

MARCH 2016



ANNUAL PROGRESS REPORT 2014/15

PROVINCIAL STRATEGIC PLAN 2012-2016

NORTH WEST PROVINCIAL AIDS COUNCIL

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Treatment
ARV	Antiretroviral
DHIS	District Health Information System
DoH	Department of Health
DOHA	Department of Home Affairs
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HPV	Human papilloma virus
HSRC	Human Sciences Research Council
IEC	Information Education and Counselling
M&E	Monitoring and Evaluation
MEC	Member of Executive Committee
MMC	Medical male circumcision
NGO	Non-Government Organisation
NSP	National Strategic Plan for HIV, STIs and TB
NWPCA	North West Provincial Council on AIDS
PEP	Post-exposure prophylaxis
PHC	Primary health care

BACKGROUND OF THE NW PROVINCIAL STRATEGIC PLAN 2012 – 2016

The North West Provincial Strategic Plan (PSP) on HIV and AIDS, STI and Tuberculosis 2012-2016 was developed through a series of multi-sectoral consultative meetings, coordinated by North West PCA, under the leadership of the Office of the Premier. Significant to the implementation of the PSP, is a rational monitoring and evaluation system that facilitates measurement of progress and collective accountability on all HIV and AIDS, STI's and Tuberculosis service delivery.

The PSP is aligned to the National and Provincial vision of a society free from HIV, STIs & TB. The strategy has been informed by both local and international commitments such as the Joint United Nations Programme on HIV and AIDS (UNAIDS). The National Strategic Plan (NSP) 2012-2016 adapted a 20-year vision of the three zeros as advocated by the Joint UNAIDS; namely: zero new HIV and TB infections; zero new infections due to vertical transmission; zero preventable deaths associated with HIV and TB. In addition the vision for South Africa incorporated a fourth zero; namely: zero discrimination associated with HIV and TB.

The 2012-2016 North West Province Strategic Plan for HIV and AIDS, STIs and TB is a multi-sectoral response that is aimed at providing strategic and policy direction in the province. This plan is evidence based and results-oriented and multisectoral.

Purpose of the PSP

The goals of the 2012-2016 PSP on HIV and AIDS, STIs and TB are as follows:

- To guide the implementation of a, multi-sectoral, comprehensive HIV and AIDS, STIs and TB response in the province through monitoring of programme performance with output and impact indicators.
- To provide direction for the planning, coordination, implementation and M&E of an evidence-based multi-sectoral provincial response aligned to the 2012-2016 NSP
- To formulate provincial priorities, set targets and monitor results for all sectors, and ensure all work is in alignment with the overarching goals and objectives of the 2012-2016 NSP
- To serve as an investment and resource mobilisation framework on which government and developmental partners will provide both technical and financial support at provincial, district and ward levels.

ASSESSMENT OF PROGRESS AGAINST THE FIVE MAIN GOALS OF THE PSP (2012-2016)

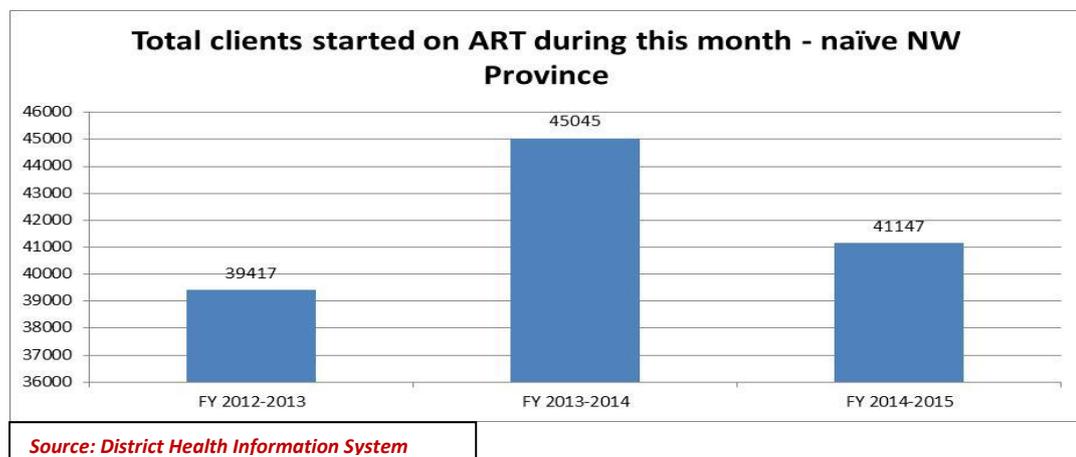
Reducing new HIV infections by at least 50% using combination prevention approaches

