



# KwaZulu-Natal HIV & AIDS, STIs & TB Multi-Sectoral Response

## District Mayors Commitments Synthesis - Status Update

Venue: Greys Hospital, Pietermaritzburg

Date: 11 July 2018

Presenter: Dr NI Ndlovu

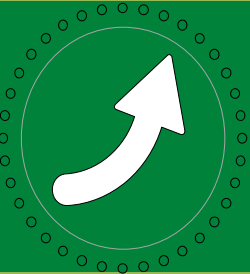


# Background

- On quarterly basis Mayors from all eleven Districts in KwaZulu-Natal Province present their District performance (i.e., both achievements and gaps) to members of the Provincial Council on AIDS (PCA)
- Additionally, Mayors make commitments to address notable deviations in the District performance
- A recommendation was made by the Chairperson of the PCA regarding the need to assess the status of planned actions committed to by District Mayors
- The aim of the recommendation is to ensure Districts implement corrective strategies to improve the HIV response in their respective localities and the Province as a whole, especially in light of the new Goals of the Provincial Implementation Plan (PIP) on HIV and AIDS, STIs and TB 2017-2022.

# Description

- This presentation provides a summary of the planned actions stated by District Mayors during their presentations at the Quarter 3 2017/18 PCA meeting held in March 2018 and further shows the status of these planned actions
- District presentations submitted by the 11 AIDS Councils in the province were synthesised and analysed;
  - The District challenges, planned actions and actions taken to address gaps identified are highlighted
  - The overall status is depicted in a dashboard form using the colour red to denote planned actions that have not been resolved, colour green to depict planned actions that have been carried out and orange colour to depict some planned actions that have been carried but not all actions as planned.



## Goal 1: Accelerate prevention to reduce new HIV and TB infections and STIs

- *'Breaking the cycle of transmission'*



# HIV Tests Conducted

District	Challenge	Planned Action	Actions Taken	Status
<b>eThekwini</b>	<ul style="list-style-type: none"> <li>- The district did not achieve the target for HIV tests conducted during the quarter</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to hold weekly nerve centre meetings to monitor district performance</li> </ul>	<ul style="list-style-type: none"> <li>- Held nerve centre meetings during the quarter and as a result the target for number of HIV tests conducted in the quarter was achieved</li> </ul>	
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- The HTS policy is not fully implemented in health facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Focus on HIV positive index/contact tracing</li> <li>- Train 30 healthcare workers on index/ contact tracing</li> <li>- Conduct community outreach services targeting Greater Kokstad informal settlements</li> <li>- Develop quality improvement plan</li> <li>- Troubleshoot poor performing facilities - through sub-district nerve centre meetings</li> <li>- Strengthen client tracking system for early initiation</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted training on index tracing for 138 CCGs, 56 NIMART trained nurses, 7 facility HAST champions and 10 Traditional Health Practitioners</li> <li>- Conducted a community outreach at Greater Kokstad in collaboration with the Department of Transport at taxi ranks</li> <li>- Developed a quality improvement plan which was informed by the nerve centre monitoring and feedback provided to the sub-districts</li> <li>- Conducted sub-district support visit were to support implementation of the HTS policy, nerve centre functioning and programme performance monitoring at facility and sub-district levels</li> </ul>	

## HIV Tests Conducted Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>Ugu</b>	<ul style="list-style-type: none"> <li>- Low positivity yield, poor linkage to care</li> </ul>	<ul style="list-style-type: none"> <li>- Target high transmission and key population areas</li> <li>- Implement flexi-time (working evenings and weekends) in and outside of facilities to target men</li> <li>- Record all patient files from the HTS mobile clinic (i.e. men from the nearby taxi rank and commercial sex workers into Tier.net)</li> </ul>	<ul style="list-style-type: none"> <li>- Health facilities conducted contact testing. District support partners conducted community home testing of contacts of patients already on treatment.</li> <li>- Conducted HIV awareness campaigns in all 4 local municipalities</li> <li>- HTA teams visited TVETs for screening</li> <li>- Provided outreach services to farms, schools, taxi ranks and local industries</li> </ul>	
<b>uMzinyathi</b>	<ul style="list-style-type: none"> <li>- Increased HIV and AIDS related deaths among men as a result of presenting late at health facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Visit hotspots such as taverns and Imbizos and community sports grounds and taxi ranks</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted testing and distributed condoms at identified hotspots</li> <li>- Conducted testing as part of routine services at MMC camps aimed at reaching males</li> </ul>	

## HIV Tests Conducted Contd.

District	Challenge	Planned Action	Actions Taken	Status
uThukela	<ul style="list-style-type: none"> <li>- Target for HIV tests conducted in the quarter not achieved</li> </ul>	<ul style="list-style-type: none"> <li>- District to implement outreach events targeting key and vulnerable populations in high transmission and hard to reach areas</li> </ul>	<ul style="list-style-type: none"> <li>- Combined efforts with District support Partners in conducting HIV testing</li> <li>- Improved data submission by Partners to DOH</li> <li>- This resulted in district HIV testing target for the quarter being exceeded</li> <li>- Conducted 5 HTS awareness campaigns at TVET Colleges (Ezakheni A, , E and Mnambithi)</li> <li>- Conducted community outreach targeting key populations and vulnerable groups at Lime Hill Shopping Center.</li> </ul>	

