



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

Status Update and Action plans Quarter 2 and 3 (where data was available) 2017/18

Provincial Council on AIDS (PCA) Meeting
Venue: Royal Show Grounds, Pietermaritzburg
Date: 7 March 2018
Presenter: NI Ndlovu



Introduction

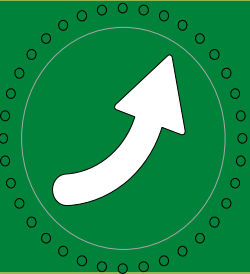
- This presentation provides a summary of the multi-sectoral HIV/AIDS, STI and TB response in KwaZulu-Natal Province for the reporting quarter; Quarter 2 2017/18
- District HIV related data submitted by the 11 District AIDS Councils in the province was consolidated and analysed
- Tables and graphs were used to depict performance by quarter:
 - Reach/coverage is calculated using estimated population figures where applicable.
 - Performance is depicted in a dashboard form using the colour red to denote poor performance/decline from the previous quarter, colour green to depict good performance/improvement from previous quarter and yellow colour to depict no change
- Quarter 1 FY 2017/18 (April-June 2017) is used as the baseline for comparison with Quarter 2 FY 2017/18 (July-September 2017).

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 1 (April - June 2017) PCA meeting 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
 - Quarter 1 (April - June 2017) is used as the baseline for comparison with Quarter 2 (July - September 2017) and Quarter 3 (October - December 2017)
 - Overall performance is depicted in a dashboard form using the colour red to denote planned actions that have not been resolved and no change in performance, colour green to depict planned actions that have been carried out resulting subsequent improvement in performance and orange colour to depict planned actions that have been carried but with minimal/no improvement in performance.



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

- *'Breaking the cycle of transmission'*



Table 1: HIV Tests Conducted

District	Target	Q2 2017/18	% Achieved	Deviation
Amajuba	32251	32383	100%	
eThekwini	228558	271223	119%	
Harry Gwala	28837	35453	123%	
Ilembe	41082	37581	91%	3501
King Cetshwayo	56920	82589	145%	
Ugu	45116	61804	137%	
uMgungundlovu	69054	62370	90%	6684
uMkhanyakude	38282	30099	79%	8183
uMzinyathi	31381	51145	163%	
uThukela	42352	34026	80%	8326
Zululand	50986	53468	105%	
Province	664817	752141	113%	

Table 2: HIV Tests Conducted Trends - Q2 2016/17 up to Q2 2017/18

District	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18
Amajuba	34282	35428	30471	33880	32383
eThekwini	225554	266525	276328	296361	271223
Harry Gwala	46708	36621	37858	36057	35453
Ilembe	49594	45561	47948	39063	37581
King Cetshwayo	79686	84578	82279	75858	82589
Ugu	90716	106178	64357	53817	61804
uMgungundlovu	75759	60614	71734	62925	62370
uMkhanyakude	36335	37718	43130	41116	30099
uMzinyathi	29740	56819	*	50881	51145
uThukela	24458	31887	31765	33461	34026
Zululand	52072	48640	47525	59168	53468
Province	744904	810569	733395	782587	752141

* Data Quality: Gaps in data

Dashboard & Summary: HIV Tests Conducted

- The Province exceeded the target for HIV tests conducted in the quarter; a total of 752 141 HIV tests were conducted. This was a slight decrease from the previous quarter, however the target was still achieved
 - A total of 7 Districts (uMzinyathi, King Cetshwayo, Ugu, Harry Gwala, eThekweni, Zululand and Amajuba) exceeded their target for HIV tests conducted in the quarter
 - The best performing Districts in relation to HIV tests conducted in the quarter were; uMzinyathi, King Cetshwayo and Ugu Districts. uMzinyathi and King Cetshwayo were also the best performing districts in Quarter 1
 - Despite not having achieved their respective targets for the quarter, Ilembe and uMgungundlovu Districts provided HIV testing to over 90% of their targeted population.
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- uMkhanyakude and uThukela Districts had the lowest percentage 79% and 80%, respectively, of HIV tests conducted in the province during the quarter.

HIV Tests Conducted

Ugu

- **Q1 2017/18:** >100% (119%) of targeted HIV tests conducted in the quarter
- **Challenge:** XX
- **Planned actions:** Continued roll-out of Universal Test and Treat (UTT) campaigns in deep rural areas. Continued roll-out of community-based testing services through District Support Partners
- **Actions taken:** DOH targeting contact index testing. Collaboration with District Support Partner (FPD) conducting community testing which is focusing on linkage to care and conducting HIV awareness events in areas with low positivity
- **Performance:** Slight increase in HIV tests conducted; **Q2** - >100% (137%) and **Q3** - >100% (135%)

uMgungundlovu

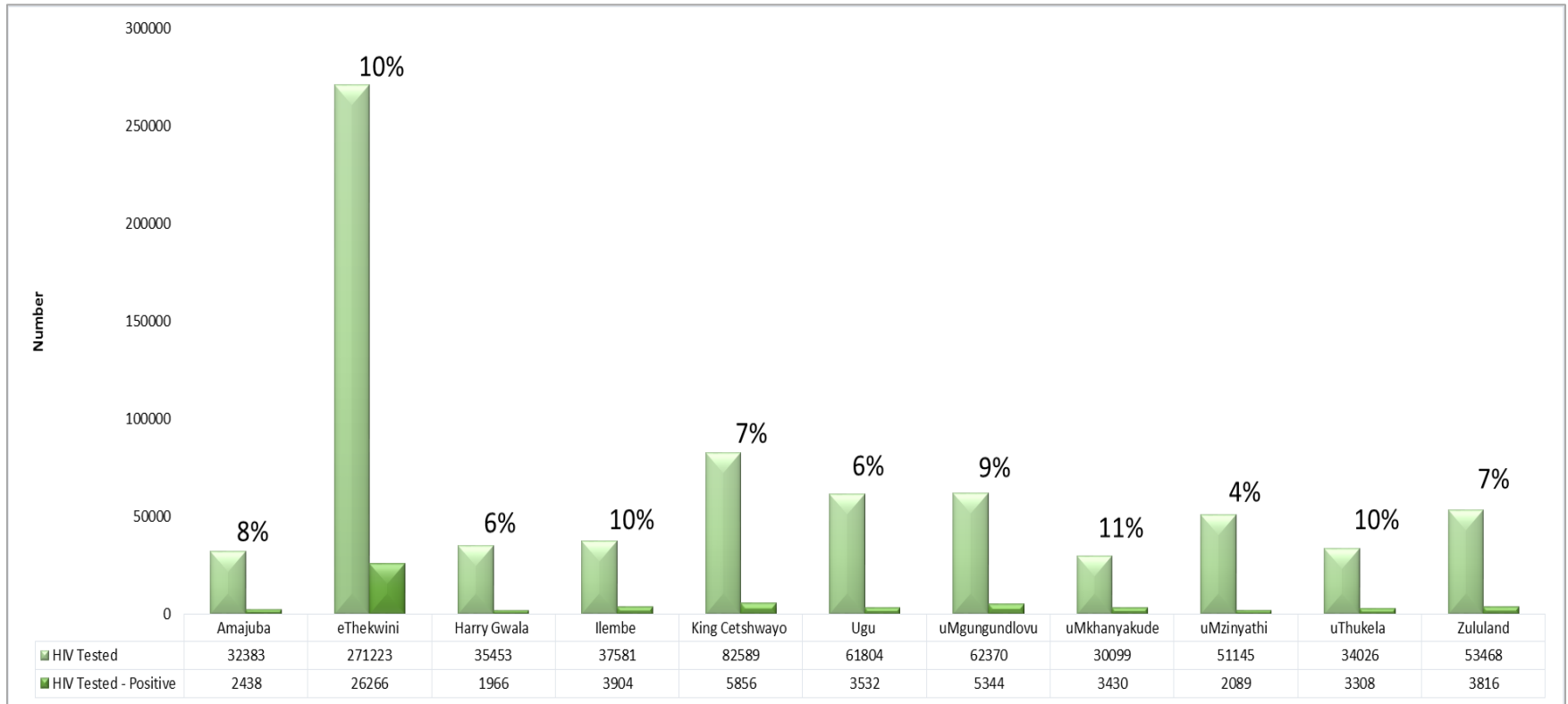
- **Q1 2017/18:** 91% of targeted HIV tests conducted in the quarter
- **Challenge:** 30% of women and 40% of men in the district do not know their HIV status
- **Planned actions:** Conduct door-to-door campaigns, conduct Taxi Rank outreach campaigns, establish Women/Men Sector at a DAC level to work on Men/Women issues and intensify partner and contact testing
- **Actions taken:** Rolled-out door-to-door community outreach campaigns in partnership with Edendale Hospital and district support partners. Civil Society assisted in strengthening Men/Women's Sector to address issues related to this group and encourage HIV testing. Mobilised partners and family members of index HIV positive cases to undergo HIV testing
- **Performance:** Increase in HIV tests conducted; Q2 - 90% and Q3 - 100%.

