MARCH 2017

ANNUAL PROGRESS REPORT 2015/16

PROVINCIAL STRATEGIC PLAN 2012-2016

FREE STATE PROVINCAL AIDS COUNCIL

ACRONYMS

FS	Free State
NSP	National Strategic Plan on HIV, STIs and TB 2012 - 2016
PSP	Provincial Strategic Plan on HIV, STIs and TB 2012 - 2016
PLHIV	People Living with HIV
SANAC	South African National AIDS Council
PCA	Provincial Council on AIDS
DAC	District AIDS Council
LAC	Local AIDS Council
HCT	HIV Counselling and Testing
HCW	Health Care Workers
AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
NAPWA	National Association of People Living with HIV and AIDS
TAC	Treatment Action Campaign
STI	Sexually Transmitted Infection
ARV	Antiretroviral treatment
ANC	Antenatal clinic
MMC	Medical Male Circumcision
LGBTI	Lesbian, Gays, Bisexual, Transgender, Intersex
TB	Tuberculosis
EAP	Employee Assistance Programme
N/A	Not Available
Stats SA	Statistics South Africa
M & E	Monitoring and Evaluation

TWG	Technical Working Group
NACOSA	Networking HIV and AIDS Community South Africa
PIP	Provincial Implementation Plan
NDOH	National Department of Health
DOH	Department of Health
VMMC	Voluntary Medical Male Circumcision

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EXECUTIVE SUMMARY

Multi-sectoral stakeholders including government departments, private sector, civil society sectors, development partner NGOs in the Free State Province, through the coordinating actions of the Provincial Council on AIDS Secretariat, implemented the Free State Provincial Strategic Plan on HIV, STIs and TB 2012-2016 (FS PSP). This report provides an assessment of progress made by the province towards the achievement of the five main goals of the National Strategic Plan (NSP), FS PSP strategic objectives and the status of enabling institutional arrangements such as monitoring and evaluation systems for the PSP over the period of 2015/16. Brief reflection is also made on the gaps and challenges in the context of achieving the NSP goals and PSP strategic objectives.

Main Findings

The report reveals that the overall performance in relation to NSP goals and FS PSP strategic objectives show significant progress made through the contribution of government, civil society and development partners in the province. Goal one seeking a reduction in new HIV infections was successfully achieved. Significant progress was made in Goal two, particularly with more people (37,443) becoming eligible for ART in 2016 from target of 33 271 and 192,382 remained on ART from target of 191,180. The province made some progress in Goal three, seeking to reduce the number of new TB infections as well as TB deaths by 50%. The number of TB deaths in 2016 decreased to 74.7% from a target of 78.3% in 2016. Goals four and five lagged behind even though there have been initiatives done by PCA Sectors, NGO partners and civil society in the province.

Some of the main findings discussed in the report are the increased rate of condom use in the province, rating FS as the highest compared to other provinces. HIV incidence took a downward trend. Findings also revealed a slight increase in FS HIV prevalence over the years. Of particular concern is that in 2016, females (15-24 years) have higher HIV prevalence (13.3%) compared to their male counterparts of the same age group; where HIV prevalence is at 3.9% in the same year. One of the key contributing factors of this phenomenon lies in the fact that young women face particular risks due to gender norms which value sexual ignorance and limited power in sexual relations. The report also reflects findings contained in the PLHIV Stigma Index Report (2015). The Stigma Index report revealed that the prevalence of external stigma due to HIV and TB is particularly high in the Free State, which ranked highest (48.5%) among provinces in the country. External stigma is done by others to PLHIV including insults, rejection, avoidance, intolerance, stereotyping, and physical violence (HSRC: PLHIV Stigma Index Report; 2015). Respondents from the stigma index indicated that experiencing external stigma discouraged health seeking behaviour among PLHIV. Interventions to address stigma and discrimination are covered in goal five of the FS PSP and this goal unfortunately lagged behind during the reporting period.

In terms of institutional arrangements over the reporting period effort was put into strengthening the provincial monitoring and evaluation system to improve reporting and data management of FS PSP 2012-2016.

The overall gaps and challenges experienced in implementing FS PSP 2012-2016 include the fact that all government departments have TB and HIV operational plans in place.

Recommendations to address challenges and gaps of the PSP include the following:

- HIV Programmes for females aged between 15-24 years need to be improved.
- Government departments and sectors need to have HIV, TB, and STI programmes that deal with the broader community in accordance with their respective mandate. This task is not the sole responsibility of the DOH.
- Stigma programmes need to be led by PLHIV, LGBTI and Sex workers with the support of other sectors, in order to address stigma in the province.

The province's performance against the NSP goals and PSP strategic objectives is commendable. Sustaining of achievements made as well as addressing identified gaps and challenges are critical issues of concern to be addressed if the Free State province is to succeed in the new Provincial Implementation Plan (PIP) on HIV, TB and STIs 2017-2022.

INTRODUCTION

OVERVIEW

In 2012 the Free State PCA, the PCA and the Technical Working Group developed a Free State HIV, TB and STIs Strategic Plan 2012-2016, to respond to the challenge(s) of HIV, TB and STIs.

The vision of the Free State PSP is as follows:

- Zero new HIV and TB infections;
- Zero new infections due to vertical transmission;
- Zero deaths due to HIV, TB and STIs.
- Zero discrimination associated with HIV or TB.

The Free State PSP has four strategic outcomes namely:

- **Strategic Objective 1: Social and structural drivers of HIV, TB and STIs:** This objective focuses on addressing social factors that increase vulnerability and eliminating structural impediments in the HIV and TB response.
- **Strategic Objective 2: Prevention of new HIV and TB infections**: This objective focuses on strategies to reduce new HIV infections among adults and children and new TB case registration by fifty percent by the end of the PSP period.
- **Strategic Objective 3: Treatment, health and wellness:** Due to on-going investments in research, clinical experience, and community participation, people living with HIV and those affected with TB can enjoy long and healthy lives. To make this a reality for everyone, it is imperative to get people with HIV into care early after infection to protect their health and reduce their potential for transmitting the virus to others. Early diagnosis and effective treatment of TB will reduce TB deaths and on-going spread of TB.
- **Strategic Objective 4: Protection of human rights and access to justice:** This objective focuses on reducing stigma and discrimination against people living with HIV and those with TB.

Consistent with the NSP, the goals for the Free State PSP are to:

- Reduce new HIV infections and TB case registration by at least 50% using combination prevention approaches.

- Initiate at least 80% of eligible patients on ART with 70% alive and on treatment five years after initiation.
- Reduce the number of HIV and TB deaths by 50%
- Eliminate HIV and TB related discrimination and drastically reduce stigma.

Key principles underpinning the PSP include:

- Resource allocation decisions for programmes should be grounded in the latest epidemiological evidence about who is being most affected and where most urgent unmet needs are;
- PLHIV have unique experiences that should be valued and relied upon as a critical source of input in strategic development, policy setting, and programme implementation;
- There are critical social and programme enablers that are conducive for a rational HIV and TB response and lead to improved performance;
- Communities themselves are best equipped to make difficult choices and set prevention and treatment priorities;
- HIV, AIDS and TB planning and programming don't happen in isolation and should be aligned to South Africa's development objectives. Strengthening the social, educational, legal and health systems to enable an effective response is therefore critical.

