



**HARRY GWALA DISTRICT DAC PRESENTATION**  
**Q1 2022/23**  
**DATE: 06 / 09/2022**  
**VENUE: HGDM COUNCIL CHAMBER**



**HARRY GWALA DISTRICT MUNICIPALITY**  
"Together We Deliver and Grow"



## GOAL 1: ACCELERATE PREVENTION OF NEW HIV, STI'S AND TB

Data element Indicator	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS
New HIV tests conducted	179749	37997	44706	42660	Target met with poor performance in Positivity yield which requires service to be conducted at outreach level	<ul style="list-style-type: none"> <li>Accelerate and monitor implementation of the recovery plan in all sub districts</li> <li>Follow up on actions put in place constantly</li> <li>Increase testing of males in the community and introduce happy hour in all sub district for men.</li> <li>Intensify PICT and increase targets</li> </ul>
HIV tests positive	4577	1520	1244	1089	<ul style="list-style-type: none"> <li>District positivity rate ranges between 2 to 3%</li> <li>Poor integration of services, drop in Outreach services performance</li> </ul>	<ul style="list-style-type: none"> <li>Increase Index contact tracing and testing</li> <li>Engage men extensively has happy hours and individualized care.</li> <li>Monitor availability and implementation Integrated screening register for Covid, TB and HIV at all Phuthuma facilities.</li> <li>Conduct targeted case-finding of children ( execute HIV paeds Matrix)and adult contacts of index HIV and TB clients at facility and community level</li> <li>Monitor cascade of Indexed cases and elicitation.</li> </ul>
ART – new	4387	1673	1095	1084	<ul style="list-style-type: none"> <li>Target of 90% initiation rate not achieved. District poorly performed achievvr below 36%</li> </ul>	<ul style="list-style-type: none"> <li>Monitor cascade of Indexed cases and elicitation</li> <li>Weekly monitoring of Pre-ART Module on Tier. Net and recalling of clients for initiation.</li> <li>Check all clients not ready for initiation through NHLS if they are not already initiated elsewhere and link with Case Manager</li> </ul>



# GOAL 1: ACCELERATE PREVENTION OF NEW HIV, STI'S AND TB CONT..

Date element Indicator	Baseline	TGT	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS
Infant PCR test positive around 10weeks	0.34	0.5	0.4	0.93	<ul style="list-style-type: none"> <li>Target not met, 2 babies were infected in the month of June .</li> <li>1 from Ixopo clinic at Ubuhlebezwe.</li> <li>3 from Umzimkulu 1 at Rietvlei Gateway ,1 from Ibisi clinic and 1 from Umzimkulu clinic .</li> <li>1 from Greater Kokstad at Kokstad clinic, the mother seroconverted during breastfeeding , was once initiated on PrEP , but decided to stop PrEP.</li> <li>The other 3 mothers defaulted ART during breastfeeding and infected the babies, with viral loads unsuppressed.</li> <li>1 from St Margaret CHC stopped taking ART due to vomiting. All the babies had been initiated on ART.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of safer conception services by the facilities.</li> <li>Strengthening tracing system with utilization of linkage officers from District Support Partner and peer mentors to follow up women who defaults ART during pregnancy and breastfeeding.</li> <li>Revival of literacy classes for pregnant women newly initiated on ART, and addressing the issue of side effects.</li> </ul>
Infant deaths under 5 years	1.6	1.8	2.2	1.3	<ul style="list-style-type: none"> <li>Target not met 2 diarrhea deaths reported.</li> <li>All 3 sub-district had 1 diarrhea death each except for CTK with no death.</li> <li>St Apollinaris and Rietvlei hospital are above the target due to delay in seeking medical help and use of herbal medication remains a challenge in reducing diarrhea deaths</li> </ul>	To monitor Diarrhea death audits using CHIP program with implementation of Quality Improvement Plan for the gaps identified .



## GOAL 1: ACCELERATE PREVENTION OF NEW HIV, STI'S AND TB CONT...

Data element Indicator	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS
Maternal deaths	63.1/1000	100/100000	26.1	2	<ul style="list-style-type: none"> <li>Target met, the district had 2 maternal deaths in this quarter.</li> <li>1 from EG Usher Memorial, teenager late booker presented on day 18 post delivery with puerperal sepsis.</li> <li>2nd one is from St Apollinaris hospital due to eclampsia, resulting from poor management of hypertension in pregnancy at Primary Health Care.</li> </ul>	<ul style="list-style-type: none"> <li>To continue support perinatal review meetings.</li> <li>Regular clinical audits and Primary Health Care</li> <li>Support visit on Basic Antenatal Care.</li> <li>Implementation and use of protocols in management of hypertension disorder in pregnancy.</li> </ul>



