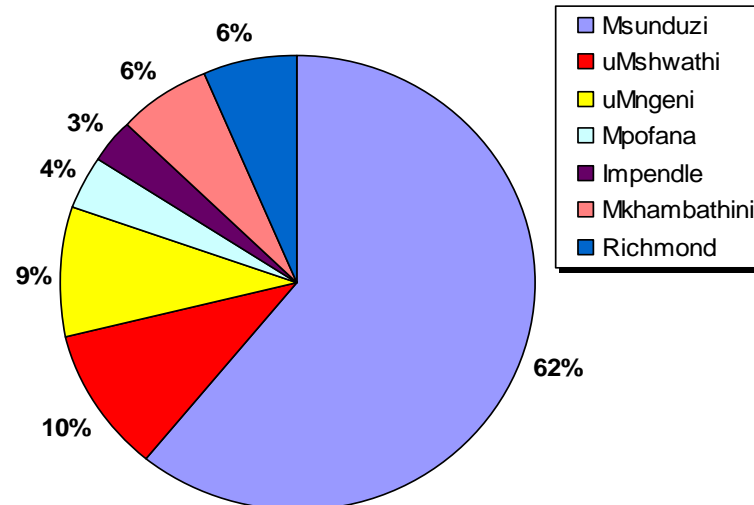


# Population & Municipal Areas

**Municipal Area as a Percentage of the District**



**Municipal Population as a Percentage of the District**



Municipality	Area sq km	Population 2011
Msunduzi	634	618536
uMshwathi	1818	106374
uMngeni	1567	92710
Mpofana	1820	38103
Impendle	1529	33105
Mkhambathini	891	63142
Richmond	1256	65793



South Africa (2015)

**7** million people living with HIV

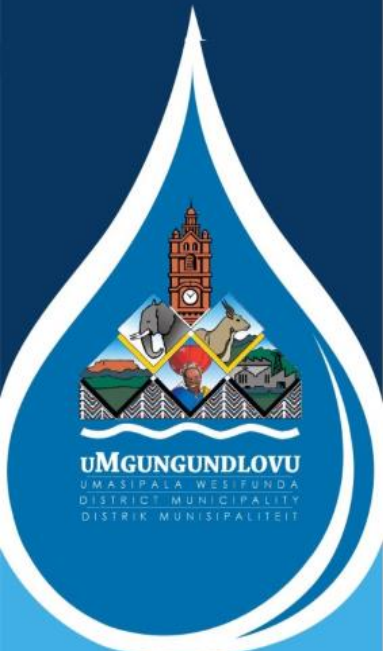
**19.2%** adult HIV prevalence

**380,000** new HIV infections

**180,000** AIDS-related deaths

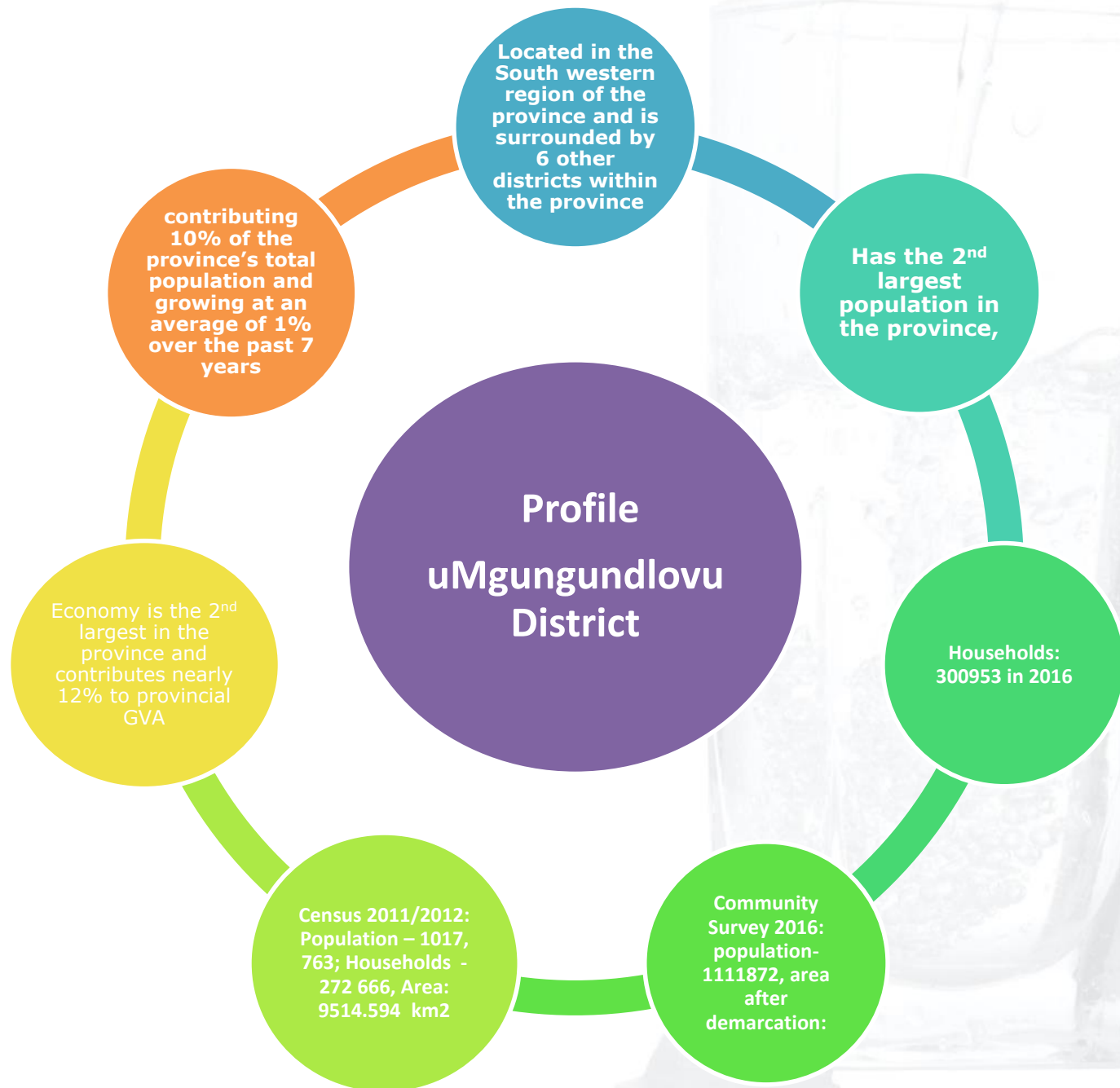
**48%** adults on antiretroviral treatment

Source: UNAIDS Gap Report 2016





# Profile of uMgungundlovu District



# Our District response to HIV

- ❑ uMgungundlovu

District-wide  
Strategy document  
on HIV/AIDS, STIs &  
TB.