# Medical Male Circumcision

District	Challenge	Planned Action	Actions Taken	Status
<b>Amajuba</b>	<ul style="list-style-type: none"> <li>- The district did not achieve the MMC target for the quarter</li> </ul>	<ul style="list-style-type: none"> <li>- Engage traditional leaders, private GPs a</li> <li>- Revive reporting</li> <li>- Perform 250 MMCs at planned MMC camps</li> <li>- Conduct VMMC targeting 100 men and boys</li> </ul>	<ul style="list-style-type: none"> <li>- TVET Activation Programmes were implemented in all 4 Amajuba TVET campuses resulting in 528 VMMC being done</li> </ul>	
<b>eThekwini</b>	<ul style="list-style-type: none"> <li>- The district did not achieve the MMC target for the quarter</li> </ul>	<ul style="list-style-type: none"> <li>- Finalise procurement of MMC equipment and supplies to enable district health facility staff to perform the service</li> <li>- 16 trained district health facility staff to perform MMC</li> </ul>	<ul style="list-style-type: none"> <li>- Trained 21 professional staff on MMC to take over its provision when the partners finish their contracts</li> <li>- 70 Enrolled Nurses trained on MMC</li> <li>- Commenced processes of procuring MMC equipment and supplies to be used by the district roving team</li> <li>- Hosted MMC Camps in collaboration with Amakhosi during the school holidays and used Isibaya Samadoda as a vehicle to promote the service.</li> </ul>	



## Medical Male Circumcision Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- District target for MMC not achieved for the quarter</li> <li>- Discrepancies between MMC data for Department of Health (DOH) versus district support partners</li> </ul>	<ul style="list-style-type: none"> <li>- Continue MMC mobilisation.</li> <li>- Conduct clean-up of data including verification and analysis of data</li> </ul>	<ul style="list-style-type: none"> <li>- Accelerated strategy for meeting one million target by end of financial year positively contributed to district achieving the target for the quarter</li> <li>- District performed 2282 MMCs and exceeded the district quarterly target</li> </ul>	
<b>uMgungundlovu</b>	<ul style="list-style-type: none"> <li>- Low uptake of MMC services in the district</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct additional MMC camps</li> <li>- Collaborate with Civil Society sectors to mobilise men to undergo circumcision</li> <li>- Reach out to men at taxi ranks and taverns through the health promoter</li> </ul>	<ul style="list-style-type: none"> <li>- Collaborated with district support partners, civil society and the DOH which resulted in the achievement of the target for the quarter</li> <li>- The District has a monthly schedule for Isibaya Samadoda per local municipality which encourages behaviour changes and recruitment of MMC</li> <li>- VMMC services are provided on a outreach basis by district support partners</li> </ul>	

# Male and Female Condom Distribution

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- Incorrect recording and reporting of condom distribution data by condom distribution service provider</li> <li>- Service provider distributing condoms in 'low burden and low demand' areas</li> </ul>	<ul style="list-style-type: none"> <li>- HIV and AIDS, STIs and TB (HAST) unit to engage condom distribution service provider to discuss reporting of condom data</li> <li>- Engage service provider regarding areas where condom distribution should take place</li> </ul>	<ul style="list-style-type: none"> <li>- The district engaged the condom distribution service provider on reporting of condom distribution and as a result the district surpassed the target on captured female condoms 50 483 while the target was 437 50. There was also an improvement in captured male condoms from 54 860 in Q3 to 2 270 202 in Q4</li> </ul>	
<b>King Cetshwayo</b>	<ul style="list-style-type: none"> <li>- District did not achieve the target for male condoms distributed in the quarter</li> </ul>	<ul style="list-style-type: none"> <li>- Advocate for condom use through Global Fund cash plus care programme, support partners and War Rooms</li> <li>- Utilise traditional courts as condom distribution point</li> <li>- Provide all Local Municipalities with condoms to address condom supply issues</li> </ul>	<ul style="list-style-type: none"> <li>- All OSS stakeholders promoted and advocated for condom use</li> <li>- Distributed condoms during all community outreach campaigns</li> <li>- Condom distribution was also conducted by the Health Promoter</li> <li>- Finalised appointment of condom distribution service provider and identification of storage space with provincial DOH</li> <li>- Commenced intervention of using traditional courts as condom distribution points</li> <li>- Ongoing monitoring of facility condom distribution targets.</li> </ul>	

