

LIMPOPO PROVINCIAL IMPLEMENTATION PLAN 2017-2022 PROGRESS REPORT

FACTSHEET: 2017 /18 PROGRESS UPDATE

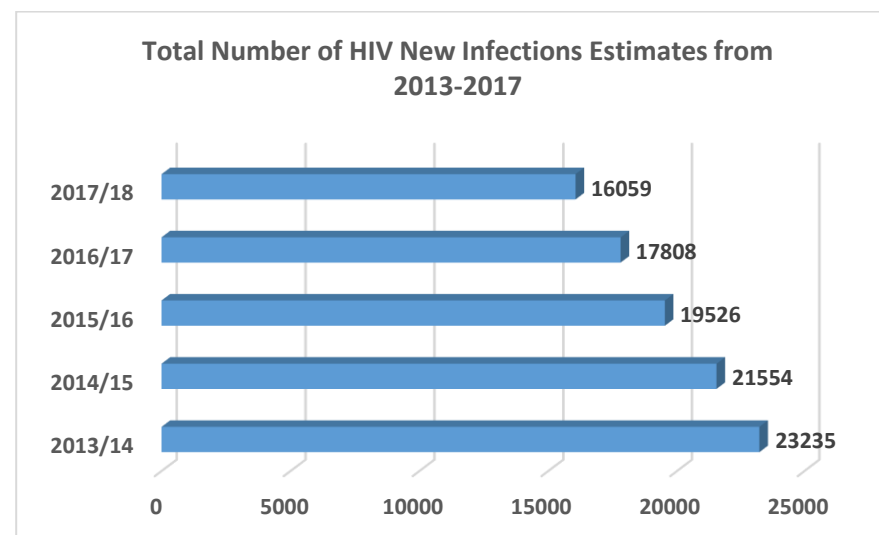
GOAL 1: ACCELERATE PREVENTION TO REDUCE NEW HIV AND TB INFECTIONS AND STIs

Indicator	Target FY17/18	Achievement FY17/18
Number of new HIV infections	1 4000	16 059 (115%)
Mother to child transmission rate (MTCT) at 10 weeks	1 024 546	1,721,676 (168%)
Mother to child transmission (MTCT) rate at 18 months	1.3%	0.9% (153/15377)
Delivery in 10 to 19 years in facility	12% (15418/128483)	13.5% (16 238/120250)
Number of voluntary male circumcisions performed	36 910	53,930 (146.1%)
Number of people tested for HIV	1 024 546	1,721,676 (168%)
Number of male condoms distributed	87 085 290	90,930,032 (104.4%)
Number of female condoms distributed	3 500 000	3 349 577 (95.7%)
Number of AGYW, FSW, MSM, IDU receiving oral PrEP for the first time during the reporting period	No Target only Pilot sites (Mopani and Vhembe)	625
Number of learners reached through combination preventions aimed at retention of learners in schools	1900 000 (100%)	1900 000 (100%)
Percentage of schools that are providing enhanced comprehensive sexuality education (CSE)		
Percentage of children screened for TB symptoms	80%	62.2% (18,881/30 31364)
Number of household contacts screened for TB	80%	66.7% (19270/12861)

