# KZN Global Fund Supported Programmes

#### PCA REPORT QUARTER 3- 2019/20



## Outline

#### 1. Background

- 2. Current Global fund programmes supported (2019/2022)
- 3. Programmatic Performance
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#### **Global Fund Background**

- The current Global fund project started on the 1<sup>st</sup> of April 2019
- It is a three year project ending 31 March 2022
- It is targeting five Districts in KZN (eThekwini, uMgungundlovu, uGu, King Cetshwayo and Zululand)
- There are 4 PRs implementing programs in the current grant namely: AFSA, NACOSA, Beyond Zero and NDOH

#### **Programmes Supported**

PRINCIPAL RECIPIENT	PROGRAMME/S	DISTRICT	SR/SSR
AFSA	Human Rights (Stigma/discrimination)	UGu, KCD, Zululand, EThekwini and uMgungundlovu	Show me your number
	Human Rights (Legal support)	UGu, KCD, Zululand, EThekwini and uMgungundlovu	TB/HIV Care and Pro Bono
	Advocacy (TB Program, Youth and PLHIV)	UGu, KCD, Zululand, EThekwini and uMgungundlovu	UBuntu, Nurses at a go, SA Positive Women on AIDS(SAPWA) and THINK
	AGYW (15-24 years)	KCD and Zululand	uMhlathuze AGYW Consortium and MIET
	AGYW (male sexual partner)	KCD and Zululand	SABCOHA
NACOSA	Sex work	UGu, KCD, Zululand	<b>TB/HIV Care and Life Line</b>
	PWID	EThekwini and UMgungundlovu	TB/HIV Care
BEYOND ZERO	MSM	KCD and EThekwini	Lesbian and Gay community and health centre
NDOH	TB Program	UGu, KCD, EThekwini	TB/HIV Care

#### List CSOs That Received Capacity Building and Small Grant in KZN

Number	District	Sub District	CSO Name	Programme Module
1	EThekwini	EThekwini South	Transhope	Led by Transgender / LGBTI
2	EThekwini	EThekwini South	Philisiwe Community Health Care	Working with TB&HIV
			Organisation	
3	EThekwini	EThekwini	Isiphephelo Organisation	Led by people using drugs
4	EThekwini	EThekwini North	Gugu Dlamini Foundation	Working with: TB&HIV PLWHIV and sex workers
5	UMgungundlovu	Richmond	Richmond Day Care and Support Centre	Working with PLWHIV; TB&HIV
6	UMgungundlovu	Umsunduzi	Vuka Ukhanye Africa	Led by LGBTI
7	UMgungundlovu	Umsunduzi	Bridging the Gap of South Africa	Working with TB&HIV and Sex workers
8	Ugu	Umdoni	Sikhona Community Development	Working with TB&HIV and socio-social
9	Ugu	Ray Nkonyeni	Lower South Coast LGBTI	Led by LGBIT
10	Ugu	Ray Nkonyeni	Nonz Consulting Community Development	Working with sex workers; PLWHIV and TB&HIV
11	King Cetshwayo	Umhlathuze	Philisani NGO Health Care	Working with and TB&HIV and AGWY
12	King Cetshwayo	Umhlathuze	Phathakahle Community Development	Working with and Led by Young women and girls; TB&HIV and AGYW
13	King Cetshwayo	Umlalazi	Teenagers and Youth Health of South Africa	Working with Men having sex with Men
14	King Cetshwayo	Umlalazi	Umlalazi St Thomas Health Project	TB&HIV – Working with
15	Zululand	Pongola	Sinethemba Hope Organisation	Working with AGYW and sex workers
16	Zululand	Pongola	Inkanyezi Care Organisation	Working with AGYW; TB&HIV and sex workers
17	Zululand	Abaqulusi	Lethukuthula Community Organisation	Working with: PLWHIV; TB&HIV LGBTI and AGYW
18	Zululand	Abaqulusi	Lethithemba Youth Organization	Working with: PLWHIV; TB&HIV LGBTI and AGYW

## **AGYW Performance - AFSA**

INDICATOR	DISTRICT	ANNUAL TARGET	QUARTELY TARGET	ACTUAL - Q3	COMMENT
Percentage of adolescent girls and young women (AGYW) reached with HIV prevention programs- defined package of services Number of adolescent girls and young women (AGYW) who were tested for HIV and received their results during the reporting period	KCD	6744	1943	2798 (224%)	Low provision of test kits by some of the clinics leading to low number of people being tested Catch up plans in place for HTS on AGYW in both
	ZULULAND	3569	1249	1945 (83%)	Districts.
	KCD	8566	3431	541 (16%)	
	ZULULAND	16815	1816	1220 (67%)	