## Male and Female Condom Distribution Contd.

District	Challenge	Planned Action	Actions Taken	Status
uMgungundlovu	<ul style="list-style-type: none"> <li>- Female condom distribution remains a challenge</li> </ul>	<ul style="list-style-type: none"> <li>- Women sector to lead in running campaigns targeting female condom use and uptake</li> <li>- Engage Civil Society sectors, especially Women and Youth Sector to advance condom promotion and demand</li> <li>- Involve District Implementing partners in demand creation activities</li> </ul>	<ul style="list-style-type: none"> <li>- Engaged the contracted condom distribution service provider to assist with demand creation activities and demonstration of female condoms to improve performance.</li> </ul>	

# Learner Pregnancy

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- Increase in reported learner pregnancies</li> <li>- Some local municipalities experience challenges with accessing data on learner pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen adolescent girls and young women services in all health facilities</li> <li>- Engage district level Department of Education stakeholders regarding data on learner pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>- Red Cross, DOH, DOE and District Municipality conducted dialogues at schools with high learner pregnancies</li> <li>- Trained Soul Buddyz facilitators on sexual reproductive health</li> <li>- Developed tracking register for stakeholders attending War Room meetings as a means to document meetings attendance by stakeholders</li> <li>- District Director for DOE is a member of the DAC and is facilitating submission of data to the DAC</li> </ul>	
<b>Ilembe</b>	<ul style="list-style-type: none"> <li>- Challenges with accessing learner pregnancy information</li> <li>- Schools under-report learner pregnancies. Only those disclosed by learners are reported</li> <li>- No mechanisms in place to count learner pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>- Allocate this indicator to DoH as they can examine learners that present at PHCs</li> <li>- Identify 'Hotspots' schools</li> <li>- Engage girl learners during dialogues and campaigns</li> <li>- Implement programmes targeting girls (e.g. 'Baby not Now programme and Life skills programmes)</li> <li>- Provide SRH services through school health teams</li> <li>- Market Adolescent Youth Friendly Services in all facilities.</li> </ul>	<ul style="list-style-type: none"> <li>- The Integrated School Health Programme District Manager, participated in the induction of Principals and new School Governing Bodies where a 1 002 people were reached for buy-in of services</li> <li>- Schools with high learner pregnancies were identified and linked to nearby health facilities</li> <li>- 21 schools with high learner pregnancies were visited by school health teams for health education and referral to AYFS in the facilities.</li> </ul>	

## Learner Pregnancy Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>uMkhanyakude</b>	<ul style="list-style-type: none"> <li>- Learner pregnancies remain high</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor and strengthen adolescent young girls and women services at health facilities</li> <li>- Support and strengthen the DOE Integrated School Health Programme</li> <li>- DOE to provide information data on learner pregnancy according schools</li> <li>- DSD to strengthen and extend 'Siyakwazi' concept to all other four municipalities</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted community dialogues/ awareness campaigns at Big 5 Hlabisa, uMhlabuyalingana and Mtubatuba local municipalities, specifically targeted schools with high rates of learner pregnancy</li> <li>- DSD supported 9 NGOs implementing Isibindi programme and targeting youth and children</li> <li>- Implemented Social Behaviour Change programme in collaboration with all Sector Departments</li> </ul>	
<b>uMzinyathi</b>	<ul style="list-style-type: none"> <li>- Increase in reported learner pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>- Mapping of schools with high learner pregnancy rates</li> <li>- Involvement of all departments and NGOs at functional War Rooms</li> <li>- Roll-out current plans to mitigate teenage pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- DOE and DOH facilitated 'Baby Not Now' Project at Mqamathi High School</li> <li>- Conducted youth community dialogues at Nondweni ward 6 to address misconceptions regarding family planning methods</li> <li>- Exposed Grade 12 learners in schools in the district to the project of being a parent whilst attending school.</li> <li>- Inserted subdermal implants as part of SRH services.</li> </ul>	

## Learner Pregnancy Contd.

District	Challenge	Planned Action	Actions Taken	Status
uThukela	<ul style="list-style-type: none"> <li>- High number of reported learner pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>- District to conduct teenage pregnancy awareness campaigns in schools with high rates of teenage pregnancy</li> <li>- Provide psychosocial support to pregnant learners and parents</li> </ul>	<ul style="list-style-type: none"> <li>- Provided psychosocial support and counseling to 13 pregnant learners who were further referred to DSD</li> <li>- Visited 15 Schools with high rates of social ills visited for intervention</li> <li>- Trained 141 high school principals and 322 primary school principals on the new HIV/AIDS and TB policies</li> <li>- Reached 2537 learners through the 'You Only Live Once' programme</li> <li>- Workshopped 70 beneficiaries workshopped on safe sex.</li> </ul>	

## Deliveries under 18 years

District	Challenge	Planned Action	Actions Taken	Status
uMkhanyakude	<ul style="list-style-type: none"> <li>- Significant increase in deliveries less than 18 years in health facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Market Zazi Camps in schools and local municipalities</li> <li>- Conduct family planning trainings for health professionals on long acting reversible contraceptive devices (LARCs)</li> </ul>	<ul style="list-style-type: none"> <li>- Developed a plan to address teenage pregnancy. The plan includes provision of Adolescent and Youth Friendly Services in all facilities, strengthening community awareness campaigns</li> <li>- DREAMS project in Mtubatuba and Big 5 Hlabisa LMs is continuing with activities targeting young women</li> </ul>	

