MARCH 2016

ANNUAL PROGRESS REPORT 2014/15

PROVINCIAL STRATEGIC PLAN 2012-2016

NORTHERN CAPE PROVINCIAL AIDS COUNCIL

Acronyms and Abbreviations

APP	Annual Performance Plan
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
DHIS	District Health Information System
HIV	Human Immunodeficiency Virus
HOD's	Heads of Departments
IPT	Isoniazid Prophylactic Therapy
M&E	Monitoring and evaluation
MMC	Male Medical Circumcision
MTCT	Mother to child transmission
NCDOH	Northern Cape Department of Health
PICT	Provider Initiated Counselling and Testing
PLHIV	People living with HIV
PSP	Provincial Strategic Plan
STIs	Sexually Transmitted Infections
TB	Tuberculosis
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organisation

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1. BACKGROUND TO PSP 2012 - 2016

The Northern Cape Provincial Strategic Plan (PSP) for 2012-2016 represents a framework of strategic actions that must be undertaken by the province in order to address the HIV and AIDS, STI's and TB epidemic with focus on provincial specific factors and emerging issues.

The PSP describes how the unique challenges on HIV and AIDS, STI's and TB affecting the Northern Cape economic and social development will be addressed within the next five years. In addition, the PSP sets ambitious targets aimed at making universal access to HIV prevention, treatment, care and support a reality. While continuing to ensure that programmes, services and support for HIV and AIDS, STI's and TB prevention reach the general population, a greater focus is also given to identifying key populations who are at increased risk (truck drivers, sex workers, men who have sex with men, lesbians, gays, bisexual individuals, transgender and inter-sex persons (LGBTI), migrant seasonal mine and farm workers, victims of sexual violence and abusers of alcohol).

The PSP advocates for a multisectoral approach to combating both HIV and TB diseases in the Northern Cape Province. It is through a combination of resources, skills and the experiences of various sectors of society that the goals and objectives of the PSP can be achieved. The multi-sectoral approach is based on the commitment and ownership by all provincial stakeholders. The approach was formulated based on the PSP review outcomes and is aligned to the National Strategic Plan for 2012-2016 which in turn is informed by various international commitments to which South Africa is a signatory to. The province adapted the Three Zeros advocated by UNAIDS, to which an additional "Zero" was added by the South African National Government to suit its local context. This is a 20-year vision which advocates for:

1) Zero new HIV and TB infections
2) Zero preventable deaths associated with HIV and TB;
3) Zero new infections due to vertical transmission;
4) Zero discrimination associated with HIV and TB

The PSP defines four key strategic objectives:

- Address social and structural barriers to HIV, STI's and TB prevention, care and impact
- Prevent new HIV, STI's and TB infections
- Sustain health and wellness
- Increase protection of human rights and improve access to justice

2. IMPACT INDICATORS

HIV Prevalence among women and men aged 15-24

The 2012 HSRC Survey places the HIV prevalence amongst the age group 15-24 at 4.1% for the Northern Cape Province. This is less than the South African average of 7.1% for the same age group and is the second lowest provincial prevalence rate in the country. HIV prevalence amongst the general Northern Cape population was reported at 7.8% for the same reporting period (Shishana et al, 2014).

HIV prevalence in key populations

This data was currently not being collected in the Northern Cape Province, during the reporting period. A tool to be used by health facilities to collect this data was developed by ANOVA Health Institute and handed to Northern Cape Department of Health (NCDOH). The tool is yet to be rolled out and the data to be analysed as data for the period under review was only through size estimations and modelling.

HIV Incidence

The new HIV infection for the Northern Cape as reported by UNAIDS Spectrum 2013 was 6 300 new infections for the Province (UNAIDS Spectrum, 2013).

TB Incidence

TB incidence obtained from ETR.net was reported at 655 cases per 100 000 population for the 2013/2014 reporting period as compared to the 2012/2013 period which was at 867/100 000, (ETR.net Provincial Report, 2014).

TB and HIV mortality

According to Statistics SA, (2013) HIV remains the number one cause of mortality in the Northern Cape attributing 8.7% (1187) of reported deaths to HIV. The same 2013 Stats SA report revealed TB as the number two cause of mortality attributing 7.7% of reported deaths (1061 deaths in total) to TB. ETR.net displayed a slight improvement in the TB case fatality rate from 6.5% (2013/2014) to 6.2% (2014/2015).

MTCT Rate

There was a steady reduction in the rate of mother to child HIV transmission over the past reporting period. Even though the target of less than 2% transmission rate at 6 weeks and the PSP target rate of less than 5% at 18 months was realised, the steady progress is commendable, largely in view of the vision for Zero vertical transmission. The Mother to child transmission (MTCT) rate at six weeks dropped from 2.7% (2012/2013) to 3.0% (2013/2014) to 2.1% (2014/2015). The MTCT rate for the 18 months age group dropped from 5.2% (2012/2013) to 4.2% (2013/2014) to 1.7% (2014/2015), (DHIS , 2015).

