

# **KING CETSHWAYO**

## **DISTRICT AIDS COUNCIL**

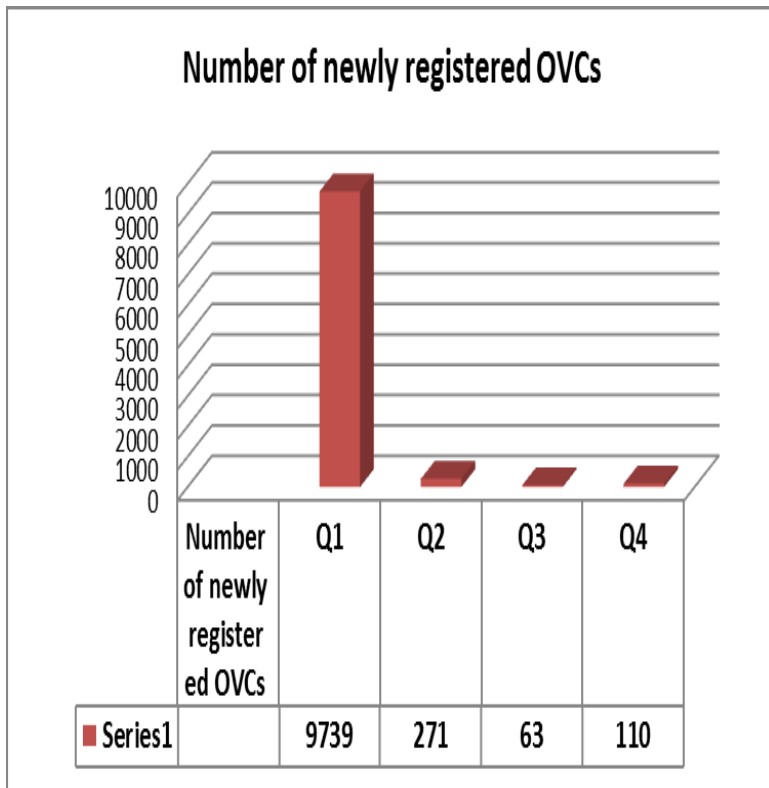
### **REPORT**



**11 July 2018**

**DAC CHAIR: DISTRICT MAYOR, CLLR  
NNP MKHULISI**

## INTERVENTION AREA: ORPHANS & VULNERABLE CHILDREN

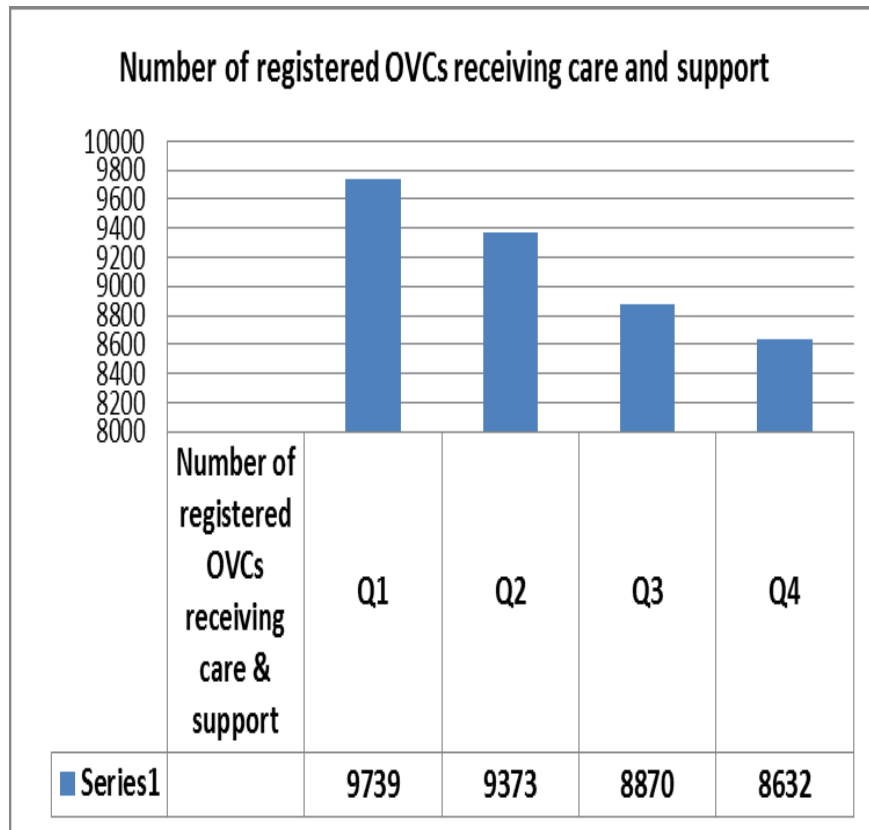


Q4 showed an increase in the number of newly registered OVCs. more learners were admitted in schools at the beginning of the year.

