

PROVINCIAL COUNCIL ON AIDS (PCA) 2017

KZN GLOBAL FUND PROGRESS REPORT FOR PRINCIPAL RECIPIENTS (PRS)

Date: 13th September 2017

Venue: Greys Hospital, Pietermaritzburg

Presented by: PCA Secretariat

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Programme Modules for all Primary recipients in KZN

- Prevention programs for adolescents and youth, in and out of school (**NACOSA, AIDS Foundation, KZN Treasury**)
- Prevention programs for other vulnerable populations (**KZN Treasury**)
- Community Systems Strengthening (**AIDS Foundation (AFSA) and KZN Treasury**)
- Prevention programs for MSM and TGs (**NACOSA and Right to care**)
- Prevention programs for people who inject drugs (PWID) and their partners (**NACOSA**)
- TB/HIV (**National Department of Health**)
- MDR-TB (**National Department of Health**)
- Treatment, care and support (**Khethimpilo and Right to care**)
- Geospatial Mapping (**KZN Treasury**)



Targets by Principal recipient

The 7 Principal recipients are reaching some targets but most are behind on behind on KGIS, Soul Buddz, teen parenting and HCT

The following is planned to accelerate implementation

- Meeting with Department of Education set for the 14th September 2017 to address some of the challenges. Revision of HCT delivery model-from HCT in-school to outside the school
- Monthly meetings with Department of Health, Education and Social development where implementation is done
- Report on Global fund activities to be a standing agenda item in their District and Local AIDS Council meetings . Mayors to support the activities
- Integration of the Activities to the OSS structures at WTT and LTT level
- HCT-to be conducted on Saturdays, public holidays, during Zazi camps Negotiation with schools-delivery of KGIS after school and over weekends
- Programme quality: frequent site visits, support supervision, fidelity checks, weekly debriefing of staff, scheduled refresher training
- Linking schools and the nearest facilities to enable tracking of learners referred for treatment
- Monthly Principal Recipient meetings with the PCA, DAC and LAC secretariats

Geospatial mapping

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Introduction - KZN Geospatial Mapping

- Through SANAC: an approach has been developed to assist South Africa at various levels to **Focus for Impact** in its HIV, TB and STI response by **geographically describing and visualising the burden of HIV, TB and STI**.
- Provide platform and tools to support decision-making of Provincial Implementation Plans for the NSP 2017 to 2022.
- Use **existing facility level health service routine data** to identify HIV high burden facilities and triangulate with survey and other multi-sectoral data. The 4 indicators used are 1. **HIV positivity rate 15-49 years**, 2. **Delivery in facility under 18 years rate**, 3. **STI - Male urethritis syndrome rate** and 4. **TB suspect smear positive rate**



Geospatial Mapping

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Key question 1 - Where are the high burden areas?

Identify geographical areas with a high HIV, TB and STI burden areas using routine health data

2

Key question 2 - Why is this a high burden area?

Profile epidemiology and associated risks using secondary data and community dialogue

3

Key question 3 - Who is at risk in this high burden area?

Identify key or vulnerable population to focus on as well as who is not accessing services adequately (access and availability)

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Key question 4 - What are we going to do to reduce the burden in this area?

