

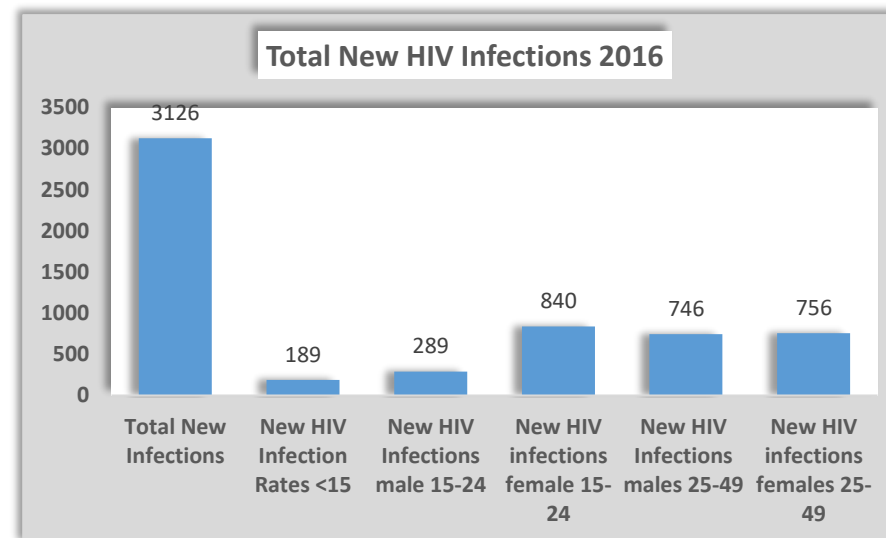
NORTHERNCAPE PROVINCIAL IMPLEMENTATION PLAN 2017-2022 PROGRESS REPORT

FACTSHEET: 2017 /18 PROGRESS UPDATE - SNAPSHOT

GOAL 1: ACCELERATE PREVENTION TO REDUCE NEW HIV AND TB INFECTIONS AND STIs

Indicator	Target FY17/18	Achievement FY17/18
Number of new HIV infections	1650	189%
Mother to child transmission rate (MTCT) at 10 weeks	1.5%	1.1%
Mother to child transmission (MTCT) rate at 18 months	2.0%	0.8%
Number of voluntary male circumcisions performed	18300	5248 (28.7%)
Delivery in 10 to 19 years in facility	12%	17.1%
Number of people tested for HIV	220259	131.7% (289982)
Number of male condoms distributed	15154381	79.7% (12085178)
Number of female condoms distributed	385141	70.4% (271150)
Number of AGYW, FSW, MSM, IDU receiving oral PrEP for the first time during the reporting period	171 (MDIP)	TBD
Percentage of children screened for TB symptoms	80%	24.3%
Percentage of clients routine symptom screening for TB in health facilities		
HIV positive new eligible client initiated on IPT		

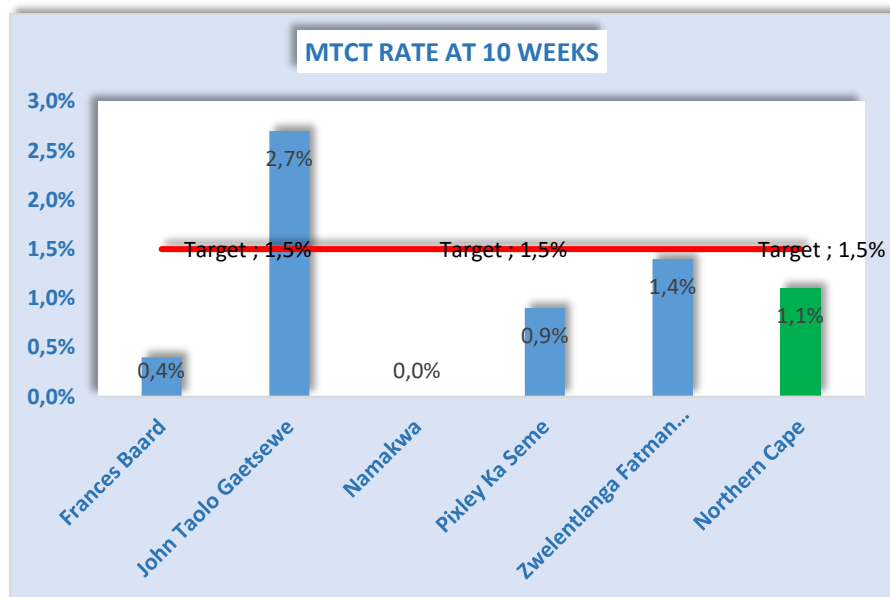
Data Source: *Thembisa 17/18 and Northern Cape DOH, 2018*



