ANNUAL PROGRESS REPORT 2015/16
PROVINCIAL STRATEGIC PLAN 2012-2016

NORTHERN CAPE PROVINCIAL AIDS COUNCIL
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<tr>
<td>APP</td>
<td>Annual Performance Plan</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>DHIS</td>
<td>District Health Information System</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HST</td>
<td>Health Systems Trust</td>
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<td>IDC</td>
<td>Inter Departmental Committee</td>
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<td>IPT</td>
<td>Isoniazid Prophylactic Therapy</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>NCDOH</td>
<td>Northern Cape Department Of Health</td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
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<tr>
<td>PSP</td>
<td>Provincial Strategic Plan</td>
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<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
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4. EXECUTIVE SUMMARY

The Annual Provincial Progress Report presents the Northern Cape’s effort in combating HIV, AIDS TB and STI for the 2015/2016 financial year. The report reflects the province’s achievements, shortfalls and challenges in addressing issues of HIV, AIDS TB and STI as stipulated in the Provincial Strategic Plan 2012-2016.

Northern Cape Province made significant progress in reducing the mother to child transmission rates from 5.3% (2011/2012) to 2.8%(2015/2016). HIV incidence registered a consistent reduction since 2012. Death attributed to HIV declined in the province. PSP targets for HIV Counselling and Testing (HCT) have met one year before the end of the implementation of the PSP. Similarly, targets for both male and female condom distribution were met before the end of the PSP implementation period, despite some significant challenges with the delivery of condoms across the province. The number initiated on ART and remaining on ART continued to rise steadily during the current reporting period. The target for the number of people initiated on ART is expected to be reached in the next reporting period.

Although figures for TB treatment success and cure rates rose from 77% (2012/2013) and 80%(2015/2016) for treatment success rate and 66% (2012/2013) to 72%(2015/2016) for the cure rate, these performances remained well below the PSP targets. Another worrying trend is the province’s inability to curb the TB treatment defaulter rate; statistics reveal inconsistent trend lines for this indicator in the last four years. The Northern Cape needs to redouble its effort in the fight against TB to realise achievements in serving people living with TB.

Another area of concern was the poor reporting on PSP by most government departments. With the exception of DoH, most government departments do not report on the PSP implementation. Efforts to mainstream HIV, AIDS TB and STI fight into departmental performance plans need to be increased. Similarly, Strategic Objective Four reported on the least within the province. There is need to review Strategic Objective 4 in the next Provincial Implementation Plan (PIP).
5. INTRODUCTION

OVERVIEW

This document presents progress made in addressing issues related to HIV, AIDS, TB and STIs by the Northern Cape Province. The report outlines a summary of key achievements, gaps and challenges as per the four Strategic Objectives of the Northern Cape PSP on HIV, STIs and TB (2012 to 2016).

BACKGROUND of the PSP 2012 – 2016

The current Northern Cape (NC) Provincial Strategic Plan (PSP) for HIV and AIDS, STI’s and TB (2012-2016) represents a framework of strategic actions that must be undertaken by the province in order to address the growing HIV and AIDS, STI’s and TB epidemic; with a focus on provincial specific factors and emerging issues. The PSP describes how the unique challenges on HIV/AIDS, STI’s and TB affecting the Northern Cape economic and social development will be addressed over a period of five years.

The PSP advocates for a multi-sectoral approach to combat 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 including Government departments, partners and Civil Society Organisation. The 2012-2016 PSP was formulated based on the PSP review outcomes and is aligned to the National Strategic Plan for 2012-2016 is the PSP is also informed by various international commitments to which South Africa is a signatory to. The province adapted the Three Zero’s 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

The strategic plan was developed through a process of consultation with a wide range of provincial stakeholders. The purpose of the plan is to direct, coordinate and measure the collective effort expended by the province in the fight against the HIV, STI’s and TB. The purpose of this effort is to better manage the response and mitigate the impact of the epidemic. It is hoped that through a systematic and coordinated effort, progress will be made in mitigating the epidemic in the Northern Cape.
6. ASSESSMENT OF PSP PROGRESS AGAINST THE FIVE MAIN GOALS OF THE NSP

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

HIV Prevalence among women and men aged 15-24 years

The HSRC Survey Report\(^1\) of 2012 places the HIV prevalence amongst the 15-24 age group in the Northern Cape at 4.1%. STATS SA\(^2\) on the other hand has the National HIV prevalence rates amongst Youth (15-24 age group), decreasing from 6.2% in 2012, to 5.6% in 2016. A similar HIV prevalence decline is registered in Thembisa model which has the HIV prevalence rates of the Northern Cape Youth (15-24) declining from 4.7% in 2012 to 4.1% in 2016 (Fig 1.1) below\(^3\).

