



**By 2030 eThekweni will be Africa's
most caring and liveable city**



eThekweni District AIDS Council Report

Mayor James Nxumalo

Presentation Outline

- DAC Progress Report
- Prevention Interventions:
 - HCT
 - Condom Distribution
 - Male Medical Circumcision
 - PMTCT and Antenatal
- Treatment, Care and Support
 - Antiretroviral therapy
- Maternal, Child and Women's Health
 - Leaner Pregnancy
 - Maternal Mortality
 - Infant Mortality
- Sexual Assault

eThekweni DAC Progress

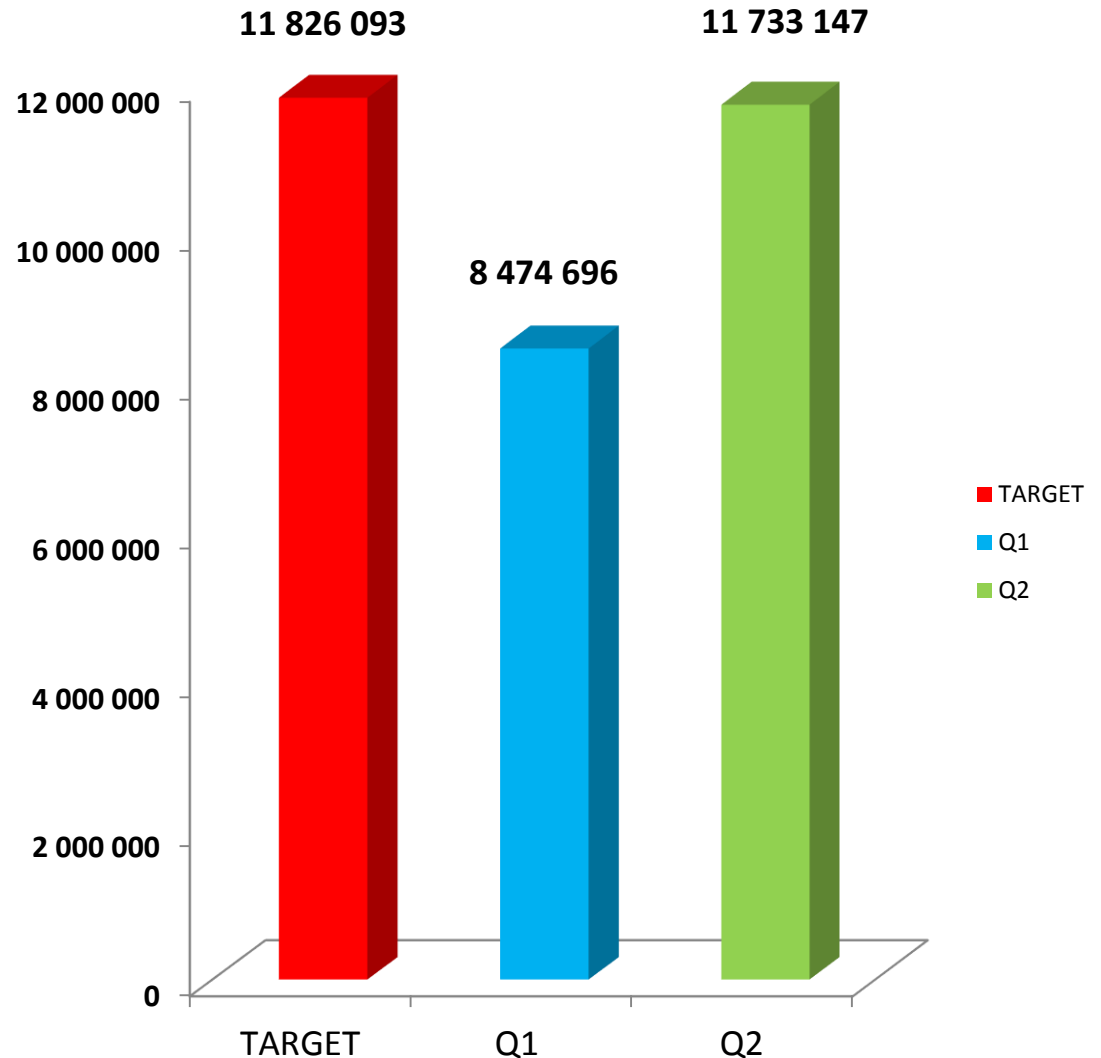
- DAC chair convened a special meeting to provide PCA report back and chart the way forward to the development and implementation of a Turn Around Strategy.
- Technical group meetings with government departments, business and sector representation held
- eThekweni Turn Around Strategy developed
- Sector specific DAC reporting tools developed
- Improved stakeholder coordination and joint operations
- Performance improvements in few programmes