Purpose of FS PSP 2012-2016 Annual Progress Report

This report aims to provide results from the interventions (as per PSP strategic goals and objectives). Therefore, the main objectives of this report are as follows:

- To assess the PSP progress against the five main goals.
- To assess progress made towards achieving PSP 2012-2016 strategic objectives.
- To look at the progress in strengthening monitoring and evaluation systems.
- To reflect on the gaps and challenges faced in achieving the strategic objectives.

BACKGROUND OF THE PSP 2012 – 2016

HIV and TB are leading underlying causes of death in the Free State province. Many more people in the Free State are affected by HIV, TB and STIs (FSPSP; 2013). Even though HIV transmission rates have been sustainably reduced over time and people with HIV are living longer, more productive lives, there was an estimated 12 113 new HIV infections recorded

in 2015 (Thembisa modelling; 2016). Below is a snapshot of the Health profile of the Free State Province (2016):

- Total HIV prevalence (from ANC Survey) is estimated at approximately 12.9 % (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- Incidence in women 15-24: 2.01% (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- Incidence in age group 15-49: 1.02(Johnson LF; Dorringtom RE, and Moolla H; 2016) % (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- Incidence in youth 15-24: 1.30% (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- Total HIV incidence rate: 0.49% (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- Total prevalence in female sex workers: 69.3% (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- Total number of ART patients: 209 167 (Johnson LF; Dorringtom RE, and Moolla H; 2016)
- It's noteworthy to mention that Free State Province achieved the highest rates of condom usage compared to other provinces. (Johnson LF; Dorrington RE, and Moollla H; 2016)

ASSESSMENT OF PSP PROGRESS AGAINST THE FIVE MAIN GOALS OF THE NSP

This section focuses on the overall performance on the five main goals of the PSP for the year 2015/16.

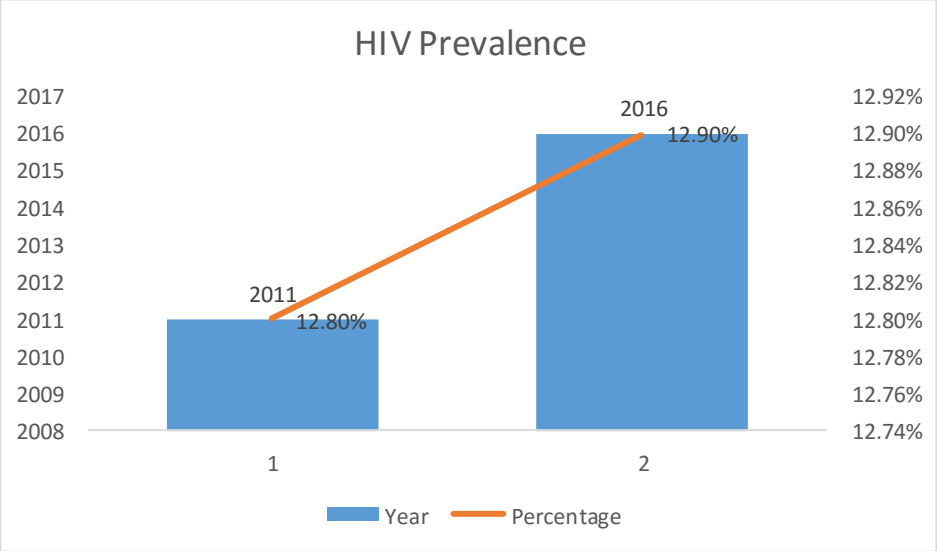
Goal 1

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

Provincial HIV Prevalence

The figure 1 below shows that the Free State Province has shown a slight increase in HIV prevalence over the years. In 2016 the prevalence was 12.9% compared to 2011 was at 12.8% (Thembisa Modelling; 2016).

Figure 1: **Total HIV Provincial HIV Prevalence (Thembisa Modelling; 2016)**



HIV Prevalence by Gender and Age

The Table 1 below shows a decline in HIV prevalence amongst children under 15 years. In the year 2016 it was 2.4% compared with 2.8% in 2014. There is 2% decline (Thembisa Modelling; 2016). This is an achievement for the province. This is also attributed to provincial DOH's initiative of conducting quarterly Patient Experience of Care surveys in all provincial hospitals to obtain patient feedback and ensure appropriate interventions when required (DOH Annual report; 2015/16).

Table 1 below shows prevalence in youth (15-24) was at 8.5% in 2016, while in 2014 it was 9.1%. There was a decrease of 0.6% (Thembisa Modelling; 2016). One of the reasons for this achievement is that provincial DOH ensured availability of ARVs, educated communities about safe sex and implemented other HIV prevention programmes, in collaboration with stakeholders.

Table 1 below indicates that males (15-24) experienced a decline in HIV prevalence; in 2016 compared to 4.0% in 2014 (Thembisa Modelling; 2016). The reason for the 1% decline was that the DoH in partnership with DoE and DoSD conducted numerous school sexual and reproductive health programmes (DoH Annual Report; 2015/16).

Table 1 below indicates a notable decline in HIV prevalence in females (15-24). In 2016 HIV prevalence was at 13.3% compared to 2014, where it was 14.2% (Thembisa Modelling; 2016). There was a difference of 0.9%; showing a significant achievement. However, females (15-24) have higher rate (13.3%) compared to their male counterpart of the same age group, where HIV prevalence is at 3.9% in the same year (Thembisa Modelling; 2016).

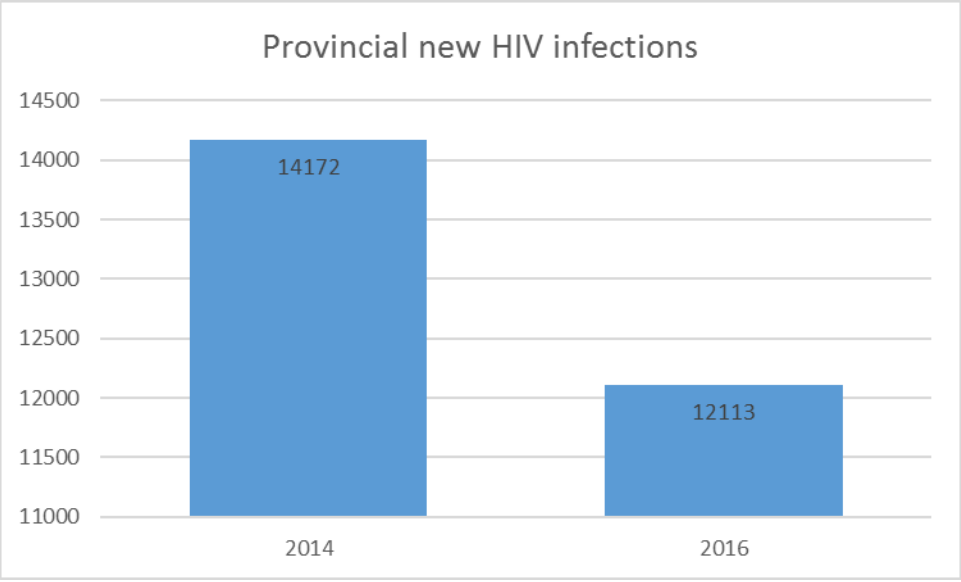
Table 1: HIV Prevalence by Gender and Age Group (Thembisa Modelling; 2016)