According to the District Health Barometer (DHB) 2014/15 the HIV Counselling and Testing (HCT) campaign is a comprehensive package offered free of charge to test for HIV and to screen for TB and other chronic diseases. The campaign targets various workplaces and communities across the country, ranging from farms and taxi ranks to mines, banks and universities. North West (NW) province is the fourth highest amongst other provinces with an HIV testing coverage of 35,2% with NMM district at 41,6%, Dr Ruth Segomotsi Mompati (RSM) 37,1%, the two poor performing Bojanala at 32,1% and Dr Kenneth Kaunda (KK) at 32,8%. The province also finds itself the seventh highest at 75,4% with people who are co-infected with both HIV & TB.

Initiating at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation.

According to the DHB 2014/2015, South Africa has the largest antiretroviral treatment programme across the globe. In the North West (NW) province according to the District Health Information System (DHIS) 2014/15; that there are 41,147 patients alive and on treatment. Figure 1 below gives a summary of the trends over the last 3 years.

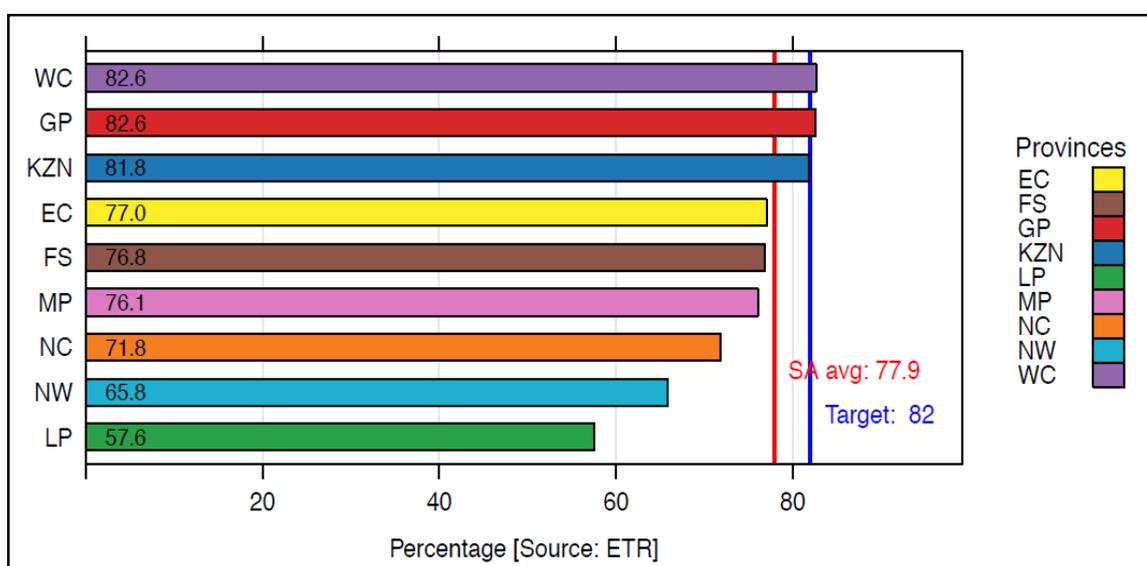
Figure 1: Total clients started on ART 2012-2015



Reducing the number of new TB infections, as well as the number of TB deaths by 50%

As indicated in the District Health Barometer 2014/15, Dr. RSM district had the highest TB diagnosis with 742 cases followed by Dr. KK with 696 cases per 100 000 population. In 2013/14 NW had 562 diagnosed cases and the number drastically increased to 2461 cases in 2014/15 which is an alarming 78% increase when comparing the two previous years. TB cure rate is at an alarming 65,8% which puts the NW province as one of the bottom two poorest performing amongst other provinces as highlighted in Figure 2 below.