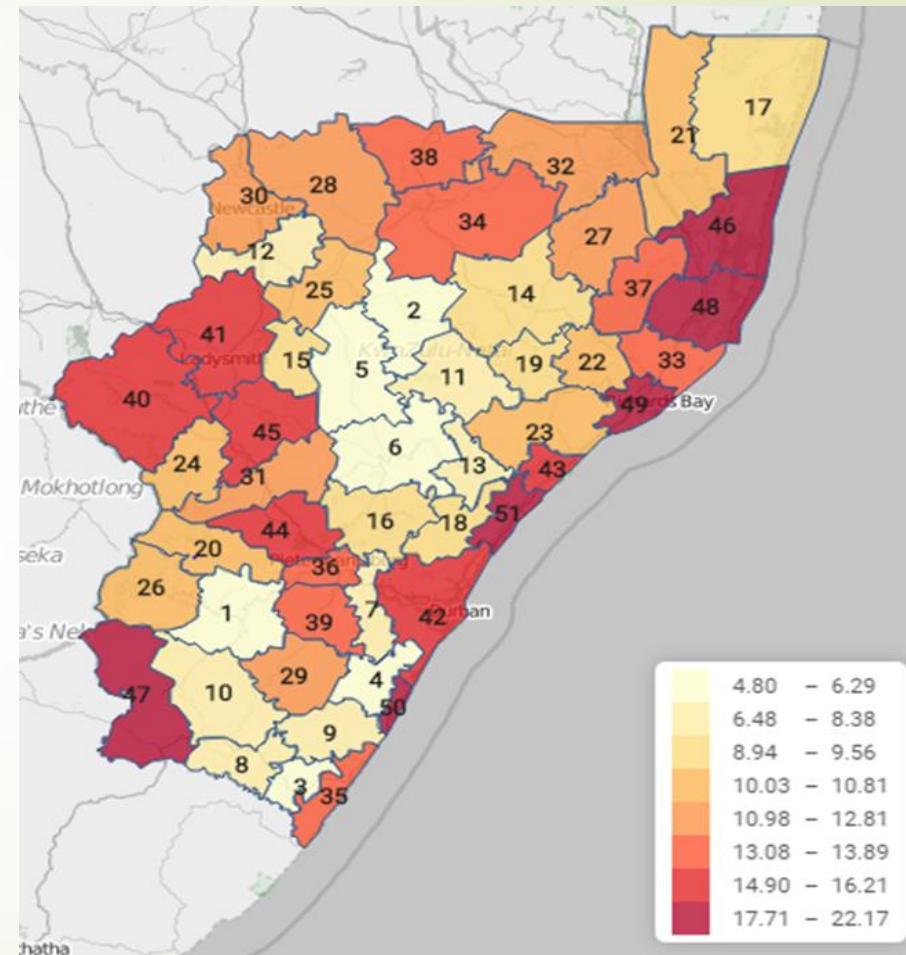
Multi-sectoral Implementation plans and interventions

HIV positivity rate 15-49 years

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Proportion of clients on whom an HIV test was done who tested positive for the first time

46	kz The Big 5 False Bay Local Municipality	17.71
47	kz Greater Kokstad Local Municipality	19.02
48	kz Mtubatuba Local Municipality	19.38
49	kz uMhlathuze Local Municipality	20.23
50	kz Umdoni Local Municipality	21.61
51	kz KwaDukuza Local Municipality	22.17