![Northern Cape HIV Prevalence Rates](image)

According to the Thembisa Model, HIV prevalence rates for the 15-49 year age group in the Northern Cape province remained at a constant 10.5% from 2012 to 2016 reporting period (Fig 1.1). The decline in the HIV prevalence rates amongst the youth (15-24year) is viewed as a result of youth transitioning to adulthood. This view is backed up by the subsequent rise in HIV prevalence rates amongst entire Northern Cape as well as the stabilisation of prevalence rates amongst the 15-49 year age groups.

According to the NCDoH\(^4\), the stabilising of the Northern Cape Province’s HIV prevalence rate is as a result of the successful implementation of the Anti-Retroviral Treatment (ART) and the Prevention of Mother To Child (PMTCT) programmes.

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HIV prevalence in key populations

This data was not collected comprehensively across all categories of key population in the Northern Cape Province, during the reporting period. ANOVA Health Institute developed a data collection tool intended for use by health facilities. The data collection tool was yet to be incorporated into NC Department of Health (DOH’s) information system. Data for the period under review was collected through size estimations and modelling. During the current reporting period; the province established three High Transmission Areas (HTA) targeting truck drivers and sex workers strategically located in major routes across two districts (Hanover and Colesberg in Pixley ka Seme, Upington in ZF Mgcawu). The province implemented an outreach HTA model targeted for the mobile population in John Taolo Gaetsewe and Frances Baard districts.

The province was successful in ensuring that access to TB and HIV health care services became available for inmates in Correctional Centres. The Department of Correctional Services (DoC) partnered with Right to Care and the Provincial Health Department to provide a myriad of services such as HIV Testing Services (HTS), Antiretroviral treatment, TB screening and treatment, including health promotion activities.

Despite inadequate data, the province engaged eleven mines in three districts (Frances Baard, ZF Mgcawu and JT Gaetsewe) to provide TB and HIV health care services to their employees; based on their signed contracts.

HIV Incidence

According to the Thembisa Model, HIV incidence rates in the Northern Cape Province decreased from 0.66% in 2012 to 0.39% in 2016 for the 15-49 year age groups (Fig 1.2 below). This decline translates to a 40.9% decrease in new HIV infection rates over the PSP period. Although the 50% target reduction rate specified in the PSP was not reached, the consistent decline in infection rates over the course of the PSP is commendable. Additionally, the Northern Cape registered the lowest HIV incident rates in the country according to the Thembisa model.

The decline in new HIV infection rates was also seen amongst the youth (15-24 age group) of the Northern Cape Province which fell from to 0.9% to 0.6% between 2012 and 2016 (Fig 1.2 below). Similarly, NCDoH reports show figures for vertical transmission rates amongst the six week old age decreasing from 5.3% in the 2011/2012 reporting period to 2.8% in the 2015/2016 reporting period.

![HIV Incidence Rates: Northern Cape-Thembisa Model](image-url)
Goal 2: Initiating at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation

Patients alive and on treatment

According to NCDoH’s 2016 Annual report, the number of registered ART patients in the Province increased from 43 022 at the end of the 2014/2015 Financial Year to 47 445 in 2015/2016 (Fig 1.3). In January 2015, the NCDoH implemented revised Guidelines for initiation of eligible HIV positive people into Antiretroviral Treatment Therapy (ART) to improve output. The changes were specific to pregnant/breastfeeding women were immediately initiated on ART regardless of CD4 cell count. The treatment was later rolled out to include all categories of eligible patients with CD4 count less than 500cells/µL in the 2015/2016 reporting Year. The Province implemented these guidelines in all fixed facilities.