С	B2	B1	A2	A1
<30%	30-59%	<mark>60-89%</mark>	90-100%	>100%

### AGYW Male Sexual Partners Performance - AFSA

INDICATOR	DISTRICT	ANNUAL TARGET		QUARTEL TARGET	Y	ACTUAL - Q3	COMMENT
Number of Male Sexual Partners of AGYW who were <b>tested</b> for HIV and received their results during the reporting period	KCD	5700		557		127 (23%)	Late start of the programme due to delays in recruitment. The actual implementation started on the 1 <sup>ST</sup> of November 2020. The late introduction to
	ZULULAND	2700		697		0	Health Facilities and provision of test kits led to low numbers. Target catch up plans in place.
Percentage of newly diagnosed people <b>linked</b> to HIV care (individual linkage)	KCD			25		5 (20%)	In Zululand the project will start in Q4 due to delays in recruitment of PNs.
	ZULULAND			32		0	
	С	B2	B1	A2	A1		
	<30%	30-59%	60-89%	90-100%	>100%		

#### Sex Work Performance - NACOSA

INDICATOR	DISTRICT	ANNUAL TARGET	QUARTERLY TARGET	ACTUAL – Q	B COMMENT
Percentage of sex workers reached with HIV prevention programs - defined package of services	KCD	1457	1457	870 (60%)	Implementation increasing with recruitment of peers in KCD
	ZULULAND	1231	1231	210 (26%)	In Zululand, SR struggling with recruitment of peers and mapping of SW. Catch
	UGU	2741	2741	1798 (66%)	up plans in plans. Good cohort of SW in all sub-districts in uGu.
Percentage of sex workers that have received an HIV test during the reporting period and know their results	KCD	306	153	22 (14%)	Delays in recruitment led
	ZULULAND	258	129	8 (6%)	to late start in programme implementation
	UGU	628	314	325 (102%)	
	С	B2 B1	A2	A1	
	<30%	<b>30-59%</b> 60-89%	90-100% >	100%	

#### Sex Work Performance - NACOSA

INDICATOR		ANNUAL TARGET	QUARTERLY TARGET	ACTUAL – Q3	COMMENT
Percentage of sex workers using PrEP in priority sex workers PrEP populations	UGU	34	17	0	In KCD and Zululand Prep will be implemented in year 3. In uGu, implementation to start in March 2020.
Percentage of newly diagnosed people linked to HIV care (individual linkage)	KCD	76	19	3 (16%)	Linkage indicator works on new HIV+SW All clients that tested
	ZULULAND	64	16	1 (6%)	positive for HIV were linked to care
	UGU	232	58	1 (1,7%)	

С	B2	<b>B1</b>	A2	A1
<30%	30-59%	60-89%	90-100%	>100%

#### PWID Performance – NACOSA

30-59%

<30%

INDICATOR	DISTRICT	ANNUAL TARGET	QUARTELY TARGET	ACTUAL - Q3	COMMENT
Number of PWID reached with the minimum package of services	ETHEKWINI	623	623	592 (95%)	Clients reached with behavior change BUT no harm reduction
	UMGUNGUNDLOVU	250	250	88 (35%)	packs. The <b>sharing of needles</b>
Number of PWID reached that have received an HIV test during the reporting period and know their results	ETHEKWINI	156	78	73 (94%)	with others who are known to be HIV and Hepatitis C positive The <b>renting</b> of needles off other drug users due to the shortage of
	UMGUNGUNDLOVU	63	31	30 (97%)	_
	C B2 B1	. A2 A	1		

60-89% 90-100% >100%

# The impact of the ban on the needle and syringe programme

#### Gangrene



Abscesses



## MSM Performance – Beyond Zero

INDICATOR	DISTRICT		ANNUAL TARGET	QUAR <sup>®</sup> TARGE		ACTUAL - Q3	COMMENT
Number of men who have sex with men reached with HIV prevention programmes - defined package of services	ETHEKWINI		2065	1883		1200 (64%)	Steady increase in performance in EThekwini.
	KCD		2065	1033		785 (76%)	Only 76% reached during community engagements.
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	ETHEKWINI		827	753		1337 (178%)	There is a demand for testing amongst MSM, reached 178%in this quarter.
	KCD		827	413		0	HIV Testing will only start in Q4 as the letter of support was only received in December 2020
		СВ	2 B1	A2	A1		
			<b>59%</b> 60-89%		>100%		