## PCR Positivity at around 10 weeks & 18 months

District	Challenge	Planned Action	Actions Taken	Status
<b>Amajuba</b>	<ul style="list-style-type: none"> <li>- Increase in PCR positivity</li> </ul>	<ul style="list-style-type: none"> <li>- Intensify antenatal care (ANC) attendance among pregnant women</li> <li>- Provide counselling on ART and feeding practices to ANC clients</li> <li>- Strengthen ward outreach programmes on ANC services</li> </ul>	<ul style="list-style-type: none"> <li>- Intensified ante-natal care attendance</li> <li>- Provided counselling on feeding practices and ART. These interventions resulted in a reduction in the PCR positivity</li> </ul>	
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- Mothers continue to mix-feed (both breastfeed and formula feed) babies</li> <li>- Poor adherence to antiretroviral treatment (ART) among mothers</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen and monitor exclusive breastfeeding</li> <li>- Emphasize and monitor adherence to ART among breastfeeding mothers</li> <li>- Conduct community dialogues to address myths regarding HIV positive women breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted breastfeeding awareness activities</li> <li>- Monitored breastfeeding through Well Baby Clinics and during mothers visits to the healthcare facilities</li> <li>- Conducted 2 community awareness sessions in Ubuhlebezwe to address myths regarding breastfeeding</li> <li>- Conducted community dialogue at Dr Nkosazana Dlamini Zuma, Kilmun area also to address myths regarding breastfeeding among HIV positive pregnant women.</li> </ul>	



## PCR Positivity at around 10 weeks & 18 months Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>King Cetshwayo</b>	<ul style="list-style-type: none"> <li>- Slight increase in PCR positivity around 10 week and 18 months</li> <li>- HIV positive ANC clients default treatment during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- Provide continuous health education to pregnant and breastfeeding mothers on infant feeding practices</li> <li>- Conduct ongoing community awareness campaigns on HIV prevention strategies</li> <li>- Link pregnant and breastfeeding mothers to CCGs for continuous support</li> <li>- Promote HIV partner testing</li> <li>- Conduct breastfeeding campaigns at ward level targeting pregnant women and breastfeeding mothers including the community at large.</li> </ul>	<ul style="list-style-type: none"> <li>- Provided adherence counselling to clients who are already on ART emphasizing the importance of adherence as a means to prevent mother to child transmission of HIV</li> <li>- Monitored viral loads of HIV positive pregnant women throughout pregnancy to ascertain the risk of transmission to the baby</li> <li>- Emphasised condom use to all clients but especially amongst pregnant women where the implications of new HIV infections are more serious as they can affect the unborn baby</li> <li>- Provided continuous health education to pregnant and breastfeeding mothers on infant feeding.</li> </ul>	

# Maternal Deaths

District	Challenge	Planned Action	Actions Taken	Status
King Cetshwayo	<ul style="list-style-type: none"> <li>- 2 reported maternal deaths</li> <li>- Insufficient beds for pregnant mothers in health facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen home pregnancy testing by CCGs</li> <li>- Conduct community awareness on the importance of early bookings</li> <li>- Collaborate with Civil Society in educating community about importance of adhering to treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Provided family planning services at all tertiary education institutions</li> <li>- Conducted awareness regarding the available Choice of Termination of pregnancy (CTOP)</li> <li>- Early identification of high risk patients by all clinics and hospitals and early referral to Queen Nandi Hospital for specialist care</li> <li>- Promoted early booking (booking before 20 weeks) to ensure high risk conditions are managed on time</li> <li>- Initiated all HIV positive ANC patients on ART and monitored compliance to the treatment.</li> </ul>	

# Infant Deaths

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- Inadequate facilities and equipment for neonates (e.g. neonatal intensive care units)</li> </ul>	<ul style="list-style-type: none"> <li>- Early referral of neonates to facilities with neonatal intensive care units</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted community dialogues in collaboration with departments and support partners to address the myths around infant deaths</li> <li>- Referred neonates early to facilities with Neonatal intensive care units where conditions of deterioration were noted.</li> </ul>	
<b>Ilembe</b>	<ul style="list-style-type: none"> <li>- High infant deaths due to prematurity</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor facilities on BANC PLUS Audits for early identification of conditions that could lead to prematurity</li> <li>- Monitor Intrapartum ESMO Drills in the facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Infant deaths were discussed at all District Management Team meetings. It was found that the Neonatal Deaths due to prematurity accounted for the majority of infant deaths</li> <li>- Audit and drills are on going</li> </ul>	