Indicators	Years	
	2014	2016
Prevalence in children (<15)	2.8%	2.4%
Prevalence in youth (15-24)	9.1%	8.5%
Prevalence in age group 15-49	20.0%	19.8%
Prevalence in males aged 15-24	4.0%	3.9%
Prevalence in females aged 15-24	14.2%	13.3%

Provincial HIV Incidence

There was a downward trend in HIV incidence in the FS Province, as depicted in Figure 2 below. Figure 2 indicates that, in 2016 there was a total of 12113 new infections; whilst in 2014, 14172 were newly infected with HIV (Thembisa Modelling; 2016). The downward trend in HIV incidence in the Province could be attributed to increase in condom usage in the province, abstinence, and decrease in the number of occasional partners (DoH Annual Report; 2015/16).

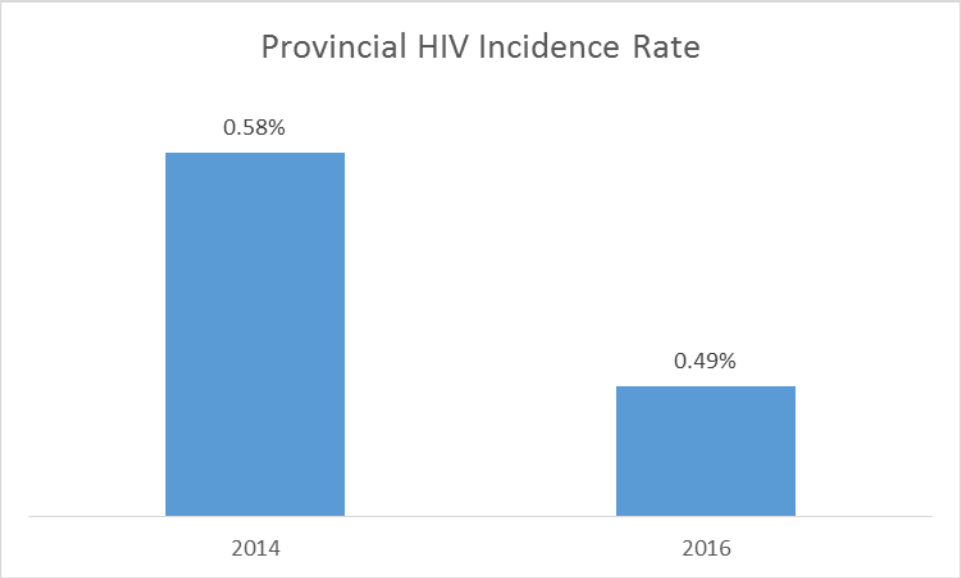
Figure 2: Total Provincial new HIV Infections **(Thembisa Modelling; 2016)**



Provincial HIV Incidence Rate

Figure 3 below indicates that the total provincial HIV incidence rate had decreased. The rate had decreased to 0.49% compared to 0.58% in 2014, 0.9% decrease. According to DoH Annual Report (2015/16) one of the possible reasons could be a scale up for ARVs.

Figure 3: **Total Provincial HIV Incidence Rate (Thembisa Modelling; 2016)**



Provincial HIV Incidence Rate by Gender and Age

Table 2 below indicates achievements made by the Free State province to reduce HIV incidence. HIV incidence for age group (15-49) declined from 0.99% in 2014 to 0.85% in 2016 yielding a 0.14% decline. HIV incidence for youth (15-24) declined to 0.85% in 2016 from 1.49% in 2014 (Thembisa Modelling; 2016).

HIV incidence rate for men aged 15-24 decreased from 0.62% to 1.74% in 2016. Similarly, the HIV incidence rate for females (15-24) took a downward trend to 2.09% from 2.34% (Thembisa Modelling; 2016).

Table 2: Provincial HIV Incidence Rate by Gender and Age (Thembisa Modelling; 2016)

	Years	
Indicators	**2014**	**2016**
Incidence in age group 15-49	0.99%	0.85%
Incidence in youth (15-24)	1.49%	0.85%
Incidence in men aged 15-24	1.74%	0.62%
Incidence in women aged 15-24	2.34%	2.09%

Goal 2

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

According to DoH Annual Report (2015/16); an estimated 86.2% of people living with HIV in the Free State Province were on ART, which was an increase, compared to 78.1% in 2012.

People on ART increased to 187 413 in 2015 from 119 109 in 2012. (DoH Annual Report; 2015/16).

ART Initiation, Retention in Care and Impact of ART

Table 3 below indicates that the number of new patients started on ART was 37,443, and the target was 33,271 for the financial year 2015/16 (DoH Annual Report; 2015/16). This reveals that the target was exceeded. The number of new patients started on ART (15 years and older) was 36,062, which exceeded the target of 32,980 for the financial 2015/16. (DoH Annual report; 2015/16). Table 3 also indicates that the number of new patients started on ART (<15 years) was 1,381 exceeding a target of 1,291 was exceeded of the reporting period (DoH Annual Report; 2015/16).

Table 3: ART Initiation, Retention in Care and Impact of ART (DOH Annual report; 2016)

Indicators	Target (2015/16)	Actual Achievement (2015/16)
Number of new patients started on ART	33,271	37,443
Number of new patients started on ART (15 years and older)	32,980	36,062
Number of new patients started on ART (<15 years)	1,291	1,381

Impact of ART

Johnson LF; Dorringtom RE, and Moolla H (2016) reported that the total number of people living with HIV increased to 39.3% in 2016 from 34.3% in 2014. According to DoH Annual Report (2015/16); AIDS deaths in clients on ART decreased from 2547 to 2406 in 2016. Stats SA (2016) reported that crude death, due to AIDS declined to 9.7 deaths per 1000 people in 2016 from 12.9 deaths per 1000 people in 2002. The number of AIDS related deaths decreased from 325 241 in 2006 to 150 759 in 2016.

Goal 3

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

DoH Annual Report (2015/16) reported that there is a steady decline in the number of new TB infections and TB deaths in the province. The report also shows that non-HIV and TB mortality has been declining over the past years.

Provincial TB Incidence

Table 4 below indicates an achieved decline in TB treatment success rate of 13722 (78.3%) in 2016 from 15289 (74.7%) in the year 2012 (DoH Annual Report; 2015/16). According to DoH Annual Report 2015/16, this achievement is attributed to the fact that people living with HIV receive Isoniazid Preventive Therapy which protects them against TB.

