



Ugu District Municipality

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

PRESENTATION TO THE PROVINCIAL COUNCIL ON AIDS MEETING

PRESENTER: CLLR SR NGCOBO

DATE: 07 JULY 2021

VENUE: MICROSOFT TEAMS

SEXUAL ASSAULT CASES

Indicators Q3 2020/21	Challenge Q1-Q4	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
New Sexual Assault case seen at the facility = 260	These are the areas where these cases were found KwaJali eMfundeni KwaMachi eMbangweni kwaNyuswa KuGangala KwaMachi, Khwezi ward 8 Ward3-Mazakhele	To sensitize SAPS,DSD Department of Justice,COGTA and Health to work hand in glove towards managing sexual assaults	Thuthuzela care centres are in place to take of sexual assault cases Sexual assault cases are discussed at UDAC,PCA platforms
Sexual Assault case under 12years = 74		Traditional authorities and families are advised to report cases to Health and SAPS or Thuthuzela Centres	•Thuthuzela care centres are in place to take of sexual assault cases
New Sexual Assault case HIV negative issued with PEP =129		Data base for patients given medication post sexual assaults incongruous to the number of patients reported as affected	<ul style="list-style-type: none"> Facilities have Prep packs catered for sexual assaults cases

DELIVERIES & MATERNAL DEATHS

PERFORMANCE INDICATOR	Challenge Q1-Q4	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
DELIVERIES Delivery 10-19 years in facility rate	4% increase increase on delivery in facility of the ages 10-19 years	Activities in the youth zones conducted by ground breakers. Difficult to conduct youth zones in all the facilities due to the lockdown. Broad reach has resuscitated some of the youth clubs.	Conduct AYGS activities targeting young and adolescent (under the project- She Conquers). Implementation of youth zones in facilities
MATERNAL DEATHS Maternal death in facility = 3	<ul style="list-style-type: none"> 2 deaths were due to covid 19 complications and 1 was due to complications from eclampsia due to uncontrolled hypertension 	<ul style="list-style-type: none"> Discuss all deaths with all facilities involved in care of patient Ongoing onsite mentoring on management of hypertension in pregnancy Health educate pregnant women on non medical interventions to prevent covid 	<ul style="list-style-type: none"> Discuss all deaths with all facilities involved in care of patient Ongoing onsite mentoring on management of hypertension in pregnancy Health educate pregnant women on non medical intervention

TB INDICATORS

PERFORMANCE INDICATOR	Challenge Q1-Q4	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
TB Screening 5 years and above	Target met, but we still have facilities that are not implementing the QIPs that are addressing the issue of quality TB screening.	<ul style="list-style-type: none"> Continue to enforce implementation of QIPs 	<ul style="list-style-type: none"> Learning sessions for of the QIPs have commenced and remedial actions for the facilities will be done.
Treatment Initiation	Target Achieved		
Success rate	Though updating of outcomes is being done at the facilities but there are still generally poor honouring of appointments for those that are at later stages of treatment and most don't have complete physical addresses which makes tracing difficult.	Monitor tracing by community health care workers and tracing by call centre. A clinical tracer tool will be filled in during initial initiation of the client, this will aid in tracing of the clients when they didn't come for last visits and evaluations.	<ul style="list-style-type: none"> TB tracers that were allocated on COVID 19 screening and testing must also to duties of TB tracing using TB tracing vehicles or outreach teams vehicles. TB tracers will be given weekly tracing tools and give feedback on a weekly basis.
TB death rate	<ul style="list-style-type: none"> TB contact recruitment and testing at the community is still a challenge and as yet leads to late diagnosis and thereby death of TB Clients. 	<ul style="list-style-type: none"> Monitor the number of persons per TB patient that are traced and tested for TB, and develop a norm, e.g. 25 people as a minimum per TB patient. Ensure that the tracing of TB contacts is monitored for each new TB case at Nerve Centres (Phutuma Meetings) to increase TB positivity rate. A modified TB screening tool has been developed and is being piloted 	<ul style="list-style-type: none"> Engagement with Traditional leaders, Faith based organisations and Traditional health leaders has been done in a form of TB indabas to address the issue of late health seeking behaviour and TB treatment defaulting within the community.