The Integrated Access to Care and Treatment (IACT) Programme which aimed to ensure that newly diagnosed HIV positive patients were enrolled into ART was introduced by partners. The programme also secured the support of CaSIPO for the KIDZALIVE Programme which aimed to strengthen the support given to children on ART. The Programme further needs to strengthen linkages to care and retention strategies as the National focus is shifting from prevention and treatment to retention in care.

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

TB Incidence  

TB still remained a big challenge for the Northern Cape Province. Even though, the province showed a slight decrease in the infection rate from 641/100000 in 2012 to the 518/100000 in 2015 (information sourced from NCDoH), more still needs to be done to achieve the less than 200 000 target envisioned in the 2012-2016 PSP (Fig 1.4)  

![TB Incidence Rate/100 000 in Northern Cape](chart)

Fig 1.4 Northern cape TB incident Rate per 100 000 population, figure obtained from NCDOH presentation  

Another concern to the province is the increase in the Multi Drug Resistance (MDR) TB infection rates (Fig 1.5). NCDoH was in the process of conducting investigations to determine the primary source of this increase.  

![Multi -Drug Resistant Case Finding, Northern Cape, 2010 - 2014](chart)

Fig 1.5 Northern Cape MDR case finding, data obtained from NCDoH presentation
TB Mortality Rates

According to information sourced from NCDoH (Tier.net), the Northern Cape did not reach its target of reducing TB related deaths to below 3.3% of total number of deaths in the province (Fig 1.6).

![TB Case Fatality Rate](image)

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

The Northern Cape Province’s response to HIV, STI and TB recognises the importance of South Africa’s constitutional values and human rights. The PSP is based on the understanding that the public interest is best served when the rights of those living with HIV, TB, STI or risk of infection are respected, protected and promoted.

The Northern cape PSP also recognises the importance of addressing gender issues including violence against women as it increases the probability of HIV infection. It is from this premise programmes advancing the issues of women are implemented in the province.

**She Conquerors programme**

- A total of two districts; namely Sol Plaatjie Sub district and Dikatlong, were identified at by the national authorities; to implement the She Conquers programme. The Northern Cape Province, selected a task team to oversee the implementation of that programme and Conducted an audit of all stakeholders who will implement the She Conquerors programme.

- By the end of the period under review; the PCA Secretariat which was tasked with coordinating the programme was waiting for the release of the implementation plans by SANAC. Secondly, the Secretariat is working to get buy in from Dikatlong municipality to lead the process in their sub district.
7. ASSESSMENT OF PROGRESS MADE TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

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

In seeking to address the structural determinants of HIV, STI’s and TB, the Northern Cape PSP advocates for a multi-sectoral approach. Actors in the multi-sectoral approach in the fight against HIV, TB and STI includes traditional and political leaders, faith based organisations, cultural groupings etc. The PSP also advocates for, amongst other things, the mainstreaming of 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.

Delivery rates For Women under 18 NIDS

Delivery Rates for women under 18 years of age continues to show a downward trend (Fig 1.7 above), the province recorded a 0.3% decrease from the previous reporting period. Although the target of less than 8% of total deliveries was not achieved, the continued downward trend over the duration of the PSP indicates the anticipated progress. A number of interventions were underway to address teenage pregnancy, in the Northern Cape.

Provincial Inter-Departmental Committee on HIV & TB

The Inter Departmental Committee (IDC) was functional and met regularly during the period under review. The IDC Meeting occurred once a quarter, with the aim of strengthening and coordinating the joint implementation of the PSP among provincial and national departments; as well as ensuring HIV, TB and gender mainstreaming into departmental strategies and work plans. The Northern Cape Province successfully convened four IDC meetings during the 2015/2016 reporting period.
### Table 1: Strategic Objective 1