HIV Tests Conducted Contd.

uThukela

- **Q1 2017/18:** 79% of targeted HIV tests conducted in the quarter
- **Challenge:** Low HIV testing among children to determine status for referral to care and treatment
- **Planned actions:** HAST case finding prioritising males, children, adolescents and key populations
- **Actions taken:** Not clear if the action was taken and performance is not reflecting change
- **Performance:** Fluctuations in HIV tests conducted; **Q2** - 80% and **Q3** - 66%

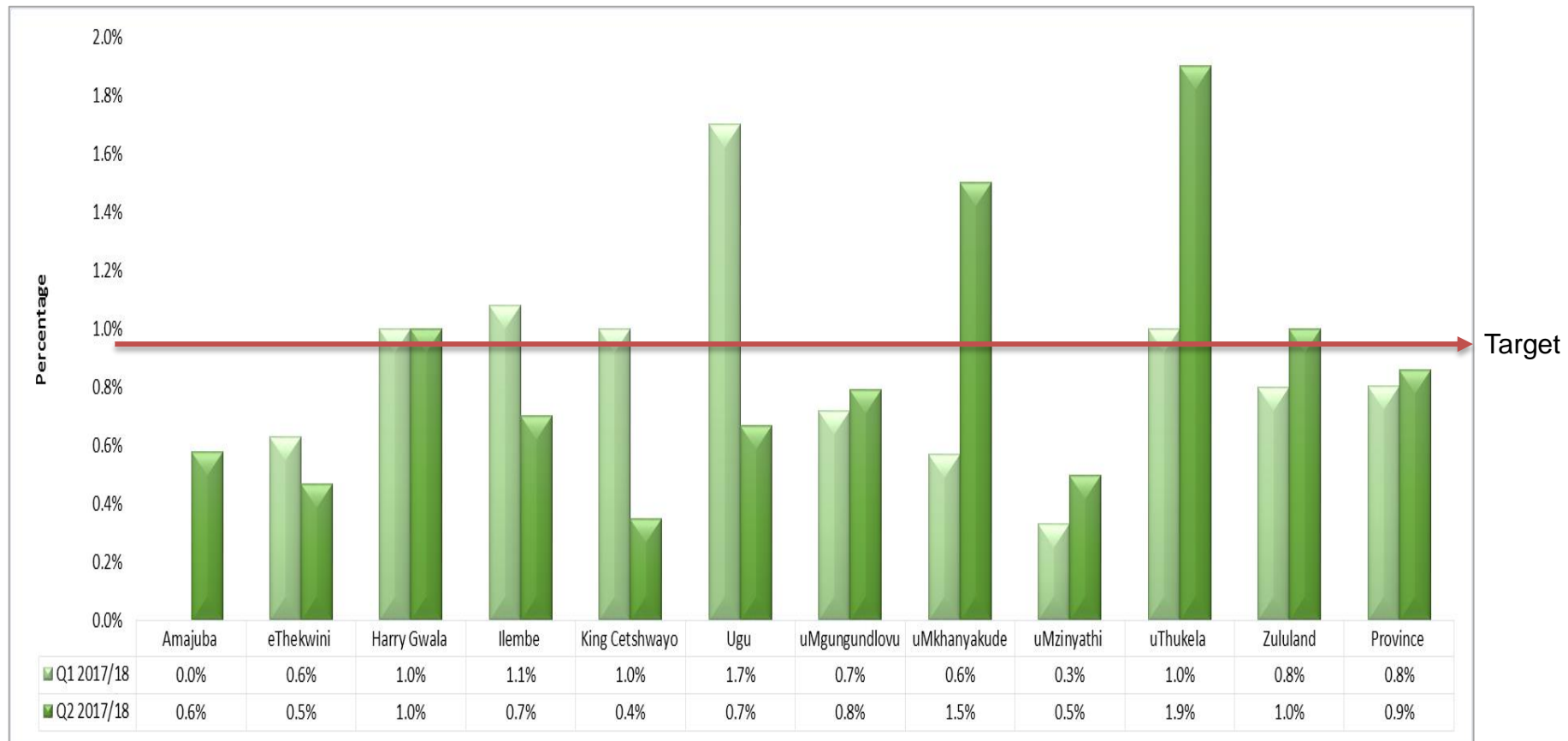
Graph 1: HIV Positivity



Dashboard & Summary: HIV Test Positivity

- Out of the total HIV tests conducted in the province, 8% were found to be positive in Q2 2017/18. The HIV positivity was similar to the previous quarter where 8% of those receiving an test, tested HIV positive
- The Districts with the highest HIV positivity among clients that were tested in the quarter were; uMkhanyakude (11%), uThukela (10%), Ilembe (10%) and eThekweni (10%)
- uMzinyathi District continued to report the lowest HIV positivity (i.e., 4%) in the province.

Graph 4: PCR Positivity under 10 weeks



Dashboard & Summary: PCR Positivity

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| <ul style="list-style-type: none">▪ The overall PCR positivity at around 10 weeks for the province was 0.9%; the target of <1% was achieved▪ King Cetshwayo district had the lowest HIV positivity of 0.4% among babies receiving a PCR test at around 10 weeks▪ Six other Districts achieved the less than 1% target, these included; eThekweni (0.5%), uMzinyathi (0.5%), Amajuba (0.6%), Ilembe (0.7%), Ugu (0.7%) and uMgungundlovu (0.8%). | |
| <ul style="list-style-type: none">▪ The PCR Positivity at around 10 weeks was highest in uThukela District (1.9%) and uMkhanyakude (1.5%). | |

PCR Positivity at around 10 weeks Contd.

Ugu

- **Q1 2017/18:** PCR positivity of 1.7% at around 10 weeks in the district
- **Challenge:** PCR positivity remains at 1%
- **Planned action:** Promote exclusive breastfeeding among pregnant mothers. Ensure that both mothers and children are protected after birth (dual protection)
- **Actions taken:** Following up of mothers after birth. Tracing of results for HIV positive babies. Implemented adherence programmes. Promoted early booking (before 20 weeks) of ANC among pregnant mothers
- **Performance:** Fluctuating performance PCR Positivity **Q2** - 0.7% and (**Q3** - 1.6%)

King Cetshwayo

- **Q1 2017/18:** PCR positivity of 1% at around 10 weeks in the district
- **Challenge:** Difficulty in tracking medical history of babies as mothers report losing Road to Health Cards. 'Drop-in' patients from other health facilities report to the clinic already HIV positive
- **Planned action:** Clinicians to routinely encourage clients already on ART to adhere to treatment. Regularly monitor viral load suppression among HIV positive pregnant mothers. Communicate PCR test results to mothers promptly. Clinicians to routinely mark Road to Health Cards with relevant stickers.
- **Actions taken:** Not clear on whether action was taken or not
- **Performance:** Declining HIV positivity rates among babies around 10 weeks; **Q2** - 0.4% and **Q3** - 0.6%

PCR Positivity at around 10 weeks

Harry Gwala

- **Q1 2017/18:** PCR positivity of 1% at around 10 weeks in the district
- **Challenge:** PCR positivity remains at 1%. Mothers continue to mixfeed (i.e., breastfeed and formula feed) children
- **Planned actions:** Promote exclusive breastfeeding amongst pregnant women. Conduct community dialogues to address myths around that HIV positive women should not breastfeed
- **Actions taken:** Not clear on whether action was taken or not
- **Performance:** PCR positivity remains stable at 1%; **Q2** - 1% and **Q3** - 1%.

Ilembe

- **Q1 2017/18:** PCR positivity of 1.1% at around 10 weeks in the district
- **Challenge:** PCR positivity remains at 1% due mixed feeding. Pregnant mothers default antiretroviral treatment
- **Planned actions:** No planned action on challenge
- **Actions taken:** XX
- **Performance:** Fluctuations in PCR positivity; **Q2** - 0.7% and **Q3** - 1.1%.

PCR Positivity at around 10 weeks Contd.

uThukela

- **Q1 2017/18:** PCR positivity of 1.1% at around 10 weeks in the district
- **Challenge:** Pregnant mothers default on treatment
- **Planned action:** Prioritise pregnant and breastfeeding mothers during adherence and counselling sessions at PHC facilities. Encourage counselling of both partners during pregnancy and breastfeeding. Implementation of index (HAST) case finding
- **Actions taken:** Not clear on actions taken
- **Performance:** Fluctuating HIV positivity rates among babies at around 10 weeks; **Q2** - 1.9% and **Q3** - 1.5%.

Table 3: Medical Male Circumcision

District	Target	Q2 2017/18	% Achieved	Deviation
Amajuba	2220	678	31%	1542
eThekwini	16792	12176	73%	4616
Harry Gwala	1994	2335	117%	
Ilembe	2885	745	26%	2140
King Cetshwayo	3974	4108	103%	
Ugu	3154	1481	47%	1673
uMgungundlovu	4518	5183	115%	
uMkhanyakude	2881	5514	191%	
uMzinyathi	2135	1033	48%	1102
uThukela	2893	1882	65%	1011
Zululand	3461	2304	67%	1157
Province	46907	37439	80%	9468

Table 4: MMC trends Quarter 1 2016/17 up to Quarter 1 2017/18

District	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18
Amajuba	811	457	379	451	678
eThekwini	5082	3695	3473	6461	12176
Harry Gwala	974	1001	835	1234	2335
Ilembe	996	457	457	820	745
King Cetshwayo	971	5494	1372	2892	4108
Ugu	2387	559	1027	860	1481
uMgungundlovu	1810	2171	3235	2728	5183
uMkhanyakude	1510	875	1258	2403	5514
uMzinyathi	3833	686	*	821	1033
uThukela	2052	710	1459	1686	1882
Zululand	2302	1003	645	1277	2304
Province	22728	17108	14140	21633	37439

* Data Quality: Gaps in data

Dashboard & Summary: Medical Male Circumcision

- A total of 37 439 males aged 15-49 years underwent Medical Male Circumcision (MMC), this was a significant improvement (percentage increase: 48%) compared to Q1 2017/18. Furthermore the province achieved 80% of targeted MMCs for the quarter
 - All districts, with exception of Ilembe, improved performance in the number of MMCs performed
 - The Districts with the largest percentage increases of over 70% in MMCs performed in Q2 2017 were; uMkhanyakude, uMgungundlovu, Harry Gwala, eThekweni, Zululand and Ugu Districts
 - Four Districts exceed the targeted MMCs for Q2 2017/18, these were; uMkhanyakude, Harry Gwala, uMgungundlovu and King Cetshwayo Districts
 - Similar to Q1 2017/18, uMkhanyakude District was once again the best performing district in terms of MMCs conducted in the quarter.
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- The poorest performing Districts were Ilembe (26%), Amajuba (31%), Ugu (47%) and uMzinyathi (38%) districts.

Medical Male Circumcision

eThekwini

- **Q1 2017/18:** Conducted only 38% of the targeted MMCs for the quarter
- **Challenge:** Quarterly target for MMCs in the quarter not achieved
- **Planned action:** Promote MMC services in industries in order to reach men aged 18-49 years
- **Actions taken:** 16 district health staff trained on MMCs. Procurement of MMC equipment and supplies being finalised so MMC can also be performed by district health staff. New MMC partner (Jhpiego) supporting the district
- **Performance:** Fluctuating trend in MMC performance; **Q2** - 73% and **Q3** - 31%

Ugu

- **Q1 2017/18:** Conducted only 27% of the targeted MMCs for the quarter
- **Challenge:** Decline in males aged 15-49 years undergoing MMC compared to the previous quarter
- **Planned action:** Extension of MMC services to deep rural areas. Routine monitoring of MMC performance. Roll-out MMC campaigns at Traditional Council forums
- **Actions taken:** MMC Support Partners introduced to the district, local General Practitioners contracted to conduct MMC
- **Performance:** Increase in MMCs performed **Q1** - 47% and **Q2** - 49%, however target was still not achieved.