## Infant Deaths Contd.

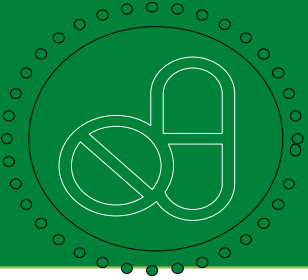
District	Challenge	Planned Action	Actions Taken	Status
<b>uMkhanyakude</b>	<ul style="list-style-type: none"> <li>- Mothers continue to mix-feed (both breastfeed and formula feed) babies</li> <li>- Poor adherence to antiretroviral treatment (ART) among mothers</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen and monitor exclusive breastfeeding</li> <li>- Emphasize and monitor adherence to ART among breastfeeding mothers</li> <li>- Conduct community dialogues to address myths about HIV positive women breasting</li> </ul>	<ul style="list-style-type: none"> <li>- District Clinical Specialist Team conducted a refresher training on basic antenatal care (BANC)</li> </ul>	
<b>Zululand</b>	<ul style="list-style-type: none"> <li>- Increase in infant deaths in health facilities</li> </ul>			

# Tuberculosis

District	Challenge	Planned Action	Actions Taken	Status
<b>Amajuba</b>	<ul style="list-style-type: none"> <li>- Increase in the number of clients lost-to-follow</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct mass district TB Blitz</li> <li>- Conduct TB awareness at Danhauser (KwaMdakane Thusong Centre and Newcastle sub-districts</li> </ul>		
<b>eThekwini</b>	<ul style="list-style-type: none"> <li>- The district has 6 (Cato Crest, Amawoti, Bhambayi, Amatikwe, Malukazi and Georgedale) high TB burden areas</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct systematic mass screening for active TB clients</li> <li>- Intensify contact tracing for people with TB including children and key populations</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted TB screening of contacts as part of the Global Fund Programme door to door campaign in Amoati, Malukazi, aMatikwe and Cato Crest, Bhambayi and Clermont</li> <li>- Hosted weekly TB/HIV steering committee meetings to facilitate collaboration between all TB/HIV stakeholders and partners</li> </ul>	

## Tuberculosis Contd.

District	Challenge	Planned Action	Actions Taken	Status
uMzinyathi	<ul style="list-style-type: none"> <li>- Mixing of prescribed TB medication and non-prescribed medication (i.e. traditional medicine)</li> </ul>	<ul style="list-style-type: none"> <li>- Engage and capacitate Traditional Health – Practitioners (THPs) on the importance of not mixing medication</li> </ul>	<ul style="list-style-type: none"> <li>- Held meeting with THPs in March 2018 to discuss the issue of mixing treatment with traditional medicine. A 3 day follow-up training is scheduled for July 2018</li> </ul>	



## Goal 2: Reduce morbidity and mortality by providing HIV, TB and STI treatment, care and adherence support

- *'Reaching 90-90-90 in every district'*



## Total Remaining on ART

District	Challenge	Planned Action	Actions Taken	Status
<b>eThekwini</b>	<ul style="list-style-type: none"> <li>- 90% of those living with HIV in the district are not on ART (90-90-90 targets)</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct testing among key populations (sex workers, MSM, truck and taxi drivers, youths attending institutes of higher education, people living in informal settlements)</li> <li>- Conduct testing in high HIV and TB burden areas</li> </ul>	<ul style="list-style-type: none"> <li>- Allocated support partners to provide HIV testing Services and linkage to care in the following high burden areas in the district; Verulam, Trenance Park, Inanda Newtown A and Ntuzuma F and G, Lamontville areas including hostels, Umlazi and Folweni areas</li> </ul>	
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- District did not achieve the target for the quarter</li> <li>- Backlogs in the capturing of client information on Tier.net</li> </ul>	<ul style="list-style-type: none"> <li>- Work on the flow of information in facilities to ensure that client information is captured</li> <li>- Strengthen HIV Testing Services (HTS) to ensure HIV positive clients are diagnosed and initiated on treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing monitoring of Total Remaining on ART (TROA) through weekly nerve centre meetings. This is being done by Operational Managers and HAST Champions in the district</li> <li>- Implemented the adherence guidelines and the CCMDDs standard operating procedures</li> <li>- Completed the back capturing of clients as a result the Total Number of Clients Remaining on ART (TROA) have improved.</li> </ul>	