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2016</th>
<th>FY 2015/16 Status</th>
<th>Comment – progress towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated</td>
<td>0</td>
<td>100%</td>
<td>92%</td>
<td>No change in from the previous reporting period</td>
</tr>
<tr>
<td>% municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented</td>
<td>Data not set</td>
<td>Target not set</td>
<td>Data not available</td>
<td>Data not available at time of reporting</td>
</tr>
<tr>
<td>Provincial Inter-departmental Committee on HIV &amp; TB is functional and meets regularly</td>
<td>Data not set</td>
<td>Four times a year</td>
<td>Four times a year</td>
<td>The Inter-departmental Committee on HIV &amp; TB met regularly for reporting period</td>
</tr>
<tr>
<td>Current school attendance among orphans and among non-orphans aged 10 - 14 (UNGASS 12; MDG Indicator)</td>
<td>Baseline not set</td>
<td>Target not set</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
<tr>
<td>Delivery rates for women under 18 - NIDS</td>
<td>30%</td>
<td>Less than 8% of total delivery</td>
<td>9.3%</td>
<td>A slight decrease from the previous reporting period</td>
</tr>
<tr>
<td>HIV and TB spend</td>
<td>99.2%</td>
<td>100%</td>
<td>Data not available</td>
<td>Data not available at the time of reporting</td>
</tr>
<tr>
<td>Number of women and children reporting gender-based violence (GBV) to the police in the last year</td>
<td>Not set</td>
<td>Not set</td>
<td>1719</td>
<td><a href="http://www.crimestatssa.com/province.php?ShowProvince=Northern">http://www.crimestatssa.com/province.php?ShowProvince=Northern</a> Cape Data has shown an increase from the previous year.</td>
</tr>
<tr>
<td>Proportion of women who have experienced physical or sexual violence in the last year</td>
<td>Data not available</td>
<td>Target not set</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
<tr>
<td>No of jobs created through Expanded works programme</td>
<td>38,169</td>
<td>310,643</td>
<td>4904 work opportunities created by provincial departments, 2013 work opportunities created by municipalities</td>
<td>Department Of Roads and Public Works report</td>
</tr>
</tbody>
</table>
HCT 15-49 tested for HIV

The Northern Cape registered improvement in its HCT performance since the beginning of the 2012-2016 PSP period (Fig 1.8). Between 2012/2013 and January 2016 a total of 884781 individuals were tested for HIV\(^5\). This figure exceeds the 605000 PSP target by 31.6%.

![Northern Cape HCT client 15-49 Reach](chart)

Fig 1.8 Northern Cape HCT 15-49 reach. DHIS data drawn from NCDOH 2015/2016 Annual report

A positive step in realising this success involved the signing of a Memorandum of Understanding (MOU) between Northern Cape Department of Health and Health Systems Trust (HST) for the implementation of Phase II VCT Private Project. Phase II entailed partnership with Health System Trust (HST) to contract private health care professionals to provide HCT services to the public. Standard Operating Procedures (SOP) were developed and approved between the two (2) parties for the distribution of HCT test kits for screening and confirmatory of test results. By end of March 2016, twenty-seven (27) service providers who were private doctors had signed contracts to join the franchise network. The reported data was linked to District Health Information System (DHIS). Additionally, the Development Bank of South Africa (DBSA) infrastructure project was in the process of upgrading facilities for HCT services. Four (4) facilities out of thirty (30) were completed and handed over as follows: one (1) in John Taolo Gaetsewe District and three (3) in Pixley Ka Seme District.
Condom distribution

The Northern Cape Province was able to exceed the 30 million target for male condoms stipulated in the PSP. According to data sourced from DHIS, between 2012/13 and 2015/2016 reporting period the province distributed 35.9 million male condoms (Fig 1.9 below). The DHIS data also shows that a total of 376,691 female condoms were distributed in the 2015/2016 reporting period (Fig 1.10 below). The PSP target of 550,000 female condoms was surpassed in the 2014/2015 reporting period. The total number of female condoms distributed at the end of the 2015/2016 reporting period was 1.1 million condoms according to data sourced from the DHIS. This figure is twice the target set by the PSP.

It should be noted that condom distribution in the province was hampered by limited supply from suppliers with fewer service providers registered on the Provincial database (citing reasons of geographical vastness). This was coupled by a shortage of storage space in the province; with only 16 Primary Condom Storage sites available across the province.

Fig 1.9 Total Male condoms distributed, NCDOH data sourced from DHIS 2015/2016

Fig 1.10 Total Number of female condoms distributed, DHIS data drawn from NCDOH 2015/2016 Annual report
Male Medical Circumcision

A total cumulative figure of 29,518 male medical circumcision were conducted over the PSP period (Fig 1.11). This figure is far lower than the 101,200 set in the PSP.

