KING CETSHWAYO
DISTRICT AIDS COUNCIL
REPORT

08 SEPTEMBER 2017
DAC CHAIR: DISTRICT MAYOR, CLLR
NNP MKHULISI
INTERVENTION AREA: ORPHANS & VULNERABLE CHILDREN

Q1 report includes annual data that is why is 9739.
INTERVENTION AREA: ORPHANS & VULNERABLE CHILDREN

Number of registered OVCs receiving care and support

<table>
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<tr>
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<th>Q4 2016/17</th>
<th>Q1 2017/18</th>
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<tbody>
<tr>
<td>Number of OVCs receiving care &amp; support</td>
<td>9680</td>
<td>9739</td>
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Q1 includes data from Q4.
INTERVENTION AREA: MATERNAL CHILD & WOMEN’S HEALTH

A decreased in Q1 is observed from 1.6% in Q4 to 1% (9/1095)

What has been done:
- Double testing of babies due to mothers using different clinics and not revealing the babies HIV status, and also reporting the child's Road To Health Card as lost is still a problem in the district.
- Drop in patients from other facilities and districts report to our clinics already positive.

Interventions in place
- Clinicians to be vigilant with the patients who are already on ART stressing the importance of adherence.
- Viral load for HIV positive ANC clients to be monitored throughout pregnancy and viral load suppression activities to be implemented to reduce the risk of transmission.
- PCR positive results to be communicated on time to the mother/parents. The clinicians to note on the RTHC that PCR was done and add relevant stickers on the RTCH.
Child rapid HIV test around 18 months positive rate is 0.21% (4/1864) and it's within the target of <1%.

**Interventions in place**

In service training of health care workers on infant feeding

Linkage of mothers post delivery to community care givers for support on infant feeding
An increased in Q1 is observed from 7 in Q4 to 8

Four (4) deaths that occurred in LUWMRH were from PHC facilities and 2 out of these were from UNIZULU. There were also 2 failed abortions.

Interventions in place

- The district and facility MCWH to market CTOP services at UNIZULU and other tertiary institutions within the district.
- The clinic within the campus also to market and offer contraceptives or family planning services.
- The hospitals and PHC facilities referring to LURWMH to identify and manage high risk ANC clients on time. This will prevent complications that lead to maternal deaths.
- Obstetric ambulance to be always available when need
INTERVENTION AREA: HIV PREVENTION

Medical Male Circumcision performed - total is 4577 which was above a set target of 3679.

What has been done:
- All sub districts had MMC camps
- There are contracted GPs, NGOs that are responsible for performing MMC
- MSF and Care works have sub district based mobilisers.
- Data verification is done monthly at all levels

Interventions in place
- The hospitals to continue using the services of the contracted NGO for support in this service.
- Some of these NGOs have doctors and nurses that assist with circumcisions.
- CARE WORKS can be contacted to assist with mobilisation.
INTERVENTION AREA: TB TREATMENT

A decrease is observed from 1583 in Q4 to 335 in Q1.

Reason for this performance.

- All facilities are using case identification register which assist them in identifying TB cases to be initiated.
- NHLS is responsible for delivery of results within 48hrs

Interventions in place

- Continuous monitoring using case identification register
Quarterly targets was achieved
7.8% positivity rate

- What has been done
- Conducting Community Based HIV Counselling and Testing (CBCT) focusing on key populations including youth.
- Implementation of PICT (Provider initiated counselling & testing) in all facilities
- Support from partners, FPD, MSF and Broadreach
- Monitoring of the performance through the nerve centre meetings, barometers, use of dashboard and run charts.
- Provision of HTS in all district events.

Interventions in place
Continue with HTA services to high risk areas including Key Population.
INTERVENTION AREA: SEXUAL AND REPRODUCTIVE HEALTH

Sexual assault cases

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<th>Q4 2016/17</th>
<th>Q1 2017/18</th>
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<tr>
<td>New sexual assault</td>
<td>268</td>
<td>272</td>
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<tr>
<td>cases</td>
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<tr>
<td>Under 12 sexual</td>
<td>92</td>
<td>119</td>
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<tr>
<td>assault cases</td>
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Children under 12 sexually assaulted rate

- Q4 2016/17: 43
- Q1 2017/18: 44
INTERVENTION AREA: Prevention of HIV transmission

Sexual assault remains a challenge in our district. An increase in the rate of under 12 sexual assault cases from 43% in Q4 to 44% in Q1 is observed.

**What has the District already done:**
The District has worked with other government departments through OSS as this is a social ill which need stakeholder coordination and involvement.

**Activities that the District will embark on:**
The district will continue with community awareness campaigns and community dialogues as part of community engagement

Global fund project will also assist with education in schools
**INTERVENTION AREA: COMPREHENSIVE ART SERVICES**

An increase is observed from 105 311 in Q4 to 107 748 in Q1.

Client tracing and tracking system using of Tier.net is being utilised.

**What has been done**
- Implementation of UTT (Universal Test and Treat)
- Implementation of Adherence Guidelines, which improve retention to care (CCMDD, Chronic clubs & Spaced/fast lane appointments).
- Integration of Tracer Teams (TB & HIV)
- File audits for Early Warning Indicators (EWI) to identify defaulters

**Interventions in place:**
- Institutions to continue updating Tier.net, identifying and tracing the defaulters and bringing them back to the system.
- All institutions to continue implementing UTT.
### STRATEGIC OBJECTIVE 5: COORDINATION, MONITORING & EVALUATION

**INTERVENTION AREA:** COORDINATING, MONITORING & EVALUATION

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<td>03 LAC Reports</td>
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<td><strong>WAC Reporting to the LAC</strong></td>
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**COMMENTS**

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DAC CHAIRPERSON:
CLLR NNP MKHULISI

Thank you for your attention