Patients alive and on treatment

According to the Northern Cape Department of Health (NCDOH) report, the number of registered ART patients in the Province increased from 39 158 at the end of the financial year 2013/14 to 43 022 by March 2015. This represents a 9.9% year-on-year increase which is very low compared to the 20% increase between 2012/13 and 2013/14. This can be attributed to the decrease in number of people tested HIV positive in 2014/15 (n = 12 437) compared to 17 741 in 2013/14 financial year. There was a low initiation rate in the Frances Baard district which holds the largest burden of HIV infections in the Province.

Table 1: NSP/PSP Impact indicators, 2013/14 - 2014/15

Indicator	FY 2014/15 Status
HIV prevalence among women and men aged 15-24	4.1% (The HSRC Survey report of 2012)
HIV Incidence	6300 new infections ((Spectrum 2013)
TB incidence	655/100000 (ETR. Net database, NCDOH)
TB Mortality	7.7% (Statistics SA, 2013)
HIV mortality	8.7% (Statistics SA, 2013)
MTCT rate ***(6 weeks and 18-months)***	2.1 (6 weeks) 1.7% (18 months) (DHIS, 2014/2015)
Stigma Index	
Patients alive and on treatment	43022 (DHIS, 2014/15)

3. PROGRESS TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1: SOCIAL AND STRUCTURAL DRIVERS OF HIV, STIS AND TB PREVENTION, CARE AND IMPACT

Structural approaches to HIV and TB such as poverty reduction, changing household structure, improving food security and the changing legal framework, commonly require long term strategies and interventions. These are often largely addressed by national and provincial socio-economic and development strategies and policies. In seeking to address structural determinants of HIV, STI's and TB, a multi-sectoral approach must be used. Traditional leaders and the education sector have a critical role to play in shaping societal norms and values; for instance, take leadership in instilling positive values on the learners. Other actors in the multi-sectoral approach include faith-based organizations, cultural institutions and social groupings (e.g. sports and recreation). It is important to mainstream HIV and TB management into the core strategies of government departments in order to ensure a comprehensive and sustainable approach to the dual epidemic. It is also important to mitigate against the impact of HIV and TB and support affected communities to break down the vicious cycle of ongoing vulnerability.

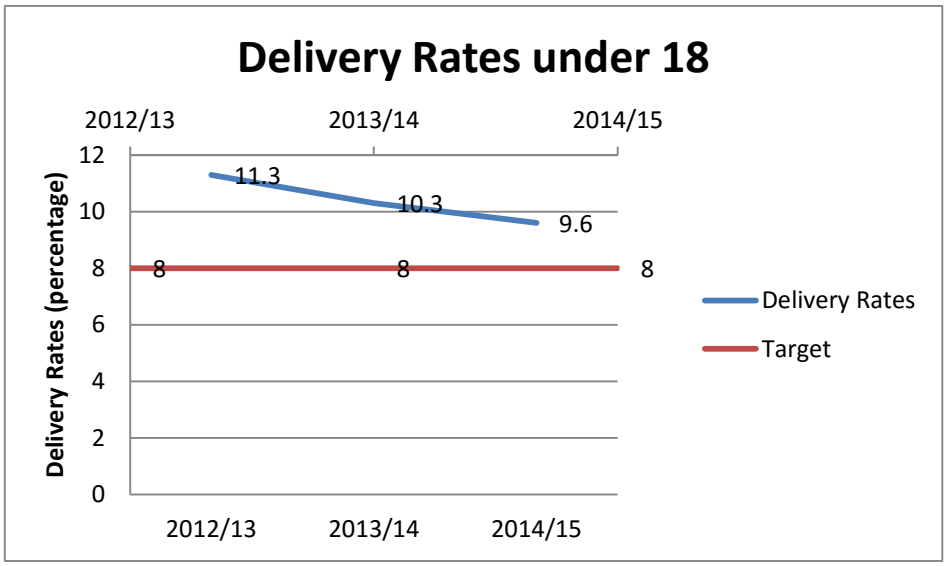
Percentage of government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated

Information from Employee Health and Wellness unit shows that there was no change in this indicator from the last reporting period. Mainstreaming consists of two aspects; internal mainstreaming and external mainstreaming. Internal mainstreaming involves changing sectoral or departmental policy and practice in order to reduce vulnerability of the sector or organisation to the impact of the HIV and AIDS epidemic. External mainstreaming relates to aligning HIV and AIDS to the core mandate, targets, policies and strategies of a sector or department. According to the Employee Health and Wellness unit eleven out of the twelve departments had mainstreamed internally during the reporting period. However, only one department, the NCDOH had mainstreamed both internally and externally. In essence, only one of the twelve departments had mainstreamed. Progress with regards to

mainstreaming was that all Heads of Departments (HOD's) were in possession of the mainstreaming presentation.

