



# PROVINCIAL COUNCIL ON AIDS

18 May 2022

Presented by Cllr M Zuma, Mayor & Chairperson of  
uMgungundlovu District AIDS Council.

# Contents

---

Introduction & Overview

---

Multisectoral Approach : Prevention of HIV/AIDS, STIs & TB

---

Progress: Vaccination Roll-Out

---

Strategies: Vaccination Roll-Out

---

Focus Areas: Acceleration Plan

---

HAST Programmes

---

Adolescent Girls & Young Women (AGYW)

---

Gender-based Violence

---

Collaboration

---

DAC/LAC Functionality

---

DAC Programmes

---

Challenges

---

Conclusion

---

# Introduction & Overview

The uMgungundlovu District is a highly disease burdened district with a highest HIV prevalence.

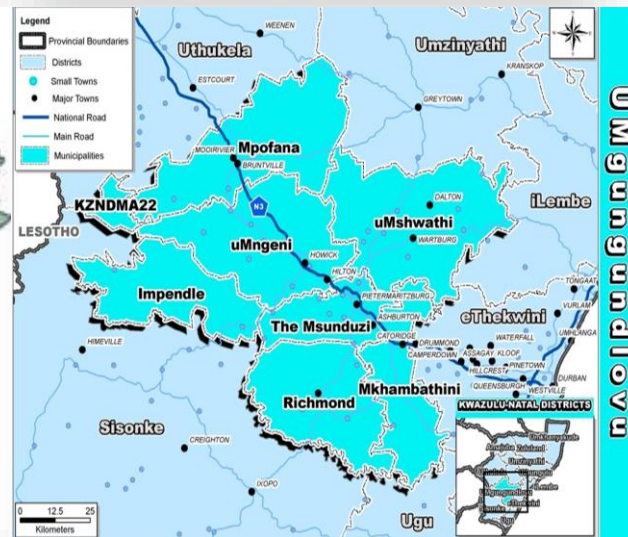
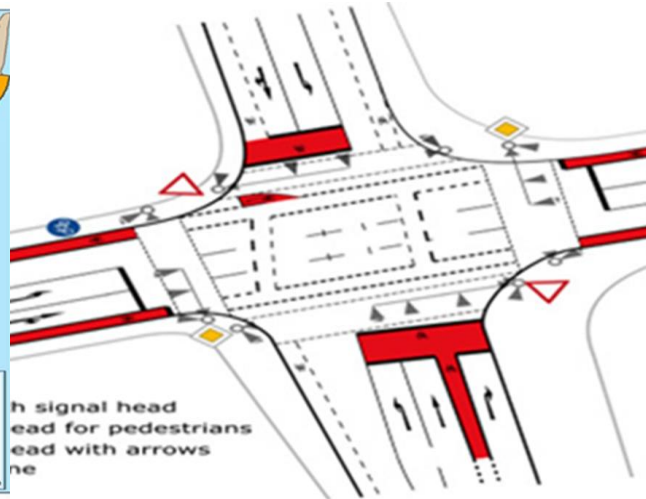
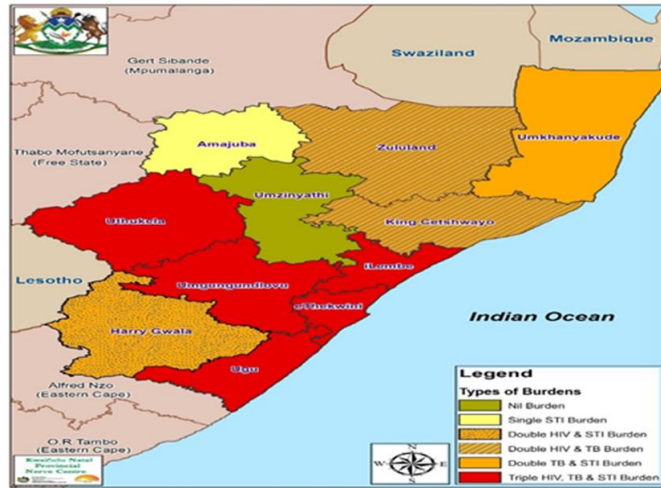
The rising number of incidences related to GBV+Femicide is also escalating daily, and this has propelled the District to introduce a double pronged or multi-pronged approach to tackle HIV/AIDS, STI, TB & GBV+Femicide.