HIV INDICATORS

PERFORMANCE INDICATOR	Challenge Q1-Q4	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
HIV positivity rate	Difficult to get HIV test positive patients	Intensify targeted testing in all testing points e.g. ANC first visit, breastfeeding mothers, STI presenting patients, males, youths at institutions of higher learning, inmates in prisons. Substantial high risk groups. Contact index client testing	<ul style="list-style-type: none"> Target testing is currently conducted in all testing points.
TROA	Target met, though there is still high number of lost to follow-up patients	To continue tracing patients back to care,	<ul style="list-style-type: none"> Patients are currently being traced back to care, there is monitoring on weekly and monthly basis
LTF	Patients not honoring treatment cohort appointment.e.g sessional casual employees in most farms especially at umdoni sub-district in facilities such as Pennington,umzinto,Dududu.poor out coming of patients who left the facility from tier.net.long distance travelling of patients to the health facility especially Dududu clinic	<p>Facilities to take note of these seasonal workers and advise transferring them out o tier.net system when the season is closed ,to the nearest clinic.</p> <p>Facilities to communicate with clinic where the patient is transferred to ,to ensure if the patient is still having medication.</p> <p>Facilities and outreach teams to continue providing health education about third 90.</p>	<p>A rapport is established by Ugu Health district clinics ,with cross border clinics ,LTF list are shared on bi-weekly timeframe e.g., Port Edward clinic and a clinic in the eastern cape.</p> <p>Also, these issue are discussed on cross border platforms</p>

HIV INDICATORS

PERFORMANCE INDICATOR	Challenge Q1-Q4	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
Adult viral load completion rate at 6 months(adult)	<p>Poor capturing by data capturer as a result of poor transcribing of Viral load results into longitudinal page by clinicians.</p> <p>high rejection results rate because of poor skill by clinicians in taking viral load blood.</p>	<p>Emphasize transcribing of viral load results into clinical charts by clinicians ,so data capturers are able to capture on tier.net.</p> <p>Continuous training of clinicians on blood taking skill</p>	<ul style="list-style-type: none"> Trainings are taking place currently in various UGU sub-districts Facility support visit are conducted Program managers
Child viral load completion rate at 6 months(children)	<p>Poor capturing by data capturer as a result of poor transcribing of Viral load results into longitudinal page by clinicians.</p> <p>high rejection results rate because of poor skill by clinicians in taking viral load blood.</p>	<p>Emphasize transcribing of viral load results into clinical charts by clinicians ,so data capturers are able to capture on tier.net.</p> <p>Continuous training of clinicians on blood taking skill</p>	<ul style="list-style-type: none"> Trainings are taking place currently in various UGU sub-districts Facility support visit are conducted Program managers
Viral load suppression rate at 6 months(adult)	Target met, though calculated upon an underperformed viral load completion	<ul style="list-style-type: none"> To improve on upscaling viral load completion. Encourage health education on literacy classes and adherence guidelines 	<ul style="list-style-type: none"> Literacy classes are continuing and poor adherence is continuously monitored
Clients seen at HTA(high transmission areas) (tvets/truck stops)	Target met, though teams work with some shortages re-staff and equipment	To continue providing health care services at institutions of high learning, taxi ranks and to other substantial high risk groups	Testing services at HTA are continuing as a plan

QUARTER 4 (JAN-MARCH 2021)