![Total Male Medical Circumcisions Performed](image)

Efforts to address the lower circumcision figures included the Medical Male Circumcision programme implementing the Mass Circumcision Campaigns in the districts with the assistance of the partner organisation South African Clothing and Textile Union (SACTWU). This organisation provided the department with the skilled professionals to perform Medical Male Circumcision. Over and above this, The NC Province saw a positive response from districts, where roving teams were established to conduct MMC on an overtime basis. However, the challenge was that the number of circumcisions yielded by these outreach campaigns was still significantly low compared to the target. The NCDOH managed to organise the training for the Traditional Circumcision Surgeons conducted by a doctor from Gauteng; in preparation for the traditional initiation season. of the training was an outcome of the efforts of the NCDoH in collaboration with Traditional Leaders to minimise risks and complications associated with Traditional Circumcisions. The American President’s Emergency Plan for AIDS Relief (PEPFAR) transition of partners assisting with MMC services had a negative bearing on the programme performance.

**TB statistics**
The Northern Cape struggled to meet its PSP targets in the fight against TB (Table 1.2 below). The province came short in reaching set targets in some TB related indicators

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Target 2015/2016</th>
<th>Actual 2015/2016</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB client lost to follow up rate</td>
<td>6%</td>
<td>7.4%</td>
<td>Target not reached</td>
</tr>
<tr>
<td>MDR confirmed treatment initiation rate</td>
<td>100%</td>
<td>98%</td>
<td>Target not reached</td>
</tr>
<tr>
<td>MDR treatment success rate</td>
<td>27%</td>
<td>39%</td>
<td>Target exceeded</td>
</tr>
<tr>
<td>TB new client treatment success rate</td>
<td>95%</td>
<td>80%</td>
<td>Target not reached</td>
</tr>
</tbody>
</table>

Table 1.2. TB Statistics. Data drawn from NCDOH 2015/2016 Annual report

The number of TB clients lost to follow up was above the annual target. The reason for this was the high attrition rate of TB Tracer Team leaders in Frances Baard and Pixley Ka Seme districts and the absence of tracer teams in the ZF Mgcawu and Namakwa district. Only one (1) team was operational in the John Taolo Gaetsewe district and this team was inadequate.

The MDR treatment initiation rate fell short of the target set in the PSP. No explanation was cited for the failure to reach the target. The low figures for the TB treatment success rate was attributed to the high number of deaths (6%) and the high lost to follow up rates (7.4%)

**MTCT Rate**

MTCT rate at six weeks declined in the Northern Cape since 2012(Fig 1.12 below). With the exception of an increase in the 2015/2016 reporting period, the province recorded a steady decline towards the less than 2% target set in the PSP (Fig 1.10 below). Although the Northern Cape failed to reach its target of less than 2%, the decline is viewed by the NCDoH as a stabilisation of Mother To Child Transmission rates. The following interventions led to the decline in MTCT rates:

- Encouraging early ANC bookings
- HCT campaigns to identify HIV positive mothers
- Proper provision of ART during Antenatal services
- Identification of HIV exposed babies at six weeks and 18 months.
Table 2: Strategic Objective 2