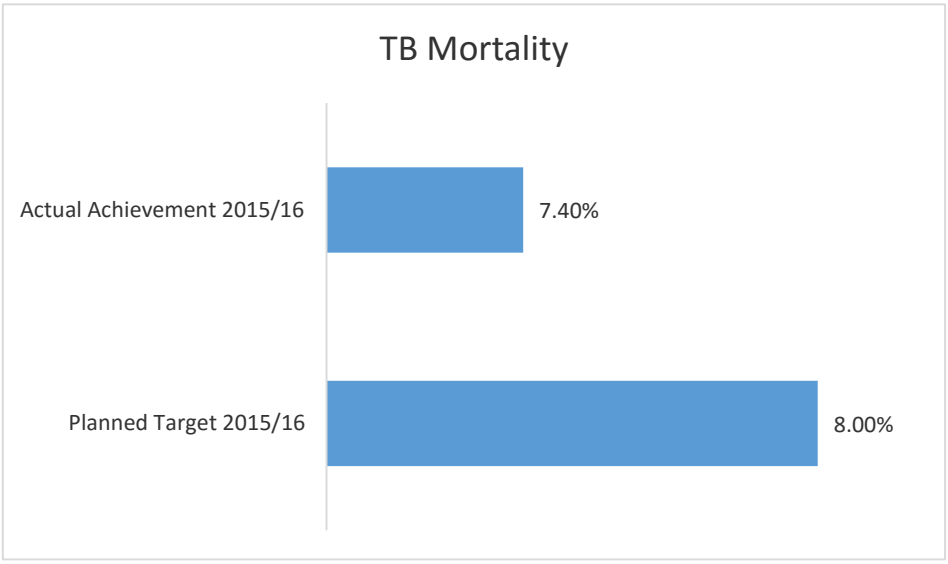
Table 4: TB Treatment Success (DoH Annual report; 2016)

TB Treatment Success		
15289 (74.7%)	**13722 (78.3%)**	
2012	**2016**	

Provincial TB Mortality (DoH Annual Report 2015/16)

Figure 4 below indicates that the set target for TB death rate was 8.0% in the year 2015/16. However, the actual TB deaths were at 7.40% (DoH Annual Report; 2015/16). This is an achievement for the province, which means more lives are saved through TB treatment as shown in Table 4.

Figure 4: **Total Provincial TB Mortality**



Goal 4

- Ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the PSP

According to the 2013 HIV and TB programme Review coordinated by the World Health Organisation (WHO), commissioned by the National Department of Health and adopted by

Free State Provincial DoH; South Africa's interventions and policies respect human rights in their conceptualization and implementation.

The following programmes were implemented by Provincial DOH in partnership with development partners (NGOs) in the province.

- **Informed consent for HIV counselling and testing:** This is standard practice implemented by hospitals, NGOs, clinics and private hospitals. This is supported by the patient survey done in every quarter in the province (DoH Annual Report; 2016).

- **Referral and linkage to care for people with HIV:** DoH in partnership with development partners conducted referrals to ensured linkage to care through referral of people living with HIV into care. Community Health Workers in collaboration with DoH lead referrals and linkage to care for people with HIV in districts and at local levels (DoH Annual Report; 2015/16).

- **Access to sexual and reproductive health services**: All health care facilities including hospitals across the province, provided sexual and reproductive health services. They partnered with the Department of Basic Education to provide sexual and reproductive health services to schools, key populations and communities (DoH Annual Report; 2015/16).

Health care policies, guidelines and services follow a rights based approach, examples of which are:

- Provision of training on human rights: PCA in partnership with an NGO named Anova Health Institute, provided training to LGBTI and sex workers on human rights awareness and strategies for solid human rights advocacy. There were separate workshops carried out in 2016 (PCA Annual Report; 2015/16).

Goal 5

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

The 2015 PLHIV stigma index report notes that external stigma is; "done by others to PLHIV." It is displayed through attitudes or actions aimed at PLHIV including insults, rejection, avoidance, intolerance, stereotyping, discrimination, and physical violence."

The stigma index report also found that FS is one of the three provinces where PLHIV experience more stigma, especially external stigma. This was discovered from respondents from Free State, KwaZulu-Natal, and Mpumalanga (which have the highest HIV prevalence). It's revealed that stigma is still rife in the FS Province (HSRC: PLHIV Stigma Index Report; 2015).

OVERVIEW OF GAPS AND CHALLENGES IN ACHIEVING THE PSP GOALS

Main findings

Goal 1: Reducing new HIV Infections by at least 50% using combination prevention approaches.

- This report indicates an increase in HIV prevalence over the years (2012-2016). In 2016, HIV prevalence of 12.9%; from 12.8% in 2011. (Thembisa Modelling; 2016).
- HIV prevalence for males (15-24) experienced a decline; from 3.9% in 2016 compared to 4.0% in 2014. (Thembisa Modelling; 2016).
- Females (15-24) declined in HIV prevalence. Decline of 13.3% in 2016 from 14.2% in 2014. (Thembisa Modelling; 2016).
- The cold reality is females (15-24) have higher rate (13.3%) compared to their male counterpart of the same age group; where HIV prevalence is at 3.9% in the same year. (Thembisa Modelling; 2016).
- HIV incidence for age group (15-49) declined by 5% in 2016; to 0.85% compared to 2014 where it was at 0.99%. HIV incidence for youth (15-24) declined to 0.85% in 2016 from 1.49% in 2014. (Thembisa Modelling; 2016).

Goal 2: Initiating at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation.

- The number of new clients started on ART exceeded the target of 33,271. The Actual achievement for 2015/16 was 37,443. (DoH Annual Report; 2016).
- Similarly; total number of clients remaining on ART was also above the target of 191, 180. The actual total achieved was 192,328. (DoH Annual Report; 2016).

Goal 3: Reducing the number of new TB infections as well as the number of TB deaths by 50%

- The current report indicates that the total number of provincial TB incidence declined to 13 722 (74.7%) in 2016 from 152 289 (78.3%) in2012. (DoH Annual Report; 2015/16).
- The set target for TB death rate was 8.0% in the year 2015/16. However, the actual death rate was at 7.40%. (DoH Annual Report; 2015/16).

Goal 4: Ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP.

- **Informed consent for HIV counselling and testing:** This was a standard practice implemented by hospitals, NGOs, clinics and private hospitals. This was supported by the patient survey done in every quarter in the province. (DoH Annual report; 2015/16).

- Provision of training on human rights: PCA in partnership with NGO, Anova Health Institute provided training to LGBTI and sex workers on human rights awareness and strategies for solid human rights advocacy. There were separate workshops done in 2016. (PCA Annual Report; 2016).

Goal 5: Reducing self-reported stigma and discrimination related to HIV and TB by 50%

The Stigma Index Report also found that FS is one of the three provinces where PLHIV experience more stigma, especially external. This was discovered among respondents from the three provinces with the highest HIV prevalence (Free State, KwaZulu-Natal, and Mpumalanga) It was revealed that stigma is still rife in the Free State province. (HSRC: PLHIV Stigma Index Report; 2015).

ASSESSMENT OF PROGRESS MADE TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

This section assesses progress made from 2012-2016 to achieve the set strategic objectives of the PSP. Significant progress was made through the contribution of government, civil society, and development partners in the province; examples are depicted in Tables 5, 6 and 7s below.