PERFORMANCE INDICATOR Q4	Challenge Q1-Q4	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
MEDICAL MALE CIRCUMCISION (MMC)	❖ Poor mobilisation, the negative impact of the COVID 19 lockdown regulations in conducting Camps and the community service delivery riots that limited mobility of MMC Coordinators to stage successful MMC Camps.	❖ Mass and door to door mobilisation during alert level 1 lockdown to conduct successful MMC camps . Engaging local Municipalities and Traditional Leadership to advocate to their communities and encourage Males to do circumcision	❖ Schedule for the Camps has been developed for sub districts , MMC Coordinators have already started working with traditional leadership and Local Municipalities to mobilise Males for the planned camps so that they become successful thereby contributing towards meeting the set targets.
MALE CONDOMS	Covid 19 regulations have impacted negatively by closing down some of the strategic points for distribution and condom distribution mass campaigns were not conducted, also the impact of community service delivery riots affected distribution.	With vaccination programme being rolled out we believe immunity will be provided to the people there by allowing minimal surge and thus the country remaining on an alert level that will allow condom distribution conducted to fullest to all strategic points, mass condom distribution mass campaigns being carried out to full capacity.	Mass campaign condom distribution schedule has been developed and campaigns have resumed now that the country is on alert level one targeting places with high yield condom distribution.

Quarter 4 (Jan-March 2021) Action Item Update

Challenge	Mitigation (Plans to Address Challenge)	Status (Actions Taken)
Department of Education – Staff Shortages	<ul style="list-style-type: none">• School based officials to assist in the district.	<ul style="list-style-type: none">▪ Appointment of staff Unresolved
	<ul style="list-style-type: none">• Learner support Educators are assisting in the district.	<ul style="list-style-type: none">▪ Ongoing
	<ul style="list-style-type: none">• Psychosocial Services Cases are referred to St Martins de Porres for assessments.	<ul style="list-style-type: none">▪ Ongoing

Achievements/Successes

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

- *Programmes successfully implemented under this goal:*
 - ✓ Distributed condoms, Monitor Viral load Suppression to sustain undetectable and untransmittable
 - ✓ Provided PREP, TPT Prophylaxis's and HIV self Screening services
 - ✓ Awareness's conducted on HIV/TB prevention and STIs

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

- *Programmes successfully implemented under this goal:*
 - ✓ Introduced bicycle community treatment delivery model
 - ✓ Utilization of Outreach teams and CCGs to deliver medication
 - ✓ Multi-month scripting and 12-month extended CCMDD scripts.
 - ✓ utilizing services of NACOSA, WITSHR for tracing patients with Viral load challenges especially children.
 - ✓ tracing of early missed and late missed clients by the CHWs.
 - ✓ Distributed food nutritional supplements 500gx 260packs between January to March 2021 to all four local municipalities.

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

- *Programmes successfully implemented under this goal:*
 - ✓ Activity 1- involvement of partners viz: lifeline, AFSA, Beyond Zero etc., to provide PrEP medication to substantial groups.

Achievements/Successes

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

- *Programmes successfully implemented under this goal:*
 - ✓ Distributed condoms, Monitor Viral load Suppression to sustain undetectable and untransmittable
 - ✓ Provided PREP, TPT Prophylaxis's
 - ✓ Awareness's conducted on HIV/TB prevention and STIs

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

- *Programmes successfully implemented under this goal:*
 - ✓ Introduced bicycle community treatment delivery model
 - ✓ Utilization of Outreach teams and CCGs to deliver medication
 - ✓ Multi-month scripting and 12-month extended CCMDD scripts.
 - ✓ NACOSA, WITSHR services utilized for tracing patients with viral load challenges especially children.
 - ✓ Tracing of early and late missed clients by the CHWs.

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

- *Programmes successfully implemented under this goal:*
 - ✓ Involvement of partners viz: lifeline, AFSA, Beyond Zero etc., to provide PrEP medication to substantial groups.
 - ✓ Psychosocial support provided by Durban Lifeline partner.

Achievements/Successes

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

- *Programmes successfully implemented under this goal:*
 - Created a plan addressing community testing of male youth and high risk groups (TRAP) in-facility and community.
 - Community screening and testing at work places by Partner care-works. Community testing by DOH HTA teams.
 - HIV Awareness campaigns conducted at Amandawe Hall in Umdoni Local Municipality which was attended by 200 people.