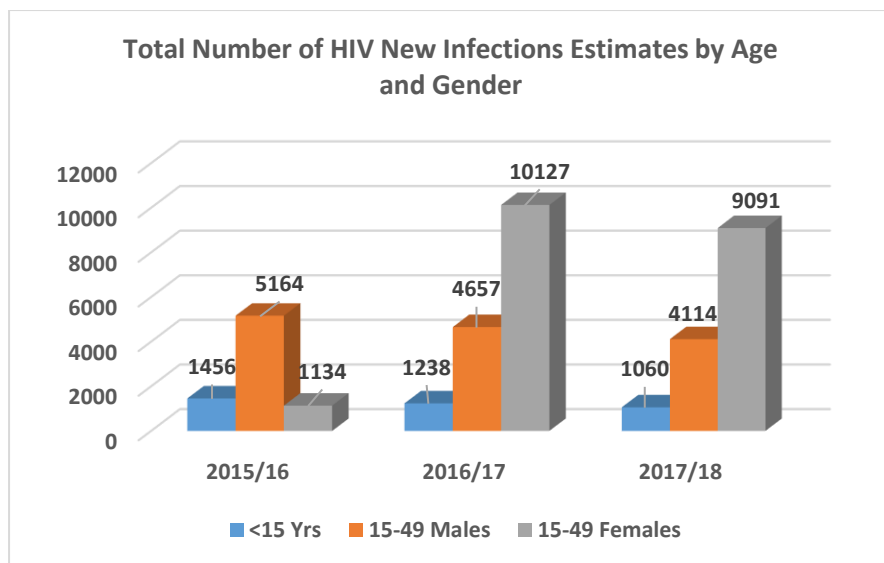
Data Source: DOH Annual Report 2017; DOE LPCA report 2017 and TB ETR Annual report 2017 and Thembisa Model Version 4.1

Limpopo Province aim to reduce HIV new infections to less than 7000 in 2022, over the period of five years from 2017 to 2022 using combination prevention approaches.

- A reduction of 1 749 HIV new infections from 2016/17 to 2017/18 was achieved depicted through the Thembisa model as seen in the graphs below.



Source: Thembisa Model Version 4.1



Source: Thembisa Model Version 4.1

- The new infections for children <15 years, estimates show a decline from 1238 in 2016/17 to 1060 in 2017/18. A decrease from 4657 in 2016/17 to 4114 in 2017/18 was observed in Males between 15-49 years, while a reduction from 10127 in 2016/17 to 9091 in 2017/18 was estimated for females.

- The Province reported 0.83% PCR positivity rate around ten weeks against a target of 1.2% thus showing a decline of 0.37% from the previous financial year 2016/17.
- The 18 months HIV test positivity rate remained the same at 0.9% in 2017/18 as in 2016/17. MTCT of HIV declined due to various intervention strategies implemented in the province among others including intensified PCR tracking system, during the period under review.

Attributable causes contributing to observed progress:

- 1) The slight reduction of New infections in the Province was attributed to various interventions including effective combination preventative approaches that were implemented namely social behavioural campaigns and bio-medical interventions especially for key populations.
- 2) MTCT of HIV declined due to various intervention strategies implemented in the province among others including intensified PCR tracking system, during the period under review.