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2016</th>
<th>FY 2015/16 Achieved</th>
<th>Comment – progress towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (and percentage) of men and women 15–49 counselled and tested for HIV</td>
<td>311909 (44% of NC population)</td>
<td>605000 (80% of 15–49 year olds)</td>
<td>234607</td>
<td>PSP data exceeded, NCDOH data sourced from DHIS</td>
</tr>
<tr>
<td>Number and percentage of people screened for TB</td>
<td>40%</td>
<td>100%</td>
<td>40.6%</td>
<td>A slight improvement on last reporting period, NCDOH data sourced from ETR.net</td>
</tr>
<tr>
<td>Number of newly diagnosed HIV positive people started on IPT for latent TB infection</td>
<td>5543</td>
<td>100%</td>
<td>5233</td>
<td>An increase from previous years reporting period, NCDOH data sourced from ETR.net</td>
</tr>
<tr>
<td>Percentage men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex</td>
<td>52.6%</td>
<td>65%</td>
<td></td>
<td>Data not available at the time of reporting</td>
</tr>
<tr>
<td>Percentage young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)</td>
<td>52.6%</td>
<td>65%</td>
<td></td>
<td>Data not available at the time of reporting</td>
</tr>
<tr>
<td>Percentage women and men aged 15–49 years who have had sexual intercourse with more than one partner in the last 12 months</td>
<td>8.8%</td>
<td>Less than 5%</td>
<td></td>
<td>Data not available at the time of reporting</td>
</tr>
<tr>
<td>Male condom distribution</td>
<td>16712700</td>
<td>30 million</td>
<td>8213648</td>
<td>PSP data exceeded, NCDOH data sourced from DHIS</td>
</tr>
<tr>
<td>Category</td>
<td>Baseline</td>
<td>Target</td>
<td>Achieved</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------</td>
<td>-----------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Female condom distribution</td>
<td>200000</td>
<td>550000</td>
<td>7602</td>
<td>PSP data exceeded, NCDOH data sourced from DHIS</td>
</tr>
<tr>
<td>Number of men medically circumcised</td>
<td>813</td>
<td>101200</td>
<td>7602</td>
<td>PSP not exceeded, NCDOH data sourced from DHIS</td>
</tr>
<tr>
<td>Number of people reached by prevention communication at least twice a year</td>
<td>Baseline not set</td>
<td>15000</td>
<td>Data not available</td>
<td>Available data has not been verified</td>
</tr>
<tr>
<td>Annual TB Default Rate</td>
<td>5.8%</td>
<td>Less than 3.5%</td>
<td>7.3%</td>
<td>Target Not reached, NCDOH data sourced from ETR.net</td>
</tr>
<tr>
<td>TB clients lost to follow up</td>
<td>Baseline not set</td>
<td>6%</td>
<td>7.4%</td>
<td>Target Not reached, NCDOH data sourced from ETR.net</td>
</tr>
<tr>
<td>Percentage of MDR patients receiving appropriate treatment</td>
<td>87%</td>
<td>100%</td>
<td>98%</td>
<td>NCDOH data sourced from etr.net</td>
</tr>
<tr>
<td>Percentage of XDR patients receiving appropriate treatment</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
<td>NCDOH data sourced from etr.net</td>
</tr>
<tr>
<td>No of people 15 years and older treated for STI</td>
<td>18174</td>
<td>8431</td>
<td>12855</td>
<td>NCDOH data sourced from DHIS</td>
</tr>
<tr>
<td>Percentage of babies who tested HIV (PCR) positive after 6 weeks</td>
<td>6.6%</td>
<td>Less than 2%</td>
<td>2.8%</td>
<td>NCDOH data sourced from DHIS</td>
</tr>
<tr>
<td>Percentage of adults and children provided with PEP following sexual assault</td>
<td>73%</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Strategic Objective 3: Sustaining Health and Wellness

TB treatment success rate

According to data sourced from the ETR.net, the Northern Cape failed to reach its target of greater than 85% TB treatment success rate. Even though the target was not reached, the province registered increased annual performances since 2013 (Fig 1.13 below).

Fig 1.13 TB Treatment Success rate, NCDOH data sourced from ETR.net

TB client lost to follow up rate

TB clients lost to follow up was above the annual target because of the high attrition rate of TB Tracer Team leaders in Frances Baard and Pixley ka Seme districts and the absence of tracer teams in the ZF Mgcawu and Namakwa district. Only one (1) team was operational in the John Taolo Gaetsewe district which is inadequate.

TB Case fatality rate

Fig 1.14 TB Case Fatality Rates, NCDOH Data sourced from ETR.net
The mortality rate amongst TB patients has been steadily declining on an annual basis (Fig 1.14 above). Treatment adherence strategies such as counselling, patient education and default tracing proved to be beneficial to treatment outcomes.