Medical Male Circumcision Contd.

uMzinyathi

- **Q1 2017/18:** Conducted only 38% of the targeted MMCs in the quarter
- **Challenge:** Low rates of MMC in the District
- **Planned actions:** Recruiting males for MMC services through Amakhosi and also using platforms such as the Mayoral Imbizo
- **Actions taken:** XX
- **Performance:** Fluctuating performance in MMCs conducted; **Q2** - 48% and **Q3** - 17%.

Male and Female Condom Distribution

eThekwini

- **Q1 2017/18:** No data reported
- **Challenge:** District no longer has access to information on condom distribution - A new data collection/reporting tool was introduced which does not have a field related to condom distribution
- **Planned actions:** The District to address issue of condom distribution in Q2 FY 2017/18. Increase supply of female condoms
- **Actions taken:** XX
- **Performance:** Reported data on male and female condoms available in **Q2** and **Q3**. Increasing trend in female condoms distributed **Q2** - 114 236 and **Q3** - 381 357.

Harry Gwala

- **Q1 2016/17:** No data reported
- **Challenge:** No indicator to monitor condom distribution in the DHIS - updated DHIS software (Web-DHIS) was introduced during the quarter which does not track condom distribution
- **Planned actions:** The distribution of male and female condoms will be monitored in the second quarter (**How this will be done is not stated**)
- **Actions taken:** Temporal data collection tool developed to monitor condom distribution
- **Performance:** Condom distribution data for males and females reported for **Q2** and **Q3**.

Male and Female Condom Distribution

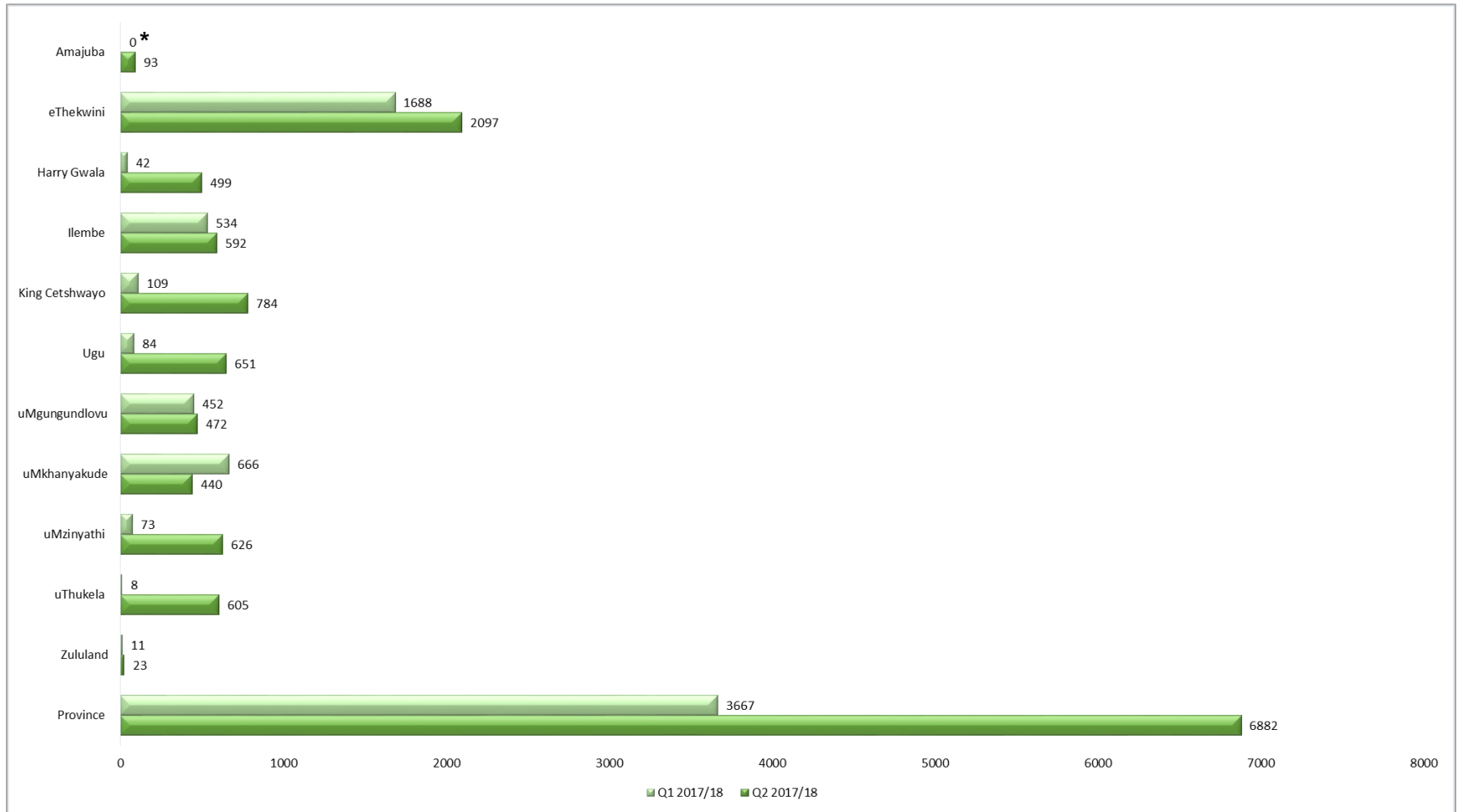
Ilembe

- **Q1 2017/18:** >100% of the targeted male and only 20% of the targeted female condoms were distributed in the quarter
- **Challenge:** Female condom distribution target for the quarter not met
- **Planned actions:** XX
- **Actions taken:** XX
- **Performance:** Female condom distribution target still not met, however slight improvement in performance noted; **Q2** - 20% and **Q3** - 35%. Performance remains poor.

Ugu

- **Q1 2017/18:** Only 2% of the targeted male and 1% of the targeted female condoms were distributed in the quarter (data quality issue)
- **Challenge:** Condom data not captured in the District Health Information System (DHIS)
- **Planned actions:** Ensure condom distribution data elements are included in the new data collection tools
- **Actions taken:** Revised data collection/reporting tools to include condom distribution and back-capturing of condom data has taken place
- **Performance:** Condom distribution data for males and females reported for all quarters, demonstrating that the data has been back-captured.

Graph 3: Deliveries under 18 years in Quarter



* Data Quality: Gaps in data

Dashboard & Summary: Deliveries under 18 years

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| <ul style="list-style-type: none">Overall, 6 882 deliveries under 18 years were reported in the province in Q2 2017/18 as compared to 3 667 in Q1 2017/18. | |
| <ul style="list-style-type: none">Deliveries under 18 years demonstrated an increase across all districts in the quarter, the poor quality of data of reported data for this indicator in Quarter 1 makes it difficult to accurately calculate the percentage increase between Q1 and Q2 2017/18. | |

Table 5: Learner Pregnancies

District	Q1 2017/18	Q2 2017/18	Difference
Amajuba*	68	43	
eThekwini*		132	
Harry Gwala	90	31	59
Ilembe	45	260	-215
King Cetshwayo *			
Ugu	224	147	77
uMgungundlovu	39*	71	-32
uMkhanyakude*		172	
uMzinyathi *			
uThukela*	37		
Zululand*			
Province	435	856	-421

* Data Quality: Gaps in data

Learner Pregnancy

Amajuba

- **Q1 2017/18:** Learner pregnancies
- **Challenge:** Slight decline in teenage pregnancy; need to strengthen programmes that address teenage pregnancy
- **Planned action:** Hold dialogues for young girls and older men i.e., those that re-define a man's role in respect to a girl's life
- **Actions taken:** Held inter-gender Dialogue at Madadeni focussing on older men and/or their daughters and nieces to address the 'Sugar Daddy' phenomenon. Reached 3 700 learners with Life skills programmes and 6 761 learners across 4 high schools and 3 primary schools with Social Behaviour Change programmes
- **Performance:** Fluctuating performance in reported learner pregnancies; **Q2** - 43 and **Q3** - 68.

eThekwini

- **Q1 2017/18:** No reported data on learner pregnancies
- **Challenge:** Challenges with accessing information from DOE on learner pregnancies
- **Planned action:** XX
- **Actions taken:** XX
- **Performance:** Reported data on learner pregnancies available in **Q2** and **Q3**.

Learner Pregnancy Contd.

Harry Gwala

- **Q1 2017/18:** 90 Learner pregnancies in the quarter
- **Challenge:** Challenge still exists with accessing learner pregnancy information from DOE
- **Planned actions:** Strengthen Adolescent and Youth Friendly Services (e.g., Happy hour) at health facilities. Engage DOE personnel to attend AIDS council meetings to resolve issue of challenge of accessing information
- **Actions taken:** XX
- **Performance:** Fluctuating performance in learner pregnancies; **Q2** - 31 and **Q3** - 56

Ilembe

- **Q1 2017/18:** 45 learner pregnancies in the quarter
- **Challenge:** Challenges with accessing learner pregnancy information from DOE. Schools under-report learner pregnancies - only report learner pregnancies disclosed by learners. No mechanisms in place to count learner pregnancies
- **Planned actions:** Collect accurate learner pregnancy information through involvement of DOE and DOH. Identify 'Hotspots' schools (schools with issues of learner pregnancy and other social ills). Engage girl learners during dialogues and campaigns. Implement programmes targeting girls (e.g. 'Baby not Now programme and Lifeskills programmes).
- **Actions taken:** XX
- **Performance:** Increase in reported learner pregnancies; **Q2** - 260 and **Q3** - 216.

Learner Pregnancy Contd.

Ugu

- **Q1 2017/18:** 224 learner pregnancies in the quarter
- **Challenge:** Learners engage in sexual activities and do not use protection. Early onset of sexual activities amongst learners
- **Planned actions:** Conduct awareness campaigns that cover topics such as sexuality and dual protection. Introduce the 'She Conquers' programme to educators so they inform learners of programme interventions
- **Actions taken:** 20 awareness campaigns conducted in schools
- **Performance:** Decrease in reported learner pregnancies; **Q2** - 147 and **Q1** 224 difference of 77

uMkhanyakude

- **Q1 2017/18:** No reported data on learner pregnancies
- **Challenge:** Challenges with accessing data on learner pregnancies from DOE
- **Planned actions:** Provide an update of funding identified by DSD to be used to profile pregnant teenagers (Profiling aims to identify factors leading to pregnancy in view of informing programme design)
- **Actions taken:** Engaged with DOE during DAC held in Q2 as a result the District is no longer has challenges in accessing data from DOE from sub-districts in uMkhanyakude. DSD mitigation pending
- **Performance:** Reported data on learner pregnancies available in **Q2** and **Q3**.