Figure 2: TB Diagnosis per province DHB 2014/2015



Reducing self-reported stigma and discrimination related to HIV and TB by 50%

In addressing the issues around stigma and discrimination, the two districts Ngaka Modiri Molema (NMM) and Dr. Kenneth Kaunda (Dr KK) in the NW province participated in the stigma index survey which was conducted by SANAC and other developmental partners.

In that survey, a total of 10 000 PLWHIV were interviewed. The majority of the respondents reported never being gossiped about (69%); verbally assaulted and harassed (84%); physically harassed (91%) and never having been physically assaulted (92%) in the last 12 months. The majority of respondents reported having never experienced discrimination

(78%); never being physically assaulted by their wife/husband or partner (90%) or ever having experienced psychological violence (92%) in the last 12 months.

South Africa’s response to HIV, STIs and TB acknowledges the importance of applying and adhering to the country’s constitutional values and human rights requirements. Unfair discrimination on the basis of HIV or TB status is illegal in South Africa. The legal framework for respecting, protecting, promoting and fulfilling rights in the context of HIV and TB is largely in place. Special attention is given to groups that are at higher risk of HIV and TB to ensure that wherever service provision occurs, it is provided in a manner that upholds the dignity of PLHIV and people living with TB.

As indicated in fourth strategic objective of the North West PSP, the NSP also recognizes that ongoing campaigns to educate citizens on human rights and discrimination are needed. Various initiatives address rights in South Africa, although improved monitoring and tracking is necessary to determine progress.

Table 1: Stigma index results: Social situation

Social situation	% of those who reported stigma and discrimination that said it was due to their HIV status
Being gossiped about	42%
Discrimination	37%
Verbal assault and harassment	35%
Physical harassment and assault	27%
Physical assault	26%

Source: The People Living With HIV Stigma Index: South Africa May 2015 SANAC

Of the 8% of respondents who reported having been assaulted, 41% reported that a person outside the household who is known to them assaulted them; with 32% of the respondents indicating that a husband/wife/partner physically assaulted them.

Those who have experienced stigma and discrimination because of any reason other than their HIV status reported that it was because of their TB status (35%), with 9% indicating having experienced stigma and discrimination because of their sexual orientation.

When asked to report the reasons for overall HIV-related stigma and/or discrimination in the last 12 months, 26% of the respondents indicated that they believed that people did not understand how HIV is transmitted and were afraid, while 18% indicated that people were afraid that they would be infected with HIV.

The percentage of respondents who reported their HIV status as the reason why they experienced stigma and discrimination from other people can be seen in the table below.

TABLE 1: NSP/PSP IMPACT INDICATORS

Indicator	FY 2014/15 Status
HIV prevalence among women and men aged 15-24	18.6% (South African Health Review 2014/15)
HIV prevalence in key populations	29.1% (South African Data model Projection 2014/15)
HIV Incidence	0.74% (South African Data model Projection 2014/15)
TB incidence	28421 (reported cases in 2014) Source NW DoH District Health Information System
TB Mortality	12.0% (District Health Barometer 2014/15)
HIV mortality	16.1% (District Health Barometer 2014/15)
MTCT (6 weeks and 18-months) rate	6 weeks 1,8% 18 months 2,4%
Stigma Index	
Patients alive and on treatment	191,612 (March 2015 DHIS)

PROGRESS TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

The North West Provincial Strategic Plan (NW PSP) for 2012-2016 sets out strategic goals and objectives for addressing HIV and AIDS, STIs and TB in the Province over the next 5 years. It also aims to inform provincial, district and community-level stakeholders on strategic directions to be taken into consideration when developing implementation plans. The plan integrates information and ideas from dialogues and consultations with a wide range of stakeholders at all levels. It builds on past successes and addresses gaps that were identified in a comprehensive end-term review and implementation of the 2007-2011 draft strategic plan.