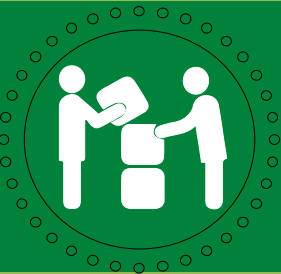


## Total Remaining on ART Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>King Cetshwayo</b>	<ul style="list-style-type: none"> <li>- Slight variance from target for ART</li> </ul>	<ul style="list-style-type: none"> <li>- Encourage clients to adhere to appointment dates and healthcare workers to discuss suitable return dates with clients</li> <li>- Engage community on the importance of same day treatment initiation (Universal Test and Treat)</li> </ul>	<ul style="list-style-type: none"> <li>- Monitored the district performance during weekly nerve centre meetings</li> <li>- District Support Partner (BroadReach) has allocated data capturers to health facilities with a large of ART clients to assist with capturing on Tier.net</li> <li>- Implemented Universal Test and Treat policy to ensure all HIV positive clients are initiated on ART</li> </ul>	
<b>Ugu</b>	<ul style="list-style-type: none"> <li>- High rate of defaulters</li> <li>- Clients self-transfer clients to other facilities without notifying facility where they started ART</li> </ul>	<ul style="list-style-type: none"> <li>- Determine if defaulters have been moved to CCMDD</li> <li>- Data capturers to generate defaulter list from Tier.net.</li> <li>- Phone patients that are on the defaulter list</li> <li>- Conduct staff training</li> <li>- Revive literacy classes in all facilities in order to improve adherence</li> </ul>	<ul style="list-style-type: none"> <li>- Launched call centre launched to track/trace clients who missed appointments, were loss to follow up patients and tested positive but were not initiated</li> <li>- Traced approximately 300 patients per day through new call centre</li> <li>- Linked patients who are not contactable to tracing teams and supporting partners to locate and refer them to facilities</li> <li>- Trained 20 nurse mentors and sub-district trainers to assist NIMART nurses.</li> </ul>	

## Total Remaining on ART Contd.

District	Challenge	Planned Action	Actions Taken	Status
uThukela	<ul style="list-style-type: none"> <li>- Target for children remaining on ART was not achieved. Children rely on their parents/caregivers to access treatment</li> </ul>	<ul style="list-style-type: none"> <li>- District to collaborate with stakeholders to improve HTS targeting priority populations (males, adolescents, key populations and people from hard to reach areas)</li> <li>- District to empower healthcare workers, parents on disclosure guidelines</li> <li>- District to communicate messages on Universal Test and Treat as an HIV prevention method through community radio slots; community events and campaigns</li> </ul>	<ul style="list-style-type: none"> <li>- The district implemented Adherence Guidelines to address the loss to follow up. The district was assisted by supporting partners and CBOs</li> <li>- The district convened a stakeholders meeting to improve HIV testing services targeting priority populations (i.e. males, children, adolescents, key populations and people from hard to reach areas)</li> <li>- Conducted training on Index testing which is the strategy to improve HIV yield.</li> <li>- Trained Alfred Duma and Okhahlamba Lay Counsellors on implementation of the disclosure guidelines. Further distributed disclosure guidelines</li> <li>- District DOH raised awareness on MMC, HIV Testing, UTT and prevention during a radio slot at Inqubeko Radio Station</li> <li>- Conducted 5 community events including HTS awareness campaigns throughout the district (Okhahlamba, Alfred Duma and Inkosi Langalibalele).</li> </ul>	



**Goal 4: Address the social and structural drivers of HIV, TB and STIs,  
and link these efforts to the National Development Plan**  
*- 'A multi-department, multisectoral approach'*



# OVCs Registered

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- The district did not achieve the target for OVCs registered</li> </ul>	<ul style="list-style-type: none"> <li>- Increase identification and registration of OVCs through fieldworkers, community caregivers (CCGs) and child and youth workers</li> </ul>	<ul style="list-style-type: none"> <li>- Provided capacity building to child and youth care workers and CCGs on the identification of OVCs. The district achieved the target for OVCs registered</li> <li>- Community caregivers conducted household profiling to identify OVCs</li> </ul>	
<b>Ilembe</b>	<ul style="list-style-type: none"> <li>- Shortage of CYCWs and CCGs due to high attrition rates</li> </ul>	<ul style="list-style-type: none"> <li>- Implement re-engineering programme</li> <li>- Deploy scholarship Social Workers to support funded Community Home-Based Organisations</li> </ul>	<ul style="list-style-type: none"> <li>- Appointed 5 Social Workers for the re-engineering Programme and 14 scholarship social workers and placed them to 14 HCBCs organisations in order to improve the service delivery in our community.</li> <li>- Trained appointed social workers on the social behaviour change programme</li> <li>- Provided Social Behaviour Change interventions</li> <li>- DSD approved the expansion of the Isibindi programme to two Local Municipalities (Ndwedwe and Mandeni)</li> <li>- 10 safe parks for the orphans and vulnerable children are fully functional</li> </ul>	

## OVCs Registered Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>King Cetshwayo</b>	<ul style="list-style-type: none"> <li>- Decrease in newly identified and registered OVCs</li> <li>- Decrease in the number trained child and youth fieldworkers – due to workers resigning in search of better opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Implement re-engineering (i.e. appoint officials with expertise to provide supervision and support to field workers (CYCWs and CCGs) to identify more OVCs</li> <li>- Appoint Child and youth Care Workers (CYCWs) to Home Community Based Care (HCBC) sites</li> <li>- Expand Isibindi Programme in the district</li> <li>- Conduct psychosocial support training for fieldworkers (i.e. CCGs, CYCWs and HCBCs)</li> </ul>	<ul style="list-style-type: none"> <li>- Appointed 26 Social Workers appointed to HCBC sites to supervise field workers and to conduct the social behaviour change programme</li> <li>- Trained all the appointed social workers on the social behaviour change programme</li> <li>- Provided social behaviour change interventions to OVCs and youth</li> <li>- Obtained approval for 1 new Isibindi site at Madlanzini under UMhlathuze for expansion of CYCWs services</li> <li>- Recruited 26 youth headed households for training as Child and Youth care workers.</li> </ul>	