Strategic Objective 1: Social and Structural Drivers of HIV, TB and STI, Prevention, Care and Impact

This PSP strategic objective 1 focuses on mitigating against the impact of HIV and TB and supporting affected communities to break down the vicious cycle of on-going vulnerability. Cross-border mobility and internal migration associated with increased risk of HIV acquisition, poor access to HIV and TB services and challenges with adherence, continuity of care and reporting are and were important issues in the FS as it borders on Lesotho (FSPSP; 2013).

Young people (aged 15-24) account for an estimated 45% of new HIV infections with young women facing particular risks due to gender norms which value sexual ignorance and limited power in sexual relations. It was envisaged that providing information and services to young people; as well as addressing issues of gender norms, can reduce the risk of HIV acquisition (FSPSP; 2013).

Table 5 below indicates that 100% of government departments and sectors developed and finalised their operational plans with HIV, TB and related gender and rights based dimension integrated in it (PCA report; 2016). Similarly, the provincial inter-department committee on HIV and TB was functional and met regularly as depicted in Table 5 below. According to DoH Annual report (2015/16); the Province spend approximately R 968, 828.00 on HIV and TB services including communication of information.

Table 5: Strategic Objective 1 (PCA Annual report; 2016 and DOH Annual report; 2016)

Indicator	Baseline	Target 2016	FY 2015/16 Status	Comment – progress towards target
% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated	11	11	100 %	All government departments and sectors have operational plans with HIV, TB and related gender and rights based dimension.
% municipalities with at least one informal settlement where target comprehensive HIV, STI and TB services are implemented	N/A	N/A	N/A	There is no data available in this indicator.
Provincial Inter-departmental Committee on HIV & TB is functional and meets regularly	N/A	N/A	100%	The provincial inter-department committee on HIV & TB was functional and they meet regularly.
Current school attendance among orphans and among non-orphans aged 10 -14 (UNGASS 12; MDG Indicator)	N/A	N/A	N/A	There was data available. Initiative was taken to contact provincial department of education for reports to no success
Delivery rates for women under 18-NIDS	N/A	N/A	N/A	No data available
HIV and TB spend	N/A	N/A	968 828	This is in accordance with the FSDOH Annual Report 2015/16
Number of women and children reporting gender-based violence (GBV) to the police in the last year	N/A	N/A	N/A	Data about women and children reporting gender-based violence to police in the last year was not reached.
Proportion of women who have experienced physical or sexual violence in the last year	N/A	N/A	N/A	N/A

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

Strategic objective 2 focused primarily on strategies to prevent sexual and vertical transmission of HIV and STIs and to prevent TB infection and disease, using combination of

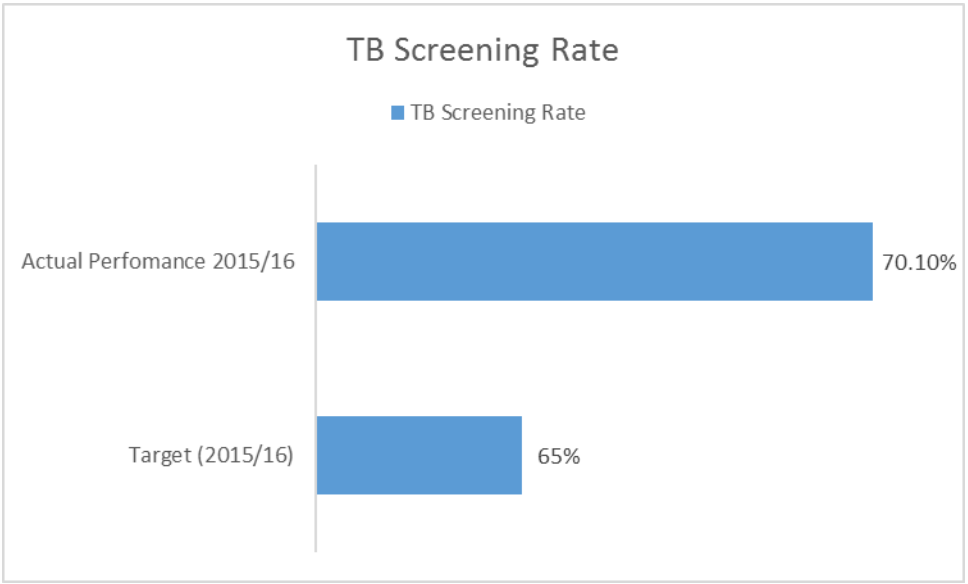
prevention approaches (FS PSP; 2012-2016). It was anticipated that by 2016, the FS province would:

- Reduce new HIV infections by 50%. New infections among adults (15-49) would be reduced from an estimated 20 800 to 10 400 and among children from an estimated 1 600 to 800. (FS PSP; 2012).
- Reduce the HIV transmission rate, which is a measure of annual transmission in relation to the number of people living with HIV. (FS PSP; 2012).
- Reduce new TB cases per 100 000 population in the Free State by 50%. TB incidence would be reduced from an estimated 836 to 418 per 100 000 population in the FS. (FS PSP; 2012).
- Vertical transmission of HIV would be reduced from an estimated 3.2% (2011) to less than 2% at 6 weeks and less than 5% at 18 months (FS PSP; 2012).

Figures 5, 6 and 7 below indicates the progress made to achieve PSP strategic objective two.

Figure 5 below indicates that the province achieved more than the target in TB Symptom Screening in the year 2016. The actual performance was 70.10% in 2016; from the target of 65% (DoH Annual report; 2015/16).

Figure 5: Provincial TB Symptom Screened Rate **(DOH Annual report; 2016)**



Data in Figure 6 below reflects that more of the adult population in the province know their HIV status over the period of time. The year 2010 saw 57.9% of adult population knew their HIV status. The percentage of adult population knowing their HIV status increased to 86.2% in 2015 (DoH Annual report; 2015/16).

Figure 6: Percentage of Adult Population-HIV Status Known **(DOH Annual report; 2016)**

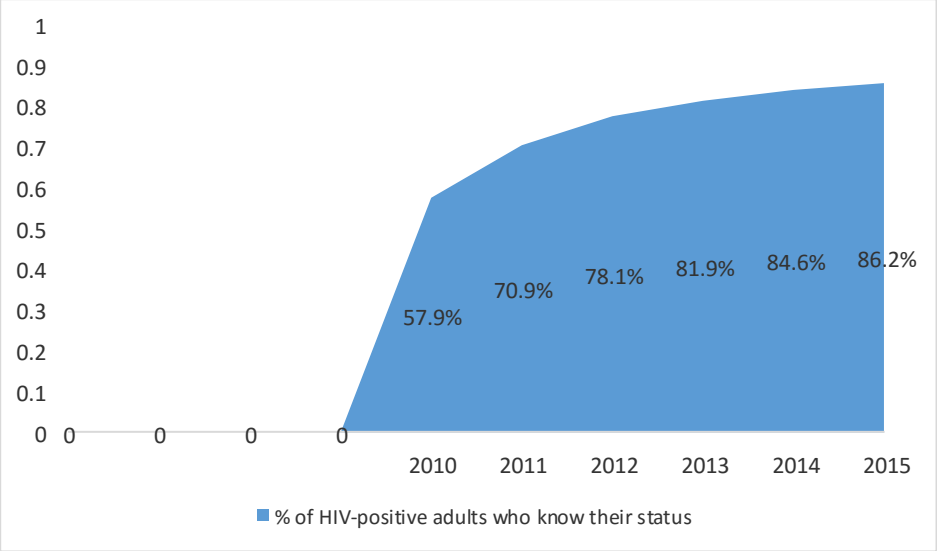


Figure 7 below indicates that 53.7% of men aged 15-49 were circumcised in 2016 compared to 49.0% in 2014(DoH Annual Report; 2015/16). This is attributed to partnerships between DoH and House of Traditional Leaders as well as cooperation from schools and communities in the province (DoH Annual Report; 2015/16).

