



premier

Department:
Office Of The Premier
PROVINCE OF KWAZULU-NATAL

KwaZulu-Natal HIV & AIDS, STIs & TB Multi-Sectoral Response

Provincial Synthesis Report Q3 2019/20

Provincial Council on AIDS Meeting
Venue: Greys Hospital, Pietermaritzburg
Date: 11 March 2020
Presenter: Ms. I Maina

"By 2030 KwaZulu-Natal will be a prosperous Province with a healthy, secure and skilled population, living in dignity and harmony, acting as a gateway to Africa and the World".

Introduction

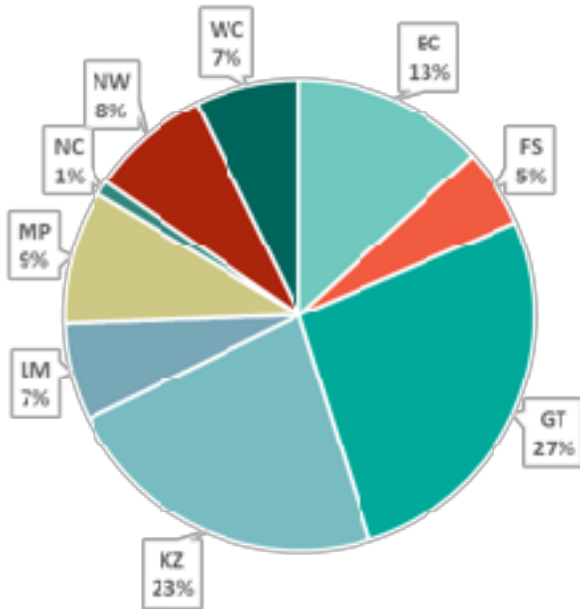
- KwaZulu-Natal (KZN) transitioned to a new Provincial Implementation Plan (PIP) 2017-2022 to guide the multi-sectoral HIV, STI and TB response within the province
- This report provides a summary of the response in KZN for the period Quarter 3 2019/20 (October - December 2019)
- It provides an overview of the status of the HIV epidemic and highlights the performance of core indicators to track the response
- HIV, STI and TB related data submitted by 11 District AIDS Councils.
- Tables have been used to depict the performance for the quarter against the set targets:
 - Performance is depicted in a dashboard form using the colour red/light red to denote poor performance, colour green/light green to depict targets reached, and colour orange/light orange to depict average performance
 - Reach/coverage is calculated using estimated population figures where applicable.

Status of the HIV epidemic in KwaZulu-Natal

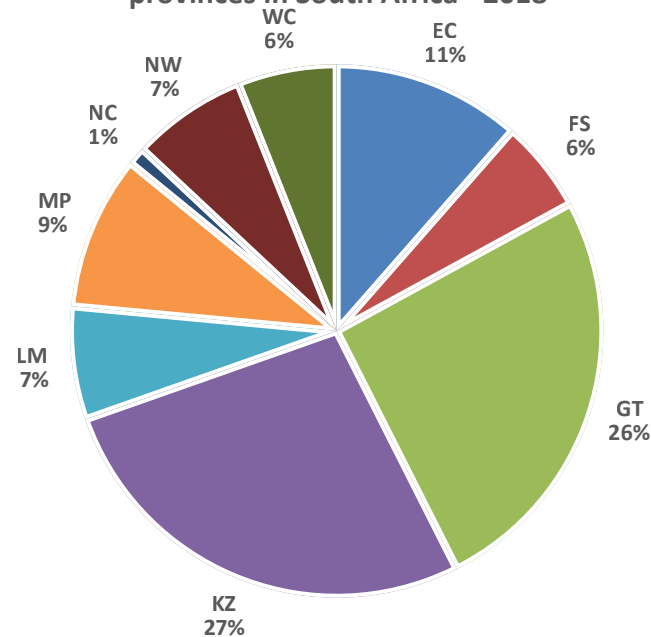


Status of the HIV epidemic in KwaZulu-Natal

Total number of new HIV infections across the nine provinces in South Africa - 2018



Total number of PLHIV across the nine provinces in South Africa - 2018



- **Twenty-three percent** of all new HIV infections in the country are in KZN
- **Twenty-seven percent** of all people living with HIV in the country are in province
- The total people living with HIV in the province is 2,028,231. Of these 1,461,100 (72%) are on ART.

