UMZINYATHI DISTRICT MUNICIPALITY PRESENTATION BY DISTRICT AIDS COUNCIL CHAIRPERSON, Dr. Cllr. J.M. MTHETHWA 12 March 2014

COMMUNITY MOBILISATION

Number of young people aged 15-24 reached with prevention information including anti-gender based violence information

Baseline 12 000	Target 6000	Q1 2000	Q2 3000	Q3 2000

COMMUNITY MOBILISATION

Community Mobilisation is done through various programmes that we are engaged in as the District

- HIV/AIDS Awareness
- HCT Programmes
- Primary Health Care Programme through door to door visit by Drs
- We also had OSS awareness campaign as the District

ORPHANS AND VULNERABLE CHILDREN

- Number of OVC registered
- First quarter
- Male 789, female 870 Total 1659
- Second quarter
- Male 678, female 977
- Third quarter
- Male 210, Female 546
- Annual target 3240

- Total 1655
- Total 756

LIFE SKILLS NUMBER OF LEARNERS PREGNANT



PMTCT

Baby PCR tested positive around 6 weeks rate

Baseline	Target	Qı	Q2	Q3
1%	< 2%	1.1%	0.6%	1.8%

Achievement is due to the success of (FDC) Fixed dose Combination pill initiation during pregnancy and labour

PMTCT

- No FDC stock outs were reported during the year.
- Ensure that all pregnant women book early for antenatal care to be put onto ARV if HIV positive.
- Phila Mntwana centres have been opened to educate the mothers on the importance of exclusive breastfeeding
- HCT screening is done on a three monthly basis at clinic level for all mothers that are breastfeeding or pregnant who had previously tested negative.

BO1 state why it has gone up in 3rd quarter....what is teh district doing to reduce this....? BEN OSINDO, 2014/03/03

Baby HIV antibody test positive at 18months rate

Baseline	Target	Q1	Q2	Q3
2%	< 2%	1.6%	1.6%	1.7%

•Programme success, is enhanced by proper follow up and tracking of children who are HIV positive

•The successful use o CCGs who provide home visits and health education on the prevention of transmission

ANC Booking before 20-weeks Rate

Baseline	Target	Qı	Q2	Q3
50 %	60%	56%	60%	61%

Pregnancy test kits are available at all health facilities for early detection to enable clients to commence Antenatal Care as soon as they are diagnosed.

ANC Booking before 20-weeks Rate

- All child bearing age women are screened for pregnancy irrespective of presenting complaint.
- The Ward Based Outreach Teams and CCGs have been trained on the screening of the pregnant women and refer them to the clinics for Antenatal Care

Number of Infant Deaths in Health Facilities

Baseline	Target	Qı	Q2	Q3
214 (annual)	0	46	27	38

Number of Infant Deaths in Health Facilities

- Neonatal resuscitation training has been done where 20 midwives were trained on how to prevent infant deaths.
- Kangaroo Mother Care has been implemented in all institutions to reduce or prevent infant deaths .
- Equipment for the care of Infants has been procured and staff have been trained on how to use it.
- Ensuring the availability of a senior professional nurse and a doctor in these wards is encouraged and monitored regularly.
- Daily ward rounds are carried out in all hospitals for early detection of complications to the infant.

Number of Infant Deaths in Health Facilities

- Screening of pregnant women for HIV and placing them on ARV treatment
- NVP syrup is given to infants of HIV positive mothers post delivery
- PCR testing around six weeks is performed to infants born to HIV positive mothers
- These children are issued with RotaVirus vaccine at 6 weeks to prevent diarrhoea and pneumonia
- The Child health forums are held monthly at hospitals to discuss causes of death in children and corrective action to be taken

Number of Maternal Deaths in Facilities

• Number of maternal deaths at public health facilities

Baseline	Target	Qı	Q2	Q3
4	0	2	1	3

Number of Maternal Deaths in Health Facilities

- Early diagnosis of pregnancy and early booking for Antenatal care is ensured
- Screening for HIV and other pregnancy related conditions
- Initiation of pregnant HIV positive women during first Antenatal care visit (Fixed dose combination pill)
- Screening of high risk patients who will then attend the high risk clinic for specialised care
- Maternal death reviews are done after each maternal death, where gaps are identified and corrective action is taken.