The NWPSP is important in contributing to the achievement of goals as set out in the NSP since the PSP is aligned with the NSP. The PSP has its strategic objectives which are all influenced by the goals of the NSP. Some of these goals are as follows:

Strategic Objective 1: ADDRESS SOCIAL AND STRUCTURAL DRIVERS OF HIV, STI AND TB PREVENTION, CARE AND IMPACT

The strategic objective focuses specifically on addressing the structural, social, economic and behavioral factors that drive the HIV and TB epidemics. The sub-objectives are:

To mainstream HIV and AIDS, TB and its gender- and rights-based dimensions into the core mandates of all government departments and all other sectors in SANAC/North West Provincial Council on AIDS (NWPCA). Social and structural approaches address the social, economic, political, cultural and environmental factors that lead to increased vulnerability. As pointed out in the NSP, every government department — at national, provincial and municipal levels — has a critical role to play in addressing the structural factors driving the HIV and Tuberculosis epidemic.

In April 2016 the NWPCA will be conducting a partnership/consultative forum in an effort to bring together all partners and government departments which are working towards addressing social and structural drivers of HIV, STI and TB prevention, care and impact in the province. This will be an information sharing session and a platform to establish a Technical Working Group for this SO1, developing consolidated plans for ease of coordination and reporting.

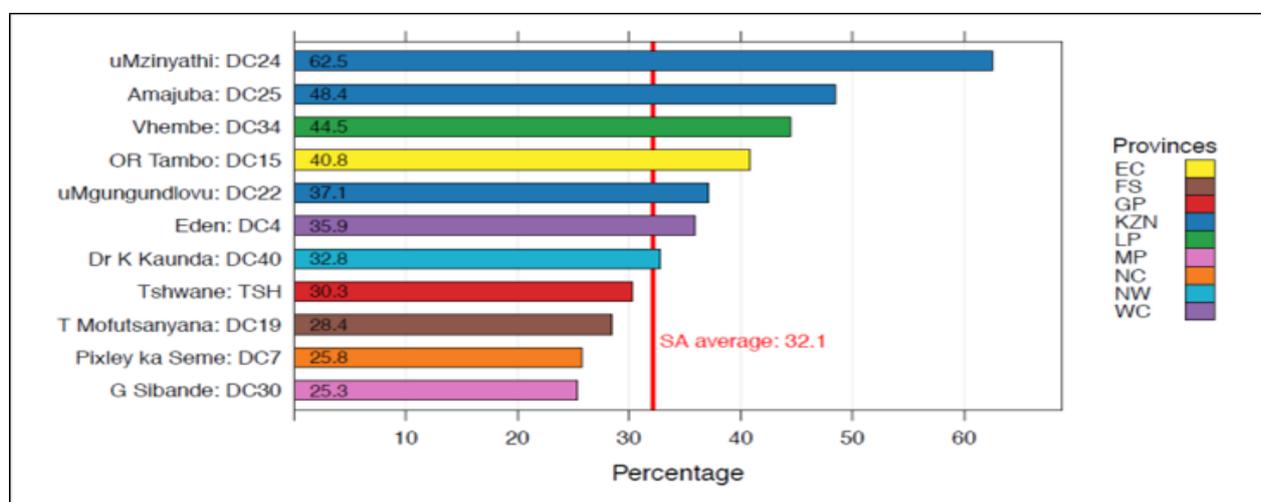
Major achievements

HIV testing coverage

According to the District Health Information System (DHIS) data HIV prevalence was at a staggering 10,3% in 2002 with 2012 being the highest at 13,9% but it went down to 8,8% in 2014. The province started the implementation of the 90-90-90 strategy targeting vulnerable populations and it is anticipated that this will reduce HIV prevalence and incidence. North West province is the 4th highest according to the DHB 2014/2015 in HIV testing coverage at 35, 2% compared to their provincial counterparts. The districts contributed to this HIV testing coverage with NMM district contributing 41, 6% more than other districts in the province, (District Health Barometer; 2014/15). Dr KK district as one of the National Health Insurance pilot district is at 32, 8% HCT coverage and as such, is the 7th highest performing National

Health Insurance (NHI) district in HIV testing coverage amongst the 11 NHI pilot sites as highlighted in Figure 3 below.