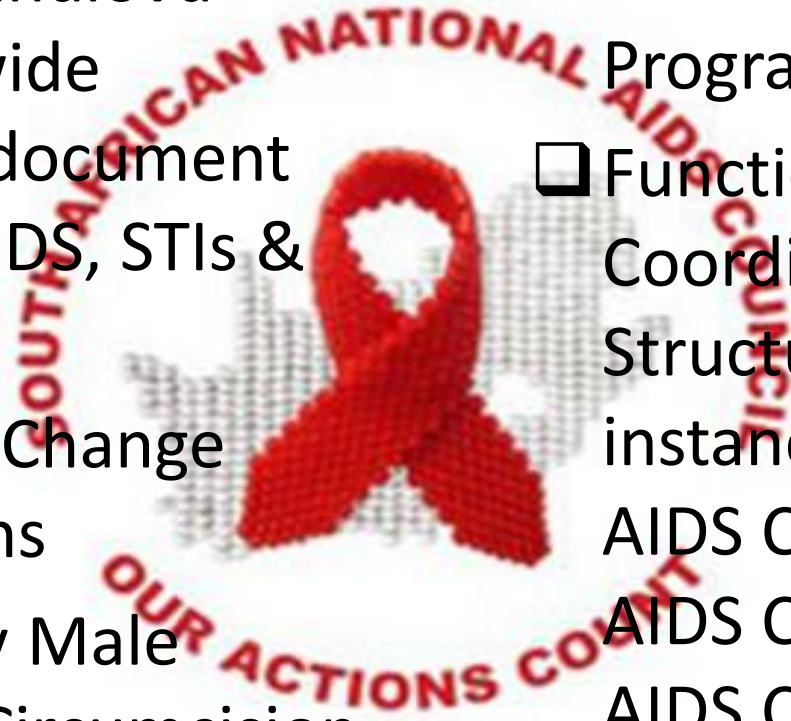
- ❑ Behavior Change  
Campaigns

- ❑ Voluntary Male  
Medical Circumcision

- ❑ NIMAART

Programme

- ❑ Functional HIV/AIDS  
Coordinating  
Structures, for  
instance: District  
AIDS Council / Local  
AIDS Council & Ward  
AIDS Councils



# Our District response

☐ 90–90–90 – CITIES  
FAST TRACK  
STRATEGY, Msunduzi  
Municipality -  
launched in 2014,  
aims to greatly step  
up the HIV response  
in low- and middle-  
income countries to  
end the epidemic by  
2030.

90%

of all



living with HIV will know  
their HIV status

90%

of all



living with HIV will receive  
antiretroviral therapy

90%

of all



receiving antiretroviral  
therapy will have viral  
suppression



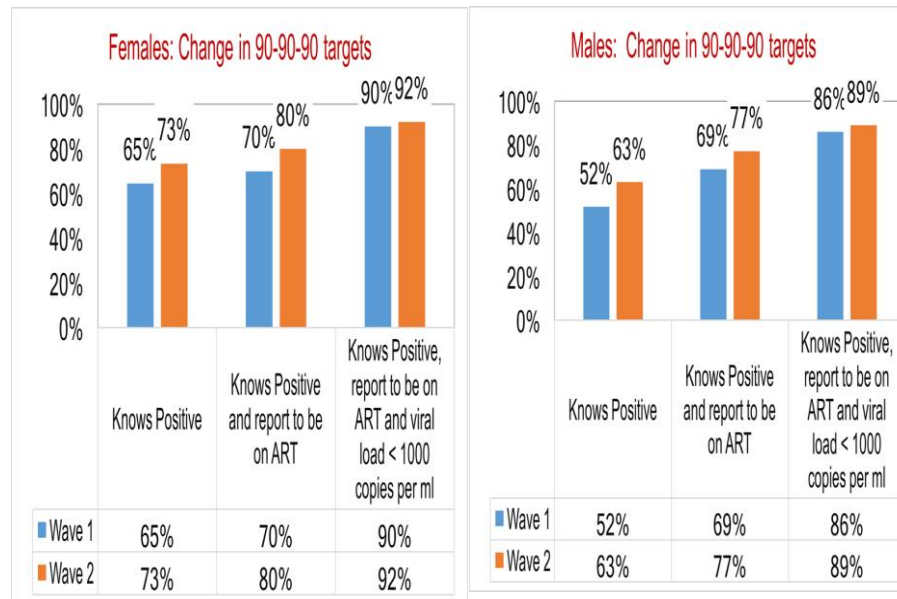
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# Our response & findings

## uMgungundlovu 90-90-90 targets

Using the HIPSS first baseline collected between June 2014 to July 2015 to the 2<sup>nd</sup> cross sectional data July 2016 to June 2016 we compared the changes in uMgungundlovu.



The HIPSS results indicate a positive improvement towards achieving 90 90 90 targets over the last 12 months. What is concerning is that a third of women and 40% of men still do not know their HIV positive status and cannot be put on treatment to improve their health and prevent transmission of the virus.