To continue strengthening monitoring for interventions provided.



# INTERVENTION AREA: ORPHANS & VULNERABLE CHILDREN



An increase in the number of learners pregnant is observed from 62 to 129

What has been done:

- Through the Global Fund Young Women and Girls Project, the following activities were successfully conducted by the District in collaboration with Mpilonhle (Global Fund Sub Recipient):
  - Teen Parenting Programme
  - Advocacy meeting with 41 Schools Principals on Parenting Programme.

Interventions in place

- Identify schools with high number and conduct community dialogues.
- Link pregnant with LSSs for support and education

# INTERVENTION AREA: LIFE SKILLS

An increased in the number of learners pregnant is observed from 62 to 129.

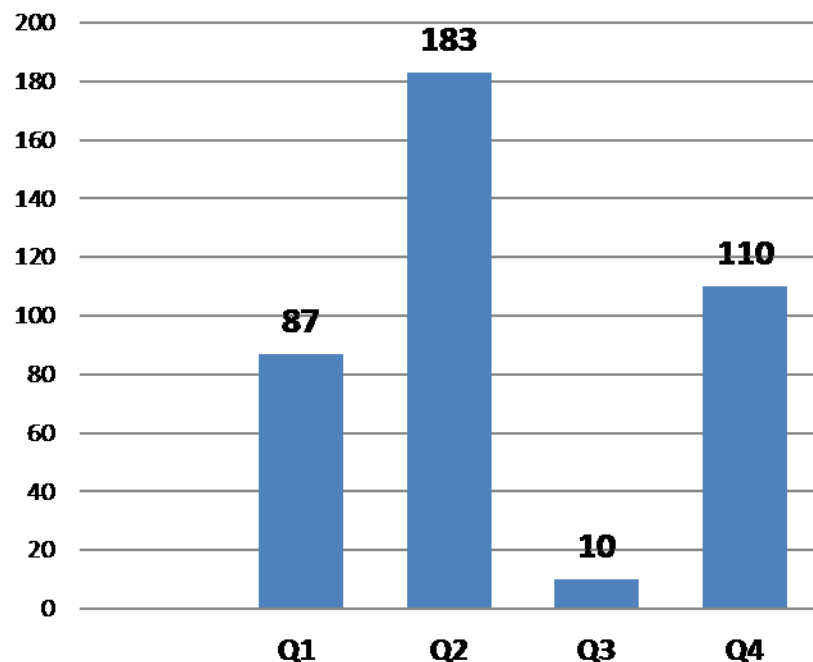
What has been done:

- Through the Global Fund **Young Women and Girls Project**, the following activities were successfully conducted by the District in collaboration with Mpilonhle (Global Fund Sub Recipient):
  - Teen Parenting Programme
  - Aadvacy meeting with 41 Schools Principals on Parenting Programme
  - Mop up training for 11 Soul Buddy's facilitators
  - 6 schools monitored for HIV and AIDS Life skills Programme.

Interventions in place

- Identify schools with high numbers of teenage pregnancies and conduct community dialogues.
- Link pregnant learners with LSAs for support and education

**Number of new learners pregnant**



## INTERVENTION AREA: MATERNAL CHILD & WOMEN' S HEALTH

Target < 1%

The district's infant 1st PCR test positive around 10 weeks rate is 0.7%, an increase from 0.6% in quarter 3. However, the target of <1% was achieved.

