Key activities for FY 2017/2018 in relation to HIV response

ILembe DAC/LAC Successes

ILembe DAC/LAC challenges

Functionality of iLembe LACs in FY 2017/2018 Q1
Strategic Objective 1: Addressing Social & Structural Drivers of HAST Prevention Care & Support Orphans & Vulnerable Children

Number of newly registered OVC & Number of registered OVC receiving care and support Q1 2017/2018(April-June 2017)

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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>1. Number of Newly registered OVC</td>
<td>2194</td>
<td>2367</td>
<td>4561</td>
<td>565</td>
</tr>
<tr>
<td>2. Number of registered OVC receiving care and support</td>
<td>2194</td>
<td>2367</td>
<td>4561</td>
<td>565</td>
</tr>
</tbody>
</table>

**Successes**
- The number of newly registered OVC’s and number of registered OVC receiving care and support improved in this reporting quarter due to the following:
  - Six facilitators (Youth) were employed to render Social Behavior. Change programmed in Ndwedwe and KwaDukuza
  - German Bank Structure in Ndwedwe is completed and functioning (Sthandukwenza Home Community Based Care Centre funded by German)
  - 151 Child and Youth Care Workers (CYCW’s) completed training on Isibindi Model and they will continue rendering care and support to Orphans and Vulnerable Children (OVC’s)

**Challenges for Q1 FY 2017/2018**
- Drop out of Child and Youth Care Workers after the completion of Isibindi Model
- Community Care Givers and CYCW’s are unable to render serviced in all 77 iLembe Ward base due to the minimum number that does no cover the whole District.

**Action Plan**
- Department of Social Development will implement re-engineering programme whereby three Social Workers will be employed and attached to 3 funded Home Based Organizations which is Mandeni, KwaDukuza and Ndwedwe
Intervention Area: Newly registered Orphans and Vulnerable Children receiving care and support

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<tr>
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</thead>
<tbody>
<tr>
<td>NUMBER OF REGISTERED OVCS</td>
<td>4561</td>
<td>2768</td>
<td>1784</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Objective 1: Addressing Social & Structural Drivers of HAST Prevention Care & Support
Life Skills
Learner Pregnancy
Q1 2017/2018(April-June 2017)

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<tr>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>1. Number of New learner Pregnancy</td>
<td>273</td>
<td>273</td>
<td>273</td>
<td>273</td>
</tr>
<tr>
<td>2. Number of Learners reached with life skills focused campaigns</td>
<td>9000</td>
<td></td>
<td>10500</td>
<td></td>
</tr>
</tbody>
</table>

**SUCCESSES:**
- The school counsellors and learner support educators are visiting schools to conduct one on one sessions with pregnant learners.
- The social worker together with the officials from Special Needs education conducts campaigns which, inter alia, include learner pregnancy awareness.
- The Baby Not Now and My Life My Future Campaigns are advocated in schools-as a way of deterring learners from becoming pregnant.

**CHALLENGES:**
- The collection of learner pregnancy statistics is a challenge.
- The figure of 45 learners reflected in the report does not reflect the drop in learner pregnancy—rather it reflects on the quality of the statistics from the inputting institutions.
- The schools grossly underreport-stating that they can only reflect a learner as pregnant once the learner has declared.
- Lack of personnel to go to schools and conduct head count of pregnant learners.
<table>
<thead>
<tr>
<th>Identified challenges</th>
<th>Strategy to address challenge</th>
<th>Responsibility</th>
<th>Stakeholders</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Collection of accurate learner pregnancy statistics</td>
<td>Involve other state departments and agencies</td>
<td>DOE; Circuit managers</td>
<td>DOH; DOE</td>
<td>29/09/17-31/03/18</td>
</tr>
<tr>
<td>2. Learner pregnancy</td>
<td>Identify hot spots schools in terms of pregnancy and other social ills:</td>
<td>SNES ;Social cluster departments</td>
<td></td>
<td>January 2018-August 2018</td>
</tr>
<tr>
<td></td>
<td>Engage girl learners in: Dialogues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Baby not now</em> programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness Campaigns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Life skills programmes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signing of pledges</td>
<td></td>
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</tbody>
</table>
Intervention Area: Learner Pregnancy

- 2016/2017 Baseline: 273
- Jan-March -2016/2017 Q4 Actual: 273
- 2017/2018 Actual: 45
- Difference Q4 2016/2017 & Q1 2017/2018: -228
Intervention Area: Life Skills: Number of learners reached with life skills focused campaigns

2016/2017 Baseline: 9000
Jan-March 2016/2017 Q4 Actual: 10500
Q1 April-June 2017/2018 Actual: 14952
Difference Q4 2016/2017 & Q1 2017/2018: 4452
Strategic Objective 2: Prevention on HIV, STI's and TB infection
Prevention of mother to child transmission
Q1 2017/2018 (April-June 2017)

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<tr>
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<tbody>
<tr>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>1. Number of Baby HIV antibody test positive at 18 months rate</td>
<td>1%</td>
<td>1.1%</td>
<td>0%</td>
<td>-1%</td>
</tr>
<tr>
<td>2. Infant 1st PCR Test positive around 10 weeks</td>
<td>1%</td>
<td>N/A</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS

- There is much improvement in this reporting quarter on Antenatal clients initiated on ART, the reason for not reaching 100% is due to the mother who was in denial of accepting her status and to be initiated on ARVs, counselling was ongoing for her to accept her status.
- PCR positive around 10 weeks is 1% due to various factors, like, breastfeeding mothers with unsuppressed viral loads, mixed feeding, mothers defaulting treatment.
Intervention Area: Number of baby HIV antibody test positive at 18 rate

- Baseline 2016/2017: 1%
- Jan-March 2016/2017 Q4 Actual: 1.10%
- Difference Q4 2016/2017 & Q1 2017/2018: -1%
Strategic Objective 2: Prevention on HIV, STI’s and TB infection
Medical Male Circumcision
Q1 2017/2018 (April-June 2017)

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of male aged 15-49 circumcised</td>
<td>6219</td>
<td>766</td>
<td>820</td>
<td>+ 54</td>
</tr>
</tbody>
</table>

COMMENTS

- The total number of male aged 15-49 circumcised for the whole FY 2016/2017 is 3767
- There is slightly improvement in this reporting quarter compared to FY 2016/2017 Q4
- It is still a challenge to reach a target of the MMC
Intervention Area: Number of male aged 15-49 circumcised

Baseline 2016/2017: 6219
Q1 April-June 2017/2018: 766
Q4 2016/2017 & Q1 2017/2018: 820
Difference Q4 2016/2017 & Q1 2017/2018: 54
**STRATEGIC OBJECTIVE 2: PREVENTION ON HIV, STI’S AND TB INFECTION**

Maternal women's and Child Health
Q1 2017/2018 (April-June 2017)

**COMMENTS**

- The number of infant deaths increased by 13 in this reporting period compared to Q4 FY 2016/2017.
- The reason for the above comment is due to the challenge of the teenage pregnancy, more than 10% of facility deliveries are teenagers.
- Teenagers are hiding pregnancies hence book late for ANC which impact on outcome.

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Number of infant deaths in public health facilities</td>
<td>192</td>
<td>35</td>
<td>48</td>
<td>+13</td>
</tr>
<tr>
<td>2. Number of maternal deaths in public health facilities</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>-3</td>
</tr>
</tbody>
</table>
Intervention Area: Number of infant deaths in public health facilities

- Baseline 2016/2017: 192
- Jan-March 2016/2017 Q4 Actual: 35
- Q1 April-June 2017/2018 Actual: 48
Intervention Area: Number of maternal deaths in public health facilities

Baseline 2016/2017: 6
Jan- March -2016/2017 Q4 Actual: 4
Q1 April-June 2017/2018 Actual 5/2016 Actual Data: 1
Difference Q4 2016/2017 & Q1 2017/2018: 3
Strategic Objective 2: Prevention on HIV, STI’s and TB infection
HIV Testing and Counselling and condom distribution
Q1 2017/2018 (April-June 2017)

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Number of new HIV positive cases</td>
<td>17075</td>
<td>4395</td>
<td>3566</td>
<td>-829</td>
</tr>
<tr>
<td>2. Number of new HIV tests conducted</td>
<td>182948</td>
<td>39017</td>
<td>39063</td>
<td>+46</td>
</tr>
<tr>
<td>3. Number of male condom distributed</td>
<td>12514601</td>
<td>3110862</td>
<td>2642852</td>
<td>-468010</td>
</tr>
<tr>
<td>4. Number of female condom distributed</td>
<td>320415</td>
<td>92104</td>
<td>31035</td>
<td>-61069</td>
</tr>
</tbody>
</table>

COMMENTS
- The target for new HIV positive cases and new HIV test conducted for FY Q1 2017/2018 has been met during this reporting quarter.
- The target for male condom and female condom distributed has not been met during this reporting period.
- Outreach service department will continue to conduct relevant campaigns or outreach to assist in testing more clients on HIV/AIDS and also the orientation of staff on new reporting tool.
Intervention Area:
1. Number of new HIV positive cases
2. Number of new HIV Tests conducted
3. Number of male condom distributed
4. Number of female condom distributed
---|---|---|---|---
Total | Total | Total | Total | Total
1. Children under 12 yrs sexually assaulted rate | 45% | 39% | 27% | -12%
2. Number of new sexually assault cases | 508 | 419 | 108 | -311

**COMMENTS**

- The rate for Children under 12 yrs. sexual assault and the number of new sexually assault cases still remains the challenge, as most people do not report sexual assault cases immediately, which delays the initiation of Treatment within 72 hours, and some cases are already on ART.
- Awareness's will be conducted to strengthen during school visits by school health teams, WBOT and CCGs during households visits.
Intervention Area: children under 12yrs sexually assaulted rate

Baseline 2016/2017
Jan-March -2016/2017 Q4 Actual
Q1 April-June 1April-June- 2017/2018 Actual 5/2016 Actual Data
Difference Q4 2016/2017 & Q1 2017/2018
Intervention Area: Number of new sexually assault cases