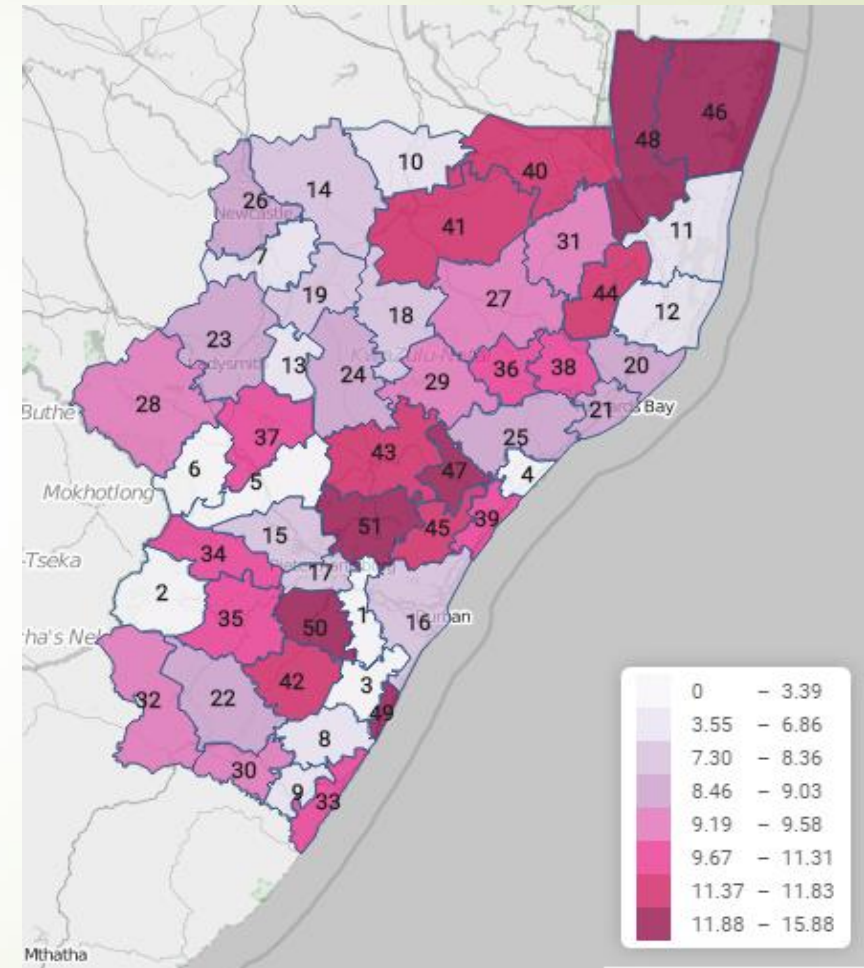


Delivery in facility under 18 years rate

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Deliveries to women under the age of 18 years as proportion of total deliveries in health facilities

46	kz Umhlabuyalingana Local Municipality	11.88
47	kz Maphumulo Local Municipality	12.01
48	kz Jozini Local Municipality	12.55
49	kz Umdoni Local Municipality	12.56
50	kz Richmond Local Municipality	14.29
51	kz uMshwathi Local Municipality	15.88

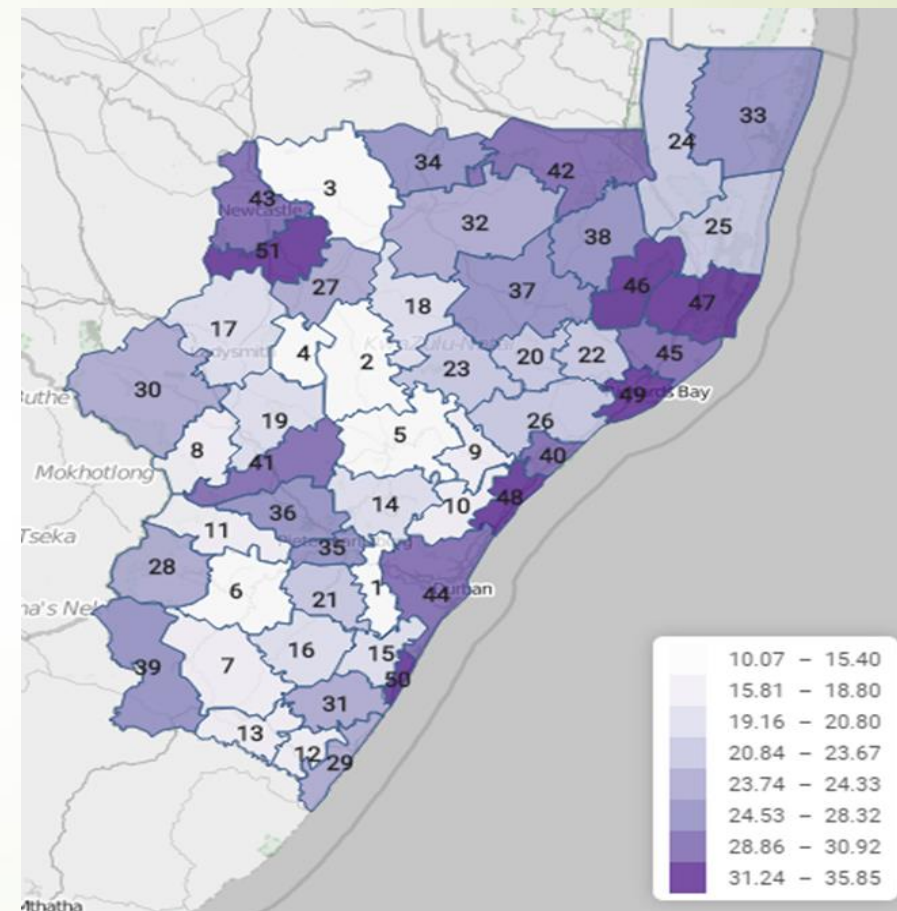


STI - Male urethritis syndrome rate

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Male Urethritis Syndrome cases as a percentage of all new STI episodes treated