CONDOM DISTRIBUTION

Increased in distribution as a result of accelerated outreach campaigns:

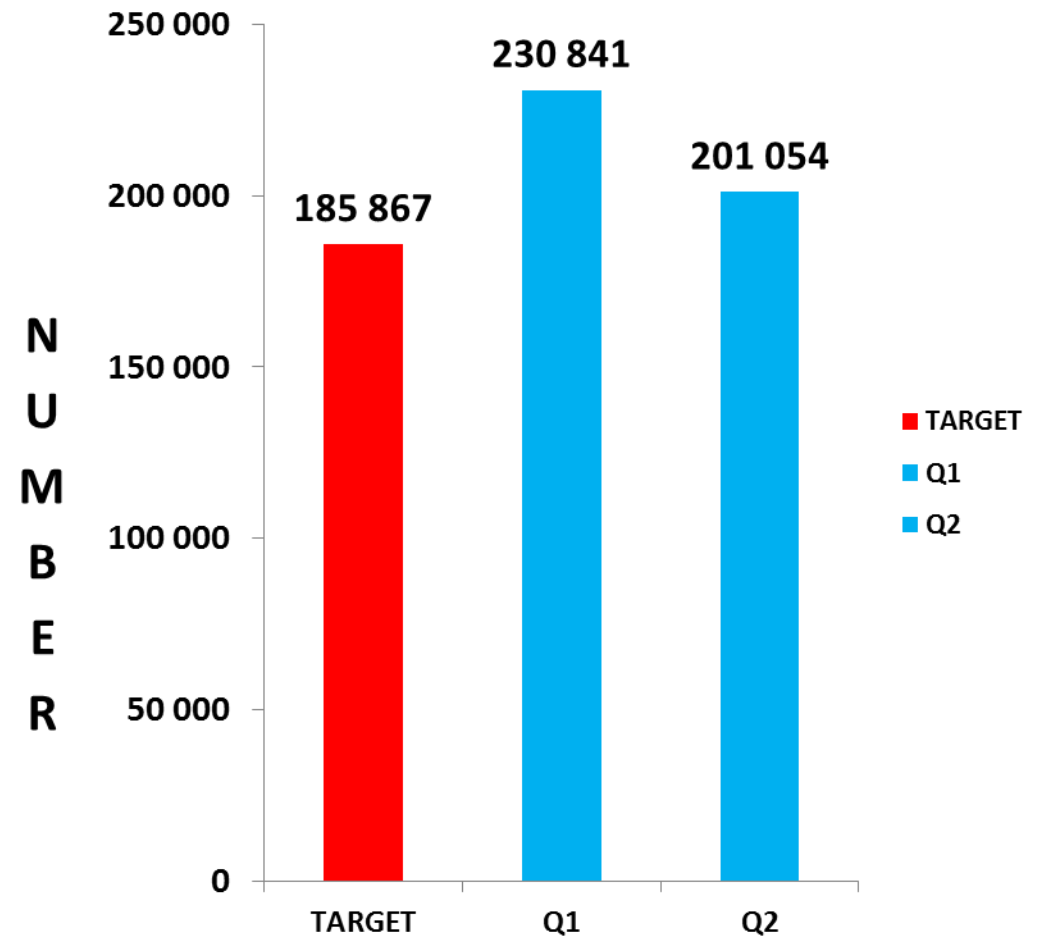
- Increase in non medical condom distribution sites: Taxi ranks, hostels, night clubs, garages, hotels, malls.
- Increased non clinical distributors by 58 through engagement of NPOs
- Increased distribution of condoms at clinics to all clients.
- Improved reporting by all stakeholders - Civil Society Contribution in the reporting quarter 5 569 556.