Delivery rates for women under 18-NIDS

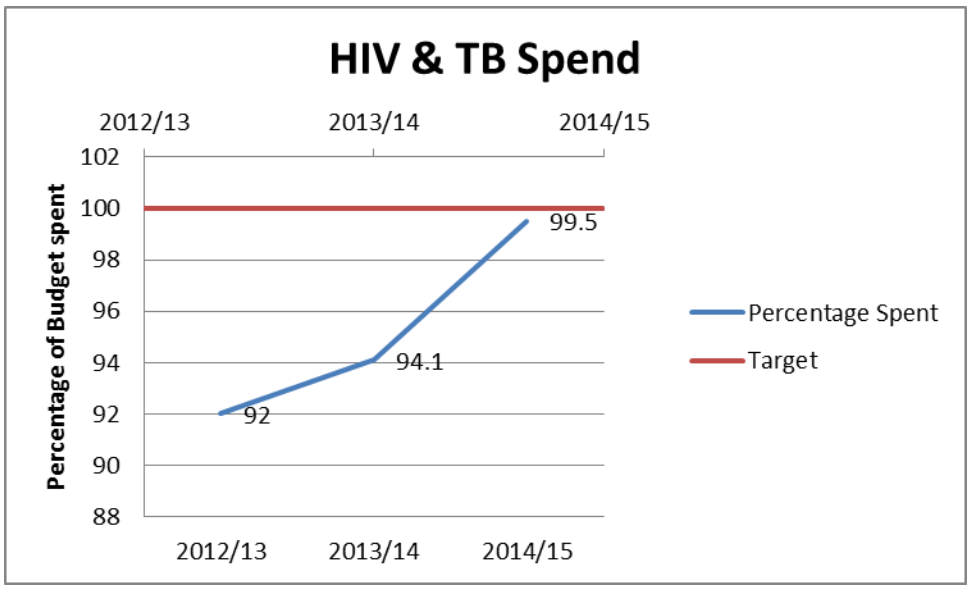
Delivery rates for women under 18 years showed a decline from 11.3% in 2012/13 to 10.3% in 2013/14 and during the period under review (2014/15), at 9.6%.. This was mainly due to a number of interventions being in place to manage teenage pregnancy.



Rates expressed as percentage of total delivery graph drawn from DHIS data obtained from NCDOH report

The total budget allocated in 2014/15 for the HIV & AIDS Programme was R356 million through the conditional grant. By the end of March 2015, expenditure on the HIV & AIDS Conditional Grant Business Plan was standing at 99.45%. The province reached its target for HIV and TB spending during financial year under review; which reflected a good sign as previously the Province underspent its allocated resources for the implementation of TB and HIV activities.

HIV and TB spend.



Source: NCDOH report (2014/2015)

TABLE 2: STRATEGIC OBJECTIVE 1: *SOCIAL AND STRUCTURAL DRIVERS OF HIV, STIS AND TB PREVENTION, CARE AND IMPACT*

Indicator	Baseline	Target 2016	FY 2014/15 Status	Comment – progress towards target
% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated	0	100%	92%	Data got from Employee Health and Wellness Programme
% municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented	Not set	Not set	48%	Information obtained from COGHSTA
Current school attendance among orphans and among non-orphans aged 10 -14 (UNGASS 12; MDG Indicator)				Information not available
Delivery rates for women under 18- NIDS	30%	Less than 8% of total delivery	9.6%	Information obtained from DHIS
HIV and TB spend	99.2%	100%	99.5%	NCDOH report
Number of women and children reporting gender-based violence (GBV) to the police in the last year	To be determined	To be determined	1578	http://www.crimestatssa.com/province.php?ShowProvince = Northern+Cape
Proportion of women who have experienced physical or sexual violence in the last year				Information not available

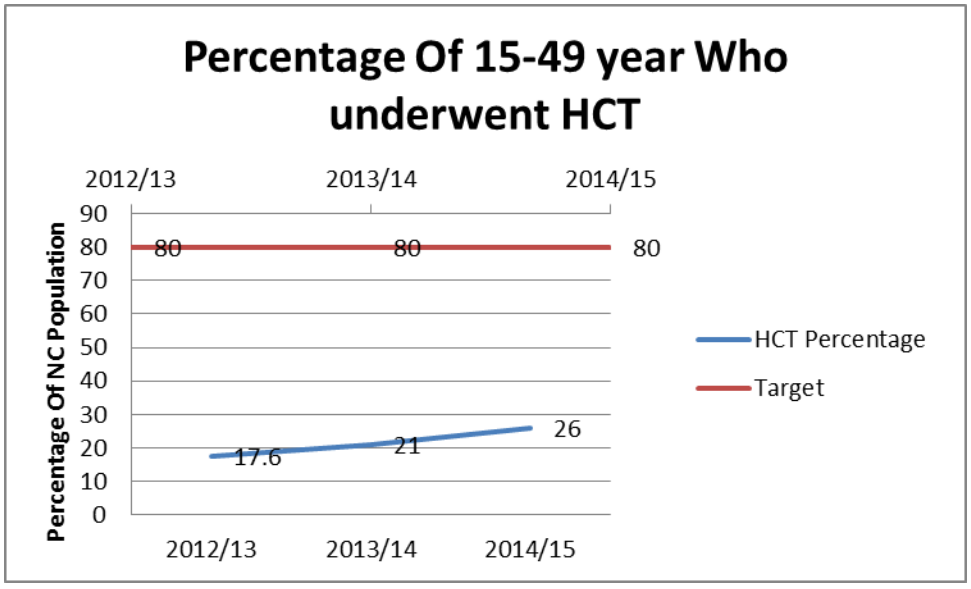
Challenges

- Mainstreaming remained a challenge in the Province mainly, external mainstreaming.
- PSP indicators were not aligned to activities as outlined in the sub-objectives.