Status of the HIV epidemic in KwaZulu-Natal

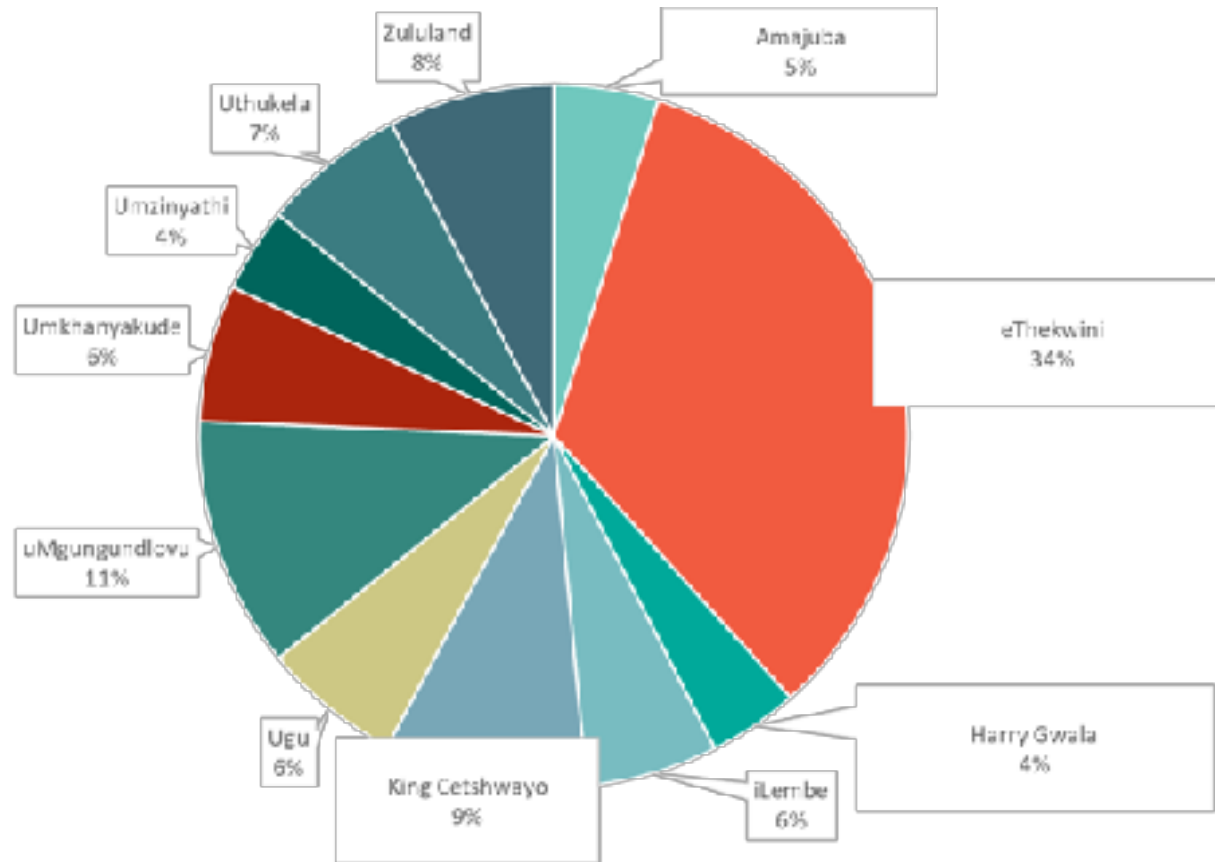
Trend of number of new HIV infections by key age and sex groups in KwaZulu-Natal
2010-2018



- New infections declined by **50%** between 2010 and 2018
- Adolescent girls and young women 15 – 24 years accounted for **35%** of all new infections in 2018
- New cases of mother to child transmission declined by **75,8%** from 11,364 in 2010 to 2,750 in 2018

Status of the HIV epidemic in KwaZulu-Natal

Distribution of adults Living with HIV by District, 2018



- eThekweni, uMgungundlovu, King Cetshwayo account for 54% of the adults living with HIV

Goal 1: Accelerate prevention to reduce new HIV and TB infections and STIs

- *'Breaking the cycle of transmission'*



Decrease in HIV tests conducted compared to previous quarter, quarterly targets for testing exceeded but declined from Q2. However, HIV positivity yield remains low in all quarters and across all districts

	2019/20 Quarterly Target	Quarter 1 2019/20 (Apr-Jun 2019) Actual			Quarter 2 2019/20 (Jul-Sep 2019) Actual			Quarter 3 2019/20 (Oct-Dec 2019) Actual		
District	Clients tested HIV (Incl. ANC)	Clients tested HIV (Incl ANC)	Clients tested HIV Test Positive	HIV Test Positive Rate Target = 9%	Clients tested HIV (Incl ANC)	Clients tested HIV Test Positive	HIV Test Positive Rate Target = 9%	Clients tested HIV (Incl ANC)	Clients tested HIV Test Positive	HIV Test Positive Rate Target = 9%
Amajuba	39,981	38,893	2,094	5.4%	42,424	2,063	4.9%	39,842	1,924	4.8%
eThekweni	250,000	361,562	23,933	6.6%	429,106	22,174	5.2%	350,240	17,663	5.0%
Harry Gwala	41,019	65,699	2,255	3.4%	64,331	2,342	3.6%	65,139	1,789	2.7%
Ilembe	42,838	43,977	2,755	6.3%	42,602	2,619	6.1%	36,090	2,370	6.6%
King Cetshwayo	42,514	78,829	4,800	6.1%	77,541	4462	5.8%	65,045	3,722	5.7%
Ugu	55,723	92,045	3,622	3.9%	90,791	3,144	3.5%	71,484	2,522	3.5%
uMgungundlovu	73,750	90,152	6,336	7.0%	111,380	6,619	5.9%	99,216	5,455	5.5%
uMkhanyakude	36,631	38,163	2,374	6.2%	39,343	2,348	6.0%	39,603	2,212	5.6%
uMzinyathi	72,785	51,750	1,692	3.3%	60,819	1517	2.5%	63,021	3,540	5.6%
uThukela	53,568	43,923	2,880	6.6%	52,599	3,171	6.0%	57,772	1,517	2.6%
Zululand	59,800	62,139	3,995	6.4%	62,283	3,470	5.6%	64,347	3,559	5.5%
Province	768,609	967,132	48,314	5.0%	1,073,219	53,929	5%	951,799	46,273	4.9%

HIV testing and positivity rate

Highlights

- Eight districts (**Ethekwini, Harry Gwala, King Cetshwayo, uGu, uMgungundlovu, uMkhanyakude, uThukela and Zululand**) surpassed their testing targets
- Only **Amajuba, iLembe and uMzinyathi** did not reach their Q3 targets for testing
- However, **no district** reached their HIV positivity yield in all three quarters

Remedial action

- Scale up index case testing
- Target hotspots for key populations, reach men through a comprehensive men's health programme and youth through AYFS
- 25-30% of facility headcount should be offered HIV testing everyday
 - Provider Initiated Counselling and Testing should be offered at all facility entry points using HIV risk assessment tool

