KING CETSHWAYO
DISTRICT AIDS COUNCIL
REPORT

02 MARCH 2018
DAC CHAIR: DISTRICT MAYOR, CLLR
NNP MKHULISI
INTERVENTION AREA: ORPHANS & VULNERABLE CHILDREN

- Q3 showed decrease in number of newly identified OVCs. The work force number of Field workers has also decreased as some of Child and Youth Care workers (CYCWs) completed training and resigned for greener pastures,
- To continue strengthen monitoring for interventions provided.
In Q3 a dramatical decrease in number of OVCs was observed, that indicated more OVCs have been assisted, OVCs exited to permanent assistance – Foster Care placement and or reunification services, intervention services were through the work of CCGs and CYCWs. Some OVCs are no longer reported as children as they have reached the age of 18 years, they still receive services but reported in youth category.

It also displayed that interventions were provided because services that are provided are not of permanent nature, the aim is to help people to help themselves (Community strengthening) at some point they have to exit the programme.

Psycho-social support services were provided to the identified OVCs as follows:
- Provision of cooked meals
- Referral to DHA for vital birth documentation
- Referral for various Social Grants i.e. Child Support Grant, Foster Care Grant and holiday programmes.
INTERVENTION AREA: LIFE SKILLS

An increased in the number of learners pregnant was observed from 62 to 129 in Q1 and 2. A drastic decline is observed in Q3 for new learners pregnant.

What has been done?
- The District has conducted teen parenting programme held by Mpilonhle.
- Successfully conducted advocacy meeting for 41 principals on parenting programme in collaboration with Mpilonhle.
- Successfully conducted mop up training for 11 Soul Buddy’s facilitators in collaboration with Mpilonhle.
- 6 schools monitored for HIV and AIDS Life skills Programme.

Interventions in place:
- Identify schools with high numbers of teenage pregnancy and conduct awareness campaigns.
- Link pregnant learners with LSAs for support education.
The district's infant 1st PCR test positive around 10 weeks rate is 0.6%, an increased from 0.3% in Q2. The target of <1% was achieved.

Reason for the increase:
The district still has a problem with ANC patients who are already on ART and default treatment during pregnancy. There is evidence of seroconversion from 6 weeks.

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.
INTERVENTION AREA: MATERNAL CHILD & WOMEN'S HEALTH

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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.
An increased is observed from 0.1% in Q2 to 0.2% in Q3.

**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

A continuous decrease in the number of maternal deaths is observed from 6 in Q2 to 4 in Q3. The number of infants deaths has also decreased 83 in Q2 to 71 in Q3.

What has been done? :
- Community awareness campaigns on booking before 20 weeks so that the high risk conditions are identified and managed on time.
- Implementation of Universal Test and Treat (UTT)
- Viral load monitoring.
- Availability of Obstetric ambulance
- Early identification and management of high risk ANC clients at PHC level to prevent complications that may results to death.
INTERVENTION AREA: HIV PREVENTION

Medical Male Circumcision

3967 medical male circumcisions performed this quarter and it’s above a set target of 2777 (142.8%).

What has been done:
The district had medical male circumcision campaigns that were conducted by both Department of Health employees and supporting partners.

Interventions in place
• Hospitals to continue using the services of the contracted partners for MMC support.
• Partners have doctors and nurses that assist with circumcisions.
• All partners to assist with MMC mobilisation where they operate.
INTERVENTION AREA: TB TREATMENT

An increase is observed from 472 in Q2 to 1052 in Q3.

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
• TB data is now captured on 3Tier.net for monitoring
• Continuous monitoring using case identification register
INTERVENTION AREA: HIV TESTING & COUNSELLING

65 335 clients tested for HIV this quarter and it’s above a set target of 56 920 (114.7%).

Positivity rate increased from 7 in Q2 to 7.4% in Q3.

- **What has been done?**
  - HTS annual targets were distributed to all clinics.
  - Monitoring of HTS performance in all facilities using barometer.
  - Support from partners, FPD, MSF and Broadreach.
  - Provision of HTS in all district events.
  - All facilities to continue implementing UTT programme.

**Interventions in place:**
- HTS campaigns initiated by Provincial HAST.
The district's Male condoms distributed in Q3 is 3,485,051 and is below the set target 4,690,093, (74.3%).
Sexual assault is still a challenge in our district. An increased is observed in Q3 from 41% to 44%. A total number of new assault cases have also increased from 224 in Q2 to 257 in Q3.
INTERVENTION AREA: COMPREHENSIVE ART SERVICES

An increase is observed from 110 677 in Q2 to 111 500 in Q3, variance of 1357 towards achieving an annual target.

What has been done?

- There is improvement in data quality and TB/HIV integrated information is being implemented.
- Client tracing and tracking system using Tier.net is being utilised.
- Implementation of UTT (Universal Test and Treat and adherence guidelines
- File audits for Early Warning Indicators (EWI) to identify defaulters
- Employment of data capturers
- Institutions to continue updating Tier.net, identifying and tracing the defaulters and bringing them back to the system.
- Training of all operational managers on Tier.net so that they can be able to generate reports that will assist in identifying early missed visits.
### Reporting

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<td>LAC Reporting to the DAC</td>
<td><strong>03 LAC Reports</strong> ✓ uMhlathuze ✓ uMlalazi ✓ Umfolozi</td>
<td><strong>04 LAC reports:</strong> ✓ Umhlathuze ✓ UMLalazi ✓ UMfolozi ✓ Nkandla</td>
<td><strong>04 LAC reports:</strong> ✓ Umhlathuze ✓ UMLalazi ✓ UMfolozi ✓ Nkandla</td>
<td>05 LAC reports ✓ uMhlathuze ✓ uMlalazi ✓ UMfolozi ✓ Nkandla ✓ Nkandla ✓ Mthonjaneni</td>
<td>All LAC reports were received from all local municipalities during the reporting quarter Oct-Dec 2017</td>
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<td>WAC Reporting to the LAC</td>
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Thank you for your attention