Condom Distribution: FY 2015/2016



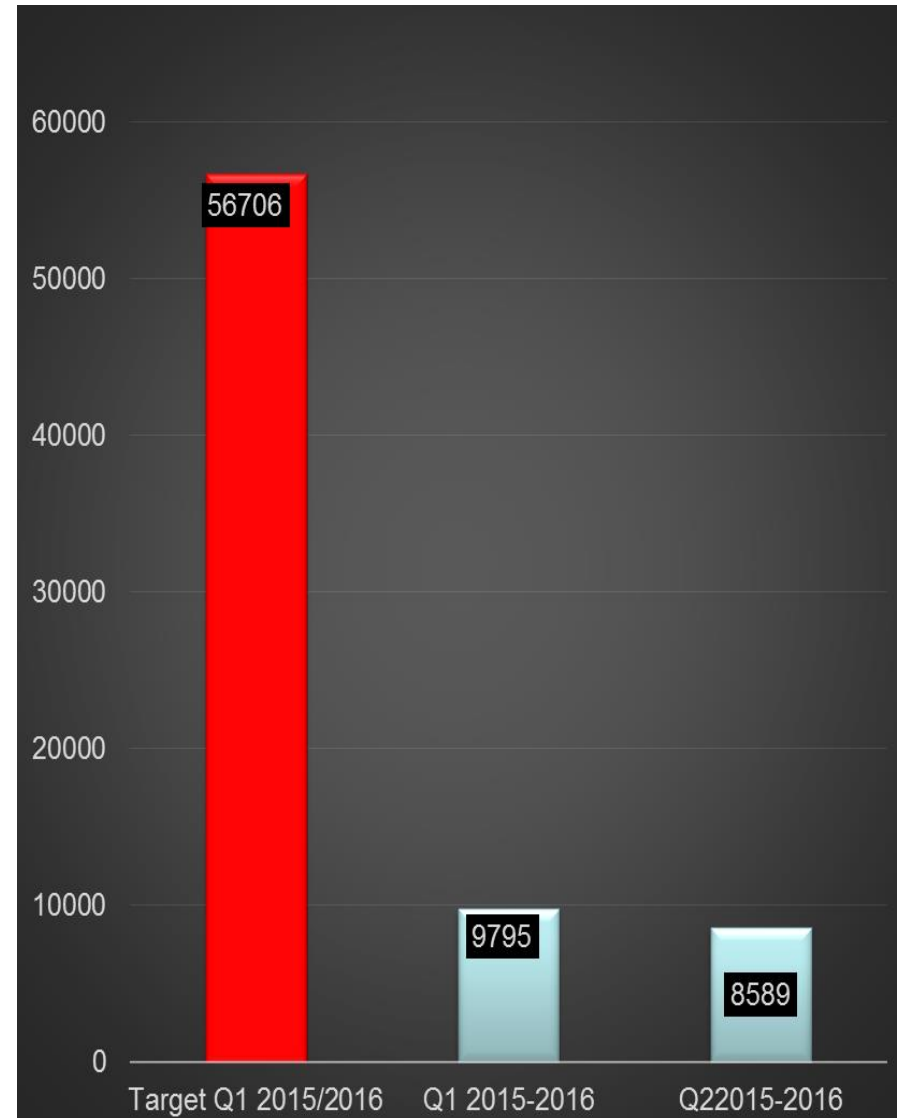
- HCT part of health screening outreach campaigns
- Slight drop in numbers for the reporting quarter but still above target
- HIV positivity rate amongst tested ranging between 10 -14%