Figure 3: HIV testing coverage 2014/15



Gaps and challenges

The implementation of activities under SO1 has not been well coordinated in the Province and as such, one cannot measure actual performance as sectors and government departments implemented various activities in their own forte.

Recommendations

The province must increase awareness on HIV prevention in all vulnerable population areas which include Higher learning institutions, substance abuse areas, and adolescent and youth camp programmes. Behavioral change must be strengthened on youth and adolescent, farm workers, sex workers miners and migrant laborers especially in the building construction industry.

Strategic Objective 2: PREVENT NEW HIV, STI AND TB INFECTIONS

Strategic objective 2 focuses on primary strategies to prevent sexual and vertical transmission of HIV and STIs, and to prevent TB infection and disease, using combination prevention approaches. Combination prevention is a mix of biomedical, behavioral, social and structural interventions that will have the greatest impact on reducing transmission and mitigating susceptibility and vulnerability to HIV, STIs and TB. Different combination interventions will be designed for the different key populations.

In particular the NW intends to mobilize the HIV-positive community to become more meaningfully involved in the design and implementation of prevention programmes and strategies — a strategy termed Prevention with Positives/ Positive Prevention. The province also intends to work more closely with traditional healing practitioners; including traditional circumcision practitioners; in learning about western medical interventions as well as supporting these interventions. The reason behind working closely with traditional healers and traditional circumcision practitioners is that high numbers of citizens consult with these traditional healers and practitioners. Targeted, evidence-based combination prevention is needed to achieve the long-term goal of zero new HIV, STI and TB infections. Focusing on prevention efforts in high transmission areas and on key populations are likely to have the greatest impact, whilst simultaneously sustaining efforts in the general population.

Table 2: Strategic objective 2: PREVENT NEW HIV, STI AND TB INFECTIONS

Indicator	Baseline 2013-2014	FY Target 2016	FY 2014/15 Achieved	Comment – progress towards target
Number (and percentage) of men and women 15–49 counselled and tested for HIV	682,376 49.4%	742,722	764,671 32, 4%	Target exceeded
Number and percentage of people screened for TB	212,682 2.6%	Target not set	219,419 2.6%	
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	33,578 2.4 %	43,319	38,926 2.5%	The province only reached 90% of the set target.
Male condom distribution	28,847,888 41 2%	49,926,976	45,705,694 28.1%	The province only reached 91% of the set target. More condoms to be distributed in and around the newly identified areas with key populations.
Female condom distribution	787,942 1.8 (>100.0)	1,046,057	11,017,54 0.7(>100.0)	Target exceeded
Number of men medically circumcised	37,396	143,596	53,140	Only 37% of the set target was achieved, NoHo to increase MMC facilities

Gaps and challenges

The province did not adequately map and identify high transmission areas with key populations. In some instances, even after identifying these areas, they did not provide combined prevention services. This however, has been resolved during the development of District Implementation Plans as part of the 90-90-90 strategy. In addition, an HIV, TB & STI preventative workshop which included business and private sectors, taxi industry, religious leaders and traditional healers was held to foster collaboration and synergies.

Recommendations

Consultative forums should be held with all stakeholders in the multisectoral HIV response for integrated planning. The province must also ensure that mining areas are strictly monitored and are in compliance with safety regulations to reduce the wide spread of TB disease in working towards achieving the target of 50% reduction of TB related deaths in the province. The province must strengthen the HIV, TB & STI prevention strategy meetings that they conduct on a regular basis with relevant stakeholders by giving them a platform to give feedback and share ideas.