## GOAL 1: ACCELERATE PREVENTION OF NEW HIV, STI'S AND TB CONT...

Data element Indicator	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS
Male condoms distributed	3880000	1166437	600000	226 2000	Male condoms target was achieved.	<ul style="list-style-type: none"> <li>Assigned targets for district Health Promoter was done and increased targets for Ward Based Primary Health Care Out Teams to distribute both to departments and community.</li> <li>Sub district Condom champions were allocated. EMS assisted in collecting condoms from province.</li> <li>All district Anchors to carry condoms when visiting facilities for support</li> <li>Weekly targets for sub districts are monitored during nerve center</li> </ul>
Female condoms distributed	50483	60797	21000	2000	<ul style="list-style-type: none"> <li>Gross underperformance in this Q Depleted female condom provincially.</li> </ul>	<ul style="list-style-type: none"> <li>Female condom marketing strategies needs improvement. Staff attitude and role clarification needed and address the issue with women forums in the district including TVETs</li> <li>Monitoring during nerve center meeting and operational Phuthuma visits.</li> </ul>



## GOAL 2 REDUCE MORBIDITY AND MORTALITY BY PROVIDING TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL

Data element Indicator	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS CONTINUED
Total viral load completion rate at 6month	71.3%	95%	69%	73%	<p>There is an improvement compared to last Q where the district was at 69%</p> <p>Facilities still have Viral Load Management challenges: Guidelines and SOPs not properly followed.</p> <ul style="list-style-type: none"> <li>• Shortage of Doctors to support management of unsuppressed VL</li> <li>• Children friendly regimen not actioned</li> <li>• Poor follow ups and community interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Conducting facility support and in-service training to those that have not implemented Viral Load management Standard Operating Procedures and strategies.</li> <li>• File audit for Viral Load in the pre-pulled files and flagging those due for Viral load a day before.</li> <li>• Monitor Facility Viral load Champions trained on VL Management .</li> </ul>
TROA	66324	70950	67137	67504	<p>Slight increase in TROA at the district level due to implementation of a plan to dispense two and three months treatment supply .</p>	<ul style="list-style-type: none"> <li>• facilitate development of QIP by Sub districts and facilities to fast track calling back clients and home deliveries together with supporting partner.</li> <li>• Appointment reminders and active case management</li> <li>• Home deliveries for patients unable to come to facility,</li> <li>• accelerate establishment of community adherence clubs in the absence of ext. PUPs especially in farms and managed by OTLs</li> <li>• Provision of clinical care and home deliveries for farm workers (mobiles/outreach teams)</li> </ul>



## GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL CONT...

Data element Indicator Q4	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS CONTINUED
TB symptom child under 5 years screened in facility rate	95,8%	95%	93%	105 %	<ul style="list-style-type: none"> <li>Target has been met due to the implementation of the integrated screening register in all entry points.</li> </ul>	<ul style="list-style-type: none"> <li>Integration of health services encouraged and monitored during the Covid-19 activities.</li> <li>Integration of health services encouraged and monitored during the Covid-19 activities.</li> <li>Track and trace clients who have missed their treatment appointments.</li> <li>All TB clients initiated on TB treatment linked with the TB Tracer teams Community Health Workers and Out Team Leaders to provide Direct Observation Treatment support at least 3 times a week.</li> <li>TB Ward Based Primary Health Care Outreach Teams to monitor side effects of TB treatments during DOT support visits. collect due Sputa specimens at home.</li> </ul>
TB symptom 5 years and older screened in facility rate	92%	95%	100 %	100.4%	<ul style="list-style-type: none"> <li>Target met. All clients entering the facilities are screened for TB using the integrated TB,HIV and Covid-19 screening registers.</li> </ul>	
All DS-TB clients treatment success rate	81%	85%	80.3 %	76.9	<ul style="list-style-type: none"> <li>Target not met below last Quarterly target.</li> </ul>	



GOAL 2

cont.. Reduce morbidity and mortality by providing treatment, care and adherence support for all

Data element Indicator	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS CONTINUED
All DS TB client 5 years and older start on treatment	90%	95%	93%	96%	Target met	<ul style="list-style-type: none"><li>DSP linkage officers involved in updating demographics on each visits.</li><li>Cross boarder meeting revived.</li></ul>



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Data element Indicator	Baseline	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS CONTINUED
TB RR/MDR/pre-XDR confirmed start on treatment( short regimen & long regimen)	100%	95%	100%	100%	Target met. All clients initiated on treatment successfully completed treatment	<ul style="list-style-type: none"><li>• TB linkage officers involved in linkage to care</li><li>• Continuous updating of demographics on each visits</li><li>• Training on Drug Resistant TB decentralization conducted.</li></ul>



GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL CONT...						PLANNED INTERVENTIONS CONTINUED
Data element Indicator	Baseline	Target	Q1	Q1	COMMENTS	
All DS-TB client Loss To Follow Up rate	7.3%	8%	6%	7.1%	<ul style="list-style-type: none"> <li>Increased from 6% to 7% due to clients who have missed their appointments.</li> </ul>	<p>pulling out of appointment lists and sending sms reminders a day before the treatment appointment due to be accelerated .</p> <p>. Track and trace clients who have missed their treatment appointments.</p> <p>All TB clients initiated on TB treatment linked with the TB Tracer teams, Community Health Workers and Outreach Team Leaders to provide Direct Observation Treatment support at least 3 times a week.</p> <p>Linkage Officers working together with Linkage Officers from the supporting partner</p>



## GOAL 4

## MMC, SEXUAL ASSAULT AND TEENAGE PREGNANCY

Data element Indicator	Base line	Target	Q4	Q1	COMMENTS	PLANNED INTERVENTIONS CONTINUED
SEXUAL ASSAULT	58	0	58	57	<b>Overall district performance no improvement on &lt; 12 years as follows:</b> <b>Dr NDZ: Total=3 &lt;12yrs 1</b> <b>G Kokstad:Total= 15 &lt;12yrs =9</b> <b>Ubuhlebezwe:Total= 1 &lt;12yrs =0</b> <b>NMZ:Total=3 &lt;12yrs =5</b> <b>GKM consistently with high number of below 12 yrs. Sexual assaults.</b>	<ul style="list-style-type: none"> <li>Mobilize all structures through DAC.DTT ,CS etc. as multi stakeholders at different levels to team up for interventions per identified areas /wards /villages with high number of reported cases.</li> <li>Behavioral change Campaign will be accelerated in those areas.</li> </ul>
ANTENATAL VISIT 10-19 YEARS	1812	0	1722	1648	Teenage pregnancy is seen to be at high number in the district	<ul style="list-style-type: none"> <li>Strengthen prevention programs i.e. Family planning and implementation of Happy hour.</li> <li>Conduct multi- stakeholder engagement.</li> </ul>



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## April-June 2022 (Action Item Update)

Challenges Q1 2022	Mitigation (Plans to Address Challenge)	Status on actions Taken
Continued Low positivity yield of 2- 3 % against Provincial norm of 4%	<ul style="list-style-type: none"> <li>Conduct outreach testing of the targeted Population of 15yrs and above</li> <li>Increase index testing and contact testing.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly monitoring of performance</li> <li>Sub district reporting monitored through nerve centre meetings.</li> <li>Working with district support partner to improve on the performance.</li> </ul>
Female condom under performance	<ul style="list-style-type: none"> <li>Monitor allocated condom targets for all sub districts and per facilities for collection and distribution</li> <li>Weekly monitoring of condoms per facilities.</li> <li>Accelerate Female condom distribution do outreach as in High Transmission Areas.</li> <li>Capacitate women including learners at TVETs</li> </ul>	<ul style="list-style-type: none"> <li>Sub district Condom champions were allocated.</li> <li>All district Anchors carry condoms when visiting facilities for support</li> <li>Weekly targets for sub districts are monitored during nerve center</li> </ul>



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## April - June 2022 (Action Item Update)

Challenges Q1 2022	(Mitigation Plans to Address Challenge)	Status on actions taken
Infant mortality rate	Majority of deaths are babies from birth to 6 days due to extreme Prematurity, gross congenital abnormality not compatible with life need close monitoring and actively managing including use of steroids	<ul style="list-style-type: none"> <li>more effort is put to reduce infant mortality by capacitating health care workers and engaging community for issues related to patient delaying seeking medical assistance resulting in infant death,</li> </ul>
Maternal death	<p>To continue with PPIP review meetings as a strategy to reduce and prevent maternal deaths due to preventable causes.</p> <p>Monitor and support PHC facilities on BANC Plus implementation,</p>	<ul style="list-style-type: none"> <li>Continued with ongoing monthly district and sub district maternal mortality and morbidity review meetings to improve quality of care and good perinatal outcomes. .</li> <li>PHC facility support visit for BANC Plus mentorship</li> </ul>
High Teenage pregnancy	AYFS and Multisectoral collaboration and implementation of Youth zone facilities in all high impact facilities to reduce teenage pregnancy.	A District AYH consultative engagements conducted 4th June 2021at UMzimkhulu TVET college whereby all sub-district municipality Youth delegates was represented. To conduct AYGFS through Integrated School Health services.



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## BCC In Ward 3 at Ofafa Sheshe Hall



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Councilors and community attending BCC In Ward 3 at Ofafa Sheshe Hall





## District Mayor addressing community during BBC





Teenage pregnancy dialogue at Nokweja  
on the 26/05/2022





## Woza Moya: Sports Day for Youth

**Together we can defeat the scourge of the gender based violence that is facing our community’.**



**Ward 3**



# Ubuhlebezwe Disaster Unit Providing Relief

During the floods that occurred in the month of April, May and June 2022. Families that were affected by the heavy rains, social relief was provided to them by uBuhlebezwe Municipality and SASSA