### MSM Performance – Beyond Zero

INDICATOR	DISTRICT	ANNUAL TARGET	QUARTELY TARGET	ACTUAL - Q3	COMMENT
Number of men who have sex with men using PrEP in priority men who have sex with men PrEP populations	ETHEKWINI	61	82	26 (32%)	Delayed implementation due to late finalization of PrEP tender. Only 32% reached
	KCD	61	31	0	Have not started due to issue of MOU. To implement in Q4
MSM linked to HIV services	ETHEKWINI	339	54	1 (2%)	Clients not ready to start treatment. Follow up and counselling being done.
	KCD	339	42	0	To implement in Q 4

С	B2	B1	A2	A1
<30%	30-59%	60-89%	90-100%	>100%

### **TB Program Performance – NDOH**

INDICATOR	DISTRICT	ANN		QUARTERLY TARGET	ACTUAL – Q3	COMMENT
Number of notified cases of all forms of TB- (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	ETHEKWINI	3173	3 7	7933	4959 (63%)	Delayed start to the grant – started in September 2019
	UGU	6518	1	1630	1537 (92%)	Appointment of key positions in the three district (QI Advisor, M&E Specialist, Medical
MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified	ETHEKWINI	1897	۷	174	407 (86%)	Officer)
	UGU	336	3	34	66 (79%)	
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	ETHEKWINI	1707	Ĺ	127	184 (43%)	
	UGU	302		76	44 (58%)	
	C <30%	B2 30-59% 6	B1 A			

### **TB Program Performance - NDOH**

INDICATOR	DISTRICT		NUAL RGET	QUAR TARGE		ACTUAL – Q3	COMMENT
TB/HIV-5: Percentage of registered new and relapse TB patients with documented HIV status	ETHEKWINI	100	)%	100%		124%	Implementation has not started in King Cetshwayo District due to challenges of
	UGU	100	)%	100%		88%	staff recruitment in district Challenge of
TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment (TB/HIV co-infected	ETHEKWINI	90%	6	90%		82%	appointing key positions in the three district (QI Advisor,
clients on ART)	UGU	90%	6	90%		91%	M&E Specialist, Medical Officer)
Number of children <5 in contact with TB patients who began isoniazid preventive therapy	ETHEKWINI	564	1	141		372 (263%)	
	UGU	918	3	230		78 (34%)	
	C	B2 30-59%	B1 60-89%	A2 90-100%	A1 >100%		

#### Number of Sexual Violence Victims reached with HIV prevention programs at TCCs or DCs – AFSA

Sub District	Annual Target	Q3 Target	Q3 Actual	% Achievement	Comments
UGu (Port Shepstone)	412	137	78	56%	
UMgungundlovu (Edendale)	1496	499	316	63%	• Highest percentage (38%) of TCC
EThekwini (RK Khan)	600	200	73	36%	clients are between 5-14 years which necessitates GBV awareness
EThekwini (Prince Mshiyeni)	557	186	29	15%	activities in communities
Amajuba (Madadeni)	301	100	159	159%	
King Cetshwayo (Ngwelezane)	412	137	199	145%	<ul> <li>AFSA will be moving out of eThekwini TCCs to designated</li> </ul>
Grand Total	3778	1259	854	67%	centres in Q4 to avoid duplication with USAID

С	B2	B1	A2	A1
<30%	30-59%	60-89%	90-100%	>100%

#### Number of Sexual Violence Victims who received an HIV test and know their result – AFSA

Sub District	Annual Target	Q3 Target	Q3 Actual	% Achievement	Comments
UGu (Port Shepstone)	330	110	74	67%	Challenges with access to HTS data at
UMgungundlovu (Edendale)	480	160	68	42%	Ngwelezane TCC even after numerous engagements with TCC management
EThekwini (RK Khan)	446	149	27	18%	and DOH district partners.
EThekwini (Prince Mshiyeni)	1197	399	257	64%	
Amajuba (Madadeni)	241	80	140	175%	
King Cetshwayo (Ngwelezane)	330	110	0	0%	<ul> <li>Low implementation numbers for RK</li> </ul>
Grand Total	3024	1008	566	56%	Khan, Prince Mshiyeni due to changes in implementation arrangements.
		С	B2 B1	A2 A1 90-100% >100%	

#### Human Rights Key Programme Areas – AFSA

Stigma and Discrimination Reduction

Training of Healthcare Workers on Human Rights and Medical Ethics

Sensitisation of Lawmakers and Law Enforcement Agents

Legal literacy / Know your Rights campaigns

Strengthen HIV-related Legal Support Services

Monitoring and Reforming relevant Laws, Regulations and Policies

Reducing Discrimination against Women (including Adolescent Girls and Young Women) in the context of HIV

Source: UNAIDS: Key Programmes to reduce stigma and discrimination and increase access to justice in national HIV responses <sup>18</sup>