HIV TESTING: FY 2015/2016



Male Medical Circumcision

- Poor uptake of MMC especially by older men
- Active mobilisation in schools and tertiary institutions, local newspapers and during health screening campaigns
- Demand creation scaled up in collaboration with Valley Trust, DrumAide, Community Media Trust
- Municipality MMC sites increased from 15 to 22 in Q2



Antiretroviral Treatment Programme

- Total of 313 488 adults and children remaining in care by end of September 2015
- Loss to follow up reduced from 7 509 in Q1, to 5 200 in Q2
- Deaths also came down from 295 in Q1, to 207 in Q2
- Implementation of chronic clubs for stable patients and the ART electronic patient information system is contributing to timeous detection of defaulters

Antenatal Care

- **Antenatal first visit during current pregnancy at less than 20 weeks has improved from 59% in Q1 to 65.7% in Q2 (Target 65%)**
- **Ante-Natal Care tested HIV positive 13, 064**
- **Antiretroviral therapy Initiations 97% in Q1 and 96.3% in Q2**
 - **Around 6 weeks 1, 1% in Q1 and 1.4% in Q2**
 - **Positivity around 6 weeks increasing over past two quarters in comparison to Q4 2014/2015 which was 0.9%**
 - **Post Cessation of breast feeding positivity rate increased from 3% in Q1 to 5.6% in Q2**

HIV positivity in children exposed to HIV

- **PCR positivity:**

- Around 6 weeks 1, 1% in Q1 and 1.4% in Q2
- Positivity around 6 weeks increasing over past two quarters in comparison to Q4 2014/2015 which was 0.9%
- Post Cessation of breast feeding positivity rate increased from 3% in Q1 to 5.6% in Q2

- **Interventions:**

- Conducting educational campaigns to improve booking before 14 weeks of pregnancy to ensure early intervention in HIV positive mothers
- Planning to have district community dialogues on breastfeeding (collaboration with DSD, CSO, Community Participation Unit)

Maternal Deaths

- **21 Maternal Deaths in Q1 and 21 in Q2**

Hospital	Number	Origin
King Edward Hospital	6	5 eThekweni, 1 Amajuba
Inkosi Albert Luthuli	2	1 eThekweni, 1 Ugu
Mahatma Ghandi	4	eThekweni
RK Khan	2	eThekweni
King DinuZulu	1	eThekweni
St Mary's	1	eThekweni
Community Death	1	eThekweni

- **90% of deaths are cases that originate from within the district**
- **Causes: Infection (TB, HIV, Pneumonia) =5; Medical and surgical disorders=4; Hypertension=3; Post delivery bleeding (Haemorrhage) = 1; Pregnancy related sepsis=1; Miscarriage= 2; Exact cause unknown= 5**