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# Our response through partnership & support



Voluntary Medical Male Circumcision  
for HIV Prevention



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# Our response through strategic campaigns

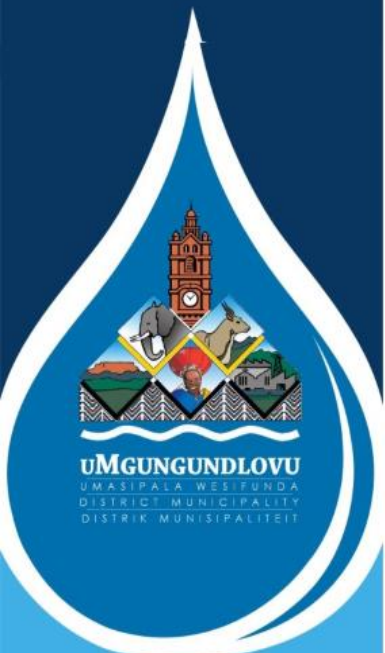
- ☐ Condom Promotion & Distribution
- ☐ Behavior Change: Modalities on Stigma Reduction





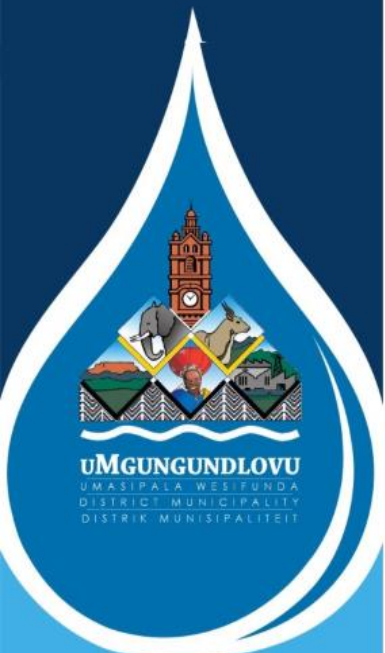
# Our response involving key populations & PLWHIV

- ☐ Greater involvement of PLWHIV
- ☐ Sector involvement & representation in Coordinating Structures (DACs & LACs)



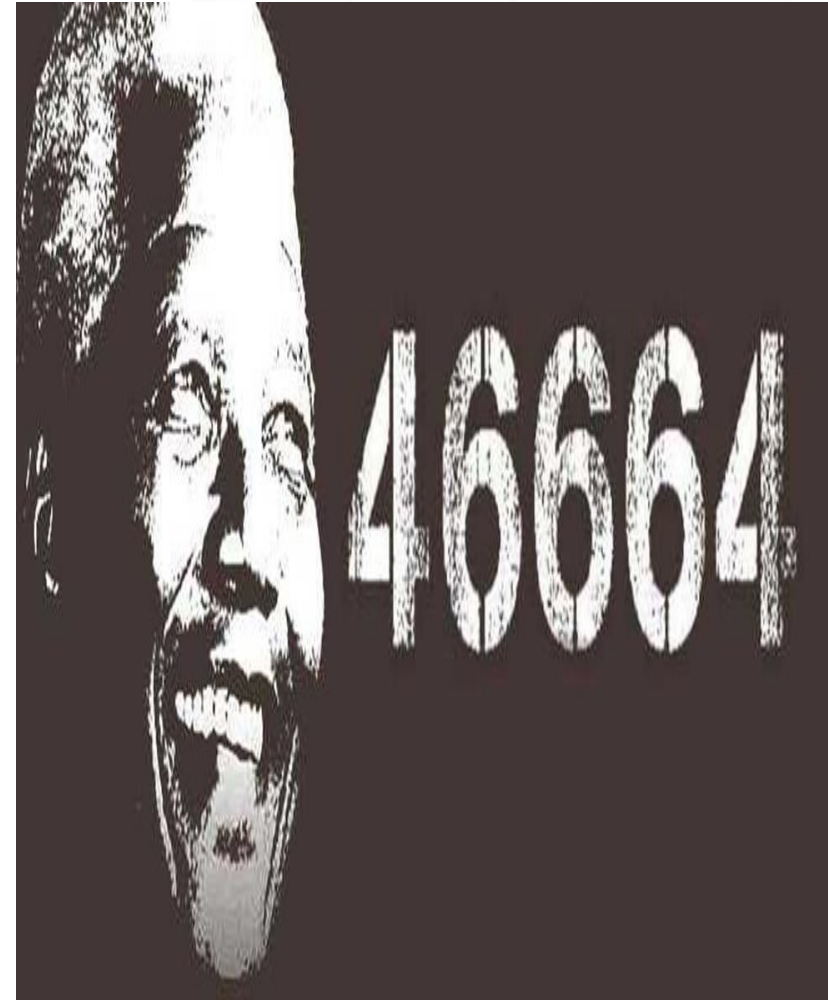
# Our response involving key populations & PLWHIV

- ☐ Greater involvement of Youth on HIV response.
- ☐ Introduction & Launch of Teenage Health Mentors (THMs) in Schools.  
(Incorporated into DREAMS' Initiatives & programmes targeting Girls & Young Women in and out of school)
- ☐ THMs working in collaboration with DREAMS implementing partners.
- ☐ CMT / UMDM Partnership on Teenage Health Mentors.



## Greater involvement of Leaders in the fight against HIV

- ☐ HIV/AIDS Action Committee of Traditional Leaders, established & functional.
- ☐ Traditional Leaders Developed an Action Plan on HIV/AIDS.
- ☐ Mayors chairs HIV/AIDS Coordinating Structures (DAC/LAC)