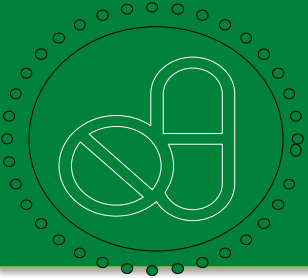
Learner Pregnancy Contd.

uMzinyathi

- **Q1 2017/18:** No reported data on learner pregnancies
- **Challenge:** High rates of teenage pregnancy in Nqutu Municipality
- **Planned actions:** XX
- **Actions taken:** XX
- **Performance:** No reported data on learner pregnancies in **Q2** and **Q3**.

uThukela

- **Q1 2017/18:** 37 learner pregnancies
- **Challenge:** Teenage pregnancy remains a challenge in the District. High rates of teenage pregnancy were noted in the following schools; Siphimfndo High (12), Celukuphiwa Combine (10), Sicelikukhanya High (5), Sizakahle High (5) and Ntathakusa High (5). Challenges with accessing data on learner pregnancies from DOE
- **Planned actions:** Conduct awareness campaigns aimed at addressing teenage pregnancy in collaboration with DOH and DSD
- **Actions taken:** Reported data on learner pregnancies available in **Q3** only. Increase in reported learner pregnancies; **Q3** - 52.



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

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



Table 6: Total number of clients on ART

District	Target	Q2 2017/18	% Achievement	Deviation
Amajuba	56 780			
eThekwini	430 318	39 1900	91%	38 418
Harry Gwala	57 181	52 801	92%	4 380
Ilembe	71 977	69 838	97%	2 139
King Cetshwayo	112 857	110 677	98%	2 180
Ugu	88 758	88 828	100%	
uMgungundlovu	139 253	138 299	99%	954
uMkhanyakude	79 184	86 220	109%	
uMzinyathi	60 803	56 269	93%	4 534
uThukela	75 284	75 038	100%	246
Zululand	101 328	94440	93%	6 888
Province	1 273 723	1 164 310	93%	109 413

Dashboard & Summary: Clients on ART

- A total of 1 164 310 clients were on ART in Q2 2017/18 in the province; showing an achievement of 93% of the target for the quarter. However, the total number of clients on ART showed a decrease in the quarter compared to Q1 2017/18 due to the gaps in ART data from Amajuba District
- Three Districts achieved/exceeded their target for clients on ART in the quarter; these were; Ugu, uMkhanyakude and uThukela Districts
- Seven Districts achieved over 90% of the targeted clients on ART for the quarter. They were as follows; uMgungundlovu (99%), King Cetshwayo (98%), Ilembe (97%), uMzinyathi (93%), Zululand (93%), Harry Gwala (92%) and eThekwini (91%) Districts.

Total Remaining on ART

eThekwini

- **Q1 2017/18:** 89% of targeted ART clients remained on treatment in the quarter
- **Challenge:** None stated
- **Planned actions:** 1. Retain HIV positive clients at community education and HIV testing to ensure clients initiate treatment
- **Actions taken:** Increased HTS targets at facilities. Focussed testing on key populations (e.g. sex workers, MSM, truck and taxi drivers, young people at colleges, hostels and universities). Targeting high HIV and TB burden areas such as informal settlements.
- **Performance:** Slight increase in percentage of ART clients remaining on treatment; **Q2** - 91% and **Q3** - 91%.

Harry Gwala

- **Q1 2017/18:** 86% of targeted ART clients remained on treatment in the quarter
- **Challenge:** Despite the increase in total clients remaining on ART, the target for the quarter was not achieved
- **Planned actions:** Strengthen HIV testing services. Monitor the implementation of the ART guidelines at all facilities to contribute to quality of care of clients on ART
- **Actions taken:** Back-capturing of ART client data in high volume short-staffed facilities. Recorded CCMD client prescription period and return date in patient folders
- **Performance:** Increase in percentage of ART clients remaining on treatment; **Q2** - 92% and **Q3** - 93%.

Total Remaining on ART Contd.

Ilembe <ul style="list-style-type: none">▪ Q1 2017/18: 91% of targeted ART clients remained on treatment in the quarter▪ Challenge: Difficulty in determining total number of clients remaining on ART due to challenges with classifying clients as loss to follow-up or ART death▪ Planned actions: XX▪ Actions taken: XX▪ Performance: Increase in ART clients remaining on treatment; Q2 - 97% and Q3 - 100%. District still to resolve challenge of accurate classification of ART clients.	
King Cetshwayo <ul style="list-style-type: none">▪ Q1 2017/18: 95% of targeted ART clients remained on treatment in the quarter▪ Challenge: XX▪ Planned actions: Continue updating client information in Tier.net. Develop reports on defaulting clients to assist tracers to locate 'lost' clients▪ Actions taken: XX▪ Performance: Fluctuations in total clients remaining on ART; Q2 - 98% and Q3 - 91%	

Total Remaining on ART Contd.

uThukela

- **Q1 2017/18:** 95% of targeted ART clients remained on treatment in the quarter
- **Challenge:** Shortage of data capturers resulting in backlog in capturing ART client information on Tier.net. Incorrect recording of CCMDD clients. Loss to follow-up of ART clients. Clients accessing health services at different facilities
- **Planned actions:** Implementation of National Strategy to integrate TB/HIV electronic data collection system. Recruitment of 8 data capturers. Back-capturing of client files on Tier.net with assistance of support partners. Promote and encourage clients to utilise CCMDD services to address loss-to-follow up of clients
- **Actions taken:** XX
- **Performance:** Increase in ART clients remaining on treatment; **Q2** - 100% and **Q3** - >100%.

Table 7: Maternal Deaths in Public Health Facilities

District	Q1 2017/18	Q2 2017/18	Difference
Amajuba	3		
eThekwini	23	21	2
Harry Gwala	3	1	2
Ilembe	1	3	-2
King Cetshwayo	8	6	2
Ugu	1	3	-2
uMgungundlovu	*	6	
uMkhanyakude	1	3	-2
uMzinyathi	1	2	-1
uThukela	3	6	-3
Zululand	6	23	-17
Province	50	74	-24

* Data Quality: Gaps in data

Dashboard & Summary: Maternal Deaths

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Overall 74 maternal deaths were recorded in the province in Q2 2017/18; this was a significant increase from Q1 2017/18 where the total deaths were 50 with the challenge of data missing the numbers are still high▪ Similar to Q1 2017/18, Zululand District once again had the largest increase in maternal deaths in Q2 2017/18 compared to the previous quarter. | |
| <ul style="list-style-type: none">▪ Slight decreases in the number of maternal deaths were observed in 3 Districts, namely; eThekweni, Harry Gwala and King Cetshwayo Districts in the quarter compared to Q1 2017/18. | |

Maternal Deaths

eThekwini

- **Q1 2017/18:** 23 maternal deaths occurring at public health facilities were reported
- **Challenge:** Increase in maternal deaths
- **Planned actions:** Ensure attendance and engagement of PHC practitioner at Perinatal and Maternal mortality meetings. Investigate causes of mortality case-by-case this will include assessment of PHC facilities and hospital management. Engage individual practitioners and collective antenatal care (ANC) practitioners at ANC seminars. Mobilise community members to attend ANC early i.e., before 20 weeks
- **Actions taken:** XX
- **Performance:** Decreasing trend in maternal deaths; **Q2** - 21 and **Q3** - 9. No update on planned actions provided.

Harry Gwala

- **Q1 2017/18:** 3 maternal deaths occurring at public health facilities were reported
- **Challenge:** Inadequate facilities, shortages of beds for pregnant mothers
- **Planned actions:** Hold meetings with Perinatal staff to investigate causes of maternal deaths
- **Actions taken:** XX
- **Performance:** Slight reduction in maternal deaths; **Q2** - 1 and **Q3** - 2.

Maternal Deaths Contd.

King Cetshwayo

- **Q1 2017/18:** 8 maternal deaths occurring at public health facilities were reported
- **Challenge:** Slight increase in maternal deaths
- **Planned actions:** Marketing of 'Choice of Termination of Pregnancy' services at tertiary institutions (e.g. Unizulu). Campus clinic to offer and provide family planning services (e.g. contraceptives). Hospitals and PHC facilities to identify and manage high risk clients on time before referral to Lower Umfolozi War Memorial Hospital to prevent complications leading to maternal deaths. Increase availability of obstetric ambulance
- **Actions taken:** XX
- **Performance:** Decreases in maternal deaths; **Q2** - 6 and **Q3** - 4. No update on planned actions provided.

Ugu

- **Q1 2017/18:** 1 maternal deaths occurring at a public health facility was reported
- **Challenge:** Pregnant mothers book late for antenatal care services
- **Planned actions:** Conduct awareness campaigns on early booking for antenatal care services. Ensure pregnant women receive HIV testing services, initiation on ART and are virally suppressed (i.e., 90-90-90)
- **Actions taken:** Conducted awareness on early booking for ANC (about 77% booking before 20 weeks of pregnancy) among community members, pregnancy testing by CCG's implemented in the community.
- **Performance:** Increase in reported maternal deaths; **Q2** - 3 and **Q3** - 3.

Maternal Deaths Contd.

uMkhanyakude

- **Q1 2017/18:** 1 maternal deaths occurring at a public health facility was reported
- **Challenge:** Maternal deaths remain a challenge in the district
- **Planned actions:** Operational managers, PHC supervisors and maternity (ANMS) to monitor implementation of BANC, KINC, HBB and ESMOE drills
- **Actions taken:** XX
- **Performance:** Increase in maternal deaths; **Q2** - 3 and **Q3** - 4.

uThukela

- **Q1 2017/18:** 3 maternal deaths occurring at public health facilities were reported
- **Challenge:** Pregnancy related conditions (e.g. pregnancy induced hypertension, hemorrhage) contribute to maternal deaths. Late-booking for antenatal care services by pregnant mothers
- **Planned actions:** Promote early booking of antenatal care services for pregnant mothers through community radio stations, health education during household visits and community dialogues. Promote household pregnancy testing (by CCGs) to identify pregnant women at early stages
- **Actions taken:** XX
- **Performance:** Fluctuations in maternal deaths; **Q2** - 6 and **Q3** - 2.

Table 8: Infant Deaths in Public Health Facilities

District	Q1 2017/18	Q2 2017/18	Difference
Amajuba	21	27	-6
eThekwini	189	168	21
Harry Gwala	35	43	-8
Ilembe	48	35	13
King Cetshwayo	78	83	-5
Ugu	50	44	6
uMgungundlovu	61	65	-4
uMkhanyakude	50	35	15
uMzinyathi	8	6	2
uThukela	48	60	-12
Zululand	44	74	-30
Province	632	640	-8

Dashboard & Summary: Infant Deaths

- | | |
|---|--|
| <ul style="list-style-type: none">▪ There was an overall 640 infant deaths in the province in Q2 2017/18, this increased from Q1 2017/18 when the total number deaths was 632▪ Districts recording the largest increase in infant deaths during the quarter compared to Q1 2017/18 were Zululand and uThukela Districts. Infants deaths in Zululand District increased by 30 in the quarter. | |
| <ul style="list-style-type: none">▪ Significant decreases in infant deaths were noted in eThekweni District (21) in the quarter. This was followed by uMkhanyakude (15) and Ilembe Districts (13). | |

Infant Deaths

eThekwini

- **Q1 2017/18:** 189 reported infant deaths occurring at public health facilities
- **Challenge:** High rates of infant deaths
- **Planned actions:** Alignment of Phila Mntwana centres to War Rooms to address infant and child mortality
- **Actions taken:** XX
- **Performance:** Fluctuations in infant deaths; **Q2** - 168 and **Q3** - 174.

Harry Gwala

- **Q1 2017/18:** 35 reported infant deaths occurring at public health facilities
- **Challenge:** Infant deaths remain a challenge. Shortages in neonatal intensive care units
- **Planned actions:** Early referral of infants in need of specialised services to facilities with neonatal intensive care units
- **Actions taken:** XX
- **Performance:** Fluctuating performance in infant deaths **Q2** - 43 and **Q3** - 28.

Ilembe

- **Q1 2017/18:** 48 reported infant deaths occurring at public health facilities
- **Challenge:** Increase in infant deaths which is attributed to late booking by pregnant mothers especially teenagers
- **Planned actions:** XX
- **Actions taken:** XX
- **Performance:** Fluctuating performance in infant deaths **Q2** - 35 and **Q3** - 51.

Infant Deaths Contd.

<p>Ugu</p> <ul style="list-style-type: none"> ▪ Q1 2017/18: 50 reported infant deaths occurring at public health facilities ▪ Challenge: Infant deaths remain high in the district ▪ Planned actions: Conduct awareness campaigns on infant care in the community ▪ Actions taken: Conducted awareness to community members ▪ Performance: Decrease in reported infant deaths; Q1 - 44 and Q2 - 24. 	
<p>uMkhanyakude</p> <ul style="list-style-type: none"> ▪ Q1 2017/18: 50 reported infant deaths occurring at public health facilities ▪ Challenge: High rates of infant deaths ▪ Planned actions: DCST to engage UKZN Researchers and Regionals specialist to investigate factors contributing to high incidence of congenital abnormalities. DCST to conduct updates on proper management of minor ailments during pregnancy ▪ Actions taken: Conducted awareness to community members ▪ Performance: Fluctuating performance in infant deaths Q2 - 35 and Q3 - 44. 	
<p>uMzinyathi</p> <ul style="list-style-type: none"> ▪ Q1 2017/18: 8 reported infant deaths occurring at public health facilities ▪ Challenge: High number of infants dying in health facilities in the district ▪ Planned actions: Train clinicians on Basic Antenatal Care and Management of patients in Labour and Help Babies Breathe and Neonatal Care. Conduct awareness campaigns on dangers of the use of alternatives/herbal medicines. Ensure infants undergo immunization, growth monitoring, and adequate management for malnutrition. CCGs to continue measuring infants/children Mid-Upper Arm Circumference in order to identify cases of malnutrition ▪ Actions taken: XX ▪ Performance: Sharp increase in infant deaths; Q2 - 6 and Q3 - 41. 	

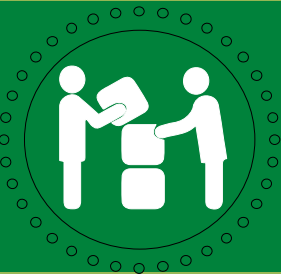
Infant Deaths Contd.

uThukela

- **Q1 2017/18:** 48 reported infant deaths occurring at public health facilities
- **Challenge:** High number of infant deaths at facilities. Infections and health conditions remain undiagnosed during pregnancy
- **Planned actions:** Ensure early detection and management of underlying conditions during pregnancy. Ensure pregnant women receive HIV testing and screening for TB and STIs
- **Actions taken:** XX
- **Performance:** Fluctuations in infant deaths; **Q2** - 168 and **Q3** - 174.

Zululand

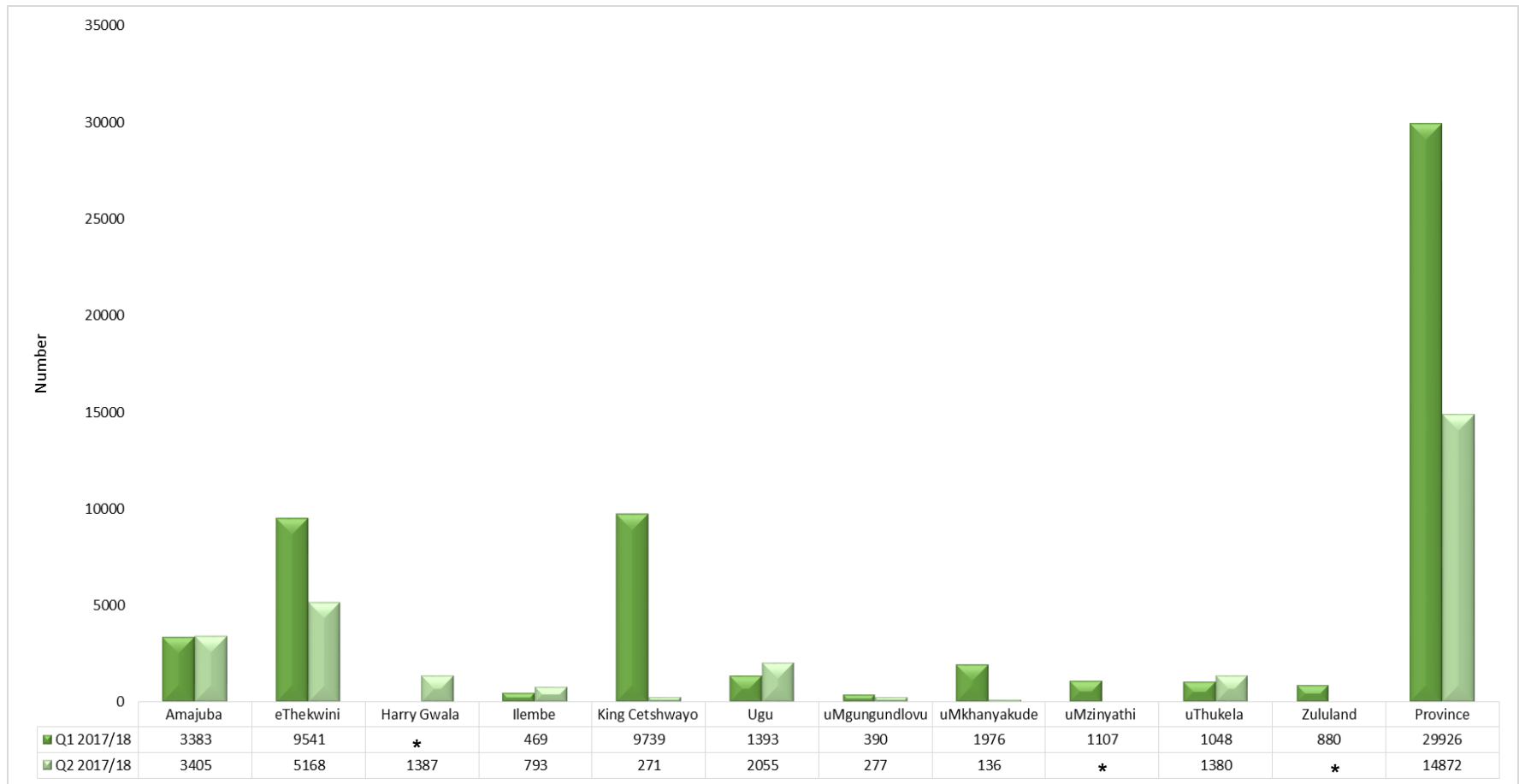
- **Q1 2017/18:** 44 reported infant deaths occurring at public health facilities
- **Challenge:**
- **Planned actions:** Increasing number of infants dying at health facilities
- **Actions taken:** XX
- **Performance:** Increase in infant deaths; **Q2** - 74 and **Q3** - 75.



**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'



Graph 4: Orphans & Vulnerable Children Registered



* Data Quality: Gaps in data

Table 9: Total OVCs Registered

		Total Number & % of OVCs Registered			
District	Estimated # of OVC	2012 to Q1 2017/18 (#)	2012 to Q2 2017/18 (#)	2012 to Q1 2017/18 (%)	2012 to Q2 2017/18 (%)
Amajuba	47186	57334	60739	114%	122%
eThekwini	322597	131399	136567	38%	41%
Harry Gwala	56815	62867	64254	111%	111%
Ilembe	43335	27468	28261	62%	63%
King Cetshwayo	84742	46664	46935	44%	55%
Ugu	67409	32058	34113	45%	48%
uMgungundlovu	95335	79479	79756	83%	83%
uMkhanyakude	58741	14746	14882	22%	25%
uMzinyathi	48149	23387	23387	46%	49%
uThukela	62594	25125	26505	38%	40%
Zululand	74854	24377	24377	31%	33%
Province	961757	524904	539776	51%	55%

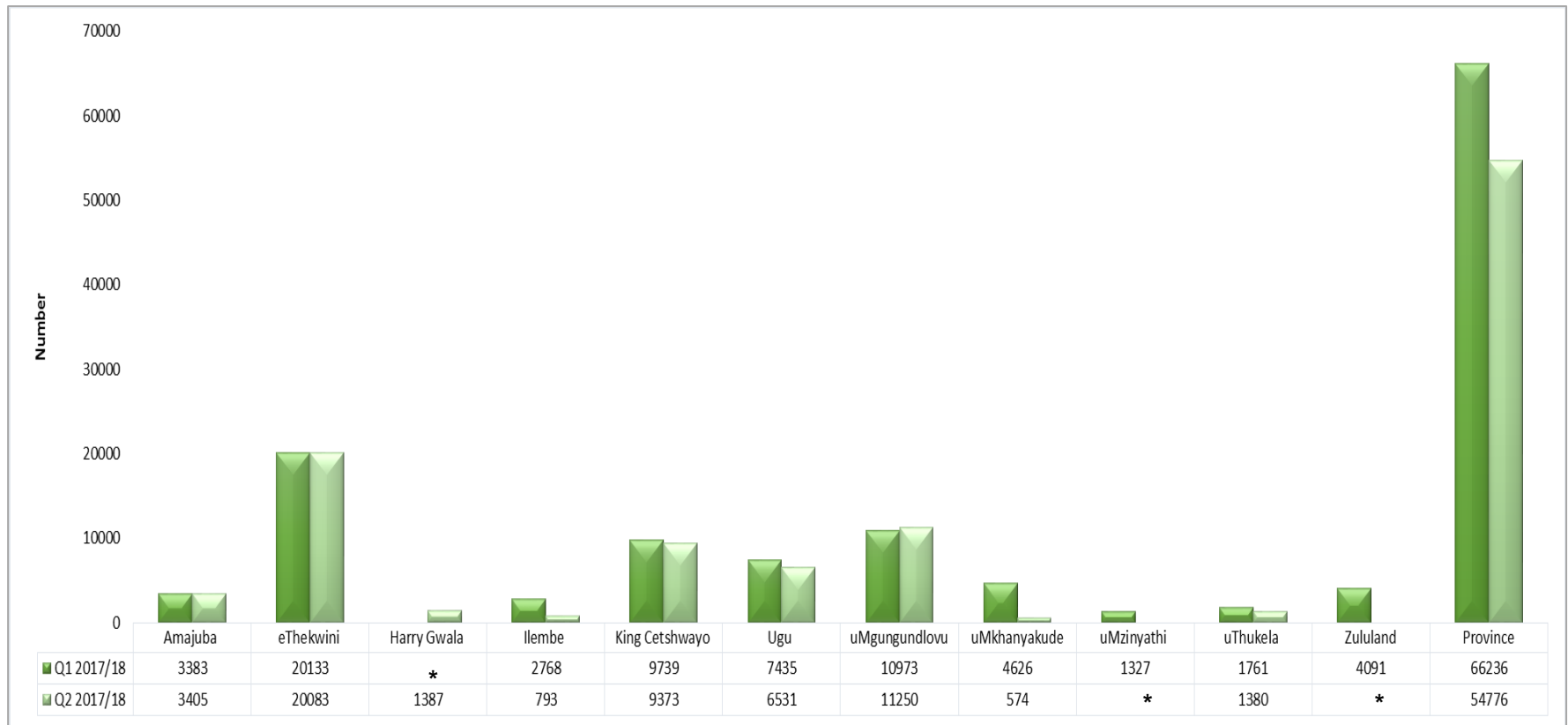
Dashboard & Summary: OVC Registration

- The overall number of registered OVCs in the province increased by 14 872 in Q2 2017/18 bringing the total number of registered OVCs in the quarter to 53 9776
- Three districts (Amajuba, Ilembe and Ugu) reported an increase in the number of OVCs registered in the quarter compared to Q1 2017/18. Ugu district recorded the largest increase (i.e. 662) in registered OVCs in Q1 2017/18.

Total number of registered Orphans & Vulnerable Children (OVC)

- A total of 56% of OVCs have been registered in the province as of 2012 to Q1 2017/18. The number of OVCs registered slightly increased from 55% in Q1 2017/18 to 56% in Q2 2017/18
- Similar to the previous quarter, Amajuba and Harry Gwala Districts recorded the highest percentage of registered OVCs in the province followed by uMgungundlovu District.
- Six Districts (uMzinyathi - 49%, eThekwini - 42%, uThukela - 42%, Ugu - 48% and uMzinyathi - 49%, Zululand - 33%, uMkhanyakude - 25%) reported that less than 50% of OVCs in their respective Districts were registered. uMkhanyakude and Zululand still remain the Districts with the lowest number of registered OVCs in the Province. Only 25% and 33% of the total OVCs in the districts were registered.

Graph 5: OVCs Receiving Care & Support



* Data Quality: Gaps in data

Table 10: Total OVCs Receiving Care and Support

		Total Number & % of OVCs Receiving Care and Support			
District	Estimated # of OVC	From 2012 to Q1 2017/18	From 2012 to Q2 2017/18	From 2012 to Q1 2017/18 (%)	From 2012 to Q2 2017/18 (%)
Amajuba	47186	57334	60739	122%	129%
eThekwini	322597	145399	165482	45%	51%
Harry Gwala	56815	63590	64977	112%	114%
Ilembe	43335	29767	30560	69%	71%
King Cetshwayo	84742	55125	64498	65%	76%
Ugu	67409	39478	46009	59%	68%
uMgungundlovu	95335	123305	134555	129%	141%
uMkhanyakude	58741	17318	17892	29%	30%
uMzinyathi	48149	22017	-	46%	-
uThukela	62594	26159	27539	42%	44%
Zululand	74854	29483	-	39%	-
Province	961 757	608 975	663 751	63%	69%

Dashboard & Summary: OVCs Receiving Care & Support

- 663 751 OVCs in the province received care and support in the quarter, an increase by 35 167 from Q4 FY 2016/17
- uMgungundlovu, Amajuba and Harry Gwala Districts reported the highest percentage of OVCs receiving care and support in Q2 2017/18
- uMgungundlovu District reported the highest percentage increase (12%) in OVCs receiving care and support in the quarter

Total number of OVCs receiving care and support

- A total of 69% of OVCs received care and support in the quarter having increased from 63% in Q1 2017/18
 - uMgungundlovu, Amajuba and Harry Gwala Districts were noted to have an **impressive** percentage of total OVCs receiving care and support during the quarter.
-
- uMkhanyakude District continued to record the lowest number (30%) of OVCs receiving care and support in the province followed by uThukela District (44%)

OVCs Registered

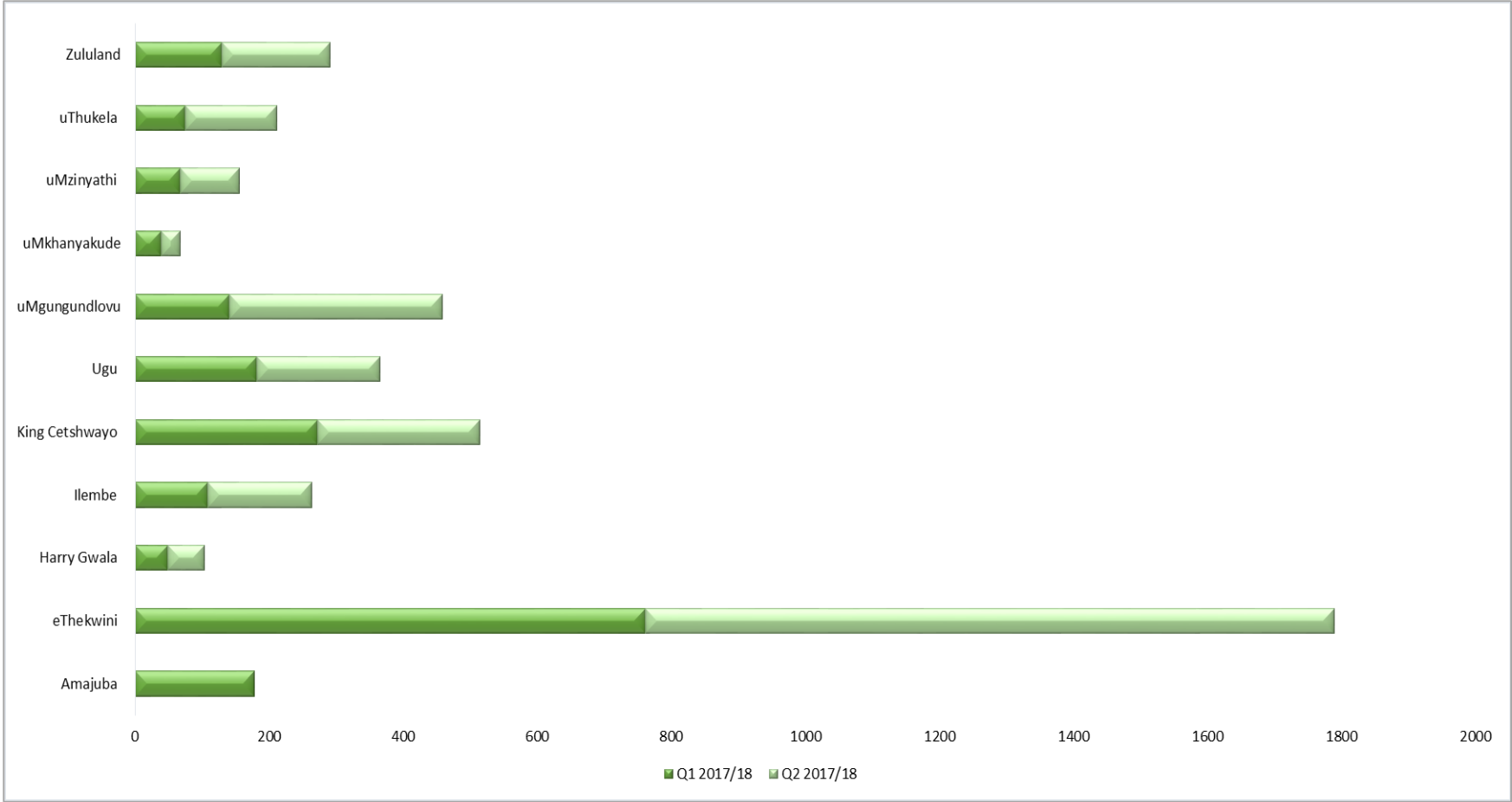
Ilembe

- **Q1 2017/18:** 63% of OVCs registered in the District
- **Challenge:** Shortage of CYCWs and CCGs due to high attrition rates
- **Planned action:** DSD to implement re-engineering programme and employ three Social Workers to support funded Home-Based Organisations (1 Social Worker to 3 funded homes)
- **Actions taken:** XX
- **Performance:** Increasing trend in registered OVCs in the District; **Q1** - 65% and **Q2** - 68%

uMkhanyakude

- **Q1 2017/18:** 25% of OVCs registered in the District
- **Planned action:** Establish targets for the OVC programme to facilitate accurate assessment of OVC programme performance
- **Actions taken:** XX
- **Performance:** Increasing trend in OVCs registered; **Q1** - 25% and **Q2** - 30%, however uMkhanyakude remains the district with the lowest number of registered OVCs in the province. Establishment of targets for OVC programme not addressed.

Graph 6: New Sexual Assault Cases

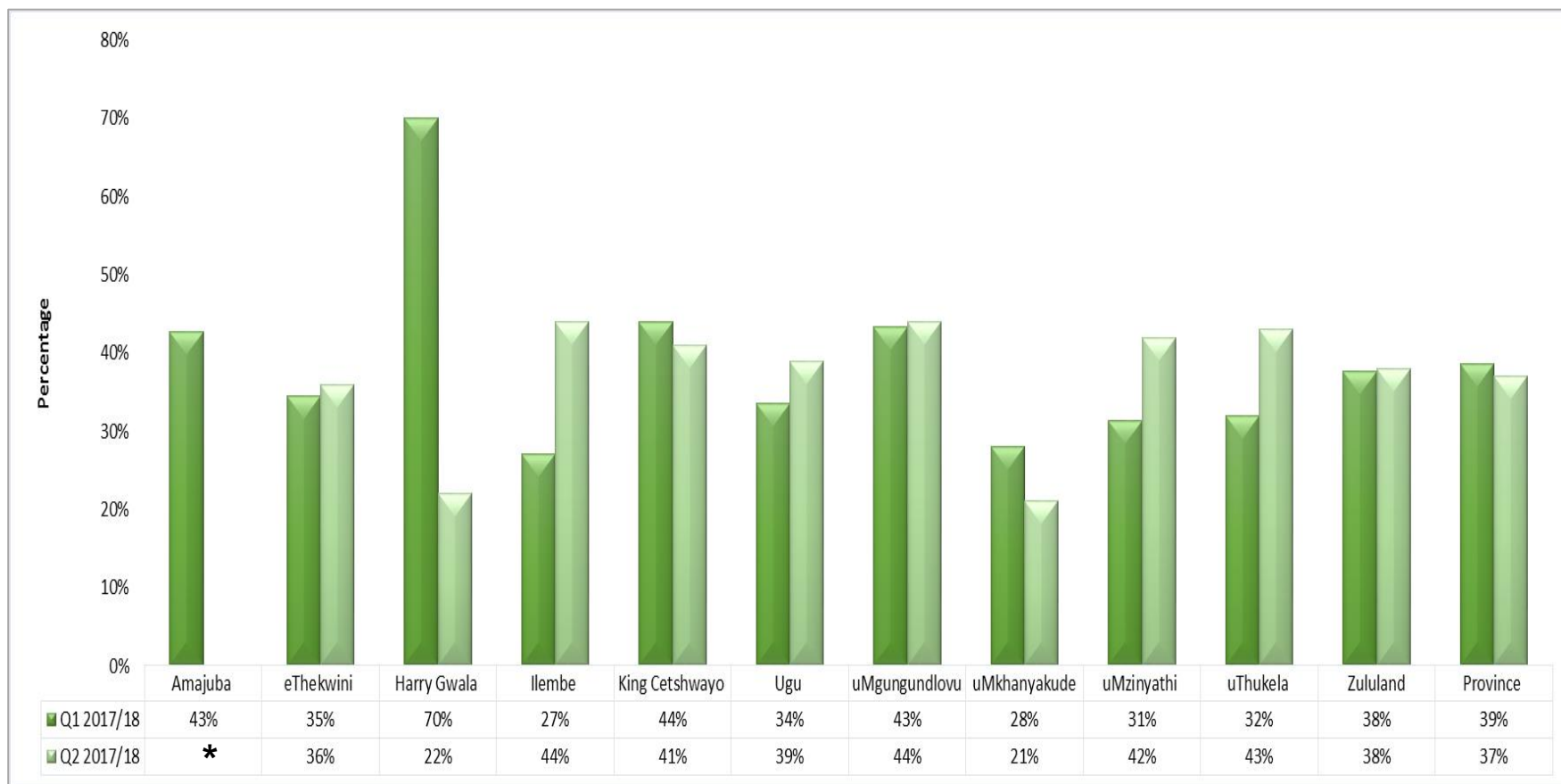


* Data Quality: Gaps in data

Dashboard & Summary: New Sexual Assault Cases

- A total of 2 396 sexual assault cases were reported in Q2 2017/18. There was an increasing trend in new sexual assault cases between Q1 and Q2 2017/18
 - eThekwini and uMgungundlovu Districts had the largest percentage share, 43% and 13% respectively in sexual assault cases during the quarter
 - Eight Districts (i.e., eThekwini, Harry Gwala, Ilembe, Ugu, uMgungundlovu, uMzinyathi, uThukela and Zululand districts) showed a increasing trend in sexual assault cases in Q2 2017/18.
-
- King Cetshwayo District reported the largest decrease (i.e., 30) in sexual assault cases between Q1 2017/18 and Q2 2017/18. It was also one of the two districts in the province which demonstrated a decrease in sexual assault cases in Q2 2016/17.

Graph 7: Children under 12 sexually assaulted (%)



* Data Quality: Gaps in data

Dashboard & Summary: Children under 12 Sexual Assault

- | | |
|--|--|
| <ul style="list-style-type: none">▪ More than a third (37%) of sexual assault cases in the province comprise of cases involving children under the age of 12 years who have been sexually assaulted▪ Overall, sexual assault cases involving children under the age of 12 years shows a decreasing trend from Q1 2017/18 to Q2 2017/18. | |
| <ul style="list-style-type: none">▪ Three Districts show a decrease in the percentage of children under 12 years sexually assaulted out of the total sexual assault cases in the quarter. These were Harry Gwala, King Cetshwayo and uMkhanyakude Districts▪ The largest percentage decrease in sexual assault cases involving children under 12 years between Q1 2017/18 and Q2 2017/18 were Harry Gwala and uMkhanyakude Districts. | |

Sexual Assault Cases

Harry Gwala

- **Q1 2016/17:** 49 reported sexual assault cases in the District
- **Challenge:** Increase in sexual assault cases
- **Planned actions:** Ensure/facilitate the provision of legal support to victims
- **Actions taken:** XX
- **Performance:** Increase in reported sexual assault cases; **Q2** - 55 and **Q3** - 53.

Ilembe

- **Q1 2016/17:** 108 reported sexual assault cases in the District
- **Challenge:** Lack of early reporting of sexual assault cases to ensure clients receive post exposure prophylaxis (PEP) in time
- **Planned actions:** WBOTs and CCGs to conduct awareness of sexual assault and reporting of sexual assault cases during household visits and at schools
- **Actions taken:** XX
- **Performance:** Increasing rates of reported sexual assault cases; **Q2** - 155 and **Q3** - 135.

King Cetshwayo

- **Q1 2016/17:** 272 reported sexual assault cases in the District
- **Challenge:** 1. Sexual assault remains challenge in the district
- **Planned actions:** No mitigation provided
- **Actions taken:** XX
- **Performance:** Slight decrease in reported sexual assault cases; **Q2** - 242 and **Q3** - 257.

Sexual Assault Cases Contd.

uThukela

- **Q1 2016/17:** 75 reported sexual assault cases in the District
- **Challenge:** Data discrepancy in reported sexual assault data
- **Planned actions:** XX
- **Actions taken:** XX
- **Performance:** Data discrepancy not addressed. Increase in reported sexual assault cases; **Q2** - 137 and **Q3** - 201

Children under 12 years Sexually Assaulted

Amajuba

- **Q1 2017/18:** 43% of sexual assault cases in the quarter involved children under 12 years
- **Challenge:** Increase in sexual assault cases involving children aged 12 years and younger
- **Planned actions:** Intensify advocacy and awareness about sexual assault. Including vocalising incidents occurring in specific areas through media (e.g. radio stations and newspapers)
- **Actions taken:** XX
- **Performance:** High sexual assault rates among children aged 12 years and less remain stable; **Q2** - 41% and **Q3** - 42%.

Harry Gwala

- **Q1 2017/18:** 70% of sexual assault cases in the quarter involved children under 12 years
- **Challenge:** Increase in sexual assault cases involving children under 12 years
- **Planned actions:** Facilitate the provision of legal support to victims under the age of 12 years
- **Actions taken:** XX
- **Performance:** Declining rates of sexual assault cases involving children under 12 years; **Q2** - 22% and **Q3** - 36%.

Children under 12 years Sexually Assaulted Contd.

King Cetshwayo

- **Q1 2017/18:** 44% of sexual assault cases in the quarter involved children under 12 years
- **Challenge:** Sexual assault involving children under the age of 12 years remains a challenge in the district
- **Planned actions:** Conduct awareness campaigns and dialogues in the community. Inform and educate learners of sexual assault through the Global Fund project
- **Actions taken:** XX
- **Performance:** High sexual assault rates among children aged 12 years and less remain stable; **Q2** - 41% and **Q3** - 44%.

Ugu

- **Q1 2017/18:** 34% of sexual assault cases in the quarter involved children under 12 years
- **Challenge:** Sexual assault cases involving children under 12 years remains a challenge - it has been attributed to males engaging in substance, including drug abuse
- **Mitigation:** Conduct awareness campaigns/information sessions on child care to ensure children are not at risk of sexual assault. Conduct awareness campaigns/information sessions in the community on substance abuse
- **Actions Q1 & Q2:** Conducted awareness programmes in informal settlements – four sessions per quarter in each sub-district
- **Performance:** Fluctuating performance, however a decrease in sexual assault cases was noted in Q3. **Q2** - 39% and **Q3** - 32%.

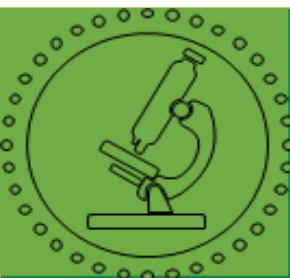
Children under 12 years Sexually Assaulted Contd.

uMzinyathi

- **Q1 2017/18:** 31% of sexual assault cases in the quarter involved children under 12 years
- **Challenge:** High percentage of sexual assault cases involving children under the age of 12 years in Nqutu Municipality
- **Planned actions:** XX
- **Actions taken:** XX
- **Performance:** Fluctuations in reported sexual assault cases involving children aged 12 years and less; **Q2** - 42% and **Q3** - 32%.



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'*



Table 11: LACs submitting reports

District	# of LMs	Q2 2017/18	% Submitted
Amajuba	3		
Harry Gwala	4	4	100%
Ilembe	4		
King Cetshwayo	5	4	80%
Ugu	4	1	25%
uMgungundlovu	7	5	71%
uMkhanyakude	4	4	100%
uMzinyathi	4	3	75%
uThukela	3	2	67%
Zululand	5	1	20%
Province	43	24	56%

* Data Quality: Gaps in data

Table 12: WACs submitting reports

District	# of Wards	Q2 2017/18	% Submitted
Amajuba	54		
eThekwini	110		
Harry Gwala	61	43	70%
Ilembe	76	0	0%
King Cetshwayo	103	31	30%
Ugu	76	66	87%
uMgungundlovu	84	39	46%
uMkhanyakude	71		
uMzinyathi	56	6	11%
uThukela	74	65	88%
Zululand	90	0	0%
Province	855	250	29%

* Data Quality: Gaps in data

Dashboard & Summary: LAC & WAC report submission

<ul style="list-style-type: none">▪ Although the overall LAC report submission shows a slight improvement in the quarter, report submission remains low with only 56% of LACs submitting reports to the DAC	
<ul style="list-style-type: none">▪ All LACs in both Harry Gwala and uMkhanyakude Districts submitted reports to the DAC during the quarter. Furthermore 80% of LACs in King Cetshwayo District reported to the DAC in Q2 2017/18	
<ul style="list-style-type: none">▪ WAC report submission remains a challenge in the province; an overall 29% of WAC reports were submitted in the quarter.	
<ul style="list-style-type: none">▪ The majority of WACs in uThukela (88%) and Ugu (87%) Districts submitted reports to the LAC during Q1 2017/18.	

DAC Functionality

Amajuba

- **Q1 2017/18:** DAC report submitted to the PCA
- **Challenge:** Shortage of staff due to budget constraints - DAC Secretariat overwhelmed with responsibilities (responsible for 7 other programmes). Budget constraints at Local and District level impact on programme implementation
- **Planned actions:** Tabled proposal to District Council for all special programmes to be moved to the Mayors Office with the aim of maximising activation and improving monitoring
- **Actions taken:** In progress through budget re-adjustments taking place
- **Status:** XX

Ilembe

- **Q1 2017/18:** DAC report submitted to the PCA
- **Challenge:** Multiple changes in appointed DAC Secretariat. DAC report only comprises of information from Sector Departments and excludes information from other stakeholders
- **Planned actions:** Employ District HIV/AIDS Coordinator
- **Actions taken:** XX
- **Status:** XX

DAC Functionality Contd.

uMgungundlovu

- **Q1 2017/18:** DAC report submitted to the PCA
- **Challenge:** Poor attendance of government departments with the exception of DSD, DOH and DOE at DAC and LAC meetings. Limited budget to carry out HIV/AIDS activities in the District. Limited participation by the Mayor at DAC meetings
- **Planned actions:** XX
- **Actions taken:** Mayor wrote official letters to concerned Departments requesting their participation at DAC Meetings. Increased the budget allocated for HIV/AIDS
- **Status:** Increase in the number of Departments participating in DAC meeting in Q2 and Q3. DAC budget adjusted according to programmes.

uMkhanyakude

- **Q1 2017/18:** DAC report submitted to the PCA
- **Challenge:** Poor participation of Local Mayors. Poor participation by Departments at DAC meetings with the exception of DOH, DSD and DHA
- **Planned actions:** XX
- **Actions taken:** XX
- **Status:** XX

DAC Functionality Contd.

uMzinyathi

- **Q1 2017/18:** DAC report submitted to the PCA
- **Challenge:** Budget constraints, the HIV/AIDS budget was reduced from R1 million to R400 000. Poor attendance by Departments at Council meetings
- **Planned actions:** XX
- **Actions taken:** XX
- **Status:** XX

Zululand

- **Q1 2017/18:** DAC report submitted to the PCA
- **Challenge:** R300 000 budget allocation for HIV/AIDS activities. Delays in assigning district staff to DAC Secretariat. Currently only one member supports the Secretariat. Lack of reporting by DAE and DOE at DAC meetings. Poor attendance by Senior Managers from DOE and DAC
- **Planned actions:** XX
- **Actions taken:** XX
- **Status:** XX

LAC Functionality

Amajuba

- **Q1 2017/18:** No data reported
- **Challenge:** One LAC (Danhausser) not established due to sectors not being established. Absence dedicated staff for Special Programmes (HIV/AIDS) coordinator post at the Local level - contributes to non-functionality of LACs
- **Planned actions:** Induct LACs and councils on monitoring, reporting and evaluation during Q2 FY 2017/18. Escalate Danhausser LAC challenges to IGR Mayors Forum. Absence of dedicated HIV/AIDS staff at the Local level to be discussed at the next Mayors and Municipal Managers Forum
- **Actions taken:** XX
- **Status:** XX

Harry Gwala

- **Q1 2017/18:** 3 out of 4 LACs submitted quarterly reports
- **Challenge:** XX
- **Planned actions:** Strengthen/revive nerve centre meetings to facilitate review of reported data prior to DAC meeting. LACs to continue reporting to the DAC
- **Actions taken:** XX
- **Status:** LAC report submission remains stable; **Q2** - 4 and **Q3** - 3.

LAC Functionality Contd.

Ilembe

- **Q1 2017/18:** 2 out of 4 LACs submitted quarterly reports
- **Challenge:** XX
- **Planned actions:** No submission of reports by LACs - only two submitting reports to the DAC. Multiple changes in appointed LAC Secretariats
- **Actions taken:** XX
- **Status:** Inconsistencies in LACs reporting to the district; **Q2** - 0 and **Q3** - 1.

Ugu

- **Q1 2017/18:** 3 out of 4 LACs submitted quarterly reports
- **Challenge:** Poor participation of Councillors and Civil Society at LAC meetings
- **Planned actions:** XX
- **Actions taken:** XX
- **Status:** Fluctuations in LAC report submission; **Q2** - 1 and **Q3** - 3.

LAC Functionality Contd.

uMzinyathi <ul style="list-style-type: none">▪ Q1 2017/18: 3 out of 4 LACs submitted quarterly reports▪ Challenge: Umvoti Local Municipality has not launched its LAC structure▪ Planned actions: XX▪ Actions taken: XX▪ Status: Inconsistencies in LACs reporting to the district; Q2 - 3 and Q3 - 0.	
uThukela <ul style="list-style-type: none">▪ Q1 2017/18: 1 out of 3 LACs submitting reports to the DAC▪ Challenge: LACs do not submit reports▪ Planned actions: Monitor the functionality including report submission of LACs▪ Actions taken: XX▪ Status: Slight improvement in LAC report submission; Q2 - 2 and Q3 - 2.	
Zululand <ul style="list-style-type: none">▪ Q1 2017/18: 1 out of 5 LACs submitting reports to the DAC▪ Challenge: Abaqulusi LAC is not functional▪ Planned actions: XX▪ Actions taken: XX▪ Status: No improvement in LAC report submission; Q2 - 1 and Q3 - 1.	

WAC Functionality

eThekwini <ul style="list-style-type: none">▪ Q1 2017/18: None of the WACs in the District submitted reports to the LAC▪ Challenge: Non-reporting by WACs▪ Planned actions: Re-launch War Rooms and establish WACs▪ Actions taken: XX▪ Status: No reported data on WAC report submission	
Harry Gwala <ul style="list-style-type: none">▪ Q1 2017/18: 60 out of 61 WACs (99%) submitted reports to the LAC▪ Challenge: Low number of WACs submitting reports to the LACs▪ Planned actions: Local Municipalities to facilitate establishment of WACs. LACs to support and strengthen WACs. WACs to work closely with War Rooms. WACs to develop schedule of meetings. WACs to submit reports to LACs▪ Actions taken: XX▪ Status: Decreasing number of WACs submitting reports to the LACs; Q2 - 43 and Q3 - 43.	
Ilembe <ul style="list-style-type: none">▪ Q1 2017/18: 2 out of 76 WACs (3%) submitted reports to the LAC▪ Challenge: WACs lack capacity to develop reports to be submitted to LACs▪ Planned actions: Revive remaining WAC structures▪ Actions taken: XX▪ Status: WACs not submitting reports to LACs; Q2 - 0 and Q3 - 0.	

WAC Functionality

uMkhanyakude

- **Q1 2017/18:** None of the WACs in the District submitted reports to the LAC
- **Challenge:** XX
- **Planned actions:** LACs to support and strengthen WACs through the Health Care Promoter
- **Actions taken:** OTP conducted a workshop on Ward AIDS Councils for Ward Councillors. Mtubatuba also commenced discussions on the establishment of WACs in the district
- **Status:** No report submission by WACs; **Q2** - 0 and **Q3** - 0.

uMzinyathi

- **Q1 2017/18:** 6 out of 56 (11%) WACs submitted reports to the LAC
- **Challenge:** WACs are not functional
- **Mitigation:** Ensure that all War Rooms have HIV and AIDS statistics displayed in the War Room
- **Status:** Inconsistencies in WACs reporting to the LACs; **Q2** - 6 (11%) and **Q3** - 0. Overall poor reporting by WACs.

WAC Functionality

uThukela

- **Q1 2017/18:** 35 out of 74 (47%) WACs submitted reports to the LAC
- **Challenge:** Poor reporting by WACs
- **Planned actions:** Strengthen the functionality of WACs
- **Actions taken:** XX
- **Status:** Fluctuations in WACs submitting reports to the LAC; **Q2** - 65 (88%) and **Q3** - 18 (24%).

Zululand

- **Q1 2017/18:** None of the WACs submitted reports to the LAC
- **Challenge:** Poor functionality of WACs
- **Planned actions:** XX
- **Actions taken:** XX
- **Status:** No report submission by WACs; **Q2** - 0 and **Q3** - 0.

Thank You