Activities to reduce Maternal Mortality

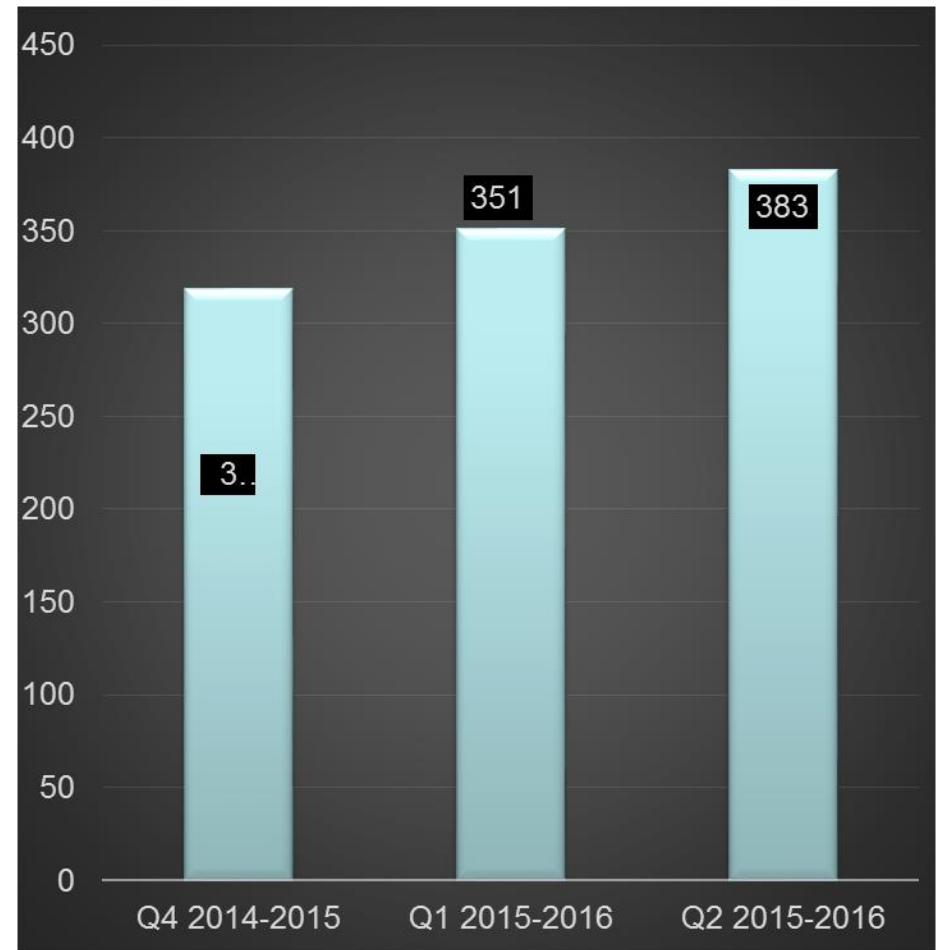
- Referral hospitals have increased support to referring clinics with specialists providing support visits to address issues of quality of care.
- Maternal mortality meetings held monthly where causes of maternal deaths discussed, follow up on challenged facilities
- Training of antenatal nurse on integrated basic antenatal care conducted
- Ward Based Outreach teams coordination of community case finding through CCGs actively identifying and referring pregnant women
- Several education campaigns have been conducted in the district in the reporting quarter.

Infants dying in public facilities

Increase in infant deaths
from 351 in Q1 to 383 in Q2

Causes

- Prematurity (<1000g)
- Birth asphyxia
- Infections - Pneumonia, diarrhoea, HIV, TB
- Severe Malnutrition