Data source: *Thembisa Model 4.1*

Although the target of 1650 less new infections was not achieved, new HIV infections decreased by 9.8% between 2015 and 2016. Females within the 15-24 age group were the most vulnerable to HIV infection. Females between 25-49 were the next most vulnerable to acquiring HIV closely followed by males between the 25-49 age group.

Improvement on HTS is attributed to the following factors; 1) Innovative ways from conventional facility testing to community-based testing; 2) Collaboration with mines, private health care providers (Health Systems Trust VCTII Franchise model) and NGOs on provision of HIV testing services and 3) Improved reporting which integrates activities from non-traditional medical sites.



Data source: Northern Cape Department of Health DHIS 2017/18

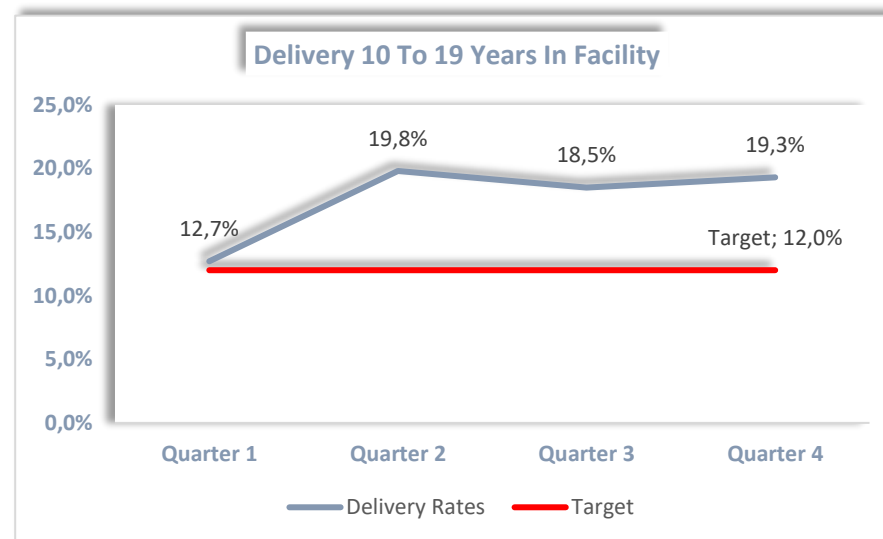
- Northern Cape managed to attain its target of Mother-To-child transmission rate of below 1.5% for the 2017/2018 reporting period.
- The transmission rate was 26.7% below the set target.
- John Taolo Gaetsewe is the only district that did not meet the target, reaching a rate of more than twice the provincial average

Attributing factors to the performance were:

1. Health talks
2. Community dialogues
3. Training of health care workers on PMTCT guidelines
4. Facility support visits conducted

Data Source: Northern Cape Department of Health DHIS 2017/18

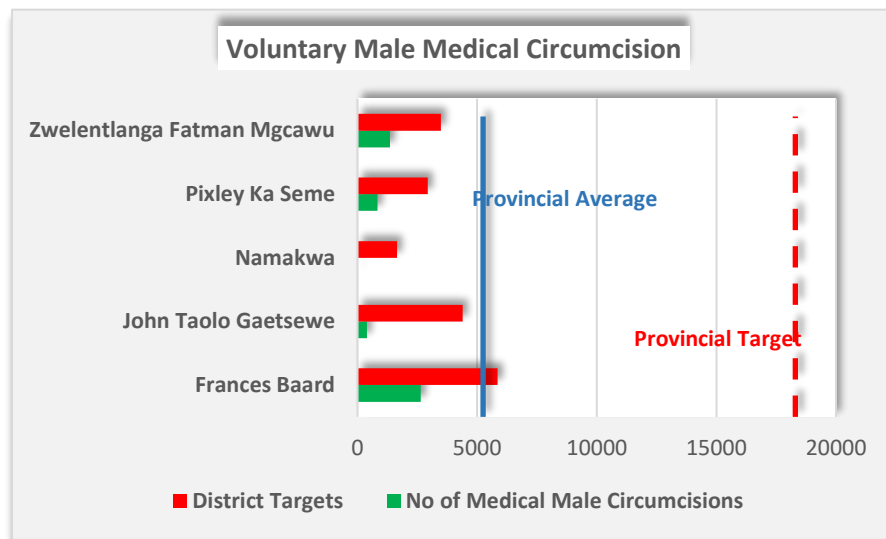
The provincial average for the 2017/2018 reporting period was sixty percent below the set target. All five (5) districts managed to attain the set target with Namakwa once more leading with a zero percent transmission rate. Factors contributing to the observed performance were; 1) Health talks; 2) Community dialogues; 3) Training of health care workers on PMTCT guidelines and 4) Facility support visits conducted.