***Figure 7: VMMC* (Thembisa Modelling; 2016)**

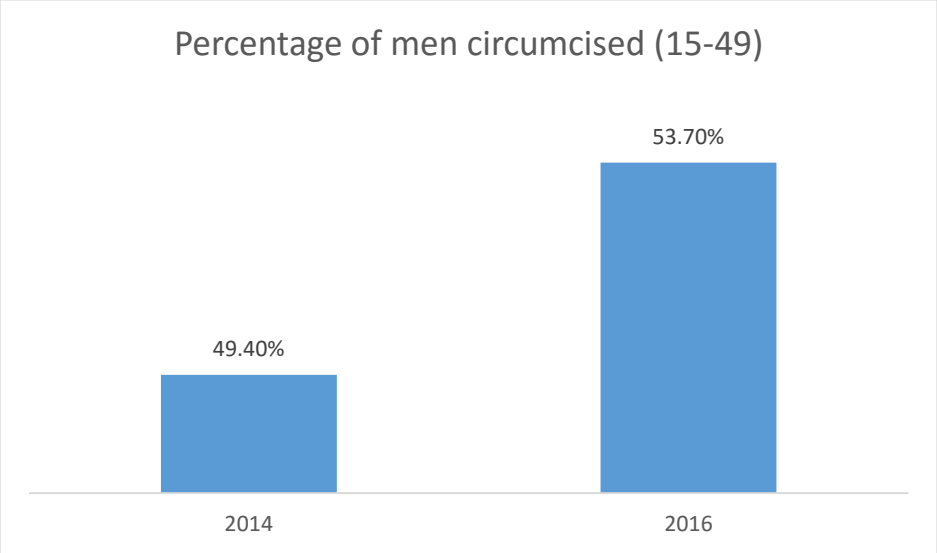


Table 6 below indicates the actual number (and percentage) of men and women 15-49 years who were counselled and tested in 2015/26. A total of 684 483 men and women aged 15-49 years were counselled and tested in the current reporting period. The number of people counselled and tested exceeded the target of 606 343 by 78 140 (DoH Annual report; 2015/16). Table 6 also shows that the percentage of people screened for TB was 70.1%, which means the target of 65% was exceeded. These achievements are attributed to a number of HCT and TB services provided by public hospitals, clinics, private hospitals,

private General Practitioners (GPs) and NGO development partners (DoH Annual Report; 2015/16).

Additionally, the data in Table 6 below indicates that the number of newly diagnosed HIV positive people started on IPT for latent TB infection decreased from the envisaged target of 24 168 to 21 355 in 2016 (DoH Annual Report; 2015/16). The decrease is attributed to increased marketing of IPT, which resulted in greater awareness amongst HCW on implementation of IPT (DoH Annual Report; 2015/16).

Table 6 below indicates that a total of 52,544 233 male and 1, 428 546 female condoms were distributed. Both the male and female condom distribution exceeded the provincial target of 36, 488 520 and 873 339 respectively in the period under review (DoH Annual Report; 2015/16). According to the DoH Annual Report (2015/16) the increase in male and female condom distribution is attributed to improved performance of condom suppliers nationally that cater for province's condom distribution.

Data in Table 6 below indicates that 45810 men were medically circumcised in 2016; which was underachieved since the target was 74 496 (DoH Annual Report; 2016). Even though; according to Thembisa modelling (2016) as shown in Figure 7 above (page 24) that there was an increase in the number of men circumcised, the DoH Annual Report on the other hand notes that their target in the province was not achieved. The reason for under performance was caused by shortage of doctors to perform VMMC consistently in health facilities. Another reason was the prolonged process of outsourcing VMMC services and financial resource restraints among the appointed service providers (DoH Annual Report; 2015/16).

Table 6: Strategic Objective 2 (DOH Annual report; 2016)

Indicator	Baseline	Target 2016	FY 2015/16 Achieved	Comment – progress towards target
Number (and percentage) of men and women 15–49 counselled and tested for HIV	N/A	606 343	684 483	Overachievement of the target was due to strengthened counselling and testing services as well as mopping up of data from the external partners.
Number and percentage of people screened for TB	+/- 60%	65%	70.1%	Target achieved
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	N/A	24 168	21 355	Increased marketing of IPT resulted in more awareness among HCW on implementation of IPT
Percentage men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex	N/A	N/A	32.6%	There is still more room for improvement.

Percentage young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)	N/A	N/A	N/A	There was no survey report and/or data available on this indicator.
Percentage women and men aged15–49 years who have had sexual intercourse with more than one partner in the last 12 months.	N/A	N/A	N/A	There was no survey report and/or data available on this indicator.
Male condom distribution	N/A	36 488 520	52 544 233	Target achieved.
Female condom distribution	N/A	873 339	1 428 546	Improved performance of condom suppliers nationally resulted in overachievement of the targets for male and female condoms.
Number of men medically circumcised	143 000	74 496	45 810	Target not achieved. There was a challenge of shortage of doctors to perform VMMC consistently in health facilities. The outsourcing of MMC service took longer than anticipated and the appointed service providers also experienced a slow start due to financial problems.
Number of people reached by prevention communication at least twice a year	N/A	N/A	N/A	N/A

Strategic Objective 3: Sustaining Health and Wellness

Strategic Objective 3 focuses on achieving significant reduction in deaths and disability as a result of HIV and TB (NSP on HIV, STIs and TB 2012-2016). The Province envisaged the following by 2016:

- Increased proportion of newly diagnosed HIV positive clients linked to clinical care to 90% (FSPSP; 2012).
- Increased proportion of clients in continuous care (FSPSP; 2012).
- Increased TB cure rate to 90%. (FSPSP; 2012).
- Reduced number of deaths where TB and HIV were leading underlying causes by 50% (FSPSP; 2012)

Table 7 below indicates progress made thus far in achieving the above mentioned ambitions. It indicates that the number (37 433) of people per year becoming eligible to

receive ART was achieved beyond the target of 33400 in 2016. (DoH Annual report; 2015/16). This achievement was due to revision of the eligibility criteria from CD4 of 350 to 500, and improved performance on the HCT created a bigger pool of patients qualifying for treatment. (DoH Annual Report; 2016).