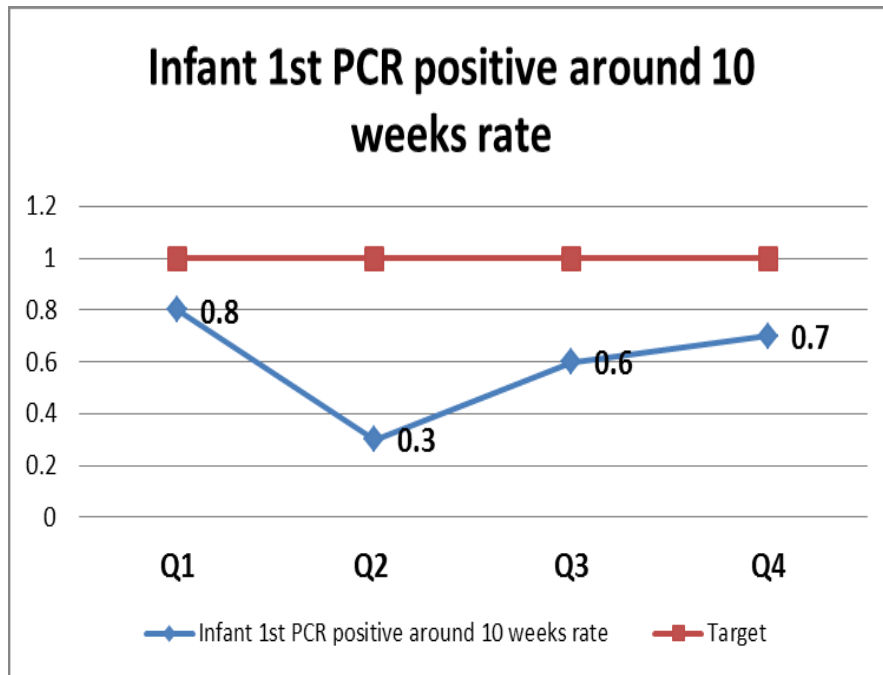
Reasons for an increase:

The district still has a problem with :

- Antenatal Care patients who are already on Antiretroviral treatment but defaulting treatment during pregnancy, which then results to high Viral Load leading to high risk of transmission of HIV to the baby.
- There are also those who initially test HIV negative early in pregnancy, and then later sero-convert. Which is evidence that they do not use protection after testing HIV negative

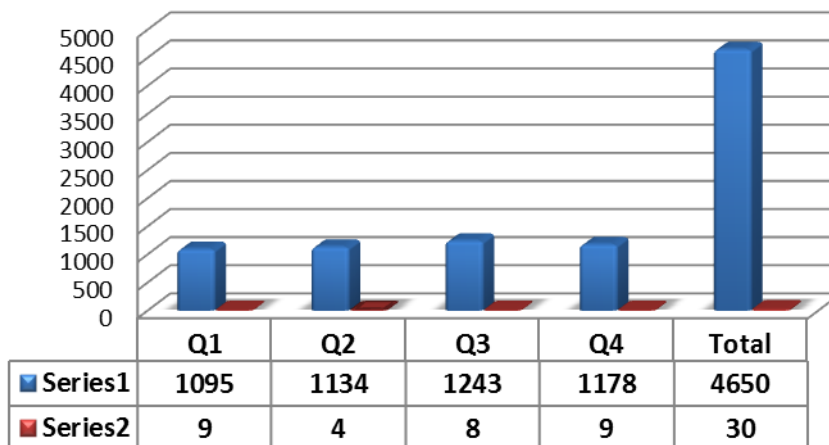
Interventions in place.

- Adherence counselling for clients who are already on ART stressing the importance of adherence towards prevention of mother to child transmission of HIV.
- Monitoring of Viral load for HIV positive pregnant women throughout pregnancy to ascertain the risk of transmission to the baby
- Emphasis on condom use for everyone, but more importantly in pregnancy where the implications of new HIV infection are more serious because they affect the unborn baby.