Umgungundlovu is the second largest District in KZN. (Second in size to the eThekweni Metro)

Population that exceeds 1 209 480

87.5% of the population is considered indigent and totally dependent on state service delivery.

Comprises of 7 municipalities with Msunduzi being the largest with more than 60% of the District Population residing therein.



# MULTISECTORAL APPROACH TO PREVENTION OF HIV, TB & STIs INFECTIONS

There has been an overall general improvement on HIV Testing Services - HTS performance. This is mainly due to partners' support in the district & initiatives aimed at upscaling intake of services & treatment.



TB screening is on target.



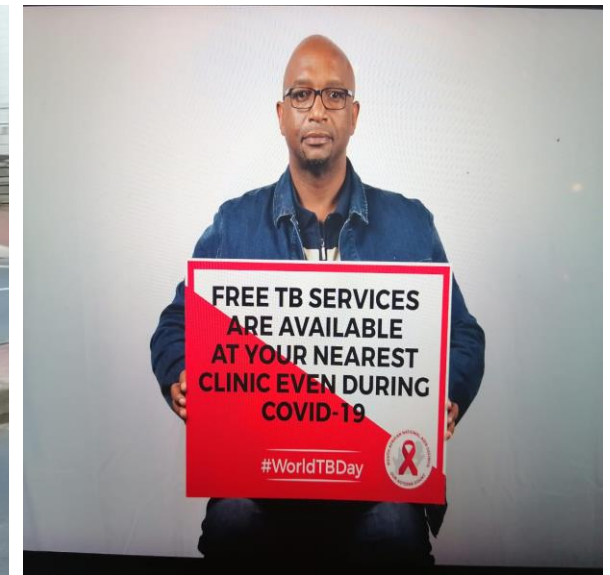
Our TB symptomatic numbers remain low.



Capturing of case ID registers are slowly improving.



Testing of all presumptive TB cases remains on target.



# PROGRESS ON VACCINATION: 35 - 49

Municipality	Target	1st Dose	Fully vaccinated	% received 1st Dose	% Fully Vaccinated
Impendle LM	3578	2365	1908	66%	53%
Mkhambathini LM	19040	5224	4606	27%	24%
Mpofana LM	11673	4312	3522	37%	30%
Msunduzi LM	195613	77153	70495	39%	36%
Richmond LM	17299	7574	6723	44%	39%
uMngeni LM	32887	12878	11765	39%	36%
uMshwathi LM	22785	6055	5139	27%	23%
District Total	302874	115561	104158	38%	34%

# PROGRESS ON VACCINATION: 18 - 34

Municipality	Target	1st Dose	Fully Vaccinated	% received 1st Dose	% Fully Vaccinated
Impendle LM	4166	3139	1672	75%	40%
Mkhambathini LM	16734	5049	4009	30%	24%
Mpofana LM	9950	4143	2920	42%	29%
Msunduzi LM	151752	76804	61890	51%	41%
Richmond LM	13420	7196	5800	54%	43%
uMngeni LM	23478	11467	9784	49%	42%
uMshwathi LM	18997	5640	4284	30%	23%
District Total	238497	113438	90359	48%	38%

# STRATEGIES: VACCINATION ROLL-OUT

- Continue to deploy outreach teams to farms, factories to reach out to men
- Continue to set up pop-up sites in hot spots and poorly performing municipal wards
- Continue to set up vaccination station points at the shopping centres and malls especially on weekends & public holidays
- Continue to target commuters, vendors and taxi drivers at all taxi ranks within sub districts
- Continue to schedule activities targeting men's health led by local community leadership in various sub districts
- Continue to set up pop-up sites at SASSA pay points in all municipalities
- Continue to target pregnant and lactating women in all health facilities including labour wards in hospitals
- Continue to target interfaith congregants to reach all age bands
- Continue to identify and vaccinate undocumented persons in all municipalities
- Continue to target vaccinating men at Harry Gwala Stadium during soccer matches