Strategic Objective 3: SUSTAIN HEALTH AND WELLNESS

Strategic Objective 3 focuses on achieving significant reduction in deaths and disability as a result of HIV and TB. This will be accomplished by universal access to affordable and good quality diagnosis, treatment and care. Again the HIV-positive community will be meaningfully involved in promoting and supporting Positive Health, Dignity and Prevention (PHDP). It is envisaged that traditional healers will also play a role in HIV and AIDS, STI and TB care, treatment and support by working more closely with western medical professionals and community health/care workers

According to the DHB 2014/15 report, HIV and AIDS and TB are the top two causes of death in the province with Dr. KK district at 14,1% and Bojanala district at 9,1% in TB deaths. This is due to the fact that these two districts have more mining areas amongst all four districts in the Province. Data for NW is presented in Figure 4 below showing the top two causes of deaths in the Province as HIV and TB.

Figure 5: HIV and AIDS and TB are the two leading causes of death in NW

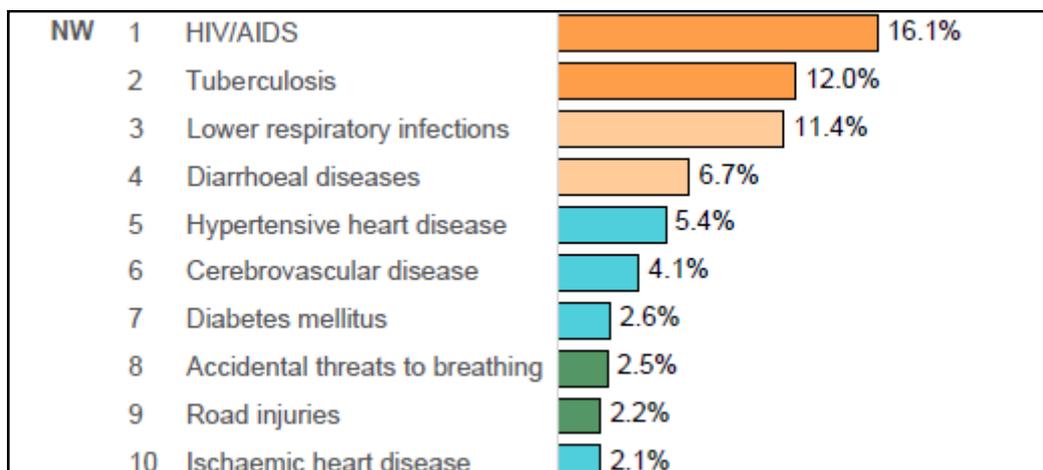


Table 3: Strategic Objective 3: SUSTAIN HEALTH AND WELLNESS

Indicator	Baseline FY 2013-2014	Target 2016	FY 2014/15 Achieved	Comment – progress towards target
Incidence (diagnosed cases) of TB	562	No Target	2461	An alarming 78% increase which needs serious intervention.
TB case detection rate	41,1%	No Target	86,6%	Improved TB detection in the Province
TB case fatality rate (CFR)	12.3%	Target not available	10,2%	2, 1% decrease from the previous financial year.
CFR HIV-positive = CFR HIV-negative				Not available
Number and % of registered TB patients who tested for HIV	Not available	80%	75.4%	Relatively good performance in integration of TB and HIV

Gaps and challenges

Health monitoring systems are not effectively implemented to allow for the tracking of patient outcomes. The Tier.net implementation is sub-optimal as well as the ETR.net in the Province.

Recommendations

The province should focus more on impact rather than output indicators when monitoring the two systems [Tier.net ART monitoring and Electronic TB Register (ETR)] currently being implemented to sustain the health and wellness of people living with HIV and TB, in order to identify priority areas which need special attention.

Strategic Objective 4: ENSURE PROTECTION OF HUMAN RIGHTS AND IMPROVE ACCESS TO JUSTICE

Strategic objective 4 addresses the protection of human rights and aims to improve access to justice. It is based on the understanding that the public interest is best served when the rights of those living with HIV, STIs and/or TB are respected, protected and promoted. Sub-objectives focus on the application of a legal framework for human rights in the context of HIV and TB which are:

- To identify and address laws that undermine implementation of all NSP interventions and/or increase vulnerability to HIV, STIs and/or TB infection;

- To ensure rights are not violated when interventions are implemented and to establish mechanisms for monitoring abuses and vindicating rights;
- To reduce HIV and TB discrimination in the workplace; and to reduce discrimination in access to services.