STRATEGIC OBJECTIVE 2: PREVENTING NEW HIV, TB AND STI INFECTIONS

In 2011, the estimated new HIV infections were 2,843 which was a reduction of 6.5% as compared to 2009 HIV incidence rate among adults aged between 15 – 24 years. A multisectoral approach is critical in this HIV response and encourages all role-players (governmental departments, civil society and private sector) to assist the provincial government in reducing new infections and reducing the impact on individuals, families and community by developing their own implementation plans targeting their areas of expertise. Of concern to the Northern Cape Province is the impact and severity of the Tuberculosis epidemic. The tuberculosis epidemic within the Northern Cape is the second highest cause of death in the province according to Stats SA 2013 report. The TB epidemic is mainly due to mining, being the largest economic activity in the province.

Number and percentage of men and women counselled and tested for HIV

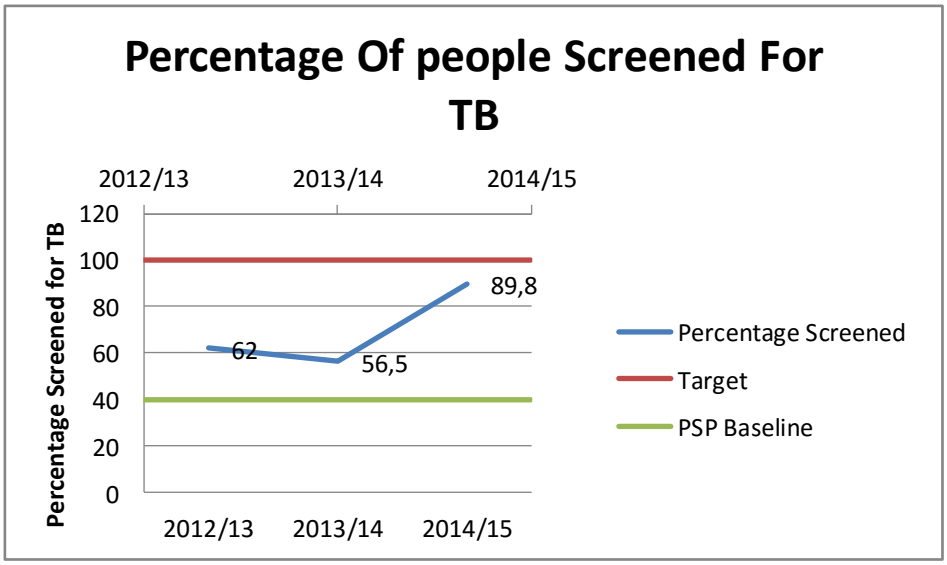


The Premier, together with members of the Legislature re-launched the HIV Counselling & Testing (HCT) Revitalisation campaign on the 21st November 2014 in Frances Baard; which was followed by equally successful campaigns in all districts.

HCT was integrated into NGO services by ensuring specific targets for lay counsellors placed in facilities. This also included HCT taking a community based approach with regular door – to – door campaigns conducted at household level and around hard – to - reach areas such as farms. The effect of HCT revitalisation campaigns was evident in the 3rd quarter (Oct – Dec 2014) where the quarterly target was exceeded due to these Revitalization campaigns.

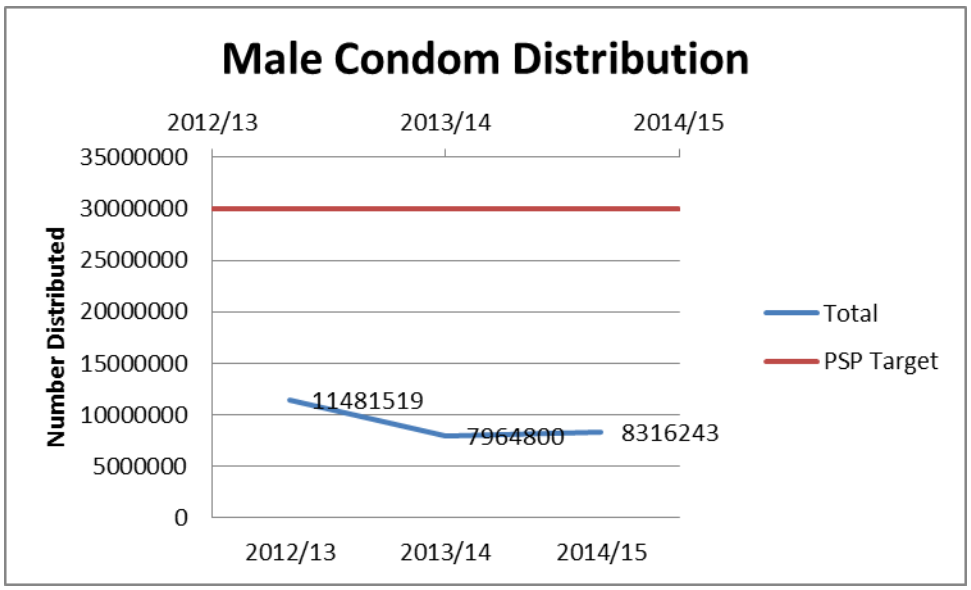
The number of people tested for HIV between 2013/14 and 2014/15 increased by 24% from 158 469 to 196 524. The performance peaked in Q3 and Q4 but proved to be too late to compensate for the under performance in the first two quarters of the 2014/2015 financial year. This indicator showed a 5% increase in the number of clients counselled and tested for HIV from previous reporting year. The cumulative 2016 PSP target of 80% of the population (or 605 000 individuals) counselled and tested was exceeded. The total cumulative figure for number counselled and tested for the 2014/2015 reporting period stood at 710 704 individuals.

