



Summary Analysis (Oct 2013- June 2014) District AIDS Councils Response to the HIV& AIDS,STIs & TB Multi-Sectoral Response

<p>HIV Testing—<i>Number of HIV Tests Carried out</i></p> <p><i>Are we reaching our targets on HCT?</i></p>	<p>Most districts have achieved quarterly testing targets Rising trends for quarter 3 and 4 in most districts. However HIV testing numbers across districts mostly stable. Not increasing significantly eThekwini showing decrease in numbers and did not reach targets.</p>
<p>HIV Testing—<i>Number of Positive Cases</i></p>	<p>Significant fall in numbers testing in Zululand Most districts showing marginal decreases in Q1 when compared to quarter 4 Rising trends for quarter 3 and 4 in most districts. However HIV testing numbers across districts mostly stable. Not increasing significantly</p>
<p>Condoms Distribution—<i>Male Condoms Distributed</i></p> <p><i>Are we reaching our targets? Not really?</i></p>	<p>uMgungundlovu and Umzinyathi districts have reached quarterly target, Uthukela whilst it did not reach its target, it had a high male per condom target therefore compared to other districts it distributed more condoms per male The rest of the districts not achieving quarterly targets</p>
<p>Condoms Accessibility —<i>Condoms distributed per male per quarter</i></p> <p><i>Are we distributing enough condoms? No</i></p>	<p>uMgungundlovu and uMzinyathi with commendable numbers of male condoms distributed per male per quarter at a average of 56 and 25 respectively. They are the only districts that reached quarterly targets. Uthukela had a high condom per male target of 25 and it reached 21 males per condom. The rest of the districts not achieving quarterly targets Amajuba, eThekwini, Ugu, uMkhanyakude, uThungulu, Zululand and ILembe with lowest number of condoms per male ranging 4 -9</p>

<p>Condoms Accessibility –<i>Female Condoms distribution</i> <i>Are we reaching our targets?</i></p>	<p>All districts have achieved quarterly targets However, the numbers are still insufficient when calculated as “condoms distributed per eligible female per quarter. uMzinyathi showing decrease</p>
<p>Medical Male Circumcision- males aged 15-49 undergoing MMC. <i>Are the males getting circumcised? No</i></p>	<p>All districts not reaching their targets However, iLembe and uMkhanyakude with consistent increase Harry Gwala showing consistent decrease</p>
<p>Comprehensive ART Services- <i>Number of Clients receiving ART Services</i></p>	<p>Most districts showing increases in number of clients receiving ART eThekweni showing marked increase across quarters Harry Gwala and uMkhanyakude with somehow stable numbers over the quarters uMzinyathi showing marginal decreases</p>
<p>Comprehensive ART Services- <i>Number of ART clients deregistered due to loss of follow up</i> <i>Are we keeping our clients on treatment?</i></p>	<p>ouAll districts showing high lost to follow up numbers with trend being of increase. Q1 range being 614 to 4766.</p>
<p>Comprehensive ART Services- <i>Number of ART clients deregistered due to death</i> <i>Why are our clients dying?</i></p>	<p>All districts with relatively high numbers of clients deregistered due to death. eThekweni showing consistent decrease Harry Gwala and iLembe showing increases</p>

<p>Life Skills-Deliveries Under 18 Years</p>	<p>Currently using teenage deliveries because there is no consistent data for learner pregnancy. The plan is to encourage DOE in districts to submit learner pregnancy data.</p> <p>Deliveries under 18 generally ranging between 8-11% of total deliveries</p> <p>iLembe & Uthukela consistently showing decrease in deliveries under 18 years</p> <p>eThekwini showing consistent increase</p> <p>Harry Gwala and uMkhanyakude with somehow stable but increasing figures</p>
<p>Gender Based Violence-New Sexual Assault Cases. <i>(This is proxy data, Using data from Health which is Post Exposure Prophylaxis)</i> Are we reducing sexual assaults?</p>	<p>Sexual Assault cases generally high across districts</p> <p>Harry Gwala with marginal decreases and also district recording lowest sexual assault cases</p> <p>uMzinyathi also with consistent decreases</p> <p>uMkhanyakude showing increases</p>
<p>Gender Based Violence-Children under 12 Sexually Assaulted(%). <i>(This is proxy data, Using data from Health which is Post Exposure Prophylaxis)</i> Are we reducing sexual assaults?</p>	<p>Sexual Assault cases in children also generally high across districts</p> <p>Harry Gwala with lowest sexual assault cases among children aged 12 and under, district also showing consistent decrease</p> <p>iLembe showing some high rates (Q2)</p>

Orphans & Vulnerable Children-
Registration. Used the OVC estimates from Actuarial Society of South Africa (ASSA) Website to estimate total numbers

Harry Gwala and uMgungundlovu have registered highest percentage numbers of OVCs

Registration across districts still low

Zululand, uThukela and eThekwini with lowest registration numbers

Orphans & Vulnerable Children-
Care & Support Source: Used the OVC estimates from Actuarial Society of South Africa (ASSA) Website to estimate the total numbers

Harry Gwala , Ugu and uMgungundlovu with highest percentage of OVCs receiving care & support

eThekwini and Zululand with lowest percentages of OVC receiving care & support

The rest of the districts displaying moderate to low percentages (range 25%-36%) of OVC receiving care and support