South Africa's response to HIV, STIs and TB, which recognises the centrality of constitutional values and human rights, is based on the understanding that the public interest is best served when the rights of those living with HIV and/or TB – or at risk of infection – are respected, protected and promoted. Not only is this globally accepted public policy, it is also in line with the rights entrenched in Chapter 2 of the Constitution and the obligations they impose on the state regarding their progressive realisation. Amongst others, these include the rights to equality, dignity, life, freedom and security of the person.

Gaps and challenges

Human rights and employee policies in most of the government departments, the business and private sectors do not offer their employees (People Living with HIV {PLHIV} and TB) protection against victimization and discrimination.. Most of the individuals rather withhold disclosure of HIV or TB status out of fear of being discriminated against. There is a focus on internal mainstreaming and not external amongst key government departments.

Recommendations

When further implementing and amending the gender and health status policies, government, business and private sector entities should use the Gender and Discrimination survey report produced in 2015 as a guiding tool in order to develop new policies which will protect the human rights of all PLWHIV and TB in the province.

MONITORING AND EVALUATION

The following documents have been developed to identify the gaps and needs in respect of information required for a more strategic and systematic approach in the management of a multi-sectoral response to the HIV and AIDS epidemic: North West Provincial Council on AIDS Provincial Strategic Plan 2012-2016; North West Provincial Council Monitoring and Evaluation frame work 2012-2016; the District Coordinator Narrative Quarterly Reporting Template; the Indicator tracking table and the North West Province Progress on Key Indicators Report 2012 – 2014. – Furthermore the developed documents promote and

support a strategy aimed at improving the status of M&E in the province. North West province monitoring and evaluation plan was developed and awaiting approval by SANAC.

Major achievements

The province has committed to improve the current M&E reporting structure. The improvement was done by developing an M&E reporting system where all government departments and entities working in the province, report to the M & E directorate in the office of the premier; using a standardised reporting template on a quarterly basis. The NWPCA is in collaboration with NETWORKING HIV/AIDS COMMUNITY OF SOUTH AFRICA (NACOSA) in planning and conducting the first ever Partnership/consultative forum to improve the status of information sharing amongst partners who are all working on the multisectoral response to HIV and AIDS and TB.

Gaps and Challenges

Access to routine and antiretroviral therapy (ART) Cohort DHIS data from the NoHo has been a major challenge due to non-existence of a data sharing agreement between NWPCA and NoHo.

Recommendations

- The M&E plan should be used as a means to ensure optimal reporting on the multisectoral HIV response.
- The province needs to conduct more periodic evaluations, research and measuring of progress made throughout the year on the multisectoral HIV and TB response.

Overall Recommendations

- Continuous periodic monitoring of progress made towards 90-90-90 targets will give the province an early indication on whether M&E plans and activities currently being implemented in the province, are on the right path to success or if immediate interventions need to be put in place to guide the province in the right direction.

- There is a vast need for the province to inform the community at large through community forums and indabas on what it aims to achieve.

FAST TRACKING PROGRESS PLAN ---2015/16

Priority programmes for Strategic Objective 1

- Engage communities through dialogues and other social mobilisation programmes
- Implement the two Setsokotsane programme pillars “ACT and Tributaries (Agriculture, Culture, Tourism and Tributaries) and VTSD (Village Townships and Small Dorpies)”

Priority programmes for Strategic Objective 2

- Increase the focus and implementation of HIV and TB programmes in mining areas
- Increase condom distribution programmes in high transmission areas (HTAs)
- Strengthen provision of male medical circumcision (MMC) services in primary health care (PHC) working closely with development partners to build capacity and demand creation;

Priority programmes for Strategic Objective 4

- Encourage dialogues on human rights in community forums and indaba i.e. Setsokotsane provincial events