Number and percentage of people screened for TB



There was some progress towards realising the target as set for TB screening although the increase was not exponential.

Male condom distribution

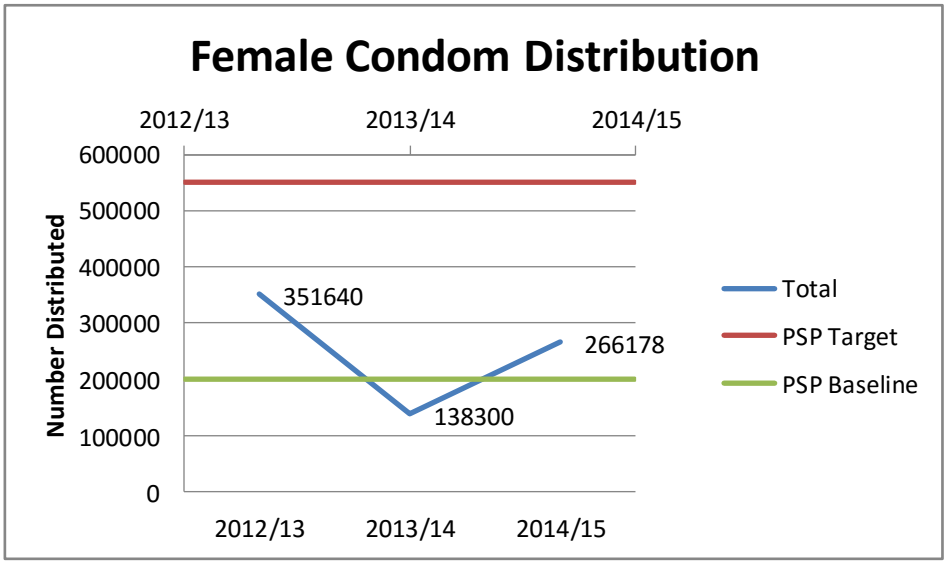


Condom Distribution figures obtained from DHIS

Condom distribution was a challenge in the Province. The challenge in condom supply was mainly due to an undersupply of condoms as well as logistical challenges with distribution as the Province is very vast resulting in fewer suppliers registering to provide such services for the Department of Health. The condom distribution figures were well below the PSP targets.

In the 2014/15 the HIV & AIDS unit worked hard to improve distribution and access to condoms by identifying sites at sub – district level for storage and supply of condoms to health facilities and other strategic points such as night clubs, NGOS. Coupled with this were community awareness campaigns on the importance of condoms in reducing HIV transmission and correct usage. During the period under review, all districts did not have dedicated condom focal personnel/health promoters to closely monitor the programme's performance. The recruitment process of district condom focal personnel/health promoters reached an advanced stage during the period under review.