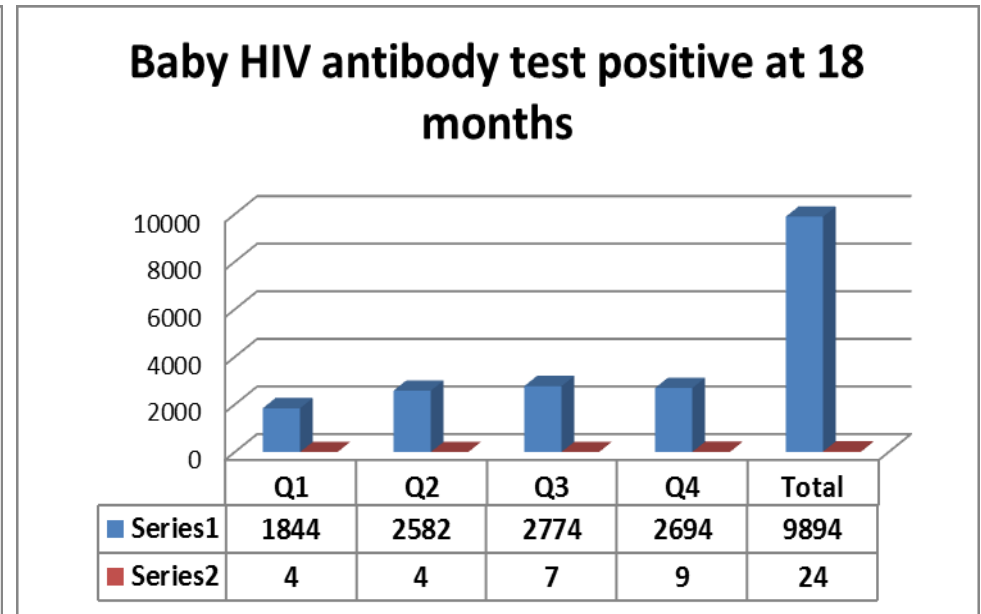
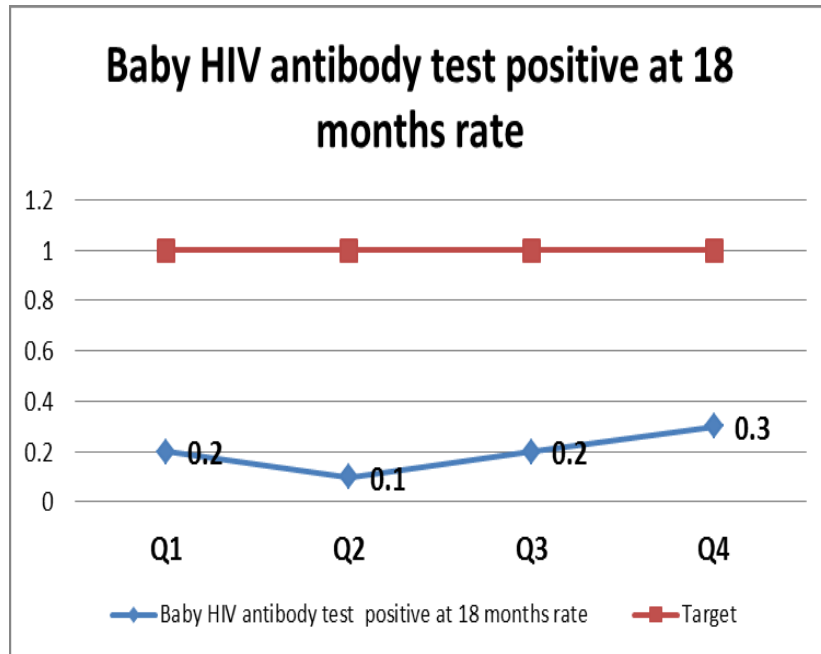
## INTERVENTION AREA: MATERNAL CHILD & WOMEN' S HEALTH

**Infant 1st PCR done around 10 weeks**



# INTERVENTION AREA: MATERNAL CHILD & WOMEN' S HEALTH

## Baby HIV antibody test positive around 18 months rate



Child rapid HIV test around 18 months positive rate is 0.37%(9/2694), a slight increase from 0.25%(7/2774) and its within the target of <1%. There are however still children who sero convert during breast feeding.

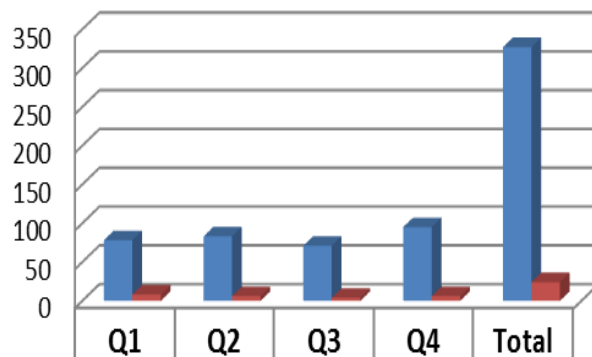
### Intervention in place

Continuous health education to pregnant and breastfeeding mothers on infant feeding and community awareness campaigns on HIV prevention



# INTERVENTION AREA: MATERNAL CHILD & WOMEN' S HEALTH

**Maternal, Women's & Child Health**



■ Number of infants death	78	83	71	95	327
■ Number of maternal death	8	6	4	6	24

An increase in the number of maternal deaths in Q4 is observed from 4 in Q3 to 6 in Q4. This is however below a set target of 141/100k.

- 5 deaths were from Queen Nandi Regional hospital and 1 was from St Mary's KwaMagwaza Hospital. One of these deaths was a young woman from the University of Zululand, who had severe hypertension, but did not attend antenatal care services.

