By 2030 eThekwini will be Africa’s most caring and liveable city

eThekwini District AIDS Council Quarter 1, 2017/2018 Report

Her Warship Mayor Cllr Z. Gumede
Presentation Outline

• Prevention Interventions:
  – HIV Testing Services
  – Condom Distribution
  – Male Medical Circumcision
  – Prevention of Mother to Child Transmission
  – Orphans and other Vulnerable children

• Treatment, Care and Support
  – Antiretroviral therapy

• Maternal, Child and Women’s Health
  – Infant Mortality
  – Maternal Mortality
  – Deliveries less than 18 years at public health facilities
  – Use of family planning by the under 18 years
  – Learner Pregnancy

• Sexual Assault

• eThekwini Dreams Project

• Ward AIDS Committees
Demographics

• Stats SA, 2016 estimates the mid-year population for the country as 55.91 million
• African population is in the majority at 45.11 million (81%) of the South African population.
• The estimated overall growth rate increased from approximately 1.22 % in 2003/04 to 1.62 % in 2015/16 period.
• KZN is the second largest populace with 11.1 million people, spread over an area of 93 378 km²
• eThekwini has 3.7 million people with an estimated population density of 1 611.3 per km²
• 60% are young people of less than 39 years
• 2.7 million African population
Demographics

- 7.1 million people are infected with HIV in South Africa
- However, only 3.6 million are on ART
- KZN has 1.9 million people living with HIV
- Only 1.1 million on ART
- There are 650 000 people living with HIV in eThekwini
- However, approximately 383 869 people are on ART
• The target for number of HIV tests conducted was exceeded in all quarters.

• Efforts strengthened by partnerships that contribute to increased number of HIV tests to move closer to the first 90%.

• Some of those include:
  
  - community based and household HIV testing.
  
  - Increased engagement with community based HTS partners.
Condom Distribution

- Condom distribution is a pillar of HIV prevention strategy.

- However, this was not reported on web DHIS in Q1 as per instruction from NDoH.
Male Medical Circumcision (MMC)

• The implementation of turn around strategy has yielded positive results, the target for the quarter was met for the first time.

• The strategy includes relaxing boundaries of MMC partners, improved coordination of MMC activities, increased demand creation in the community, schools and tertiary institutions.

• Activation in hostels during Ubuntu Initiative contributed positively to MMC.

16792
13905
5441
Percentage of 1st Ante Natal Care Visit in Pregnant Women before 20 weeks of pregnancy

- Percentage increase from 67.3% in Q4 to 69% in Q1 of 2017/2018 financial year

- Increase in ARV initiations from 75% in Q4 to 95% in Q1

- Infant PCR positivity rate at around 10 weeks dropped from 0.9% to 0.63% as compared to the last quarter
Orphans and Vulnerable Children

- Almost 100% of newly registered OVCs are in care and support through various entities like DSD and their sub-grantees.

- Other social partners contributing to OVCs care and support include FHI360, AFSA, NACOSA and HST.
Antiretroviral Treatment Programme

- Of the estimated 650,000 people living with HIV in eThekwini, there are approximately 383,869 people in the ARV programme.
- The increased efforts at community education and HIV testing will assist to close the gap between persons with HIV infection and those on treatment so that we move closer to 90% of persons infected in care.
- De-registered due to death decreased from 78 to 70
- Lost to follow up also decreased from 3318 to 470
Deaths in Pregnant Women (Maternal Deaths)

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<td>DOA (community)</td>
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- Increase from 19 in Q4 to 23 in Q1
- Causes: Infection or non-pregnancy related (TB, HIV, Pneumonia) 4; Medical and surgical disorders 10; Hypertension 1; Post delivery bleeding (Haemorrhage) 3; Pregnancy related sepsis, Miscarriages 3, Acute collapse 1, Unknown 1
Activities to reduce Maternal Mortality

• Improvement in PHC practitioner’s attendance and engagement at Perinatal and Maternal Mortality meetings.

• Case by case investigation of the possible causes by looking at Primary Health Care facilities and hospital management.

• Engagement of individual practitioners as well as collective Ante-Natal practitioner’s seminars
Infants (children under one year of age) dying in public health facilities

decrease in infant deaths from 192 in Q4 to 189 in Q1 is noted.