# PRIORITY/FOCUS AREAS: ACCELERATION PLAN

Priority LMs:  
Mkhambathini and  
UMshwathi (Rationale:  
poorly performing in all  
age bands)

Priority wards in the  
poorly performing LMs:

Mshwathi: wards 3, 6  
and 10

Mkhambathini: wards 3,  
4 and 6

Young people between  
the ages of 12 to 34  
years (Rationale: low  
vaccination uptake)

Men (Rationale : poor  
health seeking  
behaviour)

Farm workers  
(Rationale: restricted  
access to health care)

School going children:  
(Rationale:) low vac  
uptake, poor  
presentation at facilities,  
parent influence

# HIV TESTING

Indicator/ Element	2020/2 1 Baselin e	2021/2 2 Quarter ly Target Target	Q1 2021/22	Q2 2021/2 2	Q3 2021/2 2	Narrative (progress, Challenges and Remedial Actions
HIV testing	388,224	124131	123 175	112 445	91 308	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• Reduction in Community screening and testing due to the pandemic.</li> <li>• Career pathing for counsellors affecting output for HTS at facility level</li> <li>• Poor Health screening during the festive period has impacted negatively on this indicator.</li> </ul> <p><b>Remedial Action:</b></p> <ul style="list-style-type: none"> <li>• Integration of Health services to include Covid screening, TB and HIV services .</li> <li>• The district has put plans in place to improve out put of all HAST activities , this will improve performance for Testing, Initiation and Viral load completion[ Sprint Activities]</li> </ul>

# INITIATED ON ART

Indicator/ Element	2020/2 1 Baselin e	2021/2 2 Quarter ly Target Target	Q1 2021/22	Q2 2021/22	Q3 2021/2 2	Narrative (progress, Challenges and Remedial Actions
Initiated on ART	12,932	5534	3347	2744	2385	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• There has been a 92% initiation of clients that test positive.</li> <li>• Clients that are not eligible are followed up and initiated once they qualify.</li> </ul> <p><b>Remedial action:</b></p> <ul style="list-style-type: none"> <li>• Clients that appear on the Tier waiting for ART list are to followed up to determine eligibility for ART initiation</li> <li>• Monitor the 'Sprint' reporting tools to identify facilities with low linkage to care</li> </ul>

# TB SCREENING / TB PRESUMPTIVE RATE

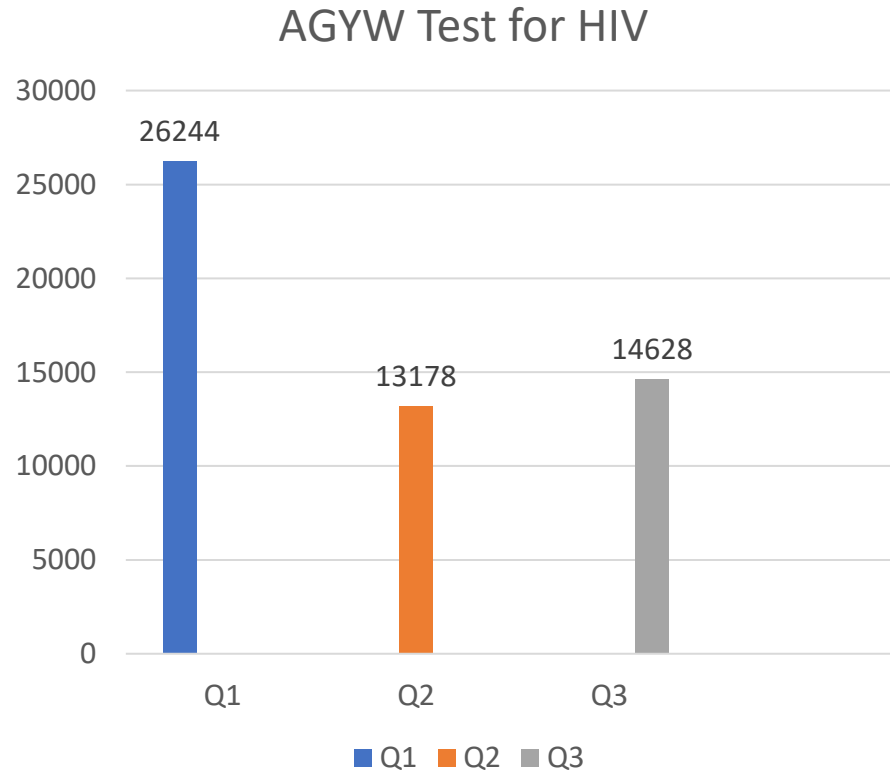
Indicator/ Element	2020/ 21 Baseli ne	2021/ 22 Quart erly Target Target	Q1 2021/22	Q2 2021/22	Q3 2021/22	Narrative (progress, Challenges and Remedial Actions)
TB SCREENIN G	101.5 %	90%	112.6%	113.6%	119.9%	Screening target met, numbers are higher than 100% due to the Hospital headcounts not being added in the system calculation of rates.
TB Presumpti ve Rate	5.8	9%	5.8%	6%	5.9%	The presumptive rates remain below our targeted 9%, challenges include a decreased facility headcount due to COVID-19, the planned action is to visit all index clients contacts within 5 days of diagnosis.