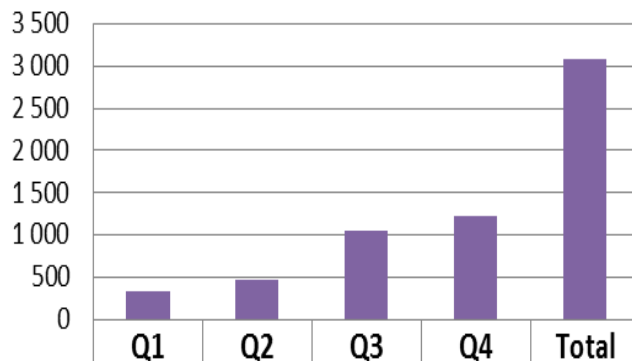
## What has been done

- Family planning services are made available in all tertiary education institutions
- Communities are also made aware of the available Choice of Termination of pregnancy (CTOP) and are encouraged to use them if there is a need to do so..
- Early identification of high risk patients by all clinics and hospitals and early referral to Queen Nandi Hospital for specialist care
- Motivate for the early booking/ booking before 20 weeks so that the high risk conditions are managed on time
- Initiate ART on all HIV positive ANC patients and monitor compliance to the treatment.



## INTERVENTION AREA: TB TREATMENT

### TB suspect 5 years and older initiated on treatment



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335 472 1052 1218 3077

There is a steady increase in the number of patients initiated on TB treatment throughout the year, from one quarter to another.

#### Reason for this performance.

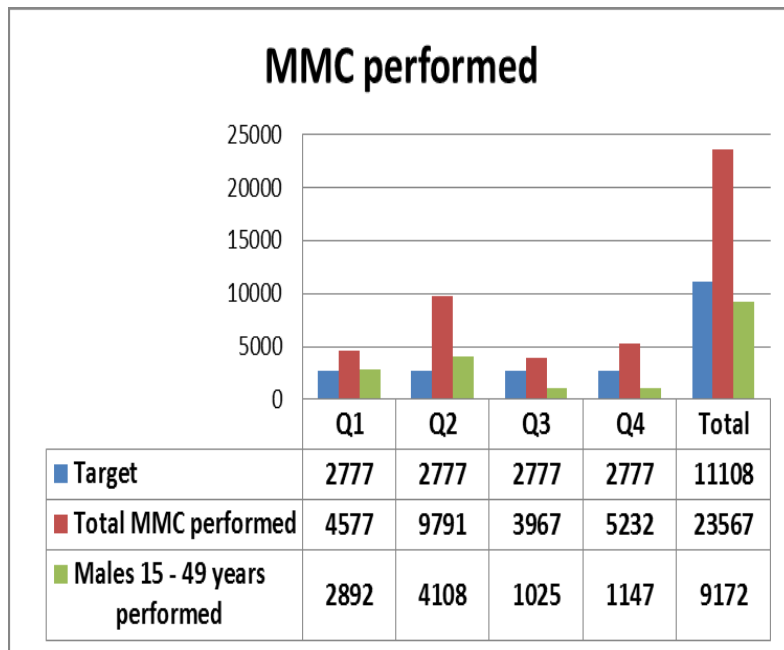
- The District is closely monitoring the TB Cascade of care, from TB screening to TB testing up to initiation of treatment.
- This is done to ensure that all those who have TB are taking treatment.
- This monitoring is done on a weekly basis through the weekly nerve centre meetings.
- NHLS has so far been able to deliver results for patients within 48hrs of taking the tests.



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# INTERVENTION AREA: HIV PREVENTION

## Medical Male Circumcision



A total of 5232 medical male circumcisions were performed in quarter 4, which is above a set target of 2777.

Good performance throughout the year has resulted the district performing a total of 23567 circumcisions, way above the year target of 11108.

### What has been done:

MMC targets for 2018/19 have been distributed to all health facilities. These will also be shared with the DAC and the LACs so that they support with mobilization.