Data in Table 7 below indicates that TB case registration rate was achieved with 100% from the target of 97% in 2016 (DoH Annual Report; 2016). It also indicates that TB case detection rate was achieved at 75.4% from a target of 75% in 2016 (DoH Annual report; 2016). Table 7 below also indicates that percentage of smear positive TB cases which were successfully treated was 83.9% from the target of 84% in 2016 (DoH Annual report; 2016). It also indicates below in the Table 7 that the number of registered TB patients who tested positive was 21 989 in 2016 from the target of 50 617 (DoH Annual report; 2016). The DoH Annual report (2016) indicates that the rationalised register does not allow for capturing and reporting of screening done in PHC facilities. Only hospitals are able to report, resulting in underreporting. NDoH is in the process of updating the register.

Table 7: Strategic Objective 3 (DOH Annual report; 2016)

Indicator	Baseline	Target 2015/16	FY 2015/16 Achieved	Comment – progress towards target
Proportion (%) of people per year becoming eligible who receive ART	Not available	33 400	37 443	Target achieved. The revision of eligibility criteria from CD4 count of 350 to 500 and improved performance on the HCT created a bigger pool of patients qualifying for treatment
TB case registration rate	95%	97%	100%	Target achieved
TB case detection rate	72%	75%	75.4%	Target achieved
% smear positive TB cases that are successfully treated	Baseline	84%	83.9%	Target under achieved
TB case fatality rate (CFR)	9.8%	4.5%	7.4%	Target achieved
CFR HIV-positive = CFR HIV-negative	N/A	N/A	N/A	N/A
Number and % of registered TB patients who tested for HIV	87%	50 617	21 989	The rationalised register did not allow for capturing and reporting of screening done in PHC facilities. Only Hospitals were able to report in resulting in underreporting. NDOH in the process of updating the register.
Number of all newly registered TB patients who are HIV-positive, expressed as a proportion of all newly	N/A	20 246	21 355	Target achieved

registered TB patients				

Strategic Objective 4: Ensuring protection of human rights and improving access to justice

The FSPSP (2012) indicated that the NSP recognises that criminalization of sex work and drug use render individuals more vulnerable to HIV infection. It also recognises the importance of addressing gender issues in a context of HIV including the high levels of violence against women, including sexual assault. FSPSP (2012) states that HIV and TB stigma remains high in the Free State and fear of discrimination causes some to avoid accessing diagnosis, treatment and care services. FSPSP (2012) anticipated the following outcomes:

- Reduced HIV and TB related human rights violations are rare in the Free State. (FSPSP; 2012).
- Reduction of stigma and discrimination against people living with HIV and those with TB. (FSPSP; 2012).

The initiatives taken over the past five years (2012-2016) to achieve the above mentioned outcomes are as follows:

- PCA launched a Sex workers sector in 2016. The Free State Human Rights Commission and Commission for Gender Equality played a critical role during the launch of the sex workers sector. They raised awareness to sex workers about human rights and access to justice. They emphasized the rights of sex workers as human beings residing in the Free State Province and highlighted ways to access justice (PCA Annual Report; 2016).
- In 2016 PCA launched a LGBTI sector: The LGBTI sector was launched to ensure that this key and vulnerable population has access to justice and comprehend their human rights in the province. Anova Health Institute in partnership with PCA and Department of Justice and Constitutional Development presented effective human rights advocacy initiatives they intended to undertake, and also means to access justice effectively. (PCA Annual Report; 2016).
- PLHIV sector, under the umbrella of PCA, held one workshop during the period under review to address some of the human rights challenges experienced by the sector. It is also envisaged that PLHIV sector will have more robust programmes to address the challenge of stigma amongst other challenges that need attention in the next reporting period. (PCA Annual Report; 2016).

MONITORING AND EVALUATION

Overview of the Provincial M&E system

According to PCA M & E Unit (2016) report; the Provincial M & E system was being developed during the current reporting period. The following were the major achievements made in strengthening the provincial M & E system:

- ✓ A draft M & E Plan which is aligned to the PSP was in place during the period under review. (PCA M & E Unit Annual Report; 2016)
- ✓ The reporting template was revised with the relevant stakeholders and shared with NGO partners and government departments. The revision was to ensure that all parties were clear of the reporting requirements in order to avoid duplication in reporting. The reporting template was streamlined to include indicators which NGO partners and government departments do not report to the DoH. PCA M & E Unit received quarterly reports from DoH. The received data was inclusive of the data submitted by NGO partners and government departments (PCA M & E Unit Annual Report; 2016)
- ✓ The M & E system of reporting was presented to PCA, discussed and it was agreed that reporting to PCA M & E Unit will be on a quarterly basis using the report template shared (PCA M & E Unit Annual Report; 2016)
- ✓ PCA M & E Unit held a Basic M & E workshop in partnership with NACOSA to impart knowledge about M & E to PCA Sector Leaders (PCA M & E Unit Annual Report; 2016)
- ✓ Site visit meetings were conducted to give required M & E technical assistance to District AIDS Councils (DACs) and Local AIDS Councils LACs (PCA M & E Unit Annual Report; 2016)
- ✓ PSP Evaluation study: Evaluation plan and questionnaire was developed and qualitative study was conducted to find out the perceptions of PCA Sectors regarding the four strategic objectives of the PSP (PCA M & E Unit Report Annual; 2016)
- ✓ The PSP Evaluation study was concluded, a draft report produced and presented to PCA M & E Forum for further input (PCA M & E Unit Annual Report; 2016)
- ✓ M & E Forum was held to discuss the provincial M & E system, and to nominate members that will form part of the M & E TWG. Consequently, sector M & E personnel were nominated and seconded from government departments and civil society (PCA M & E Unit Annual Report; 2016)
- ✓ Presentation on the PSP Evaluation study was made during the Provincial Department of Health Research Day. (PCA M & E Unit Annual report; 2016)

- ✓ PCA M & E personnel were part of the Logistical Committee for the research day. It is expected that relationships will be strengthened with Department of Health Research Unit, in order to advance the research agenda (PCA M & E Unit Annual report; 2016)
- ✓ M & E Technical Working Group (TWG) was established in the first workshop that was held to develop the 2017-2022 Provincial Implementation Plan (PCA M & E Unit Annual Report; 2016)
- ✓ Government departments have operational plans addressing HIV and TB led by health and wellness managers. (PCA M & E Unit Annual report; 2016)

Challenges in the implementation of the Provincial M&E system

The challenges experienced in implementation of the provincial M & E system were as follows:

- The HIV and TB indicators in the operational plans of most government departments were more related to Employee Assistance Programme (EAP), was based on internal government employee wellness. There were no HIV and TB indicators targeted at communities. Furthermore, STIs were not mentioned in their plans. (PCA M & E Unit Annual Report; 2016)
- A small percentage (10%) of the M & E TWG members are not adequately skilled on M & E and had no internet and computer access. This challenge could potentially disadvantage participation in some of the TWG activities. (PCA M & E Unit Annual Report; 2016)
- Very few NGO partners (1%) implemented the agreed reporting system. Government departments did not report during the period under review. (PCA M & E Unit Annual Report; 2016)

Remedial Action

Remedial actions to address the challenges cited above are as suggested below:

- ➢ The development of the new PIP will ensure streamlined inclusion of STIs. (PCA M & E Unit Annual Report; 2016)
- ➢ Enhancement of M & E capacity of M&E TWG members. (PCA M & E Unit Annual Report; 2016)
- ➢ Reviewing the standard reporting protocol in order to strengthen the Provincial M& E system. (PCA M & E Unit Annual Report; 2016)

OVERVIEW OF GAPS AND CHALLENGES IN ACHIEVING THE STRATEGIC OBJECTIVES

Main Findings

Strategic Objective 1: Social and structural drivers of HIV, TB, STI's, Prevention, Care and Impact

The FS PSP (2012) indicated that young people (aged 15-14) account for an estimated 45% of new HIV infections with young women facing particular risks due to gender norms which value sexual ignorance and limited power in sexual relations. It was envisaged that providing information and services to young people; as well as addressing issues of gender norms, can reduce the risk of HIV acquisition. (FSPSP; 2012).