# DELIVERY IN FACILITIES: 10-14YRS / 15-19YRS

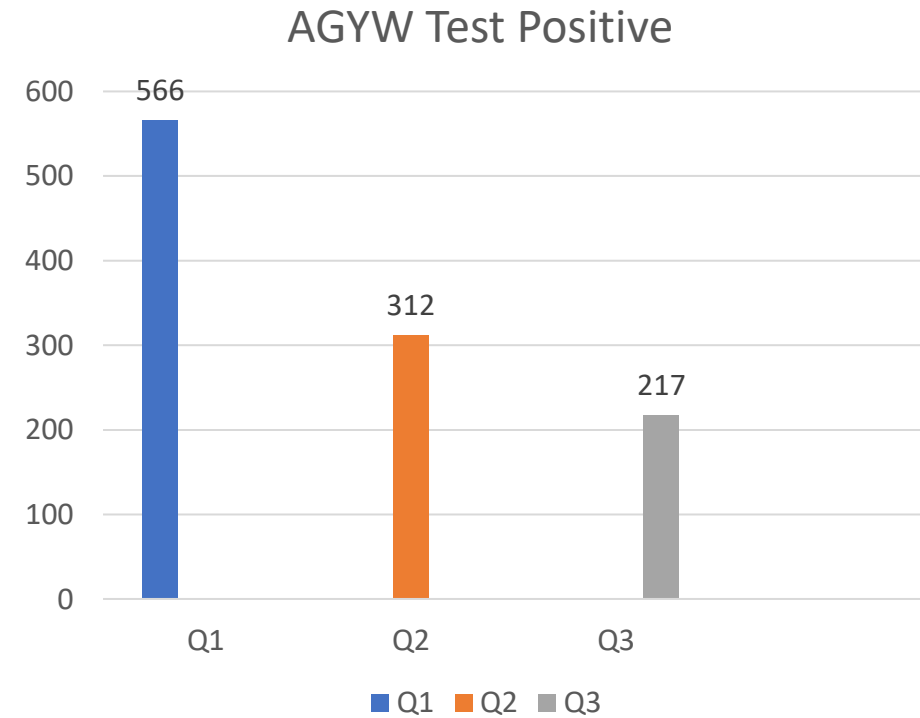
Indicator/ Element	2020/ 21 Baseli ne	2021/ 22 Quart erly Target Target	Q1 2021/22	Q2 2021/2 2	Q3 2021/2 2	Narrative (progress, Challenges and Remedial Actions
Delivery in facility 10-14 years	49	-	18	17	16	<p><b><u>CHALLENGES</u></b> -Poor educational campaigns for the youth in communities.</p> <p><b><u>REMEDIAL ACTION</u></b> -To Support the educational campaigns that aim at reducing the teenage pregnancy at communities. - To promote and support the insertion of long acting reversible contraceptive methods by Outreach Team Leaders.</p>
Delivery in facility 15-19 years	2 821	-	720	711	722	<p><b><u>CHALLENGES</u></b> -Minimal Stock of family planning methods in facilities.</p> <p><b><u>REMEDIAL ACTION</u></b> -To advocate and monitor the promotion of long acting reversible contraception for teenagers.</p>

