

Progress of the Pilot Programme 30 June

SLA AND ADDENDUM RELATED DELIVERABLES AND ACHIEVEMENTS

The Community Oriented Substance Use Programme (COSUP) Model

- ✓ Developed for integrated substance use interventions as implemented in the City of Tshwane (see figure 1 below)
- ✓ Offered an alternative option to the war on drugs on dealing with PWUD and abstinence-based programmes

COVID-19 and COSUP

On the 15th March 2020, the government of South Africa declared a state of disaster and passed the Disaster Management act, with regulations aimed at curbing the spread of the disease. One of these was to institute a national total lockdown from 27 March 2020, to restrict human movements with the aim of stemming local spread.

The pandemic has put an additional burden on the already struggling health care system in the country, calling for upscaling of all measures to continue providing health care while fight the spread of the coronavirus at the same time. COVID-19 presented huge threats, both in terms of the potential to acquire the virus, but also the infrastructure to provide proper health and social care. These threats required collaborative and proactive interventions.

City of Tshwane homeless population

Managing healthcare and other necessary services for the City of Tshwane (CoT) homeless population during COVID-19 lockdown period required the combined efforts of many organizations from many different fields. As the crisis evolved and pressure rose, the CoT (Health, Drug and Substance Abuse Unit, Social Development) teamed up with trusted partners within Universities and civil society, including the University of Pretoria's Department of Family Medicine (DFM), the Homelessness Forum, NPOs, NGOs, CBOs, FBOs, UNISA, and the Provincial Department of Social Development.

The will to respond was there, unfortunately, the scale of the challenge meant by March 28, the only temporary shelter available was Caledonian Stadium, which had yet to be retro-fitted with resources necessary for a shelter.

The City of Tshwane guided by the Task Team (Municipal and Provincial Government, the Tshwane Homelessness Forum, the University of Pretoria and the University of South Africa, Harmless, Foundation of Professional Development, Sediba Hope), implemented plans to ensure Caledonian stadium had essential services, but simultaneously identified new temporary shelters for the +2000 people who have accessed services at Caledonian. Caledonian residents were moved to the new temporary shelters. Some of the residents who

had special needs went to existing shelters that could cater to their needs. On April 6 2020, the Caledonian temporary shelter was closed.

Department of Family Medicine, UP (including COSUP)

The University of Pretoria's Departments of Family Medicine (DFM) and Public Health Medicine, together with the COPC Research Unit, embarked on a collaborative effort with the City of Tshwane and the Tshwane District of the Gauteng Department of Health, to ensure continuity of health care of homeless populations, who at the time was being transferred to various temporary and permanent shelters around the City of Tshwane during South Africa's lockdown.

The DFM team (COSUP peers, social workers, clinical associates, doctors, community health workers, data capturers; and Family Medicine registrars and consultants), and DSA team worked tirelessly in lockdown to ensure a responsive and proactive response for the homeless community they were serving during the lockdown. *COSUP staff continued to deliver services not only at their one sites but also at the shelters, including weekends.*

Healthcare (including COSUP) services were set up in 26 shelters for homeless people (including Caledonian Stadium). as well as sites providing opioid substitution therapy for the management of withdrawals. Some of the shelters were pre-existing and others had been set up in response to the COVID-19 crisis. During the lockdown period, additional service points for homeless people were identified including Melgisedek informal settlement, Irene train station and hot spots in the surrounding areas of the Lyttleton Community Hall.

Services at the shelters

- Primary health care services (management of acute and chronic conditions), harm reduction and management of substance use withdrawals with opioid substitution therapy (OST), methadone as well as tramadol) for the treatment of withdrawals in PWUD (people who use drugs) were initiated in the shelters.
- Referral of residents with mental health illness
- The Occupational Therapy Department of the University of Pretoria set up activity-based interventions for several shelters and undertook training pastors and NGO-based social workers on digital platforms in the implementation of the programme. The programme aimed to enhance functioning within the shelter and guide the residents in the constructive use of time.
- Disease screening and chronic medication were also initiated and maintained throughout the project period. Shelters were connected to the nearby City of Tshwane clinics to facilitate the supply of chronic medication for HIV, TB, mental health and other conditions, and to provide for continuity of care after some temporary shelters close. For people who were not able to come to the clinic or were scared, a home delivery system of chronic medication was started and plans are underway to train professional nurses in virtual consultations to reduce the number of people coming to the clinics.