MALE CIRCUMCISION 15yrs to 49yrs

Baseline	Target	Qı	Q2	Q3
5 938	14 278	1 279	1 309	870

MALE CIRCUMCISION 15yrs to 49yrs

- MMC is discussed at pension points so as to educate and mobilise the community
- MMC coordinators are assisting in this regard though they are not doing well.
- Two big camps are conducted monthly within the district
- Each hospital has been mandated to perform 10 MMC per day so as to increase the uptake.

HCT and TB Screening

• Number of New HIV tests carried out

Baseline	Target	Qı	Q2	Q3
126 521	181 291	43 040	43 629	41 384

HCT and TB Screening - cont

- All HCT clients are screened for TB
- All clients attending health care facilities are encouraged to test for HIV

CONDOM DISTRIBUTION - Males

Baseline	Target	Qı	Q2	Q3
6 169,831	12,600,000	2,615,586	2,327,010	3,197,168

CONDOM DISTRIBUTION - Males

- There has been an increase due to increase in distribution sites and HTA sites.
- The use of Condom Distributors has assisted in improving the condom distribution rate in the district
- Targets have been set for each health facility, Family health teams and CCGs to ensure that the district target is achieved.
- Involvement of NGOs to assist with distribution of condoms

CONDOM DISTRIBUTION - Males

- All clients entering the facility are offered condoms together with their treatment
- Condoms are distributed at all events involving all government departments

CONDOM DISTRIBUTION - Females

Baseline	Target	Qı	Q2	Q ₃
90 520	155 091	49 664	54 668	60 095

- The training on Female condoms has greatly contributed to the increase in utilisation.
- Staff are more confident in marketing this product to the community

Sexual Violence

Number of new Sexual Assault cases

Baseline	Target	Qı	Q2	Q3
347	325	108	105	105

Children under 12 Sexually Assaulted rate

Baseline	Target	Qı	Q2	Q3
37%	0	44.6%	49%	46.7%

- Community mobilisation on sexual abuse is continuing.
- There is a close working relationship with the SAPS.
- More staff still require training on clinical Forensics

Clients on ARVs

	Baseline	Target	Q1	Q2	Q3
Children on ART	2,934	3,500	2,919	2,997	3,106
Adults on ART	33 821	40,000	34,304	36,077	37,511
Adults Lost to Follow Up	619	Ο	190	215	293

CLIENTS ON ARV

- All clinics have staff trained on NIMART nurses and all clinics are initiating ARVs to HIV positive patients
- Introduction of Medipost services for ART patients
- Under 5yrs is immediately commenced on ARV regardless.

CORDINATION, MONITORING & EVALUATION

Number of LACs submitting reports to DAC

- Quarter 1 : 3
- Quarter 2 : 3
- Quarter 3 : 3
- We are still having challenge with uMvoti Local Municipality in terms of submission of reports and establishment of LAC. We have met with uMvoti in order to assist them with their LAC which resulted i^{BO10} the launch of the LAC.

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BO10what came out of the meeting....? BEN OSINDO, 2014/03/03

NUMBER OF WAC SUBMITTING REPORTS

- Out of 4 Local Municipalities 3 are doing well
- Nquthu Municipality is leading in terms of ward aids commitees
- Endumeni recently appointed HIV/AIDS coordinator
- Msinga wards Aids Commitees are non functional
- Umvoti still experiencing problems as mentioned above

COMMENTS ON WAD

- The District is helping facilitating and co-ordinating the sitting of trainings funded by the Premier's Office
- The District Municipality is working with Expectra NGO which is run by Umzinyathi Drs who studied in Cuba, as a way of ploughing back to community they initiated Primary health care programme
- CCGs employed by the NGO are also assisting in reviving ward aids Committes

WAY FORWARD

- The District advocated for the HIV/AIDS coordinator for uMvoti LM;
- Mobilisation of resources to run HIV/AIDS related programmes;
- Capacity Building for LACs and WACs
- Mobilisation of local stakeholders through OSS
- District will be launching forum for people living HIV/AIDS in April 2014
- Umsinga will be assisted in codinating the functionality of WAD

•THANK YOU