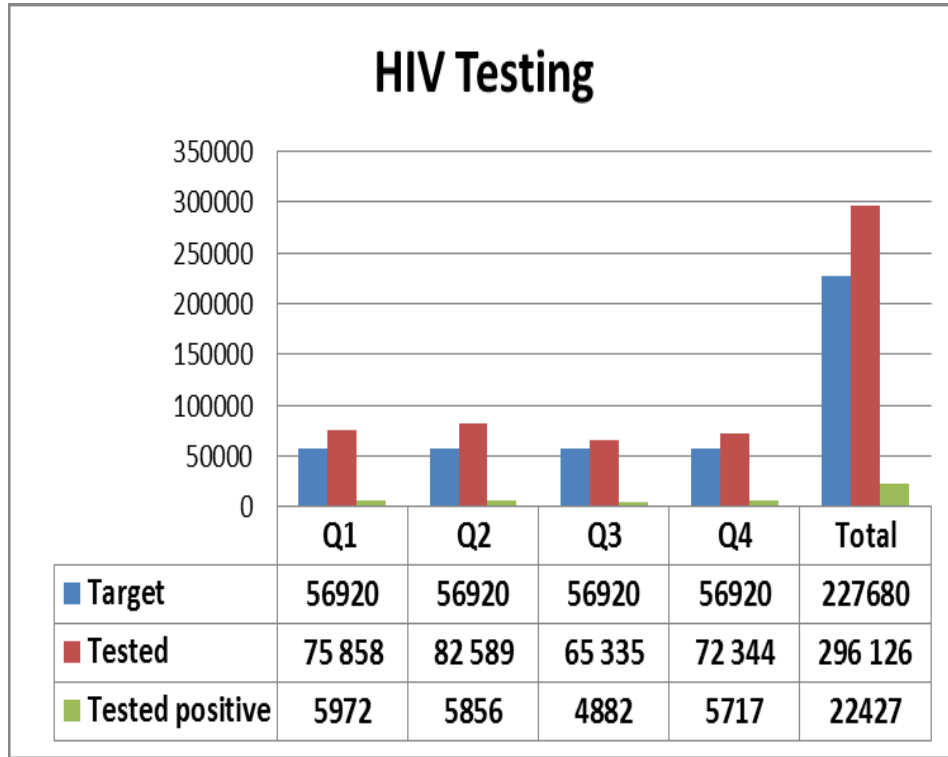
### Interventions in place

- District to continue to identify high risk group (15 – 49 years)
- Isibaya samadoda dialogues should be implemented as per district plan with actual MMC performance
- Hospitals to continue using the services of the contracted partners for MMC support.
- All partners to continue with MMC mobilisation where they operate.
- CARE WORKS can be contacted to assist with mobilisation.

# INTERVENTION AREA: HIV TESTING & COUNSELLING

A total of 72 344 clients tested for HIV in quarter 4 and it's above the set target of 56 920(127%) .

Positivity rate increased from 7.4% in Q3 to 7. 9% in Q4. Average HIV positivity rate is at 7.5%



## What has been done

- Performance is monitored on a weekly basis through the weekly nerve centre meetings.
- All facilities have daily targets
- Support from partners, FPD,MSF and Broadreach

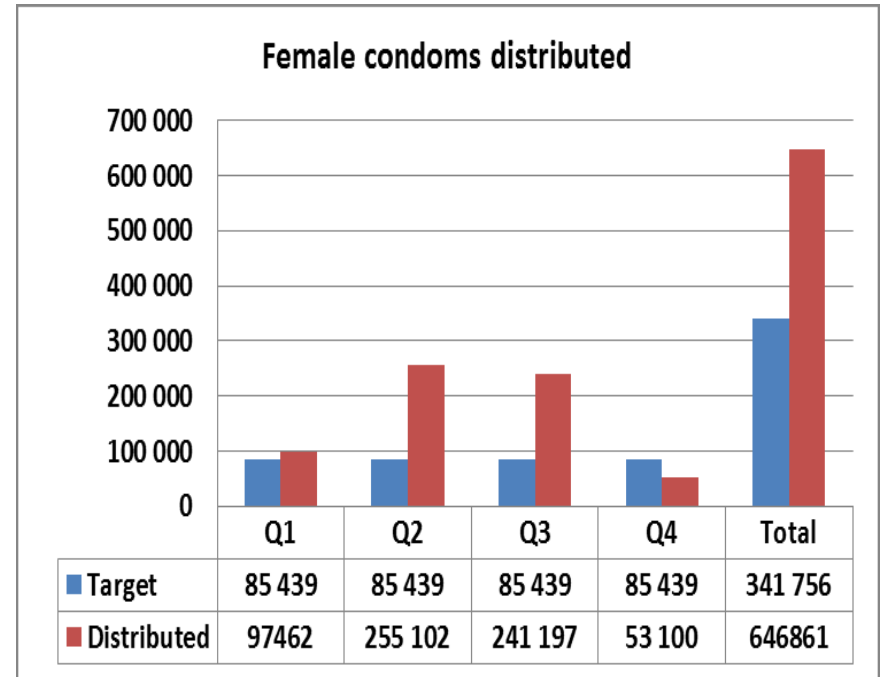
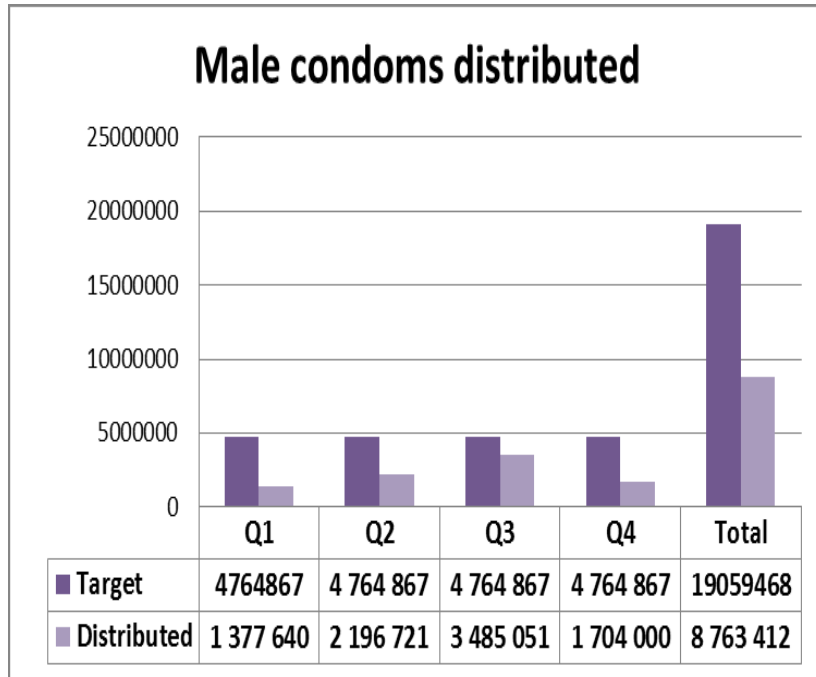
## Interventions in place