Interventions to reduce Infant Mortality

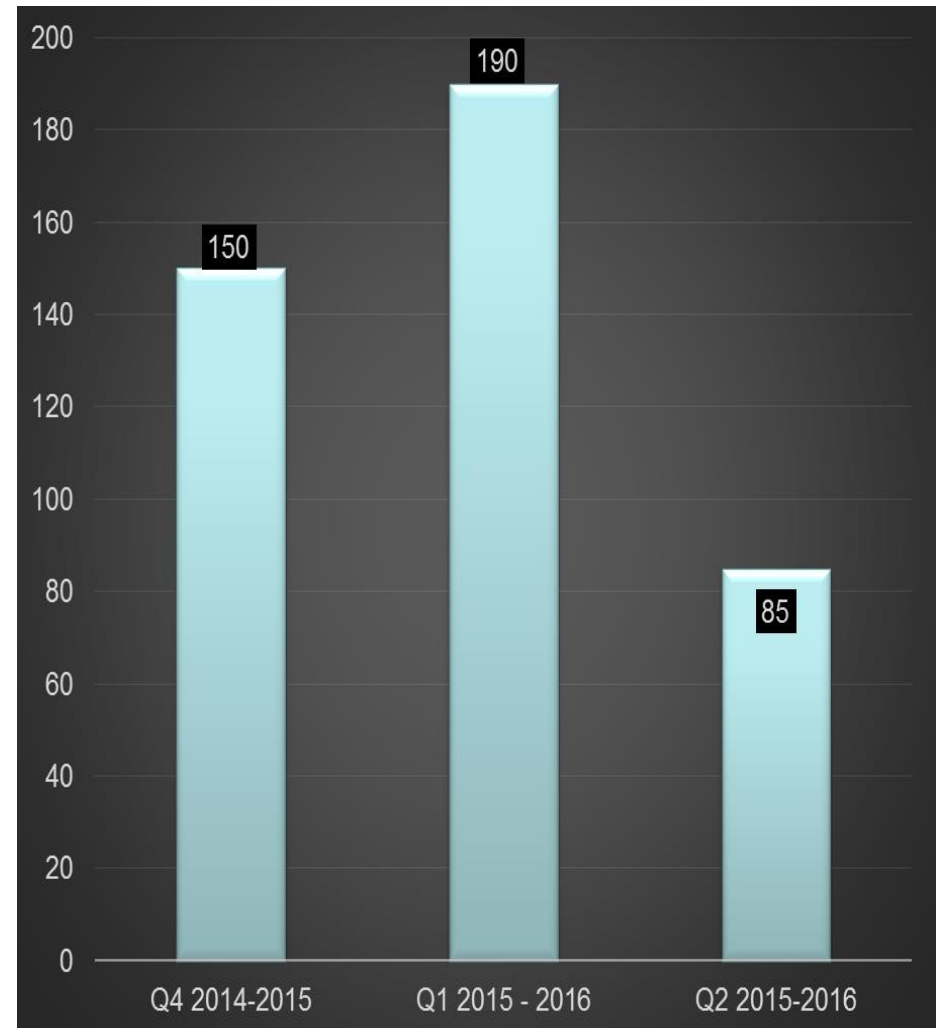
Cause	Intervention
Infections	<p>Trained, supervised and monitoring implementation:</p> <ul style="list-style-type: none">• Hand washing and clean water supply• Promotion and mother support for breast feeding• Support the use of road to Health booklet• Implementation of Integrated Management of Childhood Illnesses (IMCI)• Conduct HIV birth PCR testing, tracing and treatment• Utilisation of Phila Mntwana Centres• Linking CCGs with pregnant Mothers
Prematurity (<1000g)	<ul style="list-style-type: none">• Milk banks have increased from 2 to 10 in the district• Promotion of Kangaroo Mother Care to reduce hypothermia incidence• Quality Improvement initiatives to ensure use of use of steriods to address lung maturity reduce
Difficulty of babies breathing at birth (Birth asphyxia)	<p>Helping babies Breath (HBB) trained staff</p>