		Most districts not achieving targets for male condom distribution								
District	Quarterly Target	Quarter 1 2019/20 (Apr-Jun 2019)	Q1 Target Achieved	Q1 Condoms per male 15 – 49 years	Quarter 2 2019/20 (Jul-Sep 2019)	Q2 Target Achieved	Q2 Condoms per males 15 – 49 years	Quarter 3 2019/20 (Oct-Dec 2019)	Q3 Target Achieved	Q3 Condoms per males 15 – 49 years
Amajuba	2,044,773	1,140,000	56%	8.5	1,794,000	87,7%	13	1,806,000	88,3	13,55
eThekwini	15,917,692	14,392,430	90%	14.4	11,145,296	70%	11.2	9,032,200	56,7	9,06
Harry Gwala	1,742,317	880,000	51%	7.5	744 000	43%	6.4	1,356,000	77,8	11,57
Ilembe	2,670,802	1,902,000	71%	10.9	1,854,000	69%	10.7	1,878,000	70,3	10,84
King Cetshwayo	13,272,241	1,248,000	38%	7.0	2,248,000	16,9%	10,9	1,410,000	10,6	6,39
Ugu	2,741,376	3,061,968	112%	16.8	2,196,000	80%	12.0	2,022,000	73,8	11,08
uMgungundlovu	4,552,885	1,224,000	27%	4.7	2,994,000	66%	19.2	5,112,000	112,3	32,77
uMkhanyakude	2,294,684	744,000	32%	4.76	2,304,000	100%	8.1	2,730,000	119,0	9,55
uMzinyathi	1,765,664	1,860,000	105%	14.5	2,268,000	128%	17,1	2,388,000	135,2	18,65
uThukela	2,528,881	438,000	17%	2.6	2,412,000	95%	14.2	1,333,800	52,7	7,87
Zululand	3,111,629	2,004,000	64%	9.90	1,686,000	54%	8.3	2,682,000	86,2	13,26
Province	52,642,944	28,943,398	68%	10.5	31,645,296	60%	11	31,750,000	60,3	11,48

Condoms distribution program continues to underperform

Highlights

- Overall, **only 60%** of the male condom distribution target was reached. The challenge has persisted in all preceding quarters.
- Only **uMzinyathi** has consistently exceeded their targets from Q1 – Q3.
- **uMgungundlovu, uMkhanyakude and uMzinyathi** exceeded their Q3 targets.
- Ugu exceeded its targets in Q1 but has consistently declined in Q2 and Q3.
- **KCD** has the **greatest decline (73%)** from 38% in **Q1** to 10% in **Q3**.
- **uThukela** recorded the highest decline of **44%** between **Q2 and Q3** from 95% to 52.7% respectively.

Remedial action

- Review implementation of provincial condom strategy
- Strengthen procurement and supply chain management
- Strengthen data management
- Increase distribution support by NGOs and CBOs, FBOs.
- Accurately document numbers distributed at primary and secondary sites.



Provincial target for medical male circumcision (MMC) exceeded in Q1 but declined in Q2 and further declined in Q3

District	Quarter 4 2018/19 (Jan-Mar 2019)	Quarterly Target	Quarter 1 2019/20 (Apr-Jun 2019)	Quarter 2 2019/20 (Jul-Sep 2019)	Quarter 3 2019/20 (Oct-Dec 2019)	% Q 3 Target Achieved
Amajuba	1,945	1,843	2,265	827	275	15%
eThekwini	12,841	13,268	15,627	11,747	6,535	49%
Harry Gwala	1,878	1,474	1,763	915	829	56%
Ilembe	2,174	2,211	1,437	1,287	791	36%
King Cetshwayo	4,842	2,949	5,695	3,971	2,634	89%
Ugu	3,475	2,580	3,701	3,904	5,092	197%
uMgungundlovu	5,036	3,675	3,985	4,264	2,419	66%
uMkhanyakude	4,901	2,211	4,410	2,832	233	11%
uMzinyathi	2,168	1,843	2,196	1,405	917	50%
uThukela	4,599	2,211	3,687	3,674	2,001	90%
Zululand	3,320	2,580	2,609	2,307	1,897	74%
Province	47,179	36,844	47,375	37,133	23,623	64%

Medical Male Circumcision reduces transmission by 60%

Need to reach 80% of men aged 15 – 49 years for epidemic control

Highlights

- Overall performance for male circumcision systematically declined by **50% from Q1 to Q3**
- **Only uGu** reached their Q3 target which they exceeded by close to 100%
- **Amajuba and uMkhanyakude** performed the poorest at **15% and 11%** of Q3 target. These reflects a dramatic drop from Q1 performance by 88% and 95% respectively.
- **Ethekwini**, with the highest target only reached **49%**. The main challenge recorded was transitioning of PEPFAR partners which raises issue of programme sustainability.