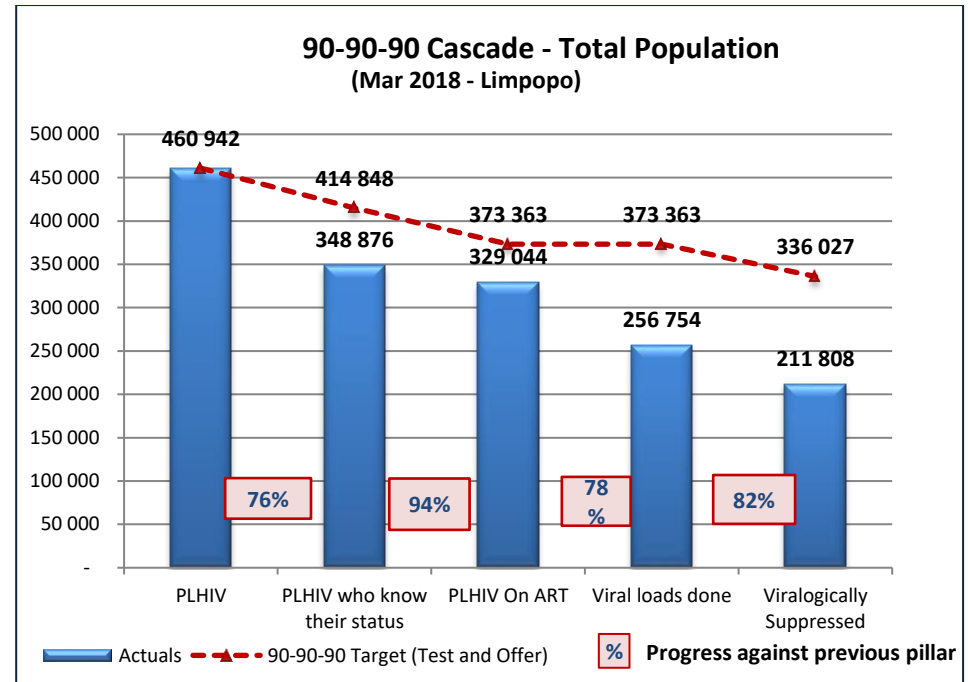


GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL

Indicator	Target	Performance
Adult AIDS Mortality*		
Percentage of people living with HIV who know their status	90%	Adults 76% Children under 15 years 70%
Number of clients living with HIV on ART (TROA)	336 452 (90%)	329,044 (98%)
Percentage of adults living with HIV known to be on ART 12 months after starting^	90%	94%
People living with HIV viral load suppressed rate (VLS) at 12 months^	90%	82%

Source: LPDoH HIV AIDS Annual Performance Evaluation Report 2018

- Progress towards achieving the 90 90 90 targets for HIV is progressing well given the performance illustrated in the table above.
- Implementation of the District Multi-sectoral implementation plans contributed to the performance.



Source: DOH Dashboard Report 2018

- There was improved performance in the period under review for the HIV 90-90-90 strategy however, the pillars of the HIV cascade are still below the target of 90% except for PLHIV on ART reflecting 94% achievement.
- Continuation of the current trend will allow for Limpopo to reach the 90-90-90 targets by 2020.
- Challenges identified were lack of unique identifiers in the province as such, validity of reported data was affected.

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

Indicator	Target	Performance
TB death rate	8.2% (458/5582)	11.6% (1764/15262)
Percentage of all people/clients started on TB treatment	80%	96% (5459/5681)
TB treatment success rate	83% (4634/5582) MDR 60% (257/427)	80.9% (12346/15 262) MDR 58.5% (245/419)
TB lost follow-up rate	4.9% MDR 10%	2.2%
Proportion of TB/HIV co-infected patients on ART	93%	94.1 (7347/7804)
Total clients started on ART – naïve (number)	58 188	54 663 (94%)

Source: DOH Annual Report 2018; TB ETR Annual Report 2017

The Province reported 11.6% TB death against a target of 8.2% during the period under review. TB death rate has been a challenge in the province for a period of four years and has remained constant since 2016/17. There was a 2.2% TB lost to follow up reported against a target of 4.9%. The performance improved from 6.2% of TB lost to follow-up reported in 2016/17. The TB death reporting could be affected by issues related with data quality. It is also important to note that while TB death data is mostly health facility-based, a high proportion of deaths occur outside of health facilities and are therefore not accurately reported if not at all.

The increase in TB death is also associated with high numbers of HIV/TB co-infection in the province. All four districts reported TB death rate above 8% over a period of four years except Vhembe districts' MDR-TB death rate,

which dropped to 21.3% from 27.6%. This was attributed to high lost to follow up by clients on TB.

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

The PIP adopted the “focus for impact” approach which uses existing detailed information to determine areas of focus as well as key and vulnerable population mostly affected by HIV, TB and STI epidemics. While comprehensive prevention and care were provided in the Province, intensified, concentrated efforts were made to improve access to services and reduce barriers to service uptake. The “focus for impact” approach represents a new, transformative way to achieve reductions in the morbidity and mortality associated with HIV, TB and morbidity from STIs for key and vulnerable populations. There was a substantially stronger focus on adolescent girls and boys, as well as on young women and young boys, Sex workers, MSM, LGBTI community, People living with disabilities, OVC, Elderly, PLHIV, Inmates, Farm Workers, Truck Drivers and Mine Workers in the Province. The table below reflect progress made in TB screening for vulnerable population.