Table 3: Strategic Objective 3

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2016</th>
<th>FY 2015/16 Achieved</th>
<th>Comment – progress towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion (%) of people per year becoming eligible who receive ART</td>
<td>61.1%</td>
<td>80%</td>
<td>Data recorded as Total number of ART recipients per year, NCDOH data sourced from ETR.net</td>
<td></td>
</tr>
<tr>
<td>TB case registration rate</td>
<td>956/100000</td>
<td>475/100000</td>
<td>8178</td>
<td>Data not available at time of reporting</td>
</tr>
<tr>
<td>TB case detection rate</td>
<td></td>
<td></td>
<td></td>
<td>Data not available. Data is calculated at national level</td>
</tr>
<tr>
<td>% smear positive TB cases that are successfully treated</td>
<td>80.4%</td>
<td>Greater than 85%</td>
<td>79.8%</td>
<td>NCDOH Data sourced from etr.net</td>
</tr>
<tr>
<td>TB case fatality rate (CFR)</td>
<td>6.7%</td>
<td>3.3%</td>
<td>6.2% (5.9% ETR.net)</td>
<td>Data obtained from NCDOH 2015/2016 Annual report</td>
</tr>
<tr>
<td>CFR HIV-positive = CFR HIV-negative</td>
<td></td>
<td></td>
<td></td>
<td>Data not available at time of reporting</td>
</tr>
<tr>
<td>Number and % of registered TB patients who tested for HIV</td>
<td>39.9%</td>
<td>100%</td>
<td>93.1%</td>
<td>Target not reached, an increase from previous reporting period</td>
</tr>
<tr>
<td>TB cure rate</td>
<td>69%</td>
<td>85%</td>
<td>69.7%</td>
<td>Data obtained from NCDOH 2015/2016 annual report</td>
</tr>
</tbody>
</table>

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 and sexual assault, since gender issues increased 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, the current PSP did not prioritize law reform which happens at the national. It was recognised that some social, cultural, gender practices and human rights infringements influence HIV, STI and TB transmission. Human rights infringements 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. 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.
8. MONITORING AND EVALUATION

8.1. Overview

The Northern Cape PSP recognises the importance of M&E and research in the successful implementation of the HIV, TB and STIs response. M&E is tasked with helping the Northern Cape province improve performance and achieve results. 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.

The M&E unit was involved in the drafting of the PSP 2012-2016 end term review. The end of term review is expected to give direction to the new Provincial Implementation Plan 2017-2022. A steering committee was setup to lead the PSP end term review. Consultations with various stakeholders including Civil Society and some Government Departments on what information should be included in the new PSP (2017-2022) have been completed.

8.2 Challenges in the implementation of the provincial M&E System

Obtaining Strategic Objective 4 related PSP data has proven a challenge. All designated departments and institutions responsible for collecting information lacked the necessary M&E systems to collect this information. Engagements with the relevant sectors on setting up data collecting systems were ongoing during the period under review. The NCDoH faced civil action from May 2016 to December 2016 during the reporting period. This greatly hampered the work of both the NCDoH in reaching its targets as well as those of the M&E unit.

9. OVERVIEW OF GAPS AND CHALLENGES IN ACHIEVING THE STRATEGIC OBJECTIVES

9.1 Main findings

The M&E unit was involved in the drafting of the PSP 2012-2016 end term review. The end of term review is expected to give direction to the new Provincial Implementation Plan 2017-2022. A steering committee was setup to lead the PSP end term review. Consultations with various stakeholders on the PSP review with Civil Society and some government departments were completed during the current reporting period.

9.2 Challenges and Gaps

Strategic Objectives one and four remain the least reported on.
10. CONCLUSION AND RECOMMENDATIONS

- M&E units within the various departments and sectors including Civil Society Organisation, Business and private sector need to be strengthened.

- Establishment of an M&E technical working group to regularly review issues related to PSP/PIP implementation.

- A multisectoral approach to be adopted in the development of the new PIP. The following key stakeholders to be included: government, Business, private sector and Civil Society Forum

- The Northern Cape Province needs to channel more resources and efforts to address the TB issue in the province.

- The male medical circumcision programme needs to be strengthened.

- Targets for condom distribution has been reached, the province should look to conduct research on condom use.

- Capacity building in the area of monitoring and evaluation needs to be looked into particularly for Civil Society Organisation.
11. REFERENCES


6.