Remedial action

- Strengthen demand creation for VMMC through AYFS and all community structures
- Develop and implement a comprehensive men's health strategy
- Engaging influencers and gatekeepers to encourage men to circumcise

Although we have mother to child transmission rates below 1%
Under 5 mortality is still a concern

District	Quarter 4 2018/19 (Jan-Mar 2019)	Quarter 1 2019/20 (Apr-Jun 2019)	Quarter 2 2019/20 (Jul-Sep 2019)	Quarter 3 2019/20 (Oct-Dec 2019)
Amajuba	23	23	23	34
eThekweni	284	337	289	274
Harry Gwala	41	49	31	28
Ilembe	44	63	5	32
King Cetshwayo	104	91	87	76
Ugu	56	60	65	44
uMgungundlovu	80	46	43	67
uMkhanyakude	49	31	28	54
uMzinyathi	61	41	31	33
uThukela	42	26	43	49
Zululand	58	6	5	5
Province	842	773	650	696

Teenage pregnancy remains unacceptably high

District	Quarter 1 2019/20 (Apr-Jun 2019)	Quarter 2 2019/20 (Jul-Sep 2019)	Quarter 3 2019/20 (Oct-Dec 2019)
Amajuba	406	482	346
eThekwini	2,449	2,113	2,066
Harry Gwala	504	500	500
Ilembe	565	605	497
King Cetshwayo	1,107	956	782
Ugu	690	664	544
uMgungundlovu	789	817	704
uMkhanyakude	893	1,010	743
uMzinyathi	590	621	564
uThukela	636	660	567
Zululand	1,029	*22	941
Province	9,658	8,450	8,248

Highlights

- Overall, the number of deliveries in facilities declined in all the districts but remains high

Remedial action

- Scale up AYFS programme in all facilities
- Review quality of delivery of Comprehensive Sexuality Education in schools
- Coordinated implementation of AGYW programmes

Data from DHIS indicator: Deliveries in public health facilities 10 – 19 years

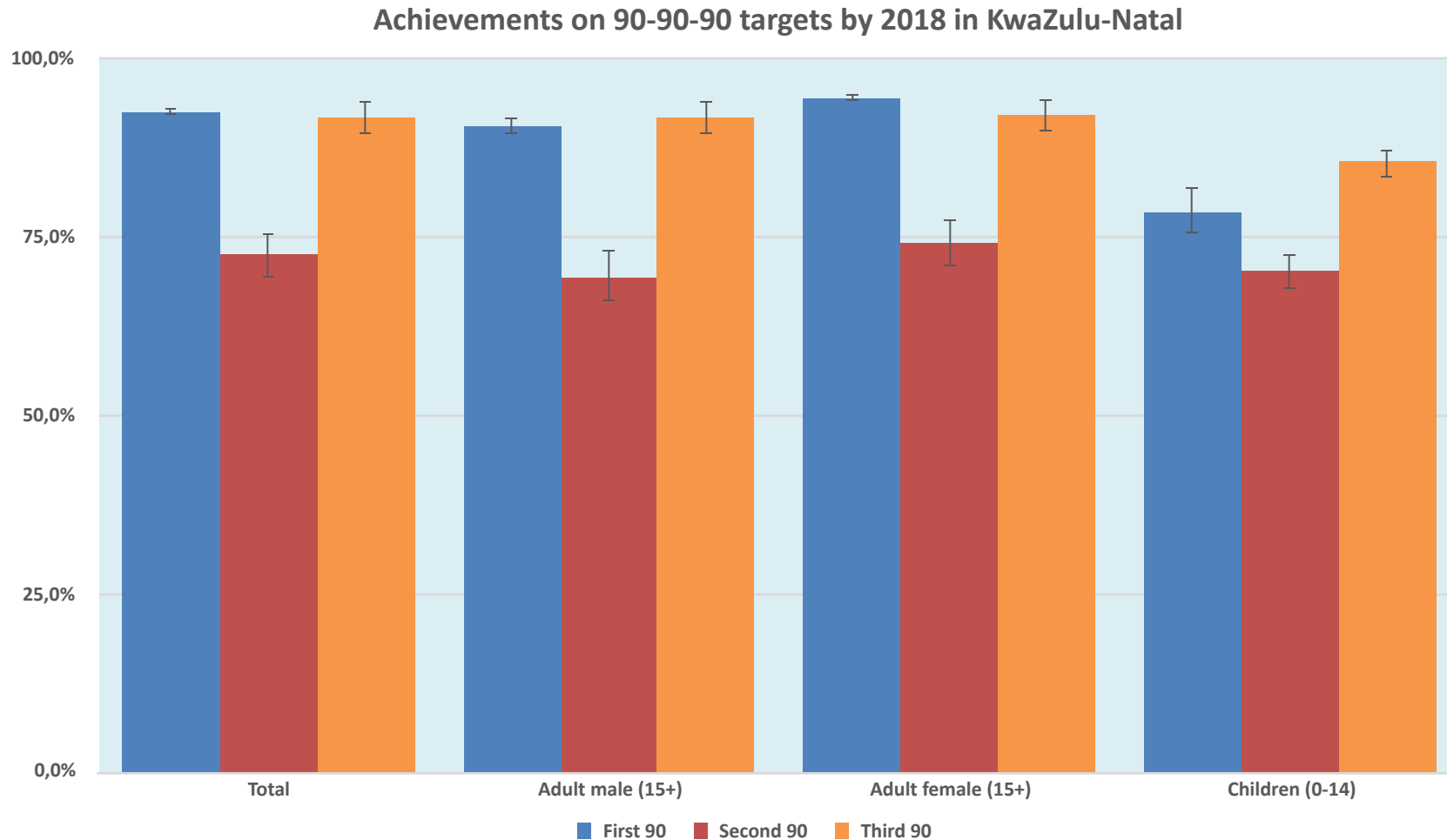
**Incomplete data set*

Goal 2: Reduce morbidity and mortality by providing HIV, TB and STI treatment, care and adherence support

- *'Reaching 90-90-90 in every district'*



Achievements on 90-90-90 Targets



- According to the latest Thembisa estimates:
 - **92% of PLHIV know their status**
 - **72,4%** of those who know their status are on ART. This means **26%** of those who know their status are not on ART.
 - **91,7%** of those on ART are virally suppressed