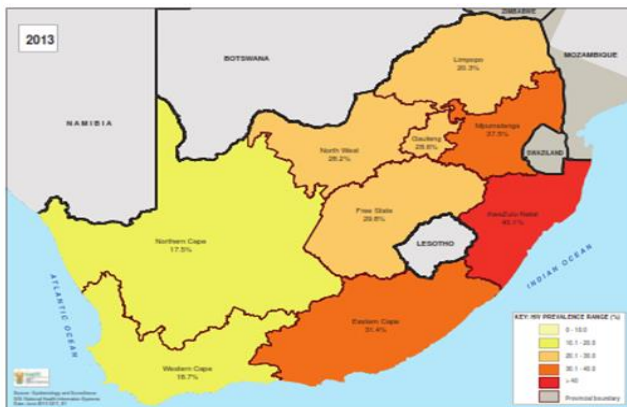


# Management of HIV: Strategic Planning Tool



# MANAGEMENT OF HAST

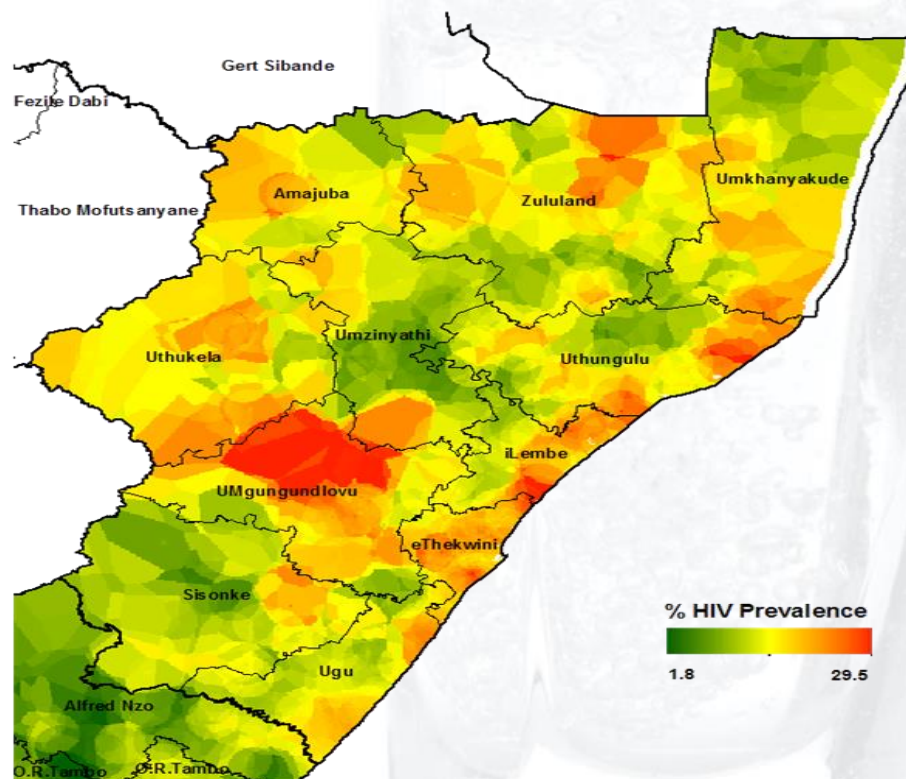
## Current Strategic Projects: DAC



### Geographical Distribution of HIV

Geographically describe and visualise the patterns in distribution of HIV using routine facility PHC level data to identify high burden areas.

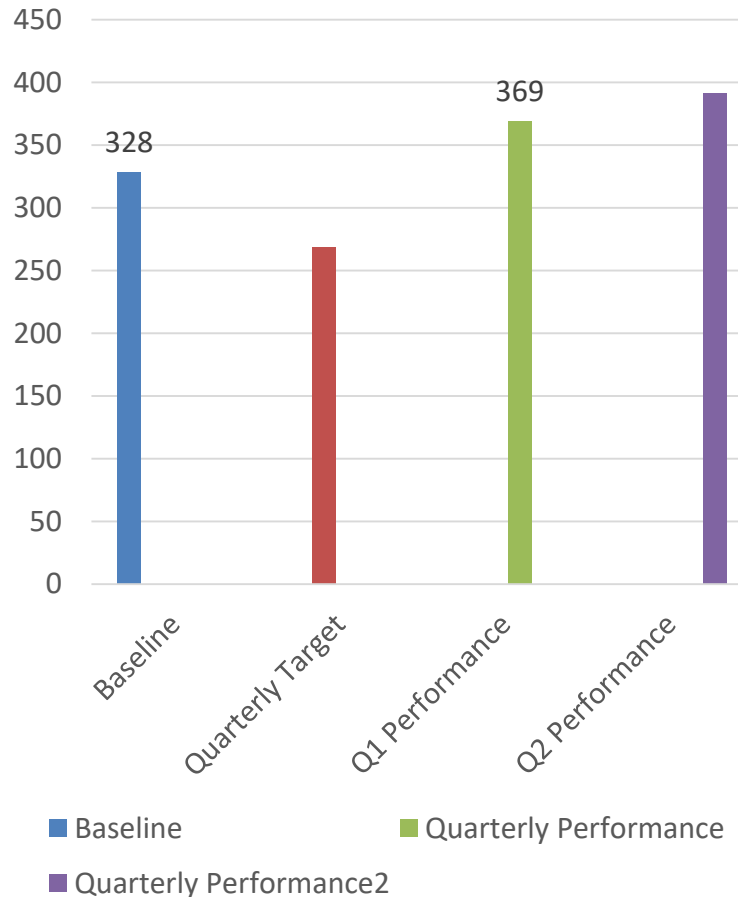
### Visual Patterns of HIV Distribution



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# ACHIEVEMENT/SUCCESS: Social Relief Programmes

Social Relief Programs



- Issuing of food parcels to needy families. These families were identified by CCGs and referred to the DSD Office for processing. A needed intervention in uMgungundlovu. The target was achieved in Q1 AND surpassed target in Q2. Most families benefited from this intervention.

Reasons contributes to:

- Demand for relief was high due to a high number of social-ills and the unemployment rate, and the demand was met exceedingly. Interventions carried out were successfully and relief for families identified were sought.