# ADOLESCENT GIRLS & YOUNG WOMEN

## AGYW Tested for HIV (15-24)

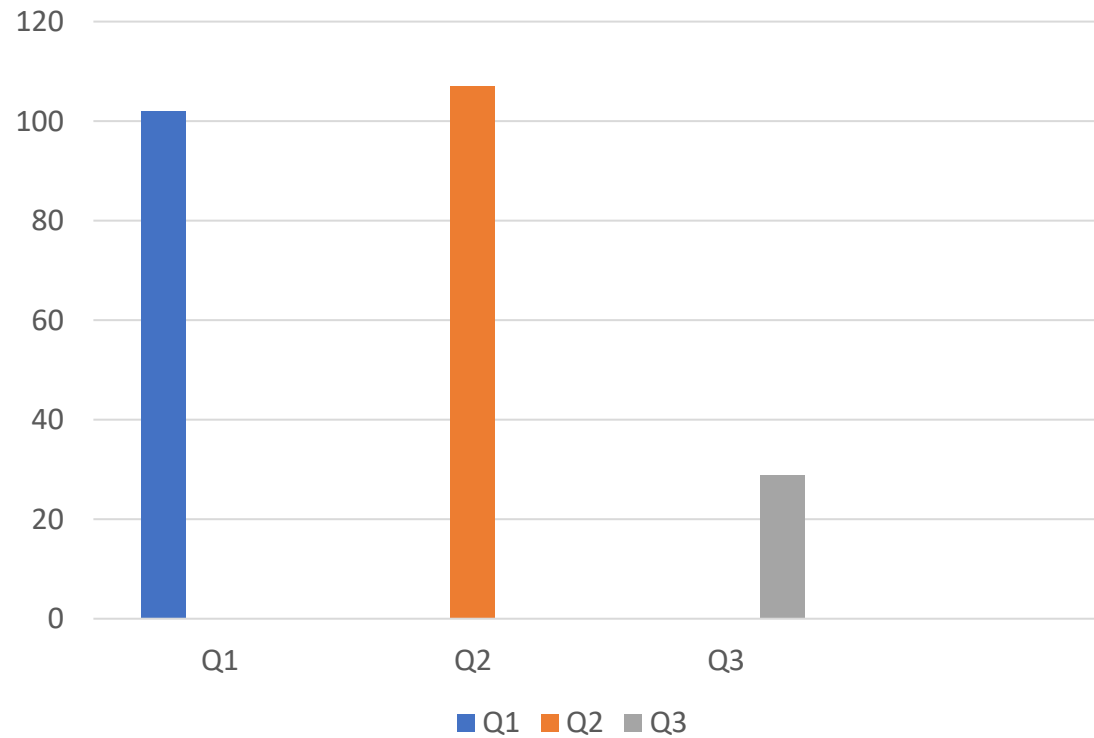


## AGYW Tested Positive (15-24)