All government departments and sectors developed and finalised their operational plans with HIV, TB and related gender and rights based dimension integrated in it. (PCA Annual report; 2016). Similarly, the provincial inter-departmental committee on HIV and TB was fully functional and met regularly. According to DoH Annual Report (2015/16); the province incurred an expense of R 968, 828.00 on HIV and TB services and communication of information.

Strategic Objective 2: Prevention of new HIV, TB and STI's infections

- In 2016 the TB screening rate target was 65%, reflecting an overachievement in the actual performance percentage of 70.10% (DoH Annual Report; 2015/16).
- The number of men and women (15-49) counselled and tested for HIV exceeded the target of 606 343, the actual achievement was 684 483 in 2016. This was largely attributed to strengthened counselling and testing services as well as mapping up of data from external partners (DoH Annual Report; 2015/16)

Strategic Objective 3: Sustaining Health and Wellness

- The number of people per year becoming eligible for ART at 37 443, exceeded the target of 33 400 in 2016.This was attributed to revision of eligibility criteria from a CD4 count of 350 to 500, and the improved performance in HCT created a bigger pool of clients qualifying for treatment. (DoH Annual Report; 2015/16).
- In 2016 TB case registration achieved 100% compared to the target of 97% (DoH Annual Report; 2015/16)

Strategic Objective 4: Ensuring protection of human rights and improving access to justice.

- PCA launched a Sex workers sector in 2016. The Free State Human Rights Commission and Commission for Gender Equality raised awareness among sex workers regarding human rights and access to justice. (PCA Annual Report; 2016).

- In 2016 PCA launched a LGBTI sector: The LGBTI sector was launched to ensure that these key and vulnerable populations have access to justice and that they comprehend their human rights. Anova Health institute in partnership with PCA and Department of Justice and Constitutional Development presented effective human rights advocacy initiatives and means to access justice to delegates from LGBTI sector. (PCA Annual Report; 2016).
- PLHIV sector, under the umbrella of PCA, held a workshop to address some of the human rights challenges experienced by the sector during the period under review (PCA Annual Report; 2016).

Challenges and Gaps

The challenges noted during the current reporting period are as follows:

- Designing effective programmes to deal with social and structural determinants of health, including poverty, inequality and unemployment. (PCA Annual Report; 2016)
- Females (15-24 years) had higher HIV prevalence compared to the male counter parts. (Thembisa Modelling; 2016)
- Addressing gender inequality and gender based violence and sexual violence. (PCA Annual Report; 2016)
- Ensuring that key and vulnerable populations, including young women and girls, children and people with disabilities have access to services. (PCA Annual Report; 2016)
- Reducing externalized and internalized stigma for HIV and TB and to improve responsive programmes to human rights abuse. (HSRC; 2015)
- Ensuring regular screening for TB and testing for HIV. (DoH Annual Report; 2015/16)
- VMMC still lagged behind compared to the set targets. (DoH Annual Report; 2015/16)
- Operational plans for government departments focused more on internal employee wellness. There is no other HIV, TB and STIs plans in order departments that seeks to reach out to the broader community apart from DoH. (PCA Annual Report; 2016).

CONCLUSION AND RECOMMENDATIONS

Free State Province has achieved a great deal during the course of the PSP implementation.

PSP Goal One witnessed more reduction of new HIV infections. The HIV incidence took downward trend. However; the challenge of higher HIV prevalence of females (15-24 years) remained at 13.3% in 2016 compared to their male counter parts of the same age group, which was at 3.9% in the same year (Thembisa Modelling; 2016).

PSP Goal Two made significant progress, particularly with more people (37, 433) became eligible for ART in 2016 from a target of 33271, and 192, 382 remained on ART from target of 191, 180. (DoH Annual Report; 2016).

PSP Goal Three of reducing the number of new TB infections as well as TB deaths by 50% progressed in the province. The number of TB deaths in 2016 decreased to 74.7% from the 78.3% target in 2016 (DoH Annual Report; 2015/16).

PSP Goal Four and Five lagged behind even though there were initiatives done by PCA Sectors, NGO partners and civil society in the province. The initiatives implemented were as follows: (1) the provision of training on human rights; (2) PCA in partnership with Anova Health Institute provided training to LGBTI and sex workers about human rights awareness and strategies for solid human rights advocacy. Separate workshops completed in 2016.

(PCA Annual Report; 2016).

However; protection of human rights and access to justice especially for key populations remained a huge challenge. The Stigma Index Report also found that FS is one of the three provinces where PLHIV experience more stigma, especially external stigma. This was revealed from survey among responses from Free State province. PCA partnered with Anova Heath Institute, Department of Justice and Constitutional Development, Free State Human Rights Commission and Commission for Gender Equality to raise awareness among LGBTI, PLHIV, and Sex Worker. (PCA Annual Report; 2016).

Anova Health Institute in partnership with PCA and Department of Justice and Constitutional Development also presented on effective human rights advocacy initiatives and means to access justice. (PCA Annual Report; 2016). The Free State Human Rights Commission and Commission for Gender Equality raised awareness among sex workers about human rights and access to justice. (PCA Annual Report; 2016).

Free State government and civil society through PCA require greater priority to M & E, based on up to date indicators and targets. Resource mobilization efforts require increased funding to improve treatment and to address prevention efforts in the province.

RECOMMENDATIONS

- ✓ Studies need to be conducted to determine the root causes of social and structural drivers to HIV, TB and STI's.
- ✓ HIV testing and counselling programmes must be scaled up to ensure that more people know their HIV status and are put on treatment timeously.
- ✓ HIV Programmes for females aged between 15-24 years need to be improved.

- ✓ Government departments and sectors need to have HIV, TB, and STI programmes that deal with the broader community in accordance with their respective mandate; as this task is not the sole responsibility of the DoH.
- ✓ Human rights protection advocacy bodies need to be strengthened to ensure initiatives advancing protection of human rights and access to justice are conducted.
- ✓ Stigma programmes need to be led by PLHIV, LGBTI and Sex workers in order to address stigma in the province, supported by other sectors.
- ✓ Solid, consistent cooperation need to be strengthened between PCA, government departments and other sectors to strengthen the monitoring and evaluation reporting system.
- ✓ The province's successes such as highest condom usage and others must be sustained, documented and interrogated to determine the factors that led to success, to be analysed and shared with all stakeholders. Information on province specific factors attributed to the identified successes could form part of provincial institutional knowledge and must thus be preserved and shared as good practice within the province, at national and international platforms

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