Female condom distribution

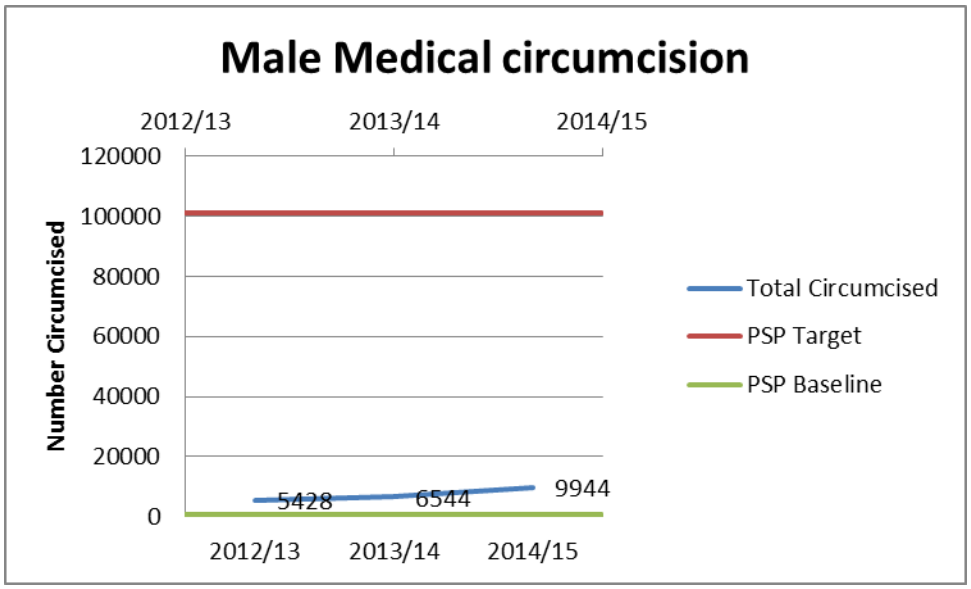


Female condom distribution rates obtained from DHIS

The introduction of Voluntary Medical Male Circumcision in the Province started at a slow pace, mainly due to diverse cultural beliefs and a low acceptance of the programme by the community in the early phases. Through rigorous marketing and awareness campaigns, the department managed to increase demand among targeted male populations. Despite increased demand creation, the programme is largely hampered by shortages of doctors since the VMMC programme is doctor-driven. VMMC uptake was notably low in the province since inception in 2010, with only a cumulative figure of 25 938 by end of March 2015. It should be noted that condom uptake significantly improved in the current reporting period compared to 2010 when the programme was first implemented in the country. This improvement can be attributed to a partnership that the Department has with external

stakeholders, particularly the South African Clothing and Textile Union (SACTWU). The civil society also played a critical role in social mobilization at the community level through dialogues and campaigns.

Number of Men Medically circumcised



Male medical circumcision rates obtained from NCDOH, DHIS report

Health promoters were mainly involved in reaching people through communication in communities but other forms of communication were also rendered namely, , radio shows, service delivery campaigns, social mobilisation campaigns (advocacy, communication &social mobilisation) on topics such as HIV, TB and STI. The Province saw a drastic increase in number of people reached through communication from 2012/13 to period under review reaching 765 328 people.

Number of people reached by prevention communication at least twice a year

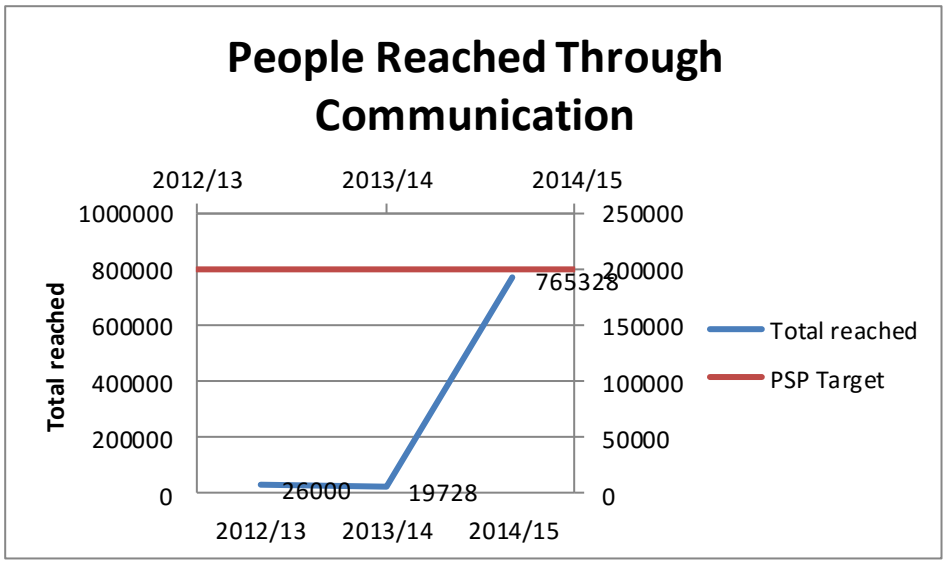


Table 3: Strategic Objective 2: Preventing new HIV, TB and STI infections

Indicator	Baseline	Target 2016	FY 2014/15 Achieved	Comment – progress towards target
Number (and percentage) of men and women 15–49 counselled and tested for HIV	311909 (44% of NC population)	605000 (80% of 15-49 year old)	196469 (26%)	Cumulative target exceeded.
Number and percentage of people screened for TB	40%	100%	571230 (89.8%)	89.8 % represent clients screened at the HIV entry point i.e. HIV positive screened for TB. Data obtained from NCDOH, DHIS report
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	5543	100%	76,8% (4777)	
Percentage men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex	52.6%	65%		
Percentage young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)	7.3%	Less than 5%		
Percentage women and men aged15–49 years who have had sexual intercourse with more than one partner in the last 12 months	8.8%	Less than 5%		
Male condom distribution	16712700	30 million	8316243	Data obtained from DHIS
Female condom distribution	200000	550000	266178	Data obtained from DHIS
Number of men medically circumcised	813	101200	9944	Data obtained from DHIS

Number of people reached by prevention communication at least twice a year		15000	765328	Data obtained from DHIS

Major achievements

Major achievements under strategic objective 2 include the following:

- The development of a draft condom distribution strategy by the NCDOH
- The development of Male Medical Circumcision (MMC) plans for all districts and increased demand and supply for the programme. MMC was integrated into the school health programme with regular camps being conducted during school holidays.
- The TB Control Programme was in the process of expanding the decentralisation of Drug Resistant – TB (DR-TB) services in 174 Primary Health Care (PHC) facilities managing patients at community level.