- Baseline 2016/2017: 508 cases
- Jan-March 2016/2017 Q4 Actual: 419 cases
- Q1 April-June 2017/2018 Actual: 108 cases
- Difference Q4 2016/2017 & Q1 2017/2018: -311 cases
**INDICATOR** | **Baseline 2016/2017** | **Jan-March 2016/2017 Q4** | **April –June 2017/2018 Q1** | **Difference Q4 2016/2017 & Q1 2017/2018**
--- | --- | --- | --- | ---
| **Total** | **Total** | **Total** | **Total** |
| 1. Number of ART patients de-registered due to death | 46 | 21 | Nil |
| 2. Number of ART patients clients de-registered due to loss of follow up | 1125 | 246 | Nil |
| 3. Total number of patients remaining on ART | 66575 | 59354 | 65636 | +6282 |

**COMMENTS**

- Number of ART patients de-registered due to death and Number of ART patients clients de-registered due to loss of follow up remains the challenge due to wrong addresses.
- The number of patients remaining on ART increased by 6282 in Q1 for FY 2017/2018 compared to Q4 FY 2016/2017.
Intervention Area: Number of ART patients de-registered due to death

- Baseline 2016/2017: 46
- Jan- March -2016/2017 Q4 Actual: 21
- Q1 April-June 1April-June- 2017/2018 Actual 5/2016 Actual Data Data not collected: 0
Intervention Area: Number of ART clients de-registered due to loss of follow up

Baseline 2016/2017: 1125
Jan- March -2016/2017 Q4 Actual: 246
Q1 April-June 2017/2018 Actual: 0
5/2016 Actual Data: Data not collected
Intervention Area: Total Number of Patients remaining on ART

Baseline 2016/2017: 66575
Jan- March -2016/2017 Q4 Actual: 59354
Q1 April-June 2017/2018 Actual: 65636
Jan- March 2017/2018 Q Actual: 6282

Difference Q4 2016/2017 & Q1 2017/2018: 6282
### Strategic Objective 5: Coordinating, monitoring and evaluation.

**Coordination ,monitoring and evaluation**

**Q1 2017/2018(April-June 2017)**

<table>
<thead>
<tr>
<th>INDICATOR</th>
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</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

1. Number of LAC’s submitting reports to the DAC
   - 2016/2017 Q4: 2
   - 2016/2017 Q1: 2
   - Difference: No difference

2. Number of Functional warrooms
   - 2016/2017 Q4: 16
   - 2016/2017 Q1: 16
   - Difference: +19

3. Number of WAC’s holding meeting as designated
   - 2016/2017 Q4: 0
   - 2016/2017 Q1: 0
   - Difference: 23

### Successes

- There is an improvement in the warroom functionality in this reporting report period compared to Last quarter of FY2016/2017
- Improvement in number of WAC’s holding meetings as designated in this reporting quarter
- iLembe District Traditional Health Practitioners sector has been launched on the 22nd of June 2017 at iLembe auditorium and they are sitting on monthly basis.
- Geospatial community mapping was conducted in KwaDukuza, Mandeni and Maphumulo during the month of July 2017 led by Treasury and AIDS Foundation South Africa
- Consultative Meeting on DIP 2017-2022 was conducted by the Office of the Premier on the 25th of August 2017 at iLembe District and all stakeholders were represented.
- On the 30th of August 2017, iLembe Traditional Health Practitioner Sector in collaboration with the iLembe District municipality, Department of Health and AIDS Foundation conducted the African Medicine Day celebration for the purpose to unite and share their experiences in the use of Traditional medicine and Western medicine in order to fight against HIV and other dread diseases.
- Election of the District religious sector was conducted on the 30th of June 2017 and the sector sits on monthly basis
- District Civil Society sector met on the 11th of September 2017

### Challenges

- Non-submission of reports by some LACs. Only 2 LACs consistently submit.
- Lack of permanent DAC and LAC Secretariats in the local municipalities.
- Information that the District reports - on in the DAC reports remain a desktop information from Sector Departments.
- Ward AIDS Committees were launched but still lack capacity to compile reports that goes to LACs and DACs.

### Action Plan

- Continuation of Ward AIDS Committee resuscitation Process
- Panned District AIDS Council Meeting for the Month of September 2017
- Employ District HIV/AIDS Coordinator
<table>
<thead>
<tr>
<th>LOCAL MUNICIPALITY</th>
<th>FUNCTIONAL</th>
<th>POORLY FUNCTIONAL</th>
<th>NOT FUNCTIONAL</th>
<th>LOCAL MUNICIPALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandeni LAC</td>
<td></td>
<td></td>
<td></td>
<td>Not functional</td>
</tr>
<tr>
<td>KwaDukuza LAC</td>
<td></td>
<td>Poorly Functional (submits LAC reports but meetings do not consistently sit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ndwedwe LAC</td>
<td></td>
<td></td>
<td></td>
<td>Not functional</td>
</tr>
<tr>
<td>Maphumulo LAC</td>
<td></td>
<td>Poorly functional (submits reports but meetings do not consistently sit)</td>
<td></td>
<td>Not functional</td>
</tr>
</tbody>
</table>
THANK YOU