LEARNER PREGNANCY

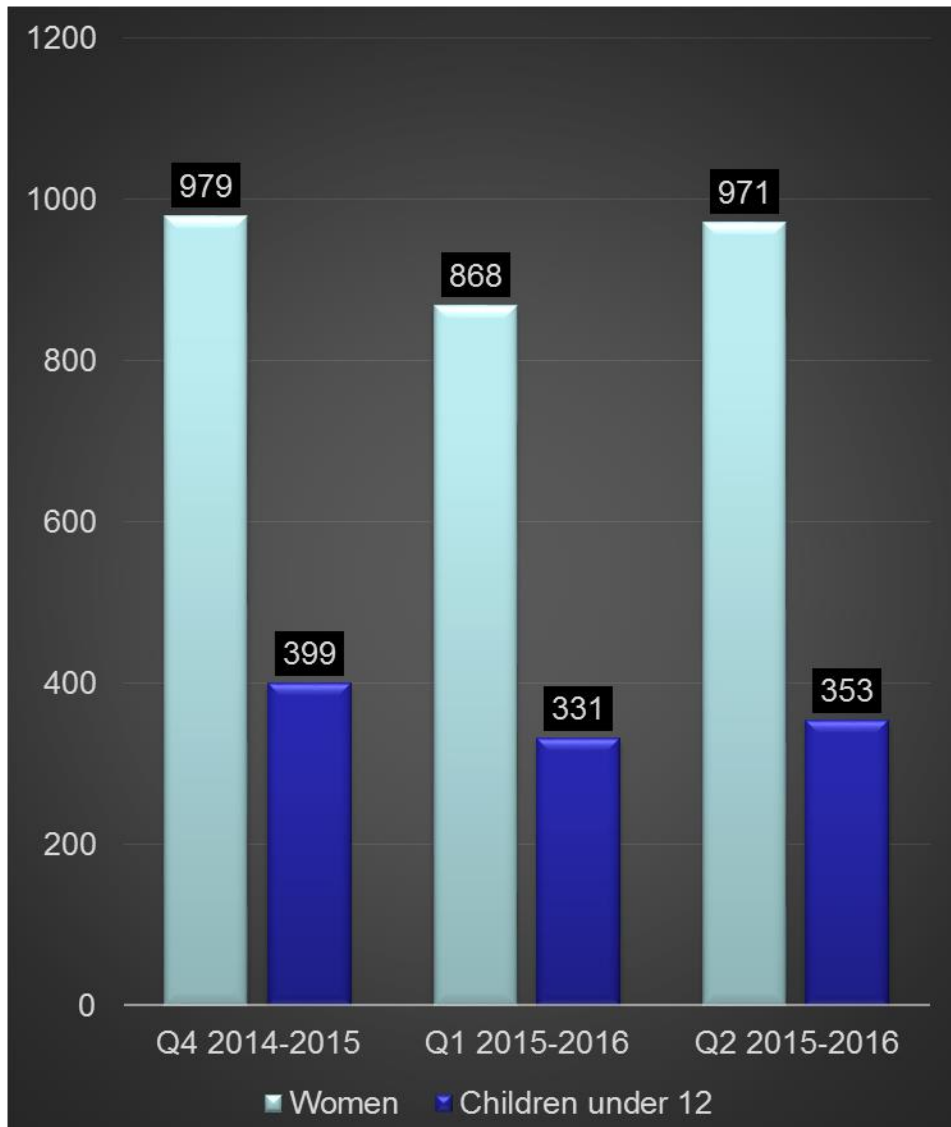
- Reported 85 pregnancies submission of Umlazi Sub District. No submission from Pinetown District

Interventions

- Working on attaining Youth Friendly facilities so that learners can access health facilities freely
- School Health Teams providing health education at schools
- Re-inforcing the implementation of Dual Protection (condoms +family planning methods + MMC)



Sexual Assault



Under 12 Sexual Assault

HOSPITAL	NUMBER	AFFECTED AREAS
Prince Mshiyeni	101	Mainly Umlazi
RK Khan	103	Greater Chatsworth
Addington	52	
KwaMashu Poly Clinic	13	KwaMashu,
Mahatma Ghandi	74	KwaMashu, Inanda (Mtshebheni), Ntuzuma, Phoenix

High incidence in informal settlements

Sexual Assault: Interventions

- Planning meeting with DSD, DOJ, SAPS, Correctional Services and CSO (eg. Centre)
- Planned campaigns linked to 16 days of activism and beyond.
- Collaboration with business sector (Transnet) to emp
- DREAMS project to support DAC and facilitate an integrated approach to reduce risk of abuse and HIV in young girls and young women.

WARD AIDS COMMITTEES

- Appraisal functionality of WACS conducted
- Identified that although no reports received in the past, there are activities conducted at ward level. 14 WAC reports received in this quarter
- However, the majority of WACs are non functional and not representative as they are mainly comprised of CCGs.
- Interventions:
 - Established CSO have been tasked to mentor WAC
 - In the process of reviewing composition of WACs
 - Retrain/In service WAC structure
 - Review Implementation
 - Monitoring and reporting through collaboration with LTT



THANK YOU