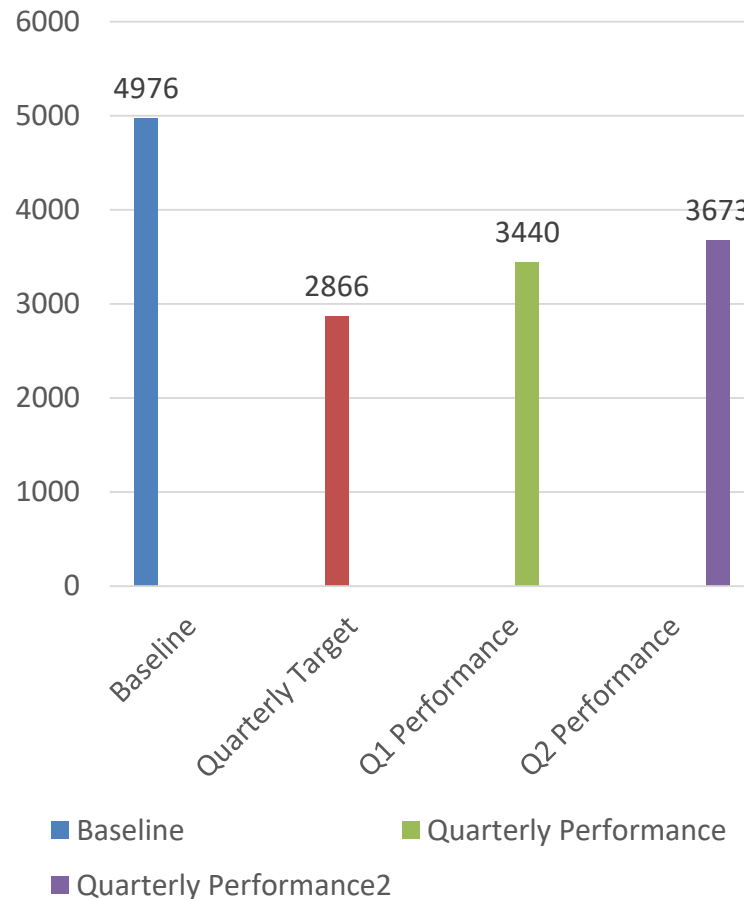




# ACHIEVEMENT/SUCCESS:

## Family care & support services

Care & Support Services



- Diverse interventions rendered to families with a focus on providing an extended care and support to OVCs.
- The target was achieved in Q1 AND exceedingly well achieved in Q2.

### Reasons contributes to:

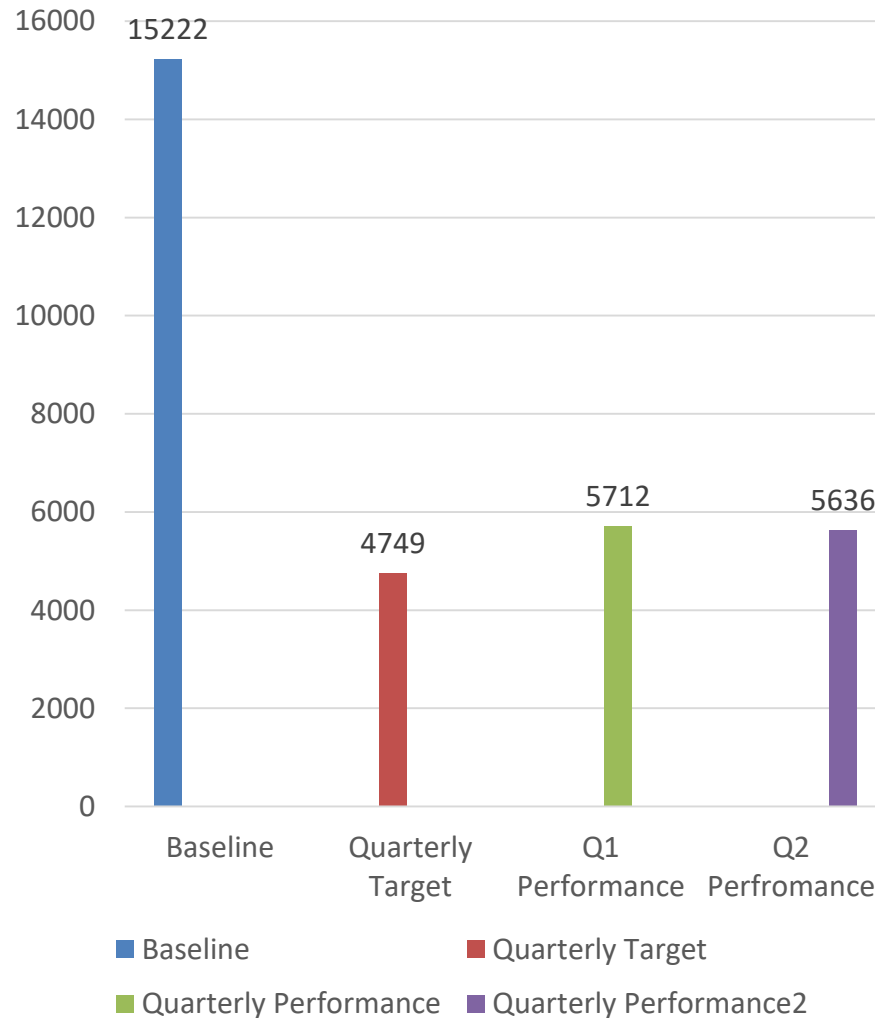
- The good performance is attributed to effective support system from the CCGs, War Rooms, LACs and Ward Cllrs in identifying priority cases / families.
- Contributing to effective performance are strong referral systems through a multisector coordinating structures at a Local/Ward level.



# CHALLENGE:

## People over < 18yrs reached: Substance Abuse

Substance Abuse



The deliverable on this indicator is above the quarterly in Q1, but regressed in Q2. However, interventions are continually being made with a particular focus on the youth out-of-school.

