HIV PREVALENCE IN SOUTH AFRICA

STRATEGIC THRUSTS

• Increasing sub-district level saturation of programs to levels that will result in HIV and TB epidemic control
• Improving quality of care by augmenting and layering packages along the full case cascade
• Maximising alignment and additionality to government and partner investments.
PROGRAMME OBJECTIVES

• Increase retention in school
• Decrease HIV incidence
• Decrease teenage pregnancy
• Decrease gender based violence
• Increase economic opportunities
<table>
<thead>
<tr>
<th>PR</th>
<th>PROVINCE</th>
<th>DISTRICT</th>
<th>SUB-DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFSA</td>
<td>KwaZulu-Natal</td>
<td>Zululand</td>
<td>AbaQulusi</td>
</tr>
<tr>
<td>AFSA</td>
<td>KwaZulu-Natal</td>
<td>King Cetshwayo</td>
<td>City of uMhlathuze</td>
</tr>
<tr>
<td>AFSA</td>
<td>Mpumalanga</td>
<td>Ehlanzeni District</td>
<td>City of Mbombela</td>
</tr>
<tr>
<td>AFSA</td>
<td>Mpumalanga</td>
<td>Gert Sibande</td>
<td>Govan Mbeki</td>
</tr>
<tr>
<td>Beyond Zero</td>
<td>Eastern Cape</td>
<td>Nelson Mandela Bay Metro</td>
<td>Nelson Mandela C</td>
</tr>
<tr>
<td>Beyond Zero</td>
<td>Eastern Cape</td>
<td>Oliver Tambo District Municipality</td>
<td>Nyandeni</td>
</tr>
<tr>
<td>Beyond Zero</td>
<td>Free State</td>
<td>Thabo Mofutsanyana</td>
<td>Dihlabeng</td>
</tr>
<tr>
<td>Beyond Zero</td>
<td>Free State</td>
<td></td>
<td>Setsoto</td>
</tr>
<tr>
<td>Beyond Zero</td>
<td>Limpopo</td>
<td>Greater Sekhukhune District</td>
<td>Fetakgomo- Greater Tubatse</td>
</tr>
<tr>
<td>NACOSA</td>
<td>Gauteng</td>
<td>City of Tshwane Metro</td>
<td>Tshwane 1</td>
</tr>
<tr>
<td>NACOSA</td>
<td>North West</td>
<td>Bojanala Platinum</td>
<td>Rustenburg</td>
</tr>
<tr>
<td>NACOSA</td>
<td>North West</td>
<td>City of Cape Town Metro</td>
<td>Klipfontein</td>
</tr>
</tbody>
</table>
ADOLESCENT GIRLS & YOUNG WOMEN

COMMUNITY RESPONSES & SYSTEMS

HUMAN RIGHTS

* Tshwane 1 sub-district
NORTH WEST
SEX WORKERS

ADOLESCENT GIRLS & YOUNG WOMEN

COMMUNITY RESPONSES & SYSTEMS

HUMAN RIGHTS

MEN WHO HAVE SEX WITH MEN

Rustenburg sub-district
PACKAGE OF SERVICES

ADOLESCENT GIRLS & YOUNG WOMEN PROGRAMME
**AGYW 15-24 YEARS**

**ENTRY POINTS**
- School
- Health facilities
- NGOs
- Churches
- Police
- DSD
- TVETs
- Public spaces

**CORE**
1. HIV & GBV risk screening
2. Offered HIV test
3. Offered condoms
4. HIV, SRH & GBV information

**LAYERS**

**HEALTH**
- HIV testing & HIV self-screening
- Condoms
- STI screening & investigation
- TB screening
- Pregnancy testing
- Emergency contraception

**BEHAVIOURAL**
- Peer education
- Comprehensive sexuality education
- Individual psycho-social support
- PrEP demand creation
- Teen parenting/parenting
- Teen & caregiver communication
- SRH knowledge & behaviour
- GBV prevention
- Adherence support
- (Mental health support)
- Physical activity

**COMMUNITY**
- Savings groups for caregivers, GBV awareness, prevention & gender norm change, She Conquers provincial advocates, small grants to youth-led organisations, building capacity of school leadership structures, male sexual partners of AGYW (MSPs) health screening & awareness

**LINKS**

**STRUCTURAL**
- Support to access social grants
- Dignity packs
- Academic support & career guidance
- Return to school support
- ECD vouchers
- GBV awareness & self-defense
- Economic strengthening

**LAYSERS**

**HIV testing**
- Condoms
- STI screening, investigation & treatment
- Contraception
- PrEP
- Post-violence care (PEP)
- ART & viral load monitoring
- PMTCT, TOP & post-abortion care
- TB IPT & treatment
- Mental health services

**GBV response services:**
- IPV counselling
- Shelters, TCCs & Court support

**Access to work opportunities & school scholarships**
### CORE INTERVENTION – EACH ENTRY POINT

<table>
<thead>
<tr>
<th>WHO</th>
<th></th>
</tr>
</thead>
</table>
| **Responsibility:** | 30 x Peer Group Trainers  
6 x Care and Support Champion Coordinators  
**Targeting:** All learners (male and female)  
**Linking to:** School based team and linkages to other modalities. |

<