## New Sexual Assault Cases

District	Challenge	Planned Action	Actions Taken	Status
<b>King Cetshwayo</b>	<ul style="list-style-type: none"> <li>- Slight increase in new sexual assault cases in the district</li> </ul>	<ul style="list-style-type: none"> <li>- Hold community awareness campaigns on sexual assault</li> <li>- Conduct community dialogues in the wards with high sexual assault rates</li> </ul>	<ul style="list-style-type: none"> <li>- Hosted community dialogues on social ills including sexual assault in May 2018 at Ward 7, Ezibhuden, Nkandla Local Municipality</li> <li>- Addressed 58 King Cetshwayo District Municipality office employees on sexual harassment awareness</li> <li>- Further addressed 33 district satellite offices employees were also on sexual harassment awareness</li> </ul>	
<b>uMgungundlovu</b>	<ul style="list-style-type: none"> <li>- Significant increase in sexual assault cases</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct a GBV workshop in partnership with WITSRHI aimed at developing a Implementation Strategy to address sexual assault in the district</li> <li>- DSD and DREAMS partners to lead a District GBV awareness campaign</li> </ul>	<ul style="list-style-type: none"> <li>- Held a 'Think Tank' meeting on GBV to develop action plan. A follow-up meeting will be convened in partnership with the relevant Civil Society Sectors.</li> </ul>	

## New Sexual Assault Cases

District	Challenge	Planned Action	Actions Taken	Status
uThukela	<ul style="list-style-type: none"> <li>- Increase in the number of new sexual assault cases</li> </ul>	<ul style="list-style-type: none"> <li>- Collaborate with other stakeholders to address this challenge</li> <li>- District to empower community to report on sexual assault within 72 hours in order to access PEP and emergency pill.</li> <li>- Engage district stakeholders on findings of sexual assault project in the district</li> </ul>	<ul style="list-style-type: none"> <li>- Held joint stakeholder meeting (CBOs, NGOs, DSD, DOH, DOE and district municipality) regarding the piloted tool on the assessment of sexual assault.</li> <li>- Conducted health education on the importance of early reporting and accessing Post Exposure Prophylaxis before 72 hours</li> </ul>	

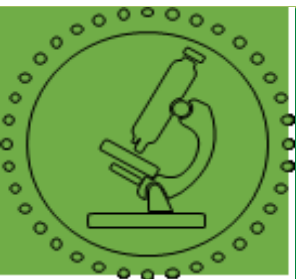
## Children under 12 years Sexually Assaulted

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- Continued sexual assault cases among children under 12 years</li> </ul>	<ul style="list-style-type: none"> <li>- Increase access to legal support</li> </ul>	<ul style="list-style-type: none"> <li>- Conducted Integrated Crime awareness campaigns in the form of dialogues in Primary schools and ECD centres involving parents</li> <li>- Investigations by SAPS and the provision of intermediary services by DSD is ongoing</li> <li>- Instituted improved referral and reporting systems between SAPS, DSD and DOH</li> </ul>	
<b>Ilembe</b>	<ul style="list-style-type: none"> <li>- High number of new sexual assault cases</li> </ul>	<ul style="list-style-type: none"> <li>- DOH and DSD to partner to implement specific interventions</li> <li>- Conduct awareness campaigns in schools</li> </ul>	<ul style="list-style-type: none"> <li>- Managed sexual assault cases through forensic nurses at the Thuthuzela Care Centres</li> <li>- Conducted multi-sectoral campaigns in all sub district, specifically targeting school children</li> </ul>	





**Goal 6: Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs**  
- *'Mutual accountability'*



**Goal 8: Strengthen strategic information to drive progress towards achievement of National Strategic Plan goals**  
- *'Data-driven action'*



# DAC Functionality

District	Challenge	Planned Action	Actions Taken	Status
Ilembe	<ul style="list-style-type: none"> <li>- Multiple changes in appointed DAC Secretariat</li> <li>- DAC report only comprises of information from sector Departments and excludes information from other stakeholders especially LACs</li> </ul>	<ul style="list-style-type: none"> <li>- Employ District HIV/AIDS Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>- District HIV/AIDS Coordinator cannot be employed this financial year. Special Projects Directorate will continue to coordinate HIV/AIDS Programmes</li> </ul>	
uMzinyathi	<ul style="list-style-type: none"> <li>- Poor participation by Department representatives at DAC meetings with the exception of DOH</li> <li>- Key departments are not represented in DAC M&amp;E forum</li> <li>- Civil Society forum is non-functional</li> <li>- Some local Mayors do not attend DAC meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Orientate departmental district managers on their department's role in the DAC</li> <li>- Orientate DAC members on M&amp;E</li> <li>- Coordinate meetings to revive Civil Society structure</li> <li>- Finalise appointment of Civil Society Chairperson for the district</li> </ul>	<ul style="list-style-type: none"> <li>- Launched of structures Civil Society and appointed Civil Society Chairperson</li> <li>- DAC resolved to have one coordinating meeting with DTT</li> <li>- DAC members orientated on M&amp;E during May</li> </ul>	