Gaps and challenges

- Condom procurement and distribution;
- Medical male circumcision is too low against the set targets;
- TB screening not yet optimised to reach acceptable levels.
- Quality control in HCT still a challenge;
- Provider Initiated Counselling and Testing (PICT) not implemented across health facilities.

STRATEGIC OBJECTIVE 3: SUSTAINING HEALTH AND WELLNESS

The primary focus of Strategic Objective 3 is a reduction in deaths and disability as a result of HIV and TB infection through universal access to accessible, affordable and good quality diagnosis, treatment and care. Treatment for HIV and TB extend the life of PLHIV and TB and increase overall expectancy of life at birth. Healthy Lifestyle is seen as an integral part of care and support for both patients receiving ART and those in the wellness programme. The cost of treating large numbers of people is unsustainable.

Since the introduction of fixed dose combination (FDC) drug (Tenofovir, Efavirenz and Emtricitabine) in April 2013 for all eligible HIV positive patients receiving ARVs in the public sector the initiation rate into ART improved. In January 2015, the National Department of Health implemented revised Guidelines for the initiation of eligible HIV positive people into Antiretroviral Treatment Therapy (ART). The changes are as follows:

- Pregnant/breastfeeding women to be immediately initiated on lifelong ART regardless of CD4 cell count,
- Provision of ART for all children under 5 years, regardless of their CD4 cell count or clinical staging,
- ART initiation for children ≥5 years now starts at CD4 count ≤500 cells/µl regardless of clinical staging, immediate initiation of infant ART with first positive HIV PCR, whilst waiting for confirmatory test results.
- For adults, earlier initiation of ART at CD4 count ≤500 cells/µl and Initiation of ART for all HIV/TB co-infected patients, to name a few.

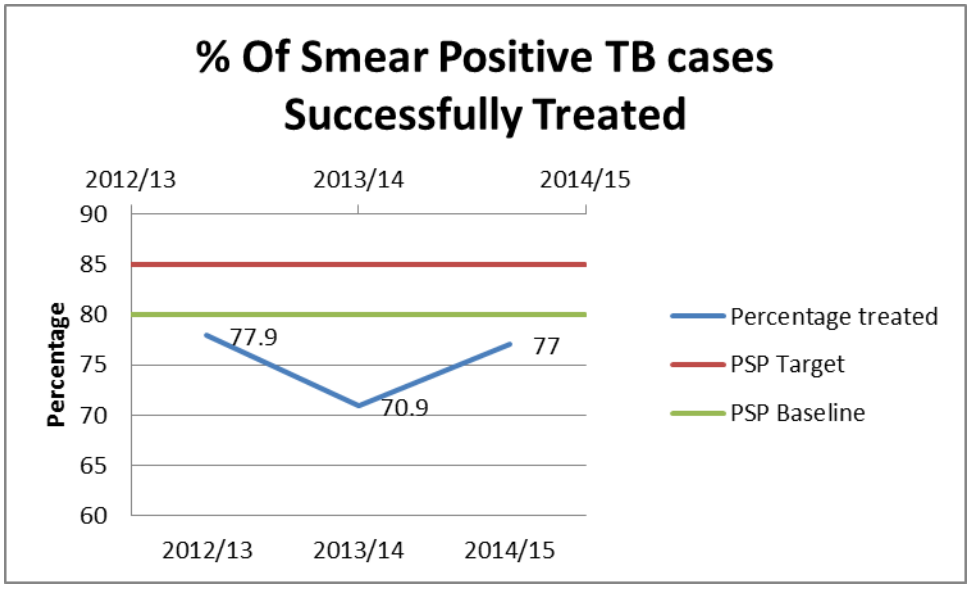
The number of registered ART patients in the Province, increased from 39 158 at the end of the financial year 2013/14 to 43 022 by March 2015. This represents a 9.9%

year-on-year increase which is very low compared to the 20% increase between 2012/'13 and 2013/'14. This can be attributed to the decrease in number of people tested HIV positive in 2014/'15 (n = 12 437) compared to 17 741 in 2013/'14 financial year.

TB case registration rate

The province reached its target of 475 cases per 100 000 population for TB case registration and this was an achievement for the Province as TB presents a huge challenge for the province. Registration rates ranged from 760 /per 100 000 (2012/2013) to 803/100 000(2013/2014) to 790/100 000 (2014/2015).

Percentage of smear positive TB cases that are successfully treated,



During the current reporting period, this indicator showed a 6.1% increase although the increase was still below the PSP target as well as the baseline figures.