Source: Thembisa Estimates 4,2, 2019

		The race to achieving the 2 nd 90 90% of PLHIV who know their status are on ART by March 2020					
District	March 2020 Target for Total PLHIV on ART	Quarter 2 2019/20 (Jul-Sep 2019)		Percentage achieved against 2020 target	Quarter 3 2019/20 (Oct-Dec 2019)		Percentage achieved against 2020 target
		Adults Living with HIV on ART	Children Living with HIV on ART		Adults Living with HIV on ART	Children Living with HIV on ART	
Amajuba	73,996	60,133	2,066	84%	63,205	2,003	88%
eThekwini	556,587	454,587	12,318	83%	454,781	11,983	84%
Harry Gwala	70,575	60,176	2,407	89%	61,343	2,334	90%
Ilembe	96,089	77,004	3,197	83%	75,876	3,775	83%
King Cetshwayo	152,806	128,246	4,380	87%	129,104	4,307	87%
Ugu	114,019	99,877	3,831	91%	96,361	3,952	86%
uMgungundlovu	184,186	161,652	4,283	90%	165,582	4,259	92%
uMkhanyakude	100,356	98,794	4,014	103%	98,634	3,852	102%
uMzinyathi	63,359	63,556	2,769	105%	64,443	2,699	106%
uThukela	110,638	87,851	3,185	82%	90,200	3,186	84%
Zululand	127,599	107,175	4,094	87%	96,298	5,173	80%
Province	1.650.210	1.411.369	71.066	90%	1,395,827	47,523	87%

The race to achieving the 2nd 90 90% of PLHIV who know their status are on ART by March 2020

Highlights

- The province is close to achieving the 2nd 90 targets having placed 87% of all people living with HIV on ART
- Four districts reached the 1st and 2nd 90-90-90 targets ahead of the deadline. These are **Harry Gwala, uMgungundlovu, uMzinyathi and uMkhanyakude.**
- **Amajuba (88%), King Cetshwayo (87%) and Ugu (86%)** are close to reaching the 2nd 90 targets. The remaining districts are also likely to achieve the targets at between 80 – 84% performance.

Recommendations

- Introduce multi-month dispensing and transition to Dolutegravir which is a long acting ART
- Integrated real-time provincial patient centred health information system to address duplications and other data management issues
- Case management approach to increase retention in care
- Scale up welcome back campaign to return those defaulting on treatment to care using community health workers

		Mixed progress towards 3 rd 90 - viral load suppression rates #Undetectable = Untransmittable						
		Epidemic control within reach but we have miles to go						
	Viral load completion at 12 months rate				Viral load suppression at 12 months rate			
	Quarter 2 2019/20 (Jul-Sep 2019)		Quarter 3 2019/20 (Oct-Dec 2019)		Quarter 2 2019/20 (Jul-Sep 2019)		Quarter 3 2019/20 (Oct-Dec 2019)	
District	Adults	Children	Adults	Children	Adults	Children	Adults	Children
Amajuba	64,5%	47,2%	64,1%	**78,3%	94,6%	70,6%	93,0%	72,2%
eThekwini	73.1%	61.7%	70,0%	*56%	90.0%	65.2%	91,1%	71,6%
Harry Gwala	76.0%	67.6%	77,6%	72,3	89.2%	65.5%	90,6%	67,3%
Ilembe	64.0%	69.8%	63,5%	*54,2	89.2%	63.6%	88,5%	50,0%
King Cetshwayo	81,3%	73,9%	78,9%	71,8	91%	64,7%	88,9%	71,4%
Ugu	79.4%	73.5%	78,1%	71,7	93.9%	68.0%	90,6%	76,3
uMgungundlovu	71.0%	68.0%	74,0%	73,3	89.0%	88.0%	87,6%	60,3
uMkhanyakude	65.7%	59.3%	73,0%	82%	*62.5%	79.2%	**93,3%	73%
uMzinyathi	66,9%	77,6%	75,4%	82%	88,4%	63,2%	91,7%	74%
uThukela	66.8%	76.4%	77,0%	*56%	85.6%	76.3%	83,8%	71%
Zululand	71.5%	58.3%	76,0%	**74%	92.0%	67.3%	91,3%	74,6%
Province	70.9%	66.8%	73,4%	70,1%	86.4%	71.6%	90%	69,3%

The race to U=U Viral Suppression

Highlights

- Viral load completion rates are consistently low
- In Amajuba, uMkhanyakude and uMzinyathi, viral loads completion rates for children were higher than for adults
- Viral load suppression among adults better than among children
- Seven districts (**Amajuba, Ethekwini, Harry Gwala, uGu, uMkhaynakude, uMzinyathi and Zululand**) achieved over 90% viral suppressions among adults.
- The highest suppression rates among children was 74.6% in Zululand.

Remedial action

- Optimal utilisation of roles of Viral Load champions, Linkage offices, CHWs, Youth Ambassadors and outreach teams
- Intensify literacy classes and case management

	TB remains the number one case of death in the province. Though curable, treatment success rate is still low					
District	TB Clients Started on Treatment			TB Clients Treatment Success rate Target = 85%		
	Quarter 1 2019/20 (Apr-Jun 2019)	Quarter 2 2019/20 (Jul-Sep 2019)	Quarter 3 2019/20 (Oct-Dec 2019)	Quarter 1 2019/20 (Apr-Jun 2019)	Quarter 2 2019/20 (Jul-Sep 2019)	Quarter 3 2019/20 (Oct-Dec 2019)
Amajuba	413	496	479	65%	64,2%	55,0%
eThekwini	4,465	4,757	4,728	57%	73,0%	73,0%
Harry Gwala	445	622	300	56%	55,0%	50,0%
Ilembe	692	736	751	57%	75,2%	72,7%
King Cetshwayo	1,055	1,245	1,471	59%	74,6%	78,4%
Ugu	824	1,113	949	82%	49,0%	74,4%
uMgungundlovu	1,087	1,251	937	86.9%	79,3%	82,1%
uMkhanyakude	2,278	295	460	77%	77,0%	76,0%
uMzinyathi	294	376	444	76%	80%	83,7%
uThukela	303	544	566	56%	79,0%	78,2%
Zululand	2,157	0	786	82%	81%	75%
Province	12,664	11,438	11,892	67,0%	73,0%	72,6%