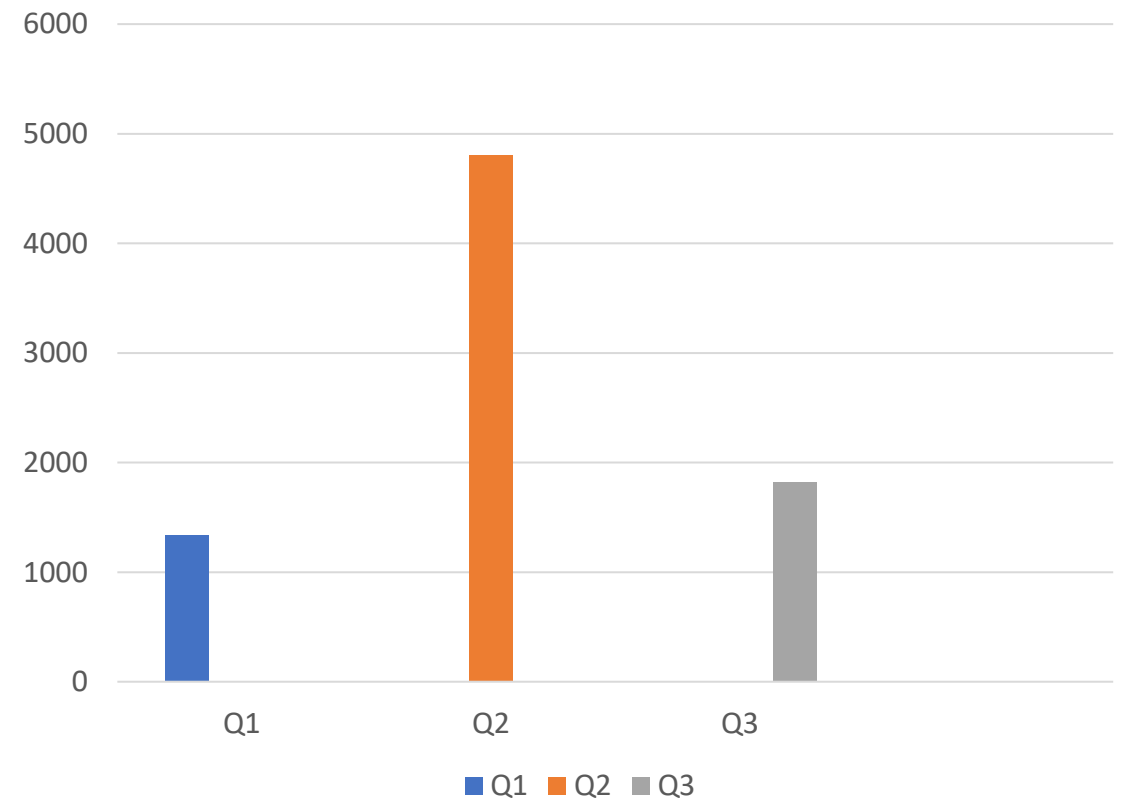


# GBV SURVIVORS / GBV PREVENTION PROGRAMMES

GBV Survivors (provided with care & support)