Progress achieved in TB screening for vulnerable populations

Indicator	Target FY17/18	Achievement FY17/18
Percentage of inmates screened for TB at different time points	90%	1271 (Screened) (TB ETR)
Percentage of controlled mines providing routine TB screening at least once a year	80%	8711 (Screened) (TB ETR)

Source: TB ETR Annual Report 2018

The types of interventions implemented for specific target groups are depicted below.

Targeted key and vulnerable groups with customised and targeted interventions		
Target Group	Interventions	Domain
HTA Intervention Sites	<p>There were 355 intervention sites reached against the planned target of 350 as compared to 446 intervention sites reached in 2016/17.</p> <p>The total number of clients seen at HTA was 3 354 683 in 2017/18 (DOH HTA Programme Performance 2017/18).</p> <p>Other services provided at HTA intervention sites were HIV Counselling and Testing, TB screening, Diabetes Mellitus and Hypertension screening</p>	Human rights
Truck Drivers	There were 121 308 truck drivers seen against atarget of 60 000 , the performance is 202% and with the baseline of 86 386 in 2016/17 (DOH HTA Programme Performance 2017/18).	HIV, STI and TB prevention
Sex workers	<p>The Province reached 68 813 sex workers at HTA intervention sites against a planned annual target of 57 200. The performance improved from 56 649 sex workers reached in 2016/17.</p> <p>PREP campaigns: there were 843 sex worker's testes at pilot sites while 625 were HIV negative given prep. There were 166 number of positive clients initiated on ART at pilot sites (DOH HTA Programme Performance 2017/18).</p>	Human rights and GBV
MSM	There were 41 561 MSM reached at HTA sites against a target of 20 620 monitored by 552 HTA peer educators receiving stipend, throughout	Human rights

	<p>Limpopo Province (DOH HTA Programme Performance 2017/18).</p> <p>A total of 72 988 574 male condoms were distributed at HTA sites against a planned target of 62 400 000 while 1 202 995 female condoms distributed against a target of 2 156 668.</p>	
AGYW	<ul style="list-style-type: none"> Promoted use of contraception among youth to address teenage pregnancy through supporting peer education enrich HIV prevention efforts. Support young people who tested HIV negative to remain so. Conducted health promotion in schools through ISHIP and She Conquers Campaigns. There were 3 413 adolescent girls and young women tested for HIV and screened for TB, 6 762 learners reached through health talks, while 9 696 youth participated in the entrepreneurship development Programme (DOH, DSD & DOE 2017). Conduct Kick TB Programmes Conduct HTS services and Conduct TB intensified Case Findings <p>There were 18 Walk in services established at eligible Technical, Vocational and Educational Training (TVET) colleges to improve the access of HCT, ART and SRH services by students. Implementation of First Thing First by HEAIDS at institution of Higher Learning (DOH HAST Programme Annual Report 2017/18)</p>	GBV and SRH

Source: DOH HTA Programme Performance 2017/18 & DOH HAST Programme Annual Report 2017/18



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

Indicator	Target	Performance
Number of children accessing services through drop in centres (DIC)	47 872	46 397 (97%)
Number of beneficiaries receiving DSD Social Behaviour Change programmes	33 785	33 030 (98%)
Number of beneficiaries receiving social grants	1 247 690	2 491 056 (200%)
Number of people accessing food through community nutrition and development centres (CNDC)	15	15
Number of children younger than 18 years reached through substance abuse prevention programmes	250000	230 099 (92%)
Number of people above 19 years reached through substance abuse prevention programmes	135 000	170 918 (126.6%)
Percentage of learners from ordinary public schools that attend no-fee schools	1 645 193	1 603 734 (97.4%)

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

- Although the Province did not achieve the planned target with deviance of 1 475 of children accessing DIC, the performance improved from 44 872 of the previous year (2016/17).
- The Province further improved its performance on children accessing DIC services for four consecutive years due to the fact that more children were attracted to the activities rendered at DIC.
- The Province reported 33 030 against a planned target of 33 785 of beneficiaries receiving DSD Social Behaviour Change programmes during the period under review. Although the performance was below the set target, the Province showed improved performance for three consecutive years. There were 30 452 beneficiaries receiving DSD Social Behaviour Change programmes during 2016/17. Upscaling of

prevention in the department with support and funding from SANAC also contributed to the achieved results.