TB treatment success rate not optimal for the burden of disease

Highlights

- Only **uMgungundlovu and uMzinyathi's** recorded over 80% treatment success rate in Q3
- **Harry Gwala and Amajuba** had the lowest TB treatment success rate at only **50% and 55%** respectively
- **Ugu** was close to reaching target in Q1 (82%), but drastically declined in Q2 (49%) and improved in Q3 (74.4%)

Recommendations

- Community mobilization and education at facility and community level on high TB prevalence and resistance
- Routine investigation for all high risks population including pregnant women, people with diabetes, people living with HIV, inmates, mobile men and migrants
- Engage with all community structures to promote TB treatment adherence
- Collaborate with other community structures to communicate the importance of TB control

Goal 3: Reach all key and vulnerable populations with customised and targeted interventions

– ‘Nobody left behind’

Key and vulnerable populations programmes are largely funded by donors and the DOH High Transmission Areas Programme. However, data collection systems not synchronised. This will be developed in FY2020/21 to facilitate regular reporting to the PCA.



Goal 4: Address the social and structural drivers of HIV, TB and STIs, and link these efforts to the National Development Plan

- *'A multi-department, multisectoral approach'*



SBCC Beneficiaries and OVYC Receiving Psychosocial Support- very low reach

District	No of beneficiaries reached with SBCC			OVYC Receiving Psychosocial Support		
	Quarter 1 2019/20 (Apr – Jun)	Quarter 2 2019/20 (Jul – Sept)	Quarter 3 2019/20 (Oct-Dec 2019)	Quarter 1 2019/20 (Apr – Jun)	Quarter 2 2019/20 (Jul – Sept)	Quarter 3 2019/20 (Oct-Dec 2019)
Amajuba	1,196	3,167	2,901	7,740	2,228	711
eThekwini	10,066	5,455	3,754	15,485	15,969	5,612
Harry Gwala	2,717	2,332	2,332	925	13,083	13,083
Ilembe	3,543	3,477	3,050	5,131	43	7,997
King Cetshwayo	4,449	2,475	1,740	4,896	4,871	4,555
Ugu	3,567	3,397	2,430	9,620	9,933	162
uMgungundlovu	4,161	3,874	2,311	3,669	3,548	12,928
uMkhanyakude	1,544	1,405	1,072	1,717	47	502
uMzinyathi	2,714	2,376	1,712	1,463	2,484	2,481
uThukela	2,717	2,396	1,530	925	400	405
Zululand	4,826	3,475	1,550	2,308	15,440	15,868
Province	41,500 / 46,539	38,829 / 48,405	27,283 / 43,648	53,879 / 145,240	68,046 / 145,240	61,823 / 145, 240

SBCC and OVYC

Highlights

- Overall, the number of SBCC and OVYC **beneficiaries** are **very low in all the districts** and the provincial target is not being met.
- Performance for OVYC receiving psychosocial support is **below 50%** in all three quarters.
- In **eThekweni, KCD, uThukela and Zululand**, SBCC beneficiaries declined by more than 40% between Q1 and Q3
- In most districts, except KCD, data reported for OVYC receiving psychosocial support seems problematic and requires further investigation

Remedial action

- Bottleneck analysis on low coverage for both programs and district catch-up plans need to be developed

Losing the battle against sexual assault, inadequate progress in addressing this social ill

District	Quarter 1 2019/20 (Apr-Jun 2019)			Quarter 2 2019/20 (Jul-Sep 2019)			Quarter 3 2019/20 (Oct-Dec 2019)		
	New sexual assault cases - Total	New sexual assault cases under 12 years	% under 12 years	New sexual assault cases - Total	New sexual assault cases under 12 years	% under 12 years	New sexual assault cases - Total	New sexual assault cases under 12 years	% under 12 years
Amajuba	147	12	8%	180	85	47%	215	80	37%
eThekwini	1,013	280	28%	1,052	296	28%	1,044	293	28%
Harry Gwala	42	11	26%	79	29	37%	79	29	37%
Ilembe	128	56	44%	149	47	32%	147	49	33%
King Cetshwayo	233	88	38%	257	88	34%	292	121	41%
Ugu	223	94	42%	252	105	42%	258	89	34%
uMgungundlovu	398	178	45%	388	179	46%	488	207	42%
uMkhanyakude	58	20	34%	85	27	32%	101	32	32%
uMzinyathi	99	40	40%	137	45	33%	102	27	26%
uThukela	147	72	49%	144	58	40%	144	58	40%
Zululand	167	49	29%	148	38	26%	149	49	33%
Province	1,495	868	58%	2,871	997	35%	3,019	1,034	34%

Losing the battle against sexual assault, inadequate progress in addressing this social ill

Highlights

- The total number of new sexual assault **cases doubled** between Q1 and Q3 from 1,495 to 3,019.
- Proportion of under 12 sexual assault cases reduced from **58% in Q1 to 34% in Q3**
- In all districts, more that 25% of the new sexual assault cases were among children under 12 years. In **KCD, uMgungunglovu and uThukela**, the rates were above 40%

Remedial action

- Multi-sectoral coordinated approach to addressing GBV needs to be scaled up
- Community engagement and leadership in addressing GBV and gender inequality
- All eligible clients must be offered PEP
- Active participation of SAPS and Dept. Justice to ensure correct information is passed to the survivors and timeliness of linkage to care
- Routine sexual assault screening in all Primary Health Care facilities
- Community education on GBV prevention and post violence care services

Goal 5: Ground the response to HIV, TB and STIs in human rights principles and approaches

- *‘Equal treatment and social justice’*



Goal 6: Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs

- *'Mutual accountability'*



Functionality Assessment of AIDS Councils in the Province

The PCA Secretariat, with support from Global Fund conducted a functionality assessment of the PCA, DACs and LACs including their Civil Society Forums and civil society sectors. Independent consultants were hired to conduct the assessment.