- All people in the shelters were screened for Covid-19 and those with symptoms were swabbed, and if positive, transferred to different health facilities for isolation and symptomatic treatment.
- Residents were provided with cloth masks; health talks on hand washing and social distancing were given by doctors at the shelters. To date, the number of people who tested positive for Covid-19 in the shelters is very limited, with many more Covid-19 cases in the community in Tshwane than in the shelters.
- In a big community of homeless people in Melgisedek COVID-19 screening was done, water and soap were provided, face masks provided, and a quality improvement project was done with final year medical students to screen this community for TB and HIV. Basic primary healthcare services were provided and the COSUP programme also started with methadone provision to substance users in this community – initially only for the treatment of withdrawals, but many later enrolled in the COSUP programme for longer-term OST and psychosocial support.
- Data:
 - Data were collected using the Qualtrics tool, spreadsheets as well as a newly developed Phulukisa app (Covid-19 screening and OST dotting)
 - **2066** Homeless people were captured on the shelter data list.
 - Of those, **1076 (52.1%)** were initiated onto methadone, of which 1008 were male, 37 female, and 31 unknown sex. The median age of males on methadone was 32 (IQR 29 to 37), females were 33 years (IQR 29 to 38) and the unknown group was 31 years (28 to 33 years).
 - Of those on OST, 595 (55.3%) were black, 36 (3.4%) were white, 3 (0.3%) were Indian, 13 (1.2%) were coloured, and 429 (39.9%) did not have race specified.

COSUP Sites during COVID-19 lockdown

- All COSUP sites remained open during lockdown levels 4 and 5 (implementing the required measures to prevent the spread of COVID-19), to deliver essential services including OST, NSP and screening for COVID-19 on the Phulukisa app. Clients and staff who screened positive were referred to nearby clinics and other health care facilities for testing.
- PWUD/PWID from the communities who couldn't access heroin/Nyaope had to be treated with tramadol for the management of acute withdrawal at the sites, with the total number initiated during lockdown **310** (a number of clients have been moved over onto methadone).

Opportunities

COVID-19 also presented a number of opportunities to innovate responses to street homelessness, precisely because of its new visibility and the urgency with which society was required to act. The opportunity presented itself in the form of new partnerships, a clear demonstration of the importance of shelter in providing proper care and means out of homelessness, and the ability to intervene boldly and collaboratively if required. As the WHO argues, “there is great potential for improving public health through systematic collaboration between governments and civil society.” Partners within the CoT expanded their network across functional silos and increased the number of colleagues they worked with. Many were willing to pitch in on others’ projects. The diversity of experience amongst the group involved with coordinating services enabled the generation of new innovative solutions and the ability to adapt dynamically to the changing situations.

Lessons learned

- Building on an existing long-term relationship with the Department of Family Medicine, University of Pretoria, established through two SLAs - firstly to implement ward-based COPC (community-oriented primary care) within the City of Tshwane, and secondly to develop, implement and manage a comprehensive community-oriented substance use project (COSUP), enabled the Health Department (CoT) to immediately, with existing resources and expertise, manage the emerging healthcare crises within the shelters.
- The trust relationship, in this case, was influenced by the success of past interactions, organizational reputation, a sense of mutual understanding and legitimacy, and the expectation that partners will follow through on their commitments.
- Effective collaboration requires building trust and accountability (partners bound to each other and not renege on commitments). Trust building amongst partners in the management of the homeless in the shelters contributed to the willingness to share information, a key to arriving at better-informed decisions when required
- Success with the treatment of many persons who use drugs while living in shelters should be noted. A number PWUD initiated on OST at the shelters continued to access COSUP sites and enrol in the COSUP programme.

Future collaborative initiatives

The degree of collaboration during the lockdown crisis has shown us that future efforts should and can be executed with the same level of success if managed with the same sense of urgency. Observing the resurgence of the COVID-19 pandemic in the northern hemisphere it is imperative that the City of Tshwane and all other role-players be prepared to effectively manage a second wave of the pandemic in terms of the homeless population successfully and efficiently.

A shared sense of purpose needs to be reinforced frequently, role players should continue to foster mutual trust, take responsibility for future success and as collective leverage scarce

resources. Initiatives should be identified where different stakeholders can together make a difference.

The homeless are a key population for the CoT substance use programme (COSUP). The second phase of the Substance Use Project (July 2020 – June 2023) should therefore be closely aligned with goals and objectives within the Pathways Initiative where relevant, and resources leveraged when possible.