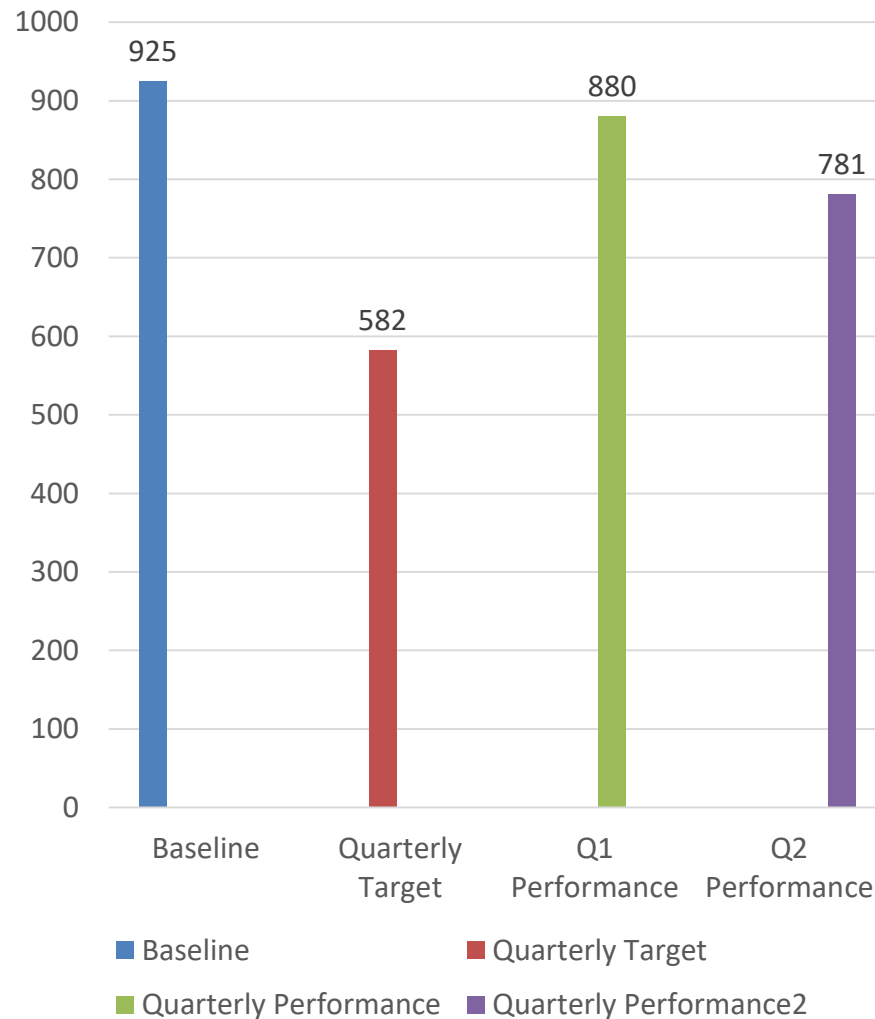
More aggressive campaigns still needs to be undertaken in partnership with Drugs Action Committees working with DAC/LACs/ and War Rooms throughout the District.



# ACHIEVEMENT/SUCCESS:

## People reached through GBV Prevention Programmes

### GBV Prevention



Incidences of gender-based violence are rife and high in the Country. Pleasing to note that the deliverable on Q1 far exceeds the target, but performance on Q2 backslid yet exceeding the quarterly target.

The collaborative work between the NGOs and the Dept. of Social Development resulted in three funded shelters which caters for the abused and those exposed to GBV (abused men, women and youth).



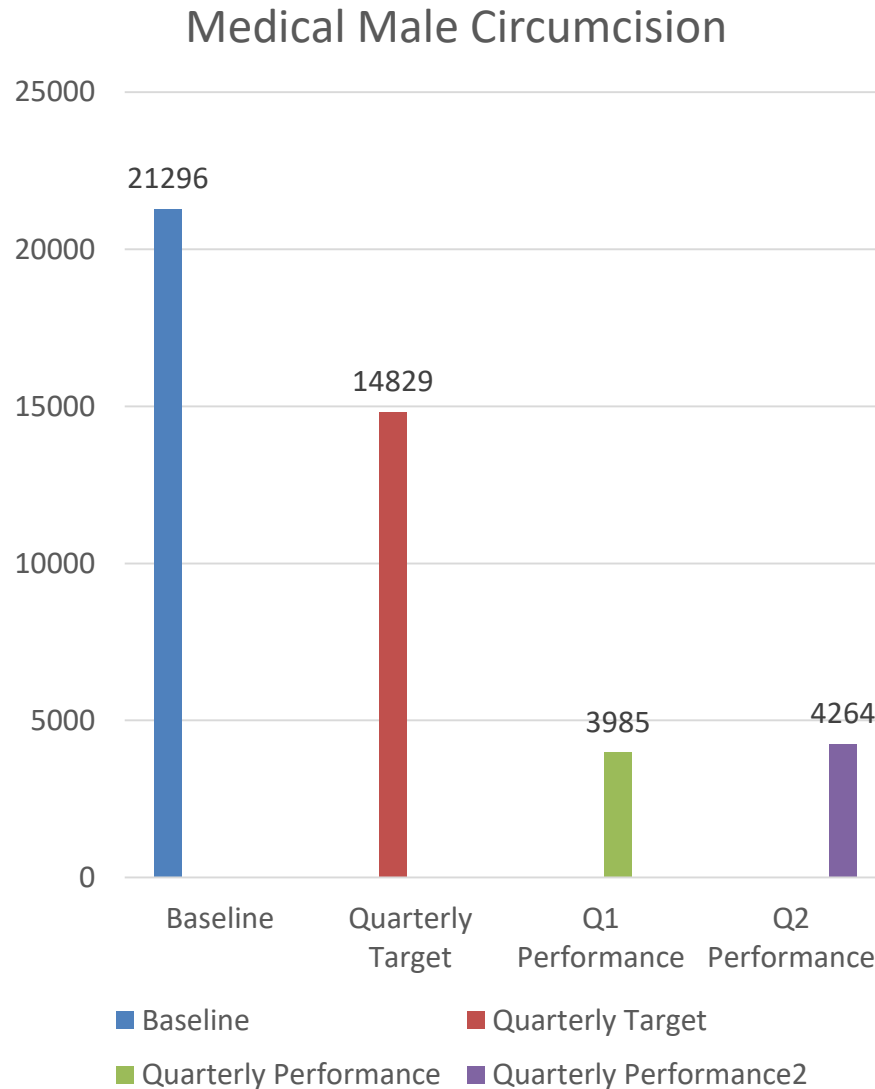


# ACHIEVEMENT/SUCCESS:

## Medical Male Circumcision

The performance on medical-male circumcision is below target on both quarters, Q1 and Q2.

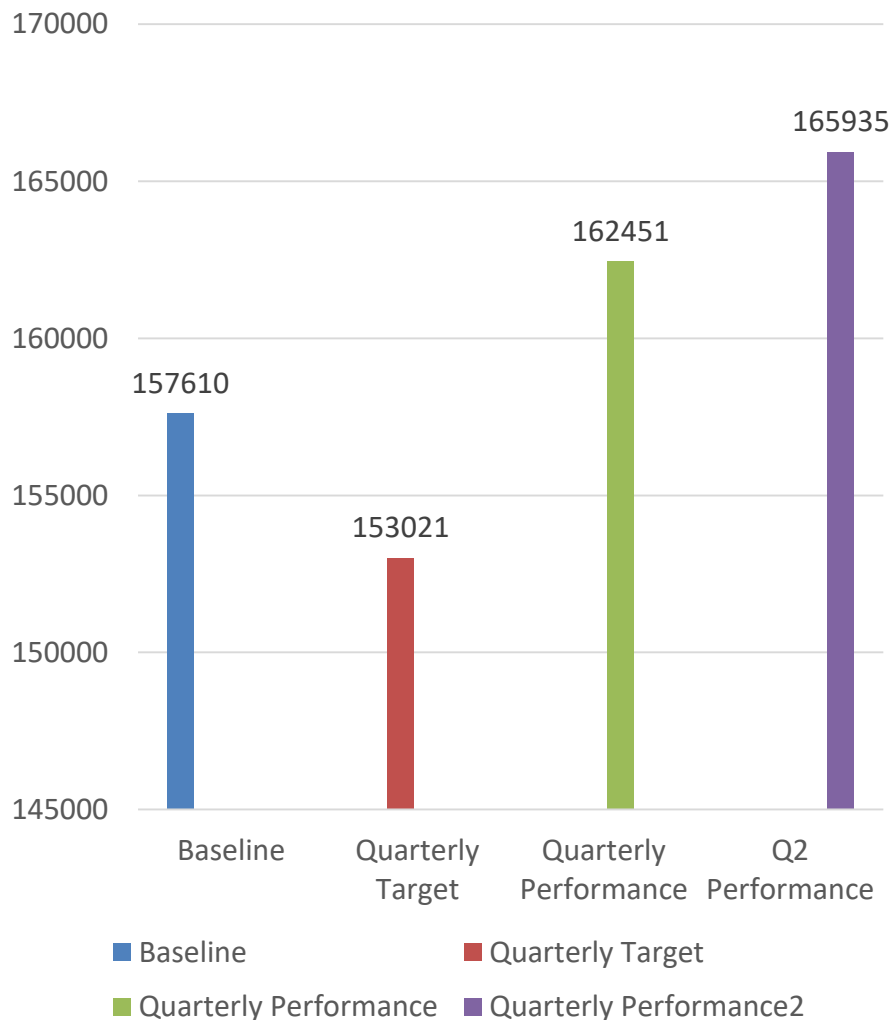
There need to be strengthened demand creation activities by civil society sectors, especially the Men Sectors and Isibaya Somadoda.



# ACHIEVEMENT/SUCCESS:

## TOTAL REMAINING ON ART (MONTHLY)

TOTAL REMAINING ON ART



The deliverable on this indicator is an indication of an acceptable performance for both Q1 and Q2. However, the loss to follow-up after six months increases even after twelve months.

The educational awareness campaigns will be conducted to educate people to avoid registering to three facilities and collect from one. They should deregister (by taking transfer-out) on the two facilities and collect from one.

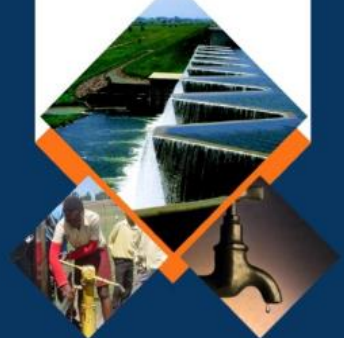


# Poor Retention (Clients on ART)

Challenge	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
Poor Retention in Care for clients on ART	<ul style="list-style-type: none"> <li>Identify poorly performing facilities for Loss to follow up</li> <li>Engage partners for assistance with tracking and tracing of defaulters</li> <li>Improve access to care for clients</li> </ul>	<ul style="list-style-type: none"> <li>Provision of cadres by Support partners to track and trace clients lost to follow up</li> <li>Provision of extended hours of service in selected facilities to accommodate clients that are working</li> <li>Implementation of the 'Welcome Back Campaign' at facilities</li> <li>Weekly monitoring of loss to follow up and recalled patients using the weekly nerve centre reports</li> <li>Implementation of the De-duplicate list to identify clients registered at more than 1 one facility for ART</li> </ul>







# CHALLENGES/MITIGATIVE ACTIONS

## Low positivity yield (Clients testing for HIV)

Challenge	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
Low positivity yield for clients testing for HIV	<ul style="list-style-type: none"> <li>▪ Meet DSP's to request assistance with outreach activities</li> <li>▪ Training on index testing</li> <li>▪ Development of outreach plans by sub-districts to improve testing and positivity yield</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training plan for index testing has been developed for the district</li> <li>▪ Coordinated outreach activities with Support partners</li> <li>▪ Identification of Hot spots for HTS provision</li> <li>▪ Index testing being implemented by support partners</li> </ul>



# CHALLENGES/MITIGATIVE ACTIONS

## Late Reporting (Sexual Assaults)

Challenge	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
Late Reporting of sexual assault after 72 hours	<ul style="list-style-type: none"> <li>Community involvement on early reporting of sexual assault cases to health facility</li> </ul>	<ul style="list-style-type: none"> <li>Service providers are doing community visit and Health education in schools</li> </ul>
<ul style="list-style-type: none"> <li>Poor uptake of contraceptive methods due to minimal number of stock receive due to shortage</li> <li>Poor marketing of long acting reversible contraceptive methods remain a challenge</li> </ul>	<ul style="list-style-type: none"> <li>Redistribution of stock among facilities.</li> <li>Facilities to work with PRO on how to market Family planning methods especially long acting reversible contraceptive methods</li> </ul>	<ul style="list-style-type: none"> <li>SVS report is being circulated among facilities</li> <li>We started with LARC campaign at Richmond LM on the 05 May 2019 where 154 clients were recruited for LARC and we managed to insert IUCD 58 and Sub-dermal 34 in total 92 clients were offered LARC.</li> <li>In July 2019 Imbalenhle CHC and their feeder clinics conducted another LARC Campaign at Dambuza where they inserted IUCD-41, sub dermal implants -32</li> </ul>



# Plans addressing challenges

Challenge	Mitigation (Plans to Address Challenge)
Low retention in care of clients on ART after 6 months	<ul style="list-style-type: none"> <li>• Monitor Loss to follow up on a weekly basis using nerve Centre reports</li> <li>• Engage support partners to assist with tracing and bringing clients back to care</li> </ul>
Low viral load completion	<ul style="list-style-type: none"> <li>• Implementation of viral load champions at all facilities</li> <li>• COHORT identification of clients due for viral load</li> <li>• Audit of each facility to identify actual numbers on Tier</li> </ul>
Low TB treatment success rate	<ul style="list-style-type: none"> <li>• Improve the quality of TB screening</li> <li>• Strengthen defaulter tracing</li> </ul>
Late Reporting of sexual assault after 72 hours	<ul style="list-style-type: none"> <li>• Provide education at schools regarding sexual assault</li> </ul>
Poor marketing of long acting reversible contraceptive methods	<ul style="list-style-type: none"> <li>• Promote use of long acting contraception</li> <li>• Conduct campaigns for Long Acting Reversible Contraceptive methods</li> </ul>

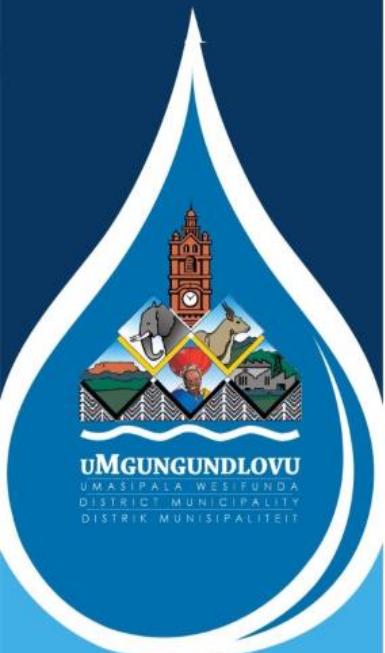
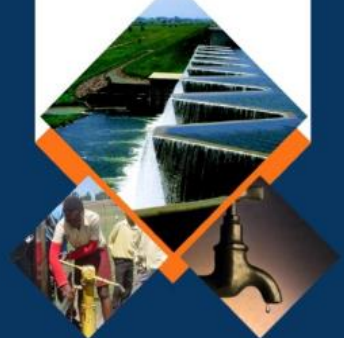




# Plans to address challenges

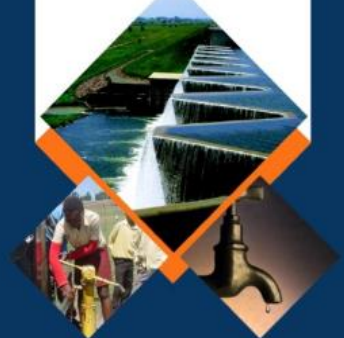
Challenge	Mitigation (Plans to Address Challenge)
Late presentation of clients to facilities resulting in late TB diagnosis.	<ul style="list-style-type: none"> <li>• Include TB health education in the well campaigns that are done as part of THUMA MINA Campaign</li> </ul>
high TB defaulter rate especially at Msunduzi due to clients giving the wrong addresses and thus making tracing difficult.	<ul style="list-style-type: none"> <li>• Ensure that facilities link collect at least 2 telephone numbers during the treatment initiation.</li> <li>• Strengthen active of all clients that miss clinic appointments.</li> </ul>
Late booking for Antenatal care by Pregnant women that are on CCMDD program.	<ul style="list-style-type: none"> <li>• Monitor CHW's pregnancy testing</li> <li>• Implementation of the referral pathway of women who tested positive for pregnancy from the community to the clinic</li> </ul>
High maternal deaths in women who have been on previous ART	<ul style="list-style-type: none"> <li>• Provision of safer conception services in facilities that are piloting this project.</li> </ul>





## In Conclusion

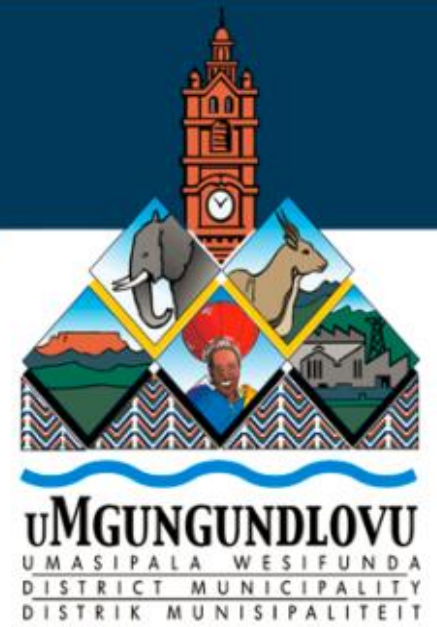
1. The uMgungundlovu District has certainly improved life expectancy, reduced maternal mortality and mother-to-child transmission of HIV. Moreover, facilities continue to offer ART to those living with HIV.
2. The uMgungundlovu District AIDS Council has a collective success rate (particularly the Dept. of Health & other partners) in treating TB, although it is still a prominent killer disease in uMgungundlovu District.
3. Broadened scope and strengthened coordinating structures (DAC/LACs/ WACs) help in addressing the spread of HIV/AIDS, STIs & TB and Social issues. The Nerve Centres throughout the District helps in collaborating the PHC level interventions & the Municipality, moreover monitoring the prevalence and addressing related issues.
4. Linkages & cooperation with Operation Sukuma Sakhe – grassroots service delivery model. (War Rooms / Local AIDS Council)
5. Strengthened strategic partnership between civil society, NGOs and government departments.



HIV AIDS







# Thank you

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