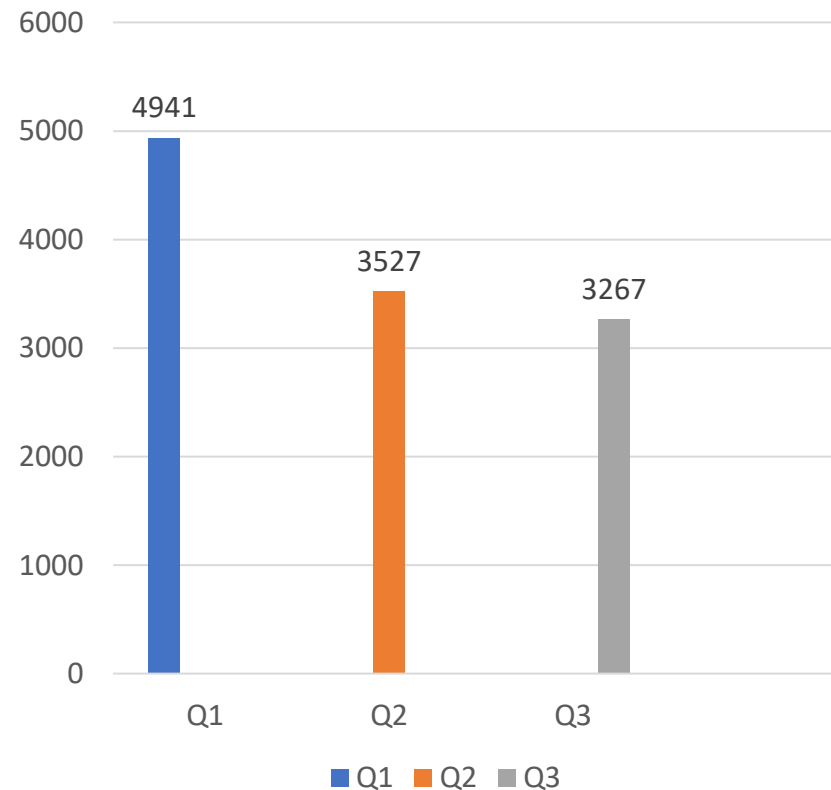
GBV Prevention programmes



## DAC/Dept. of Social Dev & Partners

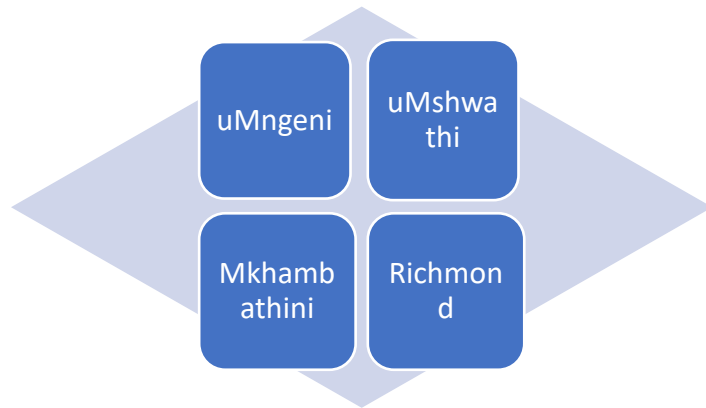
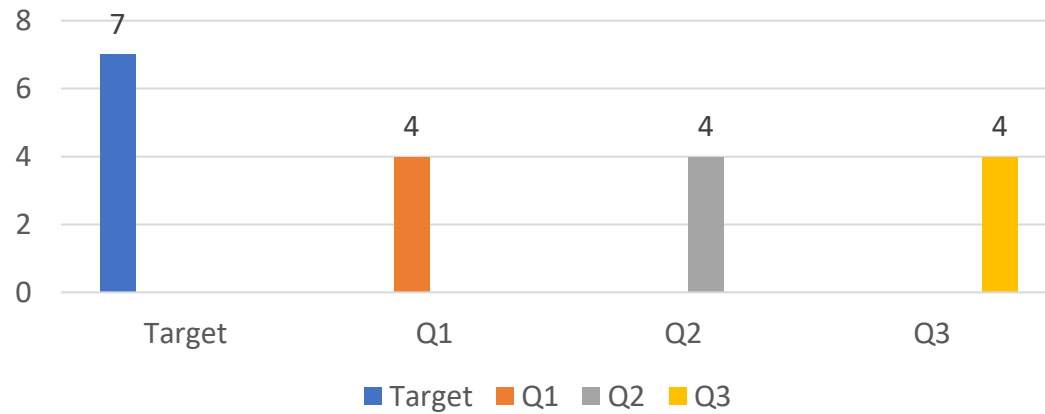
- Collaborative efforts on Vulnerable Groups: Women & Children, AFSA, TBHIVCare & Govt. Depts.
- A Nelson Mandela Boy Development Programme which helped to unravel young leaders of the District. (Lindo Ndlovu – an Ambassador & Speaker: Children's National Parliament)
- The leadership of the District AIDS Council appreciates and welcomes the grooming of young leaders in the District. (in partnership with the Office of the Premier)
- NGOs adopted Sector Specific Programmatic Projects, Children / Women – CINDI Network, Inkunzi Isematholeni, Incema & CMT.

## Children 18yrs younger reached through substance abuse programmes



# FUNCTIONALITY OF DAC & LACs

LACs Holding Meetings (as scheduled)



The four local municipalities have been convening their respective LACs as per schedule.