46	kz Hlabisa Local Municipality	31.24
47	kz Mtubatuba Local Municipality	31.53
48	kz KwaDukuza Local Municipality	32.45
49	kz uMhlathuze Local Municipality	32.48
50	kz Umdoni Local Municipality	34.76
51	kz Dannhauser Local Municipality	35.85

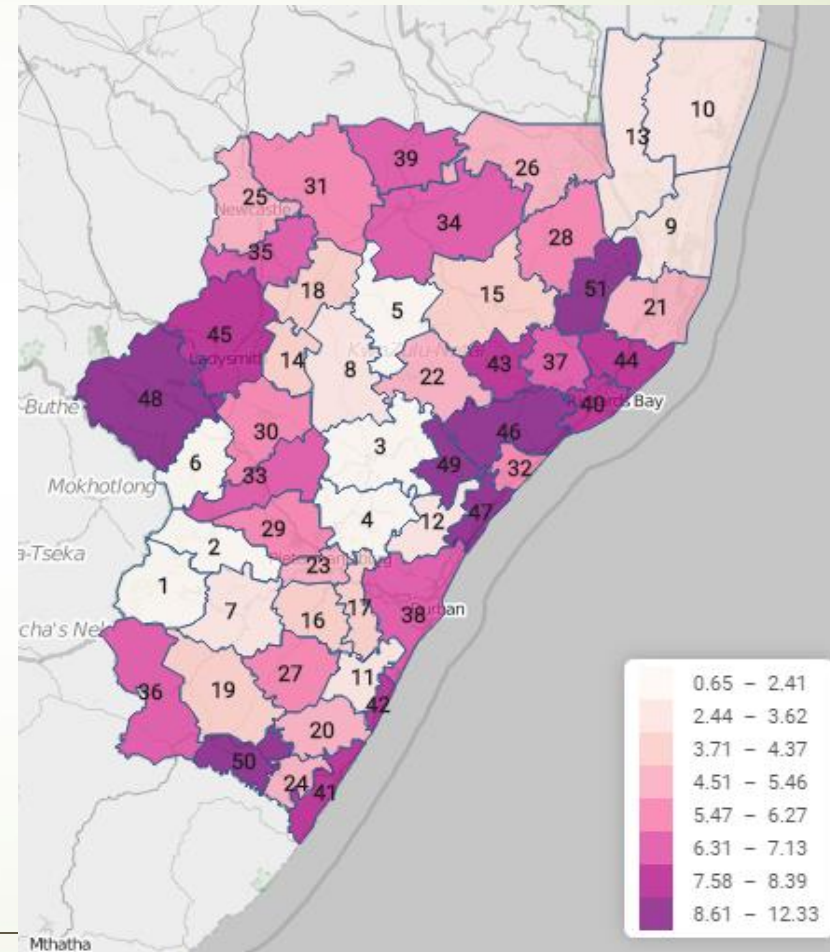


TB suspect smear positive rate

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Proportion of TB suspects with smear positive sputum results

46	kz uMlalazi Local Municipality	8.61
47	kz KwaDukuza Local Municipality	9.91
48	kz Okhahlamba Local Municipality	10.23
49	kz Maphumulo Local Municipality	10.27
50	kz uMuziwabantu Local Municipality	10.42
51	kz Hlabisa Local Municipality	12.33



Mapped Districts

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eThekweni District	<u>Four informal settlements</u> (1) Cato Crest, (2) Tshelimnyama/Amaoti, (3) Amatikwe, (4) Malukazi (lower and higher)
Ilembe District	(1) Kwadukuza LM, (2) Mandeni LM and (3) Maphumulo LM
uMzinyathi	(1) Endumeni LM
uThukela District	(1) Inkosi Langalibalele LM and (2) Alfred Duma LM
Harry Gwala District	(1) Greater Kokstad LM
Ugu District	(1) Umdoni LM
Amajuba District	(1) Dannhauser LM and (2) Newcastle LM
uMkhanyakude District	(1) uMhlabuyalingana LM, (2) Big 5 Hlabisa LM and (3) Jozini LM
uMgungundlovu District	(1) uMngeni LM



WAY Forward

Implementation plans are being developed to implement in the identified sites

Results are used as the Consultations are underway for the development of the District plans

Results will be shared with other implementing partners and funders so as to direct funding to the high burden areas



Thank you