Data Source: Northern Cape Department of Health DHIS 2017/18

- Delivery in 10 to 19 years in facility monitors the proportion of deliveries in facility by young women between the age of 10 and 19 years.
- The provincial birth rate for young women ten to 19 years remains very high at 19.3% against a set target of <12%.
- According to the Department of Health annual report 2017/18 the 10 to 19-year-old delivery rate was recorded as the highest in the country.

The main reason contributing to the observed poor performance was due to unequal distribution of services between rural and urban health facilities.



Data Source: Northern Cape Department of Health DHIS 2017/18

The Northern Cape performed below target for VMMC and only managed to conducted 5,248 against a target of 18,300. The contributing factors attributing to the observed results were that;

- VMMC is not institutionalised into public hospitals thus affecting access
- Poor demand creation at district level
- Cancellation of MMC outreach camps

In order to address the above challenges, the province is planning on the following;

1. Provide training to more doctors and use District Clinical Specialist Team (DSCT) family physicians to coordinate MMC implementation at district and

facility level. The physicians will therefore become master trainers to provide clinical mentorship within their respective districts

2. District micro plans developed with particular focus on demand creation and awareness
3. Matter currently being discussed at executive management level with the departmental medical director on the appropriate MMC model for province.

Percentage of children screened for TB symptoms

According to data obtained from NCDOH 2018 failed to meet its target for this indicator by 55.7%. Reasons cited for the poor performance was under reporting by different facilities. Also late submissions and incomplete reports from health facilities due to lack of transport and ITC equipment.

Recommendations proposed include:

- strengthening M&E services to address under reporting.
- Support visits to retrieve outstanding data
- Head of Department (HOD) to approve budget for ITC infrastructure

GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL

Indicator	Target	Performance
Adult AIDS Mortality*		
Percentage of people living with HIV who know their status	87%	75% (59,743)
Number of clients living with HIV on ART (TROA)	69256	57429 (89%)
Percentage of adults living with HIV known to be on ART 12 months after starting^	90%	*
People living with HIV viral load suppressed rate (VLS) at 12 months^	77%	88%

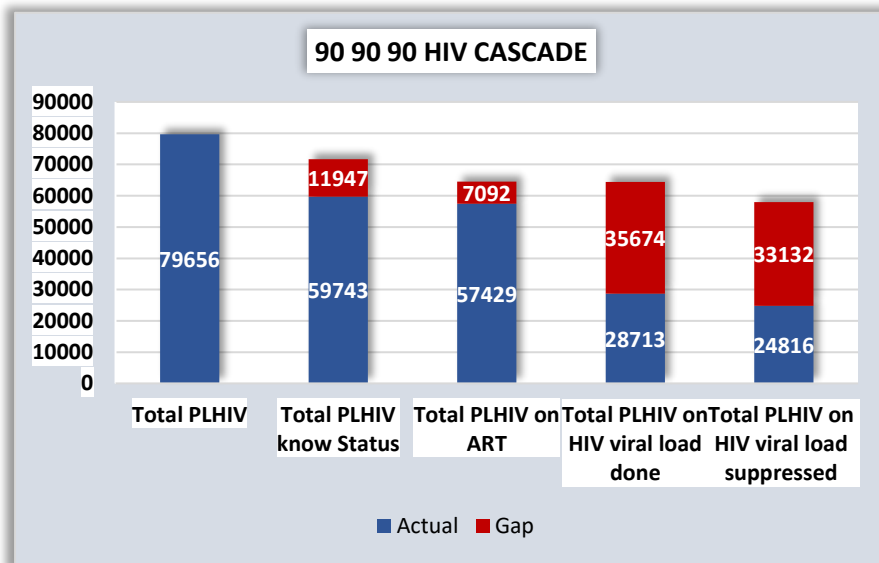
Data Source: Thembisa 16/17 & 17/18 and NCDOH 2017/18

