



Uthukela District Report Quarter 3 (Oct – Dec. 2021/22)

Provincial Council on AIDS Meeting

Venue:

Date:

Presenter: Cllr Inkosi NB Shabalala



Quarter 3 (October – December 2021) Action Item Update

INDICATOR	CHALLENGES	STATUS (ACTION TAKEN)
New positive cases	<ul style="list-style-type: none"> ▪ Low HIV test positivity yield. ▪ HIV positivity rate remains below target in the districts at 3% versus the target of 6%. 	<ul style="list-style-type: none"> ▪ Increase number of outreach services from 7 to 15 plus targeted testing. ▪ Target set for each trained nurse and daily monitoring. ▪ Involve traditional leaders, traditional Health practitioner, isibaya samadoda and religious leaders to influence communities especially men for HTS uptake. ▪ Scale up index case testing, MINA campaign and HIV Self Screening.
Male condom distribution Female condom distribution Male Urethritis Syndrome and new STI	<ul style="list-style-type: none"> ▪ Demand supply imbalance. 	<ul style="list-style-type: none"> ▪ Liaise with DOH Head Office re-condom continuous availability

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Delivery in public facilities.	<ul style="list-style-type: none"> ▪ Most of the pregnancies are related to sexual assault and the destabilized school attendance schedule. ▪ Low uptake and demand supply imbalance of the Long acting sexual reproductive methods. 	<ul style="list-style-type: none"> ▪ Service integration within and out of facilities to cover sexual reproductive health services through different platforms, like social media, pamphlets, etc. ▪ Reorientation of 10-19 years community on delay in sexual activity engagement. ▪ Motivate health care workers to implement youth zone to accommodate adolescence girls and young women for services. ▪ Conduct the teenage pregnancy dialogues within the District to identify the root causes and focus the interventions.
Infants and maternal death in public health facilities	<ul style="list-style-type: none"> ▪ Under 5 deaths are related to malnutrition, diarrhea, vomiting, HIV related infections and late presentation to health facilities. ▪ The two deaths were ART defaulters and non-clinic attenders. 	<ul style="list-style-type: none"> • Revive the functionality of Phila Mntwana centres. • Close monitoring of CCG's performance in the community, especially at Phila Mtwana Centres. • Early identification of pregnant women through pregnancy testing of all child bearing women in the facilities and in the community by CHWs.

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Medical male Circumcision (MMC)	<ul style="list-style-type: none"> ▪ MMC performance target not achieved in Q3 funding was reduced thus Partner Teams were cut from 3 to 1. ▪ Shortage of Doctors responsible for circumcision and the existing doctors still need to be trained and others need mentoring. 	<ul style="list-style-type: none"> ▪ Each sub-district to identify a Doctor to undergo circumcision training. ▪ Sub-districts to book MMC Clients to be done by the one existing Roving Team to be circumcised. ▪ Available trained doctors to be mentored accordingly.
Learners Pregnant	43 learners reported to be pregnant in the District.	<ul style="list-style-type: none"> ▪ 15 schools identified for targeted Behavioural Change Campaign. ▪ Service integration between the DOH school based teams and the learner support agents, for more capacitation of young people. ▪ Conduct the awareness campaigns on monthly basis, incorporating the other stakeholders and linkage to health services. ▪ Planning for the teenage pregnancy dialogues, done to cover the whole district.

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<p>Adult Viral Load Completion at 12months.</p> <p>Viral Load Suppression at 12 months.</p>	<ul style="list-style-type: none"> ▪ Viral load completion and suppression for the adults decreased, in all the LMs. ▪ Paediatric viral load completion improved due to facility support by the PACT SA social workers in different facilities, assisting with disclosure and adherence. ▪ Impact of Covid 19 to the clients who fail to attend our facilities and the delivery of treatment at home. 	<p>Optimal utilisation of roles of viral load champions, Linkage Officers, CHWs, Youth Ambassadors and Outreach Teams in tracking and tracing system for viral load completion and suppression.</p> <p>Linkage the clients to the case managers and Community Health Workers.</p> <ul style="list-style-type: none"> ▪ Preparation of clients through attendance of literacy classes towards linkage to care and disclosure process to improve retention in care by both DOH and Partners. ▪ Delivery of treatment to be coupled with the professional nurse who will collect the blood for viral load and clients be reminded on their return dates for viral load. ▪ Clients who are unsuppressed to be managed accordingly (adherence counselling) and be changed to the next regimen, as per the standard operating procedure.

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TB treatment success rate	<ul style="list-style-type: none"> Inadequate linkage of clients to Community Health Workers and Case Managers on diagnosis. 	<ul style="list-style-type: none"> Linkage of all newly diagnosed TB cases, upon receipts of results and on presentation of Client in facilities, to the case managers and CHWs. Follow up on the claiming of the TB outcomes from the clients who moved or transferred out of the District. Integration of COVID-19 with TB/HIV management. Increase community mobilization and education at facility and community level on high TB prevalence and resistance .
TB clients lost to follow up	<ul style="list-style-type: none"> Clients loss to follow up increased from 17 in Q2 to 23 in Q3. 	<ul style="list-style-type: none"> Engage with all community structures to promote TB awareness campaigns, treatment adherence and disclosure. Provide enhanced adherence counselling for the clients to complete their treatment. Advise clients on the change of the home address for continuity of care.

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New sexual assault cases	<ul style="list-style-type: none"> ▪ Increased Sexual assault cases for Adolescence Girls and Young Woman (AGYW) from 41 in Q2 to 56 in Q3. ▪ Children sexual assault cases remain high due ignorance in education about the GBV in children in the community and due to background of perpetrators that were also victims. 	<ul style="list-style-type: none"> ▪ Strengthen the coordination of multi-sectoral approach through she conquers programs to address GBV issues in the community, including political and traditional leadership. ▪ Conduct the human rights literacy classes per LM by the civil society structures. ▪ Ensure availability of Post Exposure Prophylaxis and Pre Exposure Prophylaxis in all facilities and offer to all eligible clients, with the involvement of partners. ▪ Routine sexual assault screening in all Primary Health Care facilities.

Plans for the next Quarter (Q4 Jan – March 2020/21)

- Conduct Learner pregnancy dialogues in all three sub-district (Alfred Duma LM, Okhahlamba LM and Inkosi Lagalibalele LM) on the 10th March 2022.
- District Behavioural Change Campaign Event focusing on programmes against GBV, High Teenage Pregnancy, Sexual Assault to be held at Inkosi Langalibalele LM, Injisuthi on the 16th March 2022
- Provincial World TB Day Event aimed to raise public awareness about the devastating health, social and economic consequences of TB to be held on the 24th March 2022 at Alfred Duma LM, KwaMteyi.
- Promote community engagement and leadership i.e. Traditional Leadership, Political Leadership and Isibaya Samadoda in addressing GBV and gender inequality.
- Service integration through Determined Resilient, Empowered, Aids-Free Mentored and Safe - DREAMS/SHE Conquers programmes.
- Mentoring of the adolescent boys and young men through the Men's sector.

Status of AIDS Councils

MUNICIPALITY	SECRETARIAT	BUGDET
UThukela	1 dedicated	No budget
Alfred Duma LM	1 dedicated	R 30 000
Okhahlamba LM	1 dedicated	R 40 000
Inkosi Langalibalele LM	1 dedicated	No budget

Thank You