## DAC Functionality Contd.

District	Challenge	Planned Action	Actions Taken	Status
Zululand	<ul style="list-style-type: none"><li>- Delayed staff establishment for DAC secretariat since there is only one staff member responsible for support</li><li>- Non-submission of DAC report inputs from DOE and agriculture</li><li>- Poor attendance of DOE and Arts and Culture during DAC meetings</li></ul>			

# LAC Functionality

District	Challenge	Planned Action	Actions Taken	Status
<b>Harry Gwala</b>	<ul style="list-style-type: none"> <li>- Late submission of LAC reports to the DAC</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen nerve centre meetings at the local level</li> </ul>	<ul style="list-style-type: none"> <li>- Local AIDS Councils report submission including overall functionality has shown a marked improvement however some LAC Secretariats are still encountering difficulties of late submission by some department</li> <li>- District and all four Local Municipality HIV Coordinators attended weekly nerve centre meetings at district and sub-district level</li> <li>- Held a multi-sectoral nerve centre meeting before the DAC meeting.</li> </ul>	
<b>Ilembe</b>	<ul style="list-style-type: none"> <li>- 2 LACs are not functional (Mandeni and Ndwedwe)</li> <li>- 2 LACs are partially functional (KwaDukuza and Maphumulo)</li> </ul>	<ul style="list-style-type: none"> <li>- OTP and District AIDS Council to assist in relaunching LAC that are not functional</li> </ul>	<ul style="list-style-type: none"> <li>- Resuscitated Mandeni and Ndwedwe LAC</li> <li>- Conducted an induction workshop for the Mandeni LAC</li> </ul>	

## LAC Functionality Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>uMkhanyakude</b>	<ul style="list-style-type: none"> <li>- Non-submission of reports by LACs</li> <li>- Poor functionality of LACs, only 2 LACs in the district are functional</li> </ul>	<ul style="list-style-type: none"> <li>- DAC to discuss and intervene</li> </ul>	<ul style="list-style-type: none"> <li>- Resuscitated uMhlabuyalingana LAC</li> <li>- All LACs are now submitting LAC reports</li> </ul>	
<b>uMzinyathi</b>	<ul style="list-style-type: none"> <li>- Umvoti LAC is not functional</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect Civil Society chairpersons for Umvoti and Msinga LACs</li> </ul>	<ul style="list-style-type: none"> <li>- District Mayor engaged uMvoti Local Mayor</li> </ul>	

## LAC Functionality Contd.

District	Challenge	Planned Action	Actions Taken	Status
Zululand	- Non-functionality of Abaqulusi LAC			

# WAC Functionality

District	Challenge	Planned Action	Actions Taken	Status
Harry Gwala	- Challenges with the establishment of Ward AIDS Committees (WACs)	- Training of WACs	- LACs have been requested to submit the list of names for WAC training and the names have been forwarded to OTP. Awaiting response from OTP	
Ilembe	- WACs lack capacity to develop reports to be submitted to LACs	- Revive remaining WAC structures	- DAC and LAC Secretariat in the process of assisting in reviving all the WACs in the district	

# WAC Functionality

District	Challenge	Planned Action	Actions Taken	Status
<b>uMkhanyakude</b>	- Non-submission of reports by WACs	- Engage speakers of Local Municipalities regarding the establishment of WACs	- Big 5 Hlabisa LM - 11 out of 13 War Rooms have now been established and their functionality has resumed. Mtubatuba LM - 15 out of 20 War Rooms have been revived and the remaining 7 WAC'S have been established, remaining will be established by end of July 2018.	
<b>uMzinyathi</b>	- Some War Rooms are not functional	- Mayor to visit War Rooms where the Ward AIDS Council functionality will be reviewed	- The plan for the district Mayor to visit War Rooms is scheduled for Q1 2018/19	



## WAC Functionality Contd.

District	Challenge	Planned Action	Actions Taken	Status
<b>uThukela</b>	- Poor reporting of WACs	- Training of WACs throughout the district targeting non-functional WACs	<ul style="list-style-type: none"> <li>- Increase in WAC report submission from two Local municipalities</li> <li>- Letter written to Her Worship: Mayor, Municipal Manager, Special Programmes Manager and Manager Office of the Mayor regarding the non-functionality of LACs and were requested to intervene</li> <li>- Training is scheduled for Q2 2018/19</li> </ul>	
<b>Zululand</b>	- Poor functionality of WACs		<ul style="list-style-type: none"> <li>- At least 57 out of 90 (63%) War Rooms are now functional</li> <li>- Training plan for training of WACs is in place with the support of our District Support Partner</li> </ul>	

# Thank You