Performance analysis for goal 2 showed that for the indicators % of people living with HIV who know their status and Number of clients living with HIV

and on ART (TROA) did not reach the set target. The only indicators that performed well was for;

- “Case Identification” and
- “ART initiation”.

The 90-90-90 HIV cascade shows that for most of the indicators there was a gap as such the 90% target could not be reached as depicted below.



Data source: Department of Health DHIS and Tier.net

Progress towards reaching the Mpumalanga 90-90-90 targets for TB

Indicator	Target	Performance
TB Incidence		632/100,000
TB death rate	5.5%	7.8%
Percentage of all people/clients started on TB treatment	65%	94.5%
TB treatment success rate	90%	74%
	45% (MDR)	44.1%(MDR)
TB lost follow-up rate	5%	9.8%
Proportion of TB/HIV co-infected patients on ART	100%	96.3%

Data source: NCDOH Annual, Progress Report 2017/18, DHIS, 2017/18 & ETR.net

- Northern Cape did not meet its target for the TB death rate. The 7.8% death rate observed was above the set 5.5% target death rate.
- There was high mortality rate in Frances Baard district (8.3%), followed by Zwelentlanga Fatman district (7.8%) and John taolo Gaetsewe district (7.7%) which was attributed to poor implementation of treatment adherence programmes and stigma.

The target for TB treatment success rate not reached. This was attributed to all district performances being low i.e. Frances Baard (72,6%), Pixley ka Seme (75,3%), Namakwa (75,7%) performing below 80%.

According to NCDOH, the reasons for the poor performance includes:

- High not-evaluated cases resulting in skewed reporting and also outstanding data from the above districts are contributing to poor performance.
- Lack of tracer teams in most areas.
- Lost to follow up of clients on TB treatment was also higher than the set target.



GOAL 3: REACH ALL KEY AND VULNERABLE POPULATIONS WITH CUSTOMISED AND TARGETED INTERVENTIONS

Lifeline Northern Cape was mandated to implement the She Conquers programme in the province. The programme aims to improve the lives of young women by implementing interventions as depicted in the table below.

Targeted key and vulnerable groups with customised and targeted interventions	
Target Group	Interventions
AGYW	<ul style="list-style-type: none"> • Providing them with knowledge to avoid HIV and other STIs • Grant them access to educational and economic opportunities • Providing them with the necessary skills and knowledge to stand against gender based violence • Encouraging them to stay in school • Helping them avoid unwanted pregnancies <p>To date, Lifeline has achieved the following successes:</p> <ul style="list-style-type: none"> • Reached 200 young people through HIV prevention messages • Educated 200 young people on teenage pregnancy and sexual reproductive health • Conducted nine (9) outreach campaigns on various topics • Tested 78 young people for HIV • Tested fifteen (15) young people for TB • Provided injectable contraceptives for eight (8) young people • Distributed 600 male and 75 female condoms • Provided pregnancy tests for eight (8) individuals <p>In addition to Lifeline, the NCDOH has reached a total of 711 young women and girls aged between 15 and 24 at the 28 High transmission Areas (HTA).</p>

Progress on the interventions for key and vulnerable populations (Inmates)

Indicator	Target	Performance
Number and percentage of reported incidents of sexual assaults and rape who received Post Exposure Prophylaxis (PreP)	100%	100%
Percentage of TB screening on admission	95%	96.3%
Percentage of key populations (inmates) living with HIV who know their HIV status (1st 90)	90%	68.7%
Percentage of key populations (inmates) living with HIV receiving ART(2nd 90)	99%	98.3%
Percentage of key populations (inmates) living with HIV receiving who have suppressed viral loads(3rd 90)	90%	74.3%
Percentage of inmates screened for TB at different time points (bi-annually)	95%	96.3%