National Health screening campaign for 2018/19



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# INTERVENTION AREA: Condom Distribution

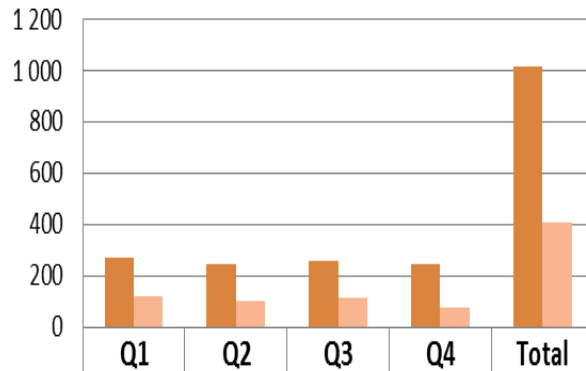


Annual target for male condom distribution was not met. District is at 46%

Intervention in place: All OSS stakeholders to promote and advocate for condom use

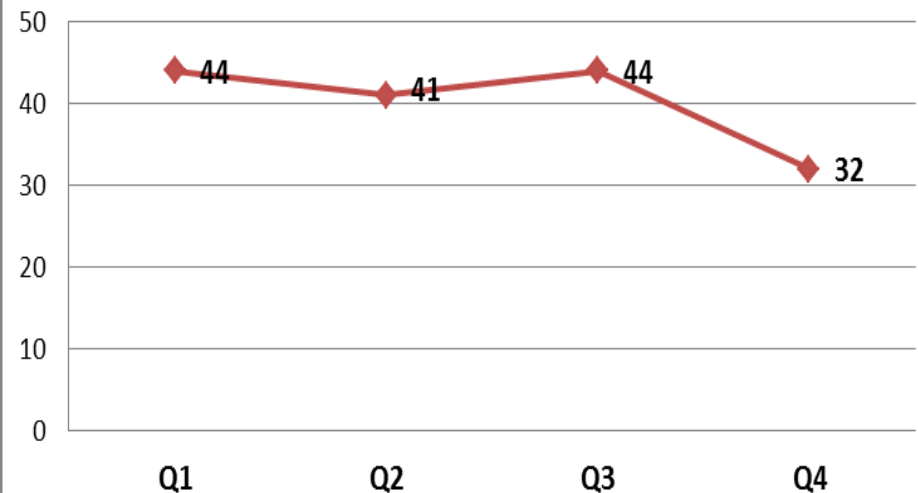
# INTERVENTION AREA: SEXUAL AND REPRODUCTIVE HEALTH

## Sexual assault cases



	Q1	Q2	Q3	Q4	Total
New sexual assault cases	272	242	257	244	1015
Under 12 sexual assault cases	119	99	113	78	409

## Children under 12 sexually assaulted rate



**Sexual assault is still a challenge in our district.**

A decrease is observed in the Sexual assault cases for under 12 year olds, from 113 to 78.