The Assessment focused on the following key areas:

- Mandate, Roles & Responsibilities
- Membership, Leadership & Meetings
- Procedures & Practices
- Reporting in PCA/DAC/LAC meetings
- Reporting to PCA or DAC
- CSF Reporting
- M&E Capacity
- Strategy, Integration & Collaboration
- OSS
- Secretariat Capacity
- Finance

A dashboard was generated for each AIDS Council and Sector using the following scoring criteria:

- 0 – 49 Red
- 50 – 70 Orange
- 71 – 100 Green

PCA Functionality Dashboard

Component	Rating
Mandate, Roles & Responsibilities	100%
Membership, Leadership and Meetings	77%
Procedures and Practices	80%
Reporting in PCA Meetings	100%
DACs reporting in PCA Meeting	88%
PCSF reporting to PCA	100%
PCA Reporting to SANAC	100%
PCA capacity to monitor epidemic and PIP	88%
Strategy, Integration and Collaboration	67%
Operaiton Sukuma Sakhe	88%
PCA Secretariat Capacity	67%
Finance	100%
TOTAL	76%

Recommendations for the PCA

Component	Recommendations
Membership ,leadership, meetings	Strengthen the accountability and participation of MEC, Mayors, HOD and CS sector leadership
Procedures and practices	Review the sub committees and guidelines for CSF in the PCA constitution
DAC Reporting to PCA	District MEC and HOD champion support to DAC
PCA Capacity to monitor epidemic	Conduct quarterly meetings with the Provincial CSF and Sector leader
Strategy, Integration and collaboration	Revive the interdepartmental, DAC, LAC secretariat quarterly meetings Strengthen collaboration with COGTA, SALGA and donor agencies
Operation Sukuma Sakhe	Advocate that the MEC and HOD Champion attend the DTT and DAC meetings
PCA Secretariats Capacity	Revive the involvement of DoH and PCSF representative as members of the PCA secretariat Filling of the 3 vacant post at HIV and AIDS Directorate Refresher training on coordination and DAC and CSF support

DAC Functionality Dashboard

	Mandate, Roles & Responsibilities	Membership , Leadership & Meetings	Procedures & Practices	Reporting in DAC meetings	Reporting to PCA	CSF Reporting & AIDS Councils M&E Capacity	Strategy, Integration & Collaboration	OSS	DAC Secretariat Capacity	Finance	Overall Score
Amajuba	75%	32%	42%	75%	75%	6%	33%	50%	60%	100%	50%
eThekweni	75%	42%	0%	0%	75%	44%	0%	38%	5%	0%	27%
Harry Gwala	75%	58%	50%	75%	100%	13%	50%	50%	70%	100%	65%
iLembe	38%	45%	58%	75%	75%	81%	33%	25%	40%	100%	58%
King Cetshwayo	38%	67%	50%	50%	75%	38%	42%	50%	65%	100%	60%
Ugu	85%	56%	46%	75%	100%	25%	46%	63%	50%	100%	64%
uMgungundlovu	88%	93%	46%	75%	100%	81%	46%	38%	75%	25%	68%
uMkhanyakude	88%	53%	42%	75%	100%	13%	54%	38%	50%	50%	54%
uMzinyathi	63%	50%	42%	75%	75%	50%	38%	50%	40%	100%	58%
uThukela	88%	80%	50%	88%	100%	50%	25%	13%	50%	0%	61%
Zululand	88%	54%	46%	88%	100%	19%	42%	63%	90%	100%	62%
TOTAL	74%	58%	43%	68%	90%	37%	37%	43%	56%	68%	57%

LAC Functionality Dashboard

		Mandate, Roles & Responsibilities	Membership, Leadership & Meetings	Procedures and Practices	Reporting in LAC meetings	Reporting to DAC	CSF Reporting & AIDS Councils M&E Capacity	Strategy, Integration & Collaboration	OSS	DAC Secretariat Capacity	Finance	Overall Score
1	eMdlangeni	63%	49%	50%	75%	75%	69%	42%	50%	75%	50%	60%
2	KwaDukuza	38%	58%	42%	75%	75%	19%	33%	25%	50%	100%	56%
3	Mandeni	25%	54%	46%	75%	75%	25%	33%	25%	70%	0%	49%
4	Ndwedwe	75%	64%	42%	75%	75%	50%	25%	75%	50%	0%	55%
5	Mthonjaneni	38%	35%	33%	75%	0%	6%	29%	25%	50%	75%	40%
6	Nkandla	0%	37%	0%	0%	75%	0%	0%	4%	50%	0%	25%
7	uMfolozi	12%	21%	0%	0%	38%	0%	13%	75%	60%	6%	22%
8	uMlalazi	0%	35%	0%	0%	75%	0%	4%	50%	50%	0%	24%
9	Ray Nkonyeni	38%	70%	42%	75%	75%	50%	33%	38%	60%	100%	65%
10	uMdoni	88%	50%	33%	75%	75%	6%	21%	63%	20%	50%	46%
11	uMuziwabantu	38%	81%	33%	75%	75%	59%	67%	75%	90%	94%	69%
12	Umzumbe	63%	63%	29%	25%	75%	28%	13%	50%	50%	100%	54%
13	Impendle	25%	43%	38%	0%	0%	0%	42%	63%	50%	25%	38%
14	Mkhambathini	50%	43%	33%	50%	25%	0%	42%	63%	55%	50%	44%
15	uMngeni	63%	78%	38%	0%	0%	50%	33%	50%	75%	100%	52%
16	Jozini	13%	65%	38%	0%	63%	0%	17%	25%	40%	0%	38%
17	Mtubatuba	63%	53%	29%	75%	63%	13%	33%	50%	75%	100%	57%
18	uMhlabyalingan a	38%	49%	33%	75%	63%	0%	13%	0%	20%	100%	38%
19	Alfred Duma	25%	36%	17%	75%	75%	25%	29%	13%	50%	50%	40%
20	iNkosi Langalibalele	50%	72%	38%	75%	75%	25%	17%	25%	50%	0%	50%
21	Okhahlamba	25%	49%	21%	75%	50%	13%	25%	25%	70%	0%	40%
22	Abaqulusi	38%	20%	0%	0%	0%	0%	0%	13%	70%	70%	17%
23	eDumbe	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
24	Nongoma	25%	56%	33%	0%	0%	25%	33%	100%	70%	0%	44%
25	Ulundi	63%	77%	50%	75%	75%	50%	67%	75%	95%	100%	61%
26	uPhongolo	63%	60%	42%	50%	75%	50%	54%	100%	70%	100%	64%
	TOTAL	39%	51%	29%	45%	52%	22%	28%	45%	56%	49%	44%

Recommendations for DAC and LACs

Component	Recommendation
Mandate , roles and Responsibilities	Strengthen the accountability and participation of MEC, Mayors, HOD and CS sector leadership
Membership ,leadership, meetings	DAC coordinators to attend meetings of the LACs in the District Mapping of CSO at Ward, Local and District level
Procedures and practices	PCA to update and build capacity on operation guidelines
Reporting	Capacity building on M&E
DAC/LAC Capacity to monitor epidemic	Capacity building on M&E, Coordination, integration
DSCF reporting to DAC/LAC	Revival of quarterly meetings of the DAC , LAC secretariats, CSF leadership and departmental reps
Strategy, Integration and collaboration	Capacity building on principles of Coordination, integration, and mainstreaming Support sectors and its integration into the Municipal forum
Operation Sukuma Sakhe	Advocate that OSS be a standing item on the DAC and LAC meeting Agenda
DAC/LAC Secretariats Capacity	Municipalities to appoint dedicated person to do DAC Secretariat work e.g at Amajuba, UMzinyathi, and(eThekweni appointed last week)

Provincial CSF Forum and Sectors

	Forum/ Sector	Rating
	PCSF	Did not submit
	Sector	
1	LGBTIQ	
2	Sex worker	
3	men	
4	women	
5	Children	
6	PLWHIV	
7	THP	
8	Youth	
9	Disability	
10	Senior Citizens	
11	Faith Based	
12	Higher Ed	
13	NGO	
14	Research	48%

Capacity District Forum and Sectors

		Amajuba	eThekwin	Harry Gwala	ilembe	KCD	uGu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand
	CSF	3%	55%		59%	40%	27%	67%	30%	37%	51%	37%
	Sector											
1	LGBTIQ	19%	67%				75%			16%		
2	Sex worker		12%									
3	Men	4%	23%	2%	49%	13%		52%		19%	15%	
4	Women				48%	7%					36%	
5	Children										8%	
6	PLWHIV		82%		51%	14%	42%			17%	33%	19%
7	THP	52%		36%		35%						
8	Youth		78%			42%	42%	44%			7%	
9	Disability	18%			17%	57%				36%	36%	37%
10	Senior Citezens							68%			20%	
11	Faith Based		8%		48%	51%	41%			29%		
12	Higher Education		72%									
13	Research		56%									
14	NGO		30%					59%				29%

Recommendations for Civil Society Forum and Sectors

Component	Recommendation
Mandate , roles and Responsibilities	Review guidelines and build capacity on roles and responsibilities
Membership ,leadership, meetings	Mapping of CSO at Ward, Local and District level Election of the District CSF at Amajuba, uMkhanyakude, Harry Gwala , eThekwini and Ugu
Operation Sukuma Sakhe	Participation in OSS at all level
Reporting	Development of the reporting tool and Capacity building on M&E
DAC/LAC Capacity to monitor epidemic	Capacity building on M&E, Coordination, integration
DSCF reporting to DAC/LAC	Revival of quarterly meetings of CSF leadership d departmental reps
Strategy, Integration and collaboration	Capacity building on principles of Coordination, integration, and mainstreaming. Support sectors and its integration into the Municipal forum Capacity building on Resource mobilization and fund raising
	Rekindle activism – hold Government accountable for service delivery and human right issues

Goal 7: Mobilise resources and maximise efficiencies to support the achievement of NSP goals and ensure a sustainable response

– *'Spend now, to save later'*

Absence of consolidated HIV, STI and TB provincial budget comprising of all resources allocated towards the response



Goal 8: Strengthen strategic information to drive progress towards achievement of National Strategic Plan goals

- *'Data-driven action'*

- Overall, there's improved reporting but district and local capacity for data analysis and use for decision making needs to be strengthened
- Quarterly multisectoral district M&E (nerve centres) to be revived as a platform for data review and programme improvement
- The mid-term review of the Provincial Implementation Plan 2017 – 2022 to be conducted
- Plan and reporting tools for Civil Society Forum and Sectors to be developed
- Data flow for key and vulnerable populations to be improved for reporting to PCA





SIYABONGA!

THANK YOU!