#### Human Rights Programme Approach – AFSA

Matching of SRs to Key population and issues

Programme Description

**Priority approaches** 

- 5 SRs appointed to implement Human Rights interventions
- 5 SSRs dealing with Stigma and discrimination appointed (one for each District)
- Interventions aligned to 7 Program areas addressing issues affecting HIV/TB Key and Vulnerable populations

Final Draft under review

- Sensitization & Training of key population and service providers Comprehensive Human Rights Toolkit
- Documentation & Monitoring of human rights violations **REAct tool**
- Legal Support Services Paralegals and community advisors at community level
- Sensitization of SAPS WC, KZN, GP Diversity Dignity & Policing program by COC Netherlands
- Collaboration across issues, SRs and key populations (Acknowledging the intersectional nature of human rights violations) – Ongoing stakeholder engagement

Advocacy – AFSA

SR	Program	Interventions
Nurses At A Go	Youth Networks	<ul> <li>The programme has been introduced to Luganda community</li> <li>NAAG CCG's conducted door to door awareness and there were questionnaires that were shared with the community aiming to understand issues that affect KVP's</li> <li>Some young people were met &amp; sensitised during support group meetings</li> <li>The community dialogue was then conducted for the whole community where these issues were addressed</li> <li>Most issues were reported on war rooms(ward 13-Ethekwini District)</li> </ul>
THINK	TB Networks	<ul> <li>The 2 priority issues were identified:</li> <li>Unavailability of MDR Drugs at waterloo clinic</li> <li>The organization spoke to Head of Community Caregivers in Waterloo who assigned a community care giver to address this case</li> <li>The patient was linked with TB champion who transported the patient to Tongaat clinic</li> <li>TB Medication Adherence Support</li> <li>The organization has formed a support group and most people who attend the meetings are male compared to females</li> <li>Patients that are discharged from hospital are followed up telephonically on weekly basis and home visits are done</li> <li>Clients encouraged to adhere to medication</li> </ul>

## Advocacy – AFSA

SR	Program	Interventions
SAPWA	PLHIV Network	<ul> <li>Community dialogues and mobilization campaign have been conducted for PLHIV with following outcomes:</li> <li>People Living with HIV are stigmatised and discriminated by their families</li> <li>AGYWs are being raped either by family members</li> <li>Most of these incidences are not reported to the police because of the distance and poor investigation by police</li> <li>AGYWs at higher risk of getting HIV as they do not have access to PEP within 72 hours</li> <li>Most community members did not know about PrEP and PEP</li> </ul>
Ubuntu	TB Networks	<ul> <li>The programme has been introduced to the church pope</li> <li>An awareness programme was done with CAST on TB, HIV and STI's</li> <li>TB screening was conducted for youth and people who are on HIV treatment.</li> <li>Door to door TB screening was conducted by community mobilisers together with caregivers from Department of Health</li> </ul>
Sisonke	Sex Work	<ul> <li>Outreach done in UMgungundlovu and EThekwini Municipality</li> <li>Collected human's right violations and referred cases to SWEAT Legal Defence Team (LDC)</li> </ul>

#### **Financial Performance**

PR	Budget ZAR YEAR 1	Disbursed to SRs ZAR	Expenditure in ZAR CUMULATIVE	% burn rate (expenditure/budget in ZAR)
AFSA	37,071,269	18,678,433	20,341,091	55%
NACOSA SW	12,039,640	7,788,049	5,253,803	44%
NACOSA PWID	1,221,599	935,134	844,487	69%
National Department of Health	41,685,571		3,051,496	8%
Beyond zero	10,375,324	3,204,151	3,101,630	30%
	C <30%		A2 A1 100% >100%	

## Highlights

- PRs and SRs participate in local governance structures (AIDS Councils and OSS)
- Health seeking behaviour amongst PWID showed remarkable increase
- Human rights violations reported increased due to recruitment of peer educators
- All PRs either have MOUs or In-principle letters making it easy to implement
- Agreement between NACOSA and TBHIV Care SW clinic will lead to higher rate in linkage to care.

## Challenges

- Non-availability of harm reduction packs for PWID:
  - Without sterile needles and extremely limited resources, clients are sharing a limited amount of needles.
  - > The needles are shared, rented out and reused.
  - ➤They have no means of sterilizing the needle and the results are damaged and collapsed veins, abscesses, gangrene and possible spread of HIV.
- Delays in issuing of MOUs and staff recruitment leads to delays in implementation

## Way forward

- Engagements underway between Provincial Department of Health and other relevant stakeholders on the issue of syringes and needles.
- Fast tracking of In-principle letters and MOUs discussed with PDOH
- Catch up plans to accelerate implementation

# Thank you