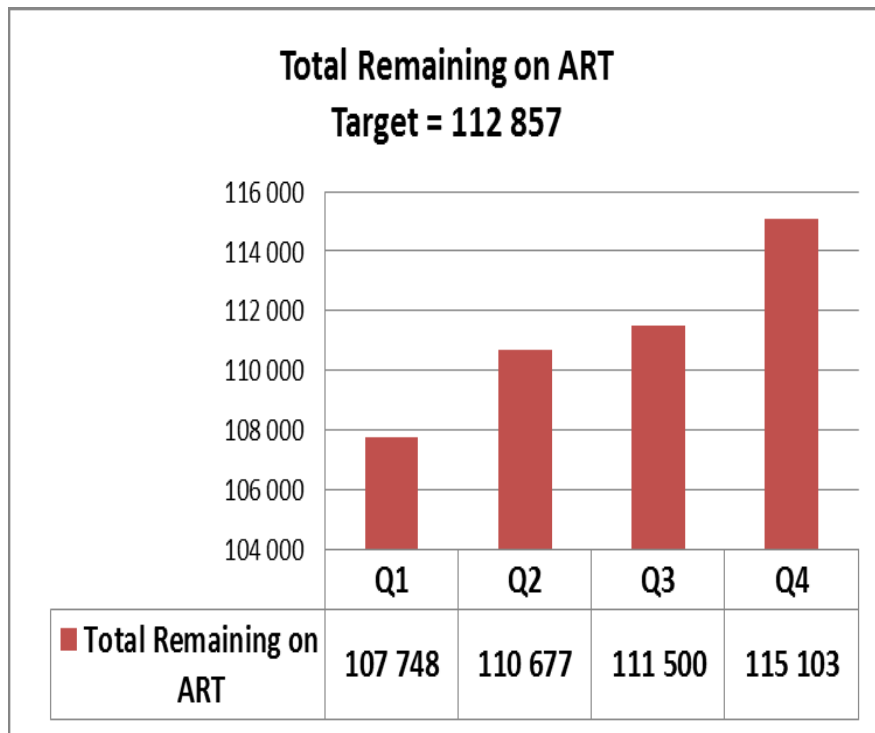
A total number of new assault cases have also decreased from 257 in Q3 to 244 in Q4.



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## INTERVENTION AREA: COMPREHENSIVE ART SERVICES

**The district Total Remaining on ART clients remain is 115 103, above a set target of 112 857 for 2017/18.**




### What has been done.

- Monitoring of the district performance in the weekly nerve centre meetings.
- BroadReach has allocated data capturers to the HEALTH facilities with large number of ART clients to assist with capturing to the information system.
- Implementation of test and treat (all HIV positive clients are IMMEDIATELY initiated of ART) .



# STRATEGIC OBJECTIVE 5: COORDINATION, MONITORING & EVALUATION

## INTERVENTION AREA: COORDINATING, MONITORING & EVALUATION

Reporting	April – June 2017	July – September 2017	Oct to Dec. 2017	Jan – March 2018	COMMENTS
LAC Reporting to the DAC	<b>04 LAC reports:</b> <ul style="list-style-type: none"> <li>✓ Umhlathuze</li> <li>✓ Umlalazi</li> <li>✓ UMfolozi</li> <li>✓ Nkandla</li> </ul>	<b>04 LAC reports:</b> <ul style="list-style-type: none"> <li>✓ Umhlathuze</li> <li>✓ Umlalazi</li> <li>✓ UMfolozi</li> <li>✓ Nkandla</li> </ul>	05 LAC reports <ul style="list-style-type: none"> <li>✓ uMhlathuze</li> <li>✓ uMlalazi</li> <li>✓ uMfolozi</li> <li>✓ Nkandla</li> <li>✓ Mthonjaneni</li> </ul>	04 LAC reports <ul style="list-style-type: none"> <li>✓ uMhlathuze</li> <li>✓ uMlalazi</li> <li>✓ uMfolozi</li> <li>✓ Nkandla</li> </ul>	4 LAC reports were received from local municipalities during the reporting quarter Jan – March 2018
WAC Reporting to the LAC	25	31	38	28	

# **DAC CHAIRPERSON:**

## **CLLR NNP MKHULISI**