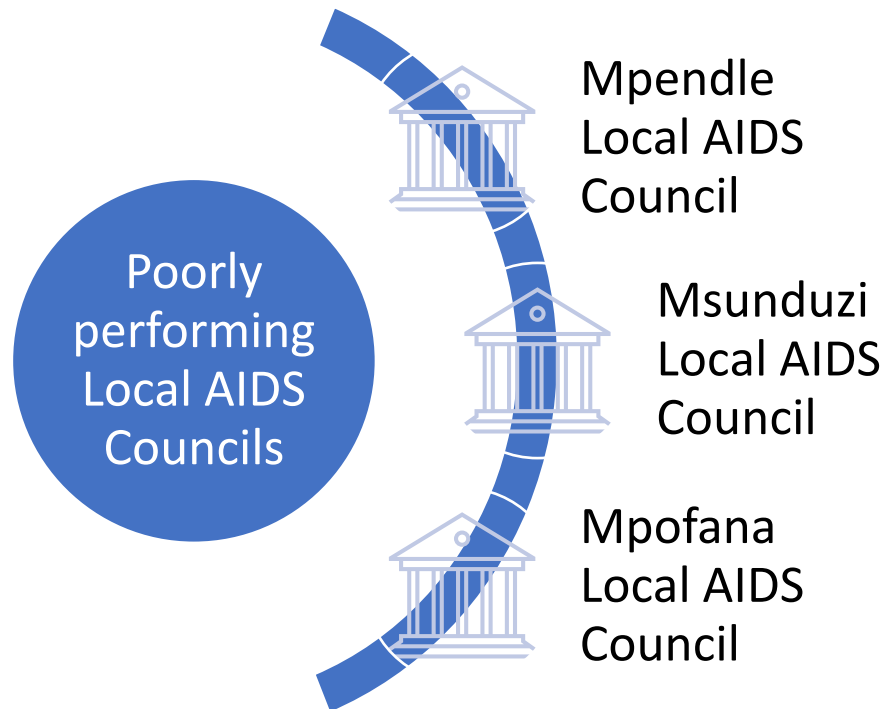


Mayor leading the Multi-sectoral approaches, & the presence of key different stakeholders at the District AIDS Council.

The District AIDS Council has over 70% of full representation, and the sitting of the Council has been consistent.

Active partnership with Civil Society Representatives / NGOs / CBOs / and broader public/private institutions.

# REVIVAL OF POORLY PERFORMING LACs



Measures undertaken thus far:

1. PCA Strengthening Workshop
2. DAC Support Visits to LMs
3. Brief Capacity Building
4. Revitalization & Launch of LACs
5. Revitalization of key sectors
6. Monitoring & Evaluation of performance.
7. Premier's Office – three-day capacity building workshop.



Partnership with Office of the Premier on:  
**Behaviour Change Campaign & Launch of Mpofana Local AIDS Council.**

- Mpofana LAC Launch held on the 03<sup>rd</sup> of March 2022.
- Leadership leading in the launch.
- BCC – Behaviour Change Campaign integrated into the Launch of the LAC.
- Office of the Premier in full support.
- Revitalization of the Local Clinic Committee is underway.
- Local Strategic / Implementation Plan (integrating OSS) will be developed.

## DAC MULTI-SECTORAL PROGRAMMES (WITH PARTNERS).

**Sex Work Project**  
(TBHIVCare / SAPS /  
DOH / DAC)

**Learner Support  
Agents Project**  
(TBHIVCare / DOE /  
NGOs / DAC)

**Integrated Response:**  
GBV+F /HIV, AIDS,  
STIs & TB / OSS  
Projects

**Supported by**  
LOTS/VulaTech Rapid  
Response Technology



# Challenges

- Less programmes focussed to farmworkers in the District.
  - WAC Functionality (only 42% were functional), need for revitalization of WACs.
  - LAC Functionality – only four are functional.
- Scarcity of financial resources – to drive programmes of the DAC / coordination thereof.
  - Representation of other key government departments in the DAC meetings.

## Conclusion

uMgungundlovu District prides itself for attaining its successes through partnership and working collaboratively with ALL key stakeholders, and this has certainly made the District achieve great significant milestones.



THANK YOU!

---