Source: Department of Correctional Services (combined annual reports 2017/18)

- Of the thirteen inmates, who were victim of sexual assault and rape, all (100%) received post Exposure Prophylaxis (PEP)
- TB screening on admission was exceeded reasons being that upon admission inmates were screened for TB.
- The province achieved 68.7% for % inmates living with HIV who know their status. According to the Department of Correctional Services report 2017/18, inmates identified for first time testing refused to undergo HTS services, those who eventually tested did not want to receive their results. **Remedial action proposed by DCS includes:**
 - Management encouraged to increase efforts to raise awareness and the benefits of knowing your HIV status.
 - Inmates encouraged to undergo voluntary counselling and testing.
- For inmates receiving ART the target was marginally missed reason being that some inmates refused ART medication for personal reasons.

 **GOAL 4: ADDRESS THE SOCIAL AND STRUCTURAL DRIVERS OF HIV, TB AND STIs**

Indicator	Target	Performance
Number of people accessing services through drop in centres	27,000	Not collected by DSD
Number of beneficiaries receiving DSD Social Behaviour Change programmes	756	2196 (290.4%)
Number of beneficiaries receiving social grants	164723 (MDIPS, 2018)	1879604 (DSD, FCG 40167, CDG 922962, CSG 15830)
Number of people accessing food through community nutrition and development centres (CNDC)	27000(MDIPS, 2018)	59325 (DSD, 2018) (22139)
Number of people reached through substance abuse prevention programmes	550 (MDIPS, 2018)	237% (DSD, 2018)

Data Source: Department of Social Development (DSD), Annual Report, 2017/18

Reports from the Department of Social Development indicate that the Northern Cape Province does not have drop in centres but instead Community Nutrition Development Centres (CNDC) that exist to provide food for beneficiaries. Process currently underway to register the centres to serve a dual purpose.

The target for indicator “Number of beneficiaries receiving DSD social behaviour change programmes” was overachieved reason being the appointment of two NPOs by SANAC to implement the SBCC programme in the province.

A total of 40167 individuals received Foster Care grants, 922962 received CDG and 15830 Child support grants were issued. This brings the total number of social grants issued out to 1879604.

In the case of accessing food through community nutrition and development centres (CNDC) data quality was of concern due to not being able to differentiate whether the same individuals received food over the four quarters.

A total of 738 individuals below the age of eighteen and 569 individuals above eighteen years old were reached through the substance abuse prevention programme giving a combined total 1307 individual being reached through substance abuse prevention programme in the 2017/18 reporting period.

 **GOAL 6: PROMOTE LEADERSHIP AND SHARED ACCOUNTABILITY FOR A SUSTAINABLE RESPONSE TO HIV, TB AND STIs**

Indicator	Target	Performance
Number of Premiers and Mayors who Chair AIDS Councils	100%(MDIPS, 2018)	59% (PCA, 2018)
Number of PCA Secretariats that are allocated sufficient funds to coordinate the PIP	TBD	Data not available

The PCA Secretariat can verify a total of thirty-four (34) AIDS Council meetings held during the year under review. Of the AIDS council meetings that were held, sixteen (16) were at Local AIDS Councils, fifteen (15) at District AIDS Councils and three (3) at provincial AIDS councils. A total of twenty (20) were chaired by either ward councillors, Mayors or the Premier giving a score of 59%. This score is below the set target of 100%.

GOAL 7: MOBILISE RESOURCES AND MAXIMISE EFFECENCIES TO SUPPORT THE ACHIEVEMENT OF THE NSP GOALS AND ENSURE A SUSTAINABLE RESPONSE

Indicator	Target	Performance
Total expenditure on HIV, TB and STIs	R478,242,000(CG)	R468,760,000(Conditional Grant) NCDOH Annual report
Percentage of budget from sources other than government	100% expenditure	R16,693,596.00 (For ARV at NHI district (PKS) from the Global fund, in addition to)

The approved budget allocation for the HIV & AIDS Conditional Grant in the 2017/'18 financial years was adjusted from R413 231 000 in 2016/'17 to R478 242 000 in 2017/'18, representing a 15.7% adjustment. Other funding sources for implementation of HIV & TB programmes was through the Expanded Public Works Programme (EPWP) which totalled R30 229 000. The combined grand total for the business plan activities was R508 471 000.