TABLE 4: STRATEGIC OBJECTIVE 3: SUSTAINING HEALTH AND WELLNESS

Indicator	Baseline	Target 2016	FY2013/14 Achieved	Comment–progress towards target
Proportion (%) of people per year becoming eligible who receive ART	61.1%	80%		According to NCDOH, the province no longer collects this information
TB case registration rate	956/100000	475/100000	9052 (790/100000)	Data is obtained from ETR.net
TB case detection rate				
% smear positive TB cases that are successfully treated	80.4%	Greater than 85%	77%	Data is obtained from ETR.net
TB case fatality rate (CFR)	6.7%	3.3%	6.2%	Data is obtained from ETR.net
Number and % of registered TB patients who tested for HIV	39.9%	100%	(8001) 88%	Data obtained from NCDOH
Number of all newly registered TB patients who are HIV-positive, expressed as a proportion of all newly registered TB patients	7334(84%)		8001/9052 (88.4%)	Data obtained from NCDOH M&E office

Gaps and challenges

- The indicators for TB need to be revised to follow the provision of TB services in the treatment, care and support cascade;
- Management of TB and HIV integration was a challenge in the Province;
- Roll out of Tier.net was slow;

STRATEGIC OBJECTIVE 4: ENSURING PROTECTION OF HUMAN RIGHTS AND IMPROVING ACCESS TO JUSTICE

The NC PSP recognizes the importance of addressing gender issues including the high levels of violence against women, including sexual assault, and that it increases the vulnerability of women to HIV infections. The NSP discusses programmes to promote and advance human rights focused on policy analysis and law reform. At

the provincial level, this PSP does not prioritize law reform as this will have to happen at the national and not provincial level. It is recognised that some deeply rooted social, cultural, gender practices and human rights infringements influence HIV, STI and TB transmission. These have created the conditions for the twin epidemics to grow and flourish. Changing these undesirable factors is expected to greatly reduce vulnerability to HIV, STI and TB. This calls for a multi-faceted approach that involves the following: strengthening leadership on these aspects, social mobilization of communities, monitoring the implementation of appropriate policies and laws and empowering stakeholders to deal with specific cases. Strategic objective 4 recognises that the PSP plays a central role in protecting human rights and promoting access to justice in the context of the response to HIV and TB. However, strategic objective 4 cannot address all legal and human rights interventions required.

4. MONITORING AND EVALUATION

M&E and research are critical support components to a successful implementation of the HIV, TB and STIs response. One of the guiding principles of M&E plan is to have a response that is based on evidence. The role of research is to provide the evidence required and to identify knowledge gaps for decision making, planning and implementation in the HIV, STI's and TB response. Proper application of research should thus result in an effective and coordinated response that is evidence-based.

Major Achievements

A major focus of the NCPCA M&E unit was to collect data on the PSP indicators from all provincial and government departments as well as different sectors. The PCA M&E unit understands that information is a crucial resource and without it, its function is becoming increasingly challenging. A number of strategies were put in place to ensure that various stakeholders report on HIV AIDS and TB indicators as specified in the PSP.

During the current reporting period; the PCA M&E unit was in the process of obtaining the departments' Annual Performance Plans (APP), Quarterly and Annual

Performance reports. PCA M&E identified the misalignment of departmental APP indicators with PSP indicators as one of the root causes of poor reporting by the departments. The PCA M&E unit was in the process of aligning the two sets of indicators and plans to draw up new reporting templates for departments. The M&E unit proposed that the policy and planning unit at the various departments be tasked with collecting PSP data and not the Employee Health and Wellness unit as was the case during the period under review. Engagements with the Civil Society were happening to draw up reporting strategies, during the period under review.

Gaps and Challenges

- Data management challenges experienced by M&E unit mainly pertained to the collection of data related to the indicators in the PSP from various stakeholders.
- Obtaining departmental data remains the biggest challenge faced by the PCA M&E unit.
- Lack of reporting meant that too little time was spent on other data management functions such as data analysis, feedback and quality checking.

Overall conclusion

Too much time and effort is being put on collection of data as opposed to collating, analysing and providing feedback.

Overall recommendations

All government departments and sectors need to be held accountable with regards to reporting on their HIV and AIDS response as specified by the PSP. Meaningful consequences should exist and be carried out on sectors that fail to comply with this requirement. Furthermore, the M&E Unit needs to do the following:

- Develop systems and procedures for data management and reporting;
- Build capacity of civil society to optimally report on the multisectoral response;
- Establish reporting and feedback mechanisms with government departments and civil society as part of monitoring the implementation of the multisectoral response.

5. NC FAST TRACKING PROGRESS PLAN ---2015/16

Indicators for 90 90 90 Fast Track Implementation Strategy

- ***Strategic Objective 2:***

    1. Infant PCR 1st test positive around 10 weeks rate
    2. ANC 1st visit before 20 weeks
    3. TB symptom 5 years and older screened rate
    4. Total client tested for HIV (15 years and older)
    5. Number of medical male circumcisions performed (all ages)
    6. HIV test positive child 5-14 years)

- ***Strategic Objective 3:***

    1. Antenatal client initiated on ART rate
    2. MDR - TB treatment success rate
    3. Initial LTFU rate
    4. Adult pts. remaining on ART
    5. Child under 15 years remaining on ART – total
    6. Child 12-59 months naïve started on ART