- DSD established a Provincial Food Distribution centre, (a hub of food management and distribution to poor and vulnerable households) in the province. The centre was functional and intensified campaigns of distributing food to needy families and individual as guided by the food for all programme. The feeding scheme provided food to 191 220 people through DSD feeding programme (centre based) against a planned target of 183 075.
- Despite the province not achieving the target for substance abuse, the Department of Social Development (DSD) conduct substance abuse prevention campaigns targeting children younger than 18 years and youth above 19 years.



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

Indicator	Target	Performance
Number of Premier and Mayors who Chair AIDS Councils	100%	50%
Percentage of SANAC sectors with implementation plans that align with the NSP and contribute to the PIPs		Plan will be developed after elections of Civil Society members

Source: LPAC Annual report 2018

- The Limpopo Provincial AIDS Council (LPAC) held two meetings while the planned number was four. The performance decreased from three meetings held during the previous year (2016/17) due to competing political activities. The District and Local AIDS Councils were chaired by Mayors during sittings. There was a deterioration of AIDS Council functionality in three districts namely, Mopani, Sekhukhune and Waterberg

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

HIV AND TB EXPENDITURE

Department	Budget R'000	Expenditure R'000	% Spending
Education (Conditional Grant)	35 339	22 886	64.8%
Health (Conditional Grant)	1 374 468	1 354 792	98.6%
Social Development (Equitable Share)	64 443	61 680	95.7%
Total	1 474 250	1 439 358	97.6%

Source: Provincial Treasury LPAC Annual Report 2018

- The Province was allocated R1 439 358 against a planned resource envelop of 1 474 250 for 2017/18 financial year through the departments of Health, Education and Social Development (PT 2018)
- According to Provincial Treasury, spending was influenced by an increased influx of patients on ART programme, test kits and condoms purchased. DoE spent 64.8% of the total budget allocated in 2017/18 and declined with 5.7% (70.5%) from 2016/17 performance. The low expenditure could be due to delay in the procurement processes which resulted in some activities not being finalised.

Total amount spent for HIV, TB and STIs

Indicator	Target FY17/18	Achievement FY17/18
Total expenditure on HIV, TB and STIs	1488 060 (100%)	1452 912 (97.6%)

- DSD spend 95.7% of the budget allocate for the HIV and AIDS sub-programme funded through equitable share in 2017/18



GOAL 8: STRENGTHEN STRATEGIC INFORMATION TO DRIVE PROGRESS TOWARDS ACHIEVEMENT OF NSP GOALS

Indicator	Target	Performance
Percentage of core set of PIP indicators reported	TBD	-
Number of districts and local municipalities with Annual HIV, TB and STI plans for 2017-2022	100%	All district submitted 4 quarterly reports and final drafts of MDIPs

Source: District quarterly/Annual Reports.

Establish a co-ordinated and funded National Surveillance System to generate periodic estimates in the general population and key/vulnerable populations to inform programme planning

HIV, TB and STIs issues form the hallmark of the Provincial Research Repository. Budgetary support is required to strengthen and promote research activities related to HIV, TB and STI programmes.

Existing partnerships with Universities of Venda and Limpopo will be strengthened.

Annual programme reviews at District Municipality levels will be initiated to audit on-going prevention and treatment programmes.

A Mid-Term Evaluation in 2019 and an End-Term Impact Assessment study in 2022 will be instituted, the resultant outcome earmarked to be a provincial master index to be developed by 2020.

The Province signed MOU with all four universities to collaborate research activities was put in place, research priorities, identified however, implementation of research findings and recommendations action plan is work in progress. A database of Research studies completed by developmental partners on HIV, TB, STIs and social drivers in the Province with the aim of documenting findings, recommendations and identify other research gaps and priorities was developed.