

# uMgungundlovu District

Cllr Yusuf Bhamjee, Mayor.

Provincial Council on AIDS



17 September 2014



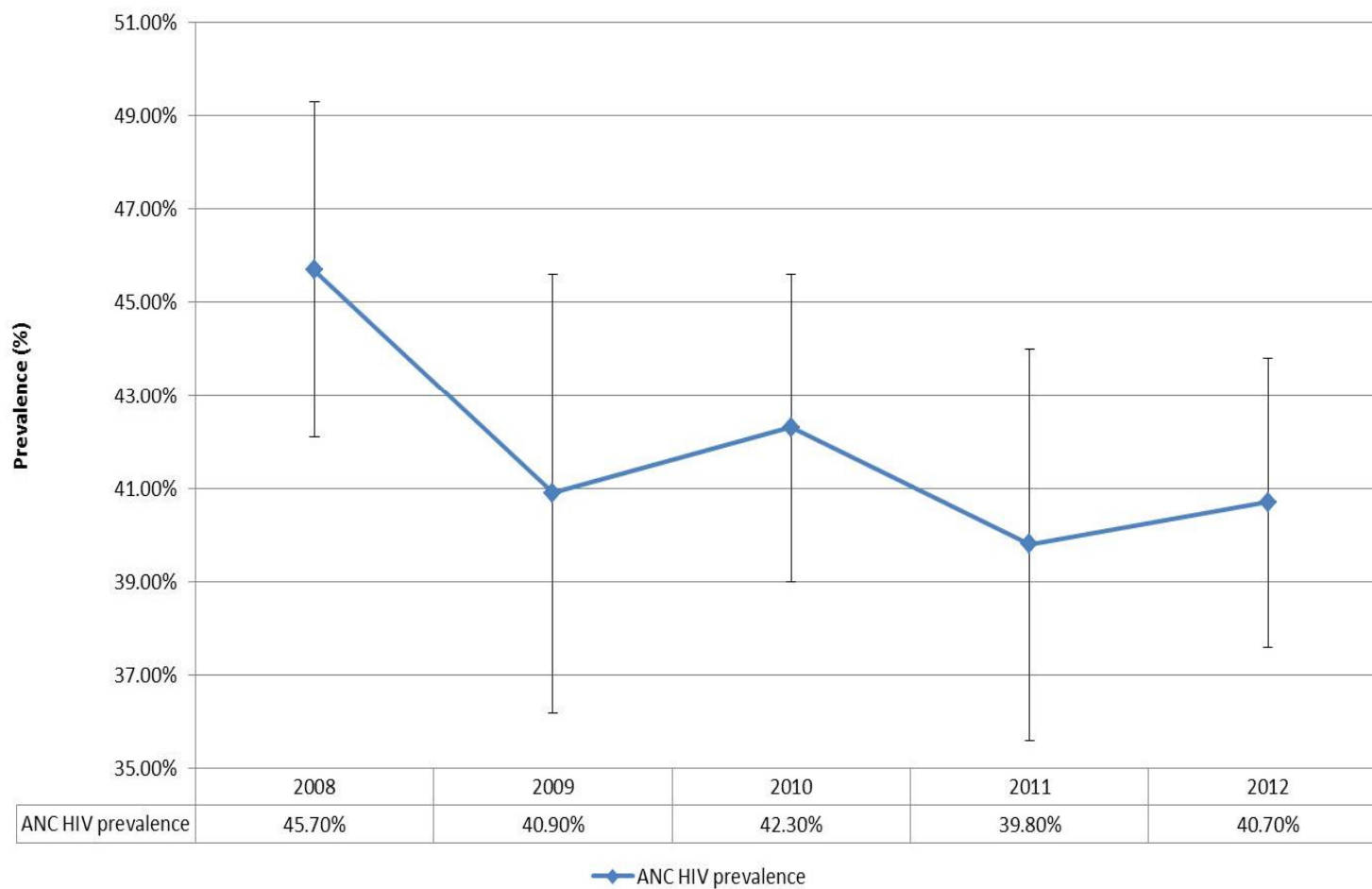
# Introduction



uMgungundlovu district remains with the highest HIV prevalence in the province, estimated at 40.7% according to ANC Sentinel Survey 2012.

Although uMgungundlovu district prevalence rate amongst pregnant women have remained higher than the Provincial Prevalence rate in period 2010 to 2012, there has been a reduction from 42.1 in 2010 to 40.7 in 2012 as depicted in the graph below.

## HIV Prevalence among Antenatal Women in uMgungundlovu District, KwaZulu-Natal, 2008 - 2012



# Background



- The District HAST Response Plan emanated from the District HIV, AIDS, STI, TB (HAST) and Maternal Child & Women Health & Nutrition ( MCWH&N) Framework which the district had formulated.
- Subsequent to the above, the District had to respond to the high HIV prevalence rate of 40.7% as it transpired from the last PCA meeting.
- There had been several meetings with relevant stakeholders and development partners with an aim of developing intervention strategies to improve the indicators of the priority programmes, namely HIV and AIDS, STI and TB.

# Stakeholders involved in the development and implementation of the HAST Plan



- District and Local Municipalities (Mayors, AmaKhosi, IziNduna)
- Municipal Officials / HIV/AIDS Coordinators
- AIDS Foundation of South Africa (AFSA)
- HST- Health Systems Trust
- Khethimpilo
- CMT- Community Media Trust
- CAPRISA
- Ethembeni
- HOSPICE
- Umvoti Aids Centre

## Stakeholders involved in the development and implementation of the HAST Plan cont....

- 
- Thandanani
  - Red Cross
  - ATTIC
  - URC
  - SACTWU
  - ITEACH
  - Drum Aid
  - Life line
  - TB HIV Care
  - Whizzkidz

## Strategic Objective 1 & 2: Addressing Social and Structural Drivers of HAST ; Prevention of HAST

INDICATOR	2013/14 Baseline	Target 2014/15	Q1 – April – June 2014/15	Milestones Achieved: HAST Strategy (July – August 14/15)
MMC	15830	51621	2493	579
HCT/TB Screening	224705	261549	47618	13052
Male Condoms	53113368	21655979	24462323	996552
Female Condoms	761128	455653	471609	30907

# Comments: Strategic Objective 1 & 2



- The District is performing well on:
  1. Condom Distribution (Male & Female)
- Service Provider assisting with Distribution of condoms;
- The strategic document has enabled more distribution points; AND
- Alignment of condom distribution as per the Ministers' mandate on condom distribution. (100 condoms for each HIV Counselling & Testing (HCT)).



# Comments: Strategic Objective 1 & 2..



## □ HCT/MMC

- ▣ The District is not performing well on these indicators.
- The HAST Response Strategy seeks to address the problem through:
  - ▣ Monthly awareness campaigns / testing / recruitment for MMC / condom distribution & community dialogues in different Municipal wards.
  - ▣ Monthly Nerve Centre meetings monitoring HCT & MMC performance.

# Comments: Strategic Objective 1 & 2..



- Engaging Traditional and Political leaders
- Izimbizos
- Operation MBOs with other government departments through Sukuma Sakhe
- Interacting with schools through Integrated School Health Programme (ISHP)
- Conducting MMC Camps in collaboration with development partners.

# Comments: Strategic Objective 1 & 2..



- Facility clinicians given Provider Initiated Counselling and Testing daily target
- The achievement of progress to date are only referring to community outreach performance from June to date.
- Total performance for the HAST response plan implementation will be reported in the 2<sup>nd</sup> quarter report.

# Strategic Objective 3: Sustaining Health & Wellness

INDICATOR	2013/14 Baseline	Target 2014/15	Q1 – April – June 2014/15
Adult remaining on ART	86 317	98 529	99 546
People with HIV-TB co-morbidity initiated on ART	45.6%	100%	56.5%
HIV positive clients initiated on IPT	74.5%	80%	88.6%
HIV-TB co-infected initiated on CPT	91%	93%	99%

## PHC and Hospital Level

### Strategic Objective No: 3 Sustaining Health and Wellness

The HAST Response plan requires that the following resources and activities should occur at the PHC level

- Availability of relevant and updated clinical guidelines and SOPs.
- Integrating HIV and TB services and MMC within the facility.
- Assign clinic Targets of MMC, HCT and Condoms distribution.
- A Provider Initiated Counselling and Testing (PICT) was set at 2 clients per PN per day.
- Linking clients on ART and TB treatment to WBOTs.

# Strategic Objective 5: Monitoring and Evaluation

- Partners will be requested to also use the department's prescribed data collecting tools, over and above their own tools.
- The Operational Manager (OM) will integrate statistics to the clinic monthly stats, verify and further submit to Primary Health Care Coordinator (PHCC).
- The Operational Managers (OM) should facilitate monthly meetings with all local partners to discuss performance.
- The OMs should compile a monthly performance reports.

The Primary Health Care (PHC) Coordinators should facilitate monthly Nerve Centre meetings.
- Compilation of reports- Monthly and Quarterly
- Quarterly District Performance Review Meetings.

# Thank You



*Siyabonga*

***If you think education is expensive, try ignorance- Anonymous***