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

Phila Mtwana Centres aligned to War Rooms to reduce the number of deaths.
Deliveries less than 18 years at public health facilities

- Q4 16/17: 924
- Q1 17/18: 160
Deliveries vs use of family planning by under 18 years
Learner Pregnancy

- No data submission by Department of Education as yet
## Sexual Assault

### Under 12 yrs

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### Diagram

- **Q4 16/17**: Women: 817, Children under 12 yrs: 293
- **Q1 17/18**: Women: 762, Children under 12 yrs: 263
Dreams School Based Program

- Of 958 schools in eThekwini, a total of 218 are supported with DREAMS interventions at the end of Q4
- 92 schools in uMlazi DBE district
- 126 schools in Pinetown DBE district
- 6 trainings on SLP were conducted, with 219 LO educators trained (52 were DREAMS funded).
- A total of 9 SGB sensitization workshop held, with 217 SGB members reached.
- Schools are in addition supported through partners providing girl empowerment programmes i.e. CMT, NACOSA, NACCW
She Conquers Program

- National HIV prevention program targeting AGYW between 10 – 24 years and their partners.

**Objectives:**
1. Decrease *new HIV infections* in adolescent girls and young women
   (decrease by at least 30% from 90 000 per year to less than 60 000)
2. Decrease *teen pregnancies*
   (decrease <18 deliveries from 73 000 by at least 30% to 50 000)
3. Keep *girls in school till matric*
   (increase retention by 20%)
4. Decrease *sexual and gender based violence*
   (decrease by 10%)
5. Increase *economic opportunities* for young people, (increase youth employment by 10%)
Ward AIDS Committees

- There are 34 functional WACs reported in Q4

- **Interventions:**
  - Now in the process of re-launching War rooms and establishment of Ward AIDS Committees
Achievements

- Exceeding **HIV Testing Service** target and making sure that those tested positive are linked to care, are retained to care and their viral loads are suppressed.

- Voluntary Medical Male Circumcision saw an increase to close to the quarter target, due to turn around strategy, and Isibaya Samadoda Campaign Activation at Warwick Avenue where 83 men were done MMC within the space of three hours of the campaigned with Prince Nhlanganiso Zulu, and in hostels around the City.

- MMC messages branding on 300 Taxis with Isibaya Samadoda Campaign and Prince Nhlanganiso Zulu

- Infant PCR positivity rate around 10 weeks went further down from 0.9% to 0.63%, this assist in reducing numbers of children getting HIV infection from HIV positive parents.

- Increase in girls under 18 years taking up contraceptives, thus reducing the incidence of teenage pregnancy

- Participation in the DAC, is satisfactory, as most stakeholders and the chairperson always attend the DAC meetings.
Challenges

– **Maternal deaths**, this remains a serious issue in the district, as it fluctuates between 14 and 23 per quarter. More attention is required to mobilize our community to start Ante Natal Clinic early before 20 weeks of pregnancy.

– **Sexual Assaults** statistics decreased in both women and children under 12 years, however, a lot still needs to be done. A successful campaign called Ubuntu Initiative, with # Amadoada Ayazibophezela took place alongside the SA AIDS Conference 2017, where activations were conducted in hostels, encouraging men to take their health seriously and protect Women and Children.

– **Condom distribution**, was affected by introduction of new clinic summary sheet which did not cater for condom data collection. Hope this would be sorted by next quarter

– **Learner pregnancy** statistics still a challenge, hope DBE will assist in this regard
Plans for Q2

• Silent Protest

• Anti-Illlegal abortion march

• Intensify MMC campaign in the industries to target young and older men at work

• Two District Implementation Plan workshops conducted with Civil Society and lead departments
General Comments

• We need more co-operation from local department of education to submit the DAC report requirements

• Phila Mntwana Centres need to be aligned to the War Rooms to deal with the high deaths in children

• OSS is in the process of reconstituting War rooms and Ward AIDS Committees where these are not functioning.

• We also need to increase the supply of female condoms so that females have a choice.

• We need to better coordinate the government and municipal departments that are driving the youth economic empowerment programs.
SIYABONGA

THANK YOU