Goal 5: Ground the response to HIV, TB and STIs in human rights principles and approaches

- *Programmes successfully implemented under this goal:*
 - Monitored referral of sexual assaulted clients to Thuthuzela centres
 - AFSA and Beyond-Zero partners have been given in-principle a letter to support the provision of human rights principles and approaches in Ugu District.

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

- *Programmes successfully implemented under this goal:*
 - Stakeholders such as traditional leaders, religious leaders, traditional healers and senior citizens platforms have been involved to promote sustainability response to HIV/TB/STIs

GBV AWARENESS CAMPAIGNS

Local Municipality	Areas of operation and wards	Capacity Quarter 4	Total number of GBV clients reached through psychosocial Services.
Umuziwabantu	Harding SAPS, ward 3 St Andrews Hospital, ward 3	113	113
Umzumbe	Hibberdene SAPS, ward20 Mehlomnyama SAPS, ward5 Mnsinsini SAPS, ward 13	836	836
Ray Nkonyeni	Gamalakhe SAPS, ward 26 Thuthuzela, ward 18 Margate SAPS, ward 9 South Port SAPS, ward16	824	824
Umdoni	Scottsburg SAPS, ward 11 GJ Crookes, ward 11 Umzinto SAPS, ward 12 Sawoti SAPS, ward 5	460	460
TOTAL		2233	2233

GBV Interventions

- Every Monday on VIBE FM 94.7 - GBV Talks are conducted by Lifeline Social Worker funded by DSD. This programme reaches over **100 000** people in KZN.
 - ✓ **Topics discussed** – rape, healing, counselling benefits, different types of gender-based violence, obsession, and substance abuse in relation to GBV, IPV, and depression
- We have been adapting to telephonic, online reporting and counselling services.
- Rendering home visit with police officials.
- **40 women** have been recruited under Ugu District from the shelters, sites and white door. Conducted personal growth and detergent making and perfume making programme with the women.
 - ✓ All the 40 women completed the skills programme, attendance was good, and they were participating during the programme.
- Ugu District has 3 shelters for the provision of domestic violence and violence.
 - ✓ Ray Nkonyeni has 2 Shelters namely Izingolweni Trauma Centre and Siyamthanda Shelter. The Izingolweni Shelter accommodated 33 victims.
 - ✓ Siyamthanda Shelter provided services to 14 victims - 6 were re-united with their families and 6 are still in the shelter as their cases are still in progress
 - ✓ Umdoni LM has 1 shelter called White Door at Amandawe Location. The shelter accommodates 3 victims a day .The shelter provided accommodation to 7 victims of which 6 victims cases were resolved and re-united with their families. 1 case the victim was referred to Siyamthanda Shelter as her cases needed more time

PLANS FOR NEXT QUARTER Q2 FY 2020/2021

- Strengthen TLD initiation and transitioning to legible clients
- Conduct in service training on PrEP [Pre exposure Prophylaxis] and initiate legible clients at PHC level
- Strengthen giving of information through literacy classes to assist with issues of non-disclosure especially with children.
- Implementation of M2M[mother to mother] framework which seeks to improve access to and uptake of quality adolescent and youth friendly HIV & PMTCT/ MNCWH [Prevention of mother to child transmission/ Mother ,neonate, child and woman's health] services among pregnant and postnatal adolescent and young mothers[15 – 24 years]
- To continue with accelerated plans on TRAP [Treatment Retention Accelerated Plan]and February frenzy were monitoring of HIV & AIDS program is intensified .

PLANS FOR NEXT QUARTER

- Outreach programmes to be conducted targeting males and youth for HIV and other chronic conditions screening in Umuziwabantu Local Municipality
- Community dialogues focusing in youth, young mothers and young males.
- Develop male focus groups for the marketing of male health services
- Develop female focus groups for the marketing of women health services
- To conduct HIV Awareness in Dududu Area, Umdoni Municipality
- Conduct renewal of the WAC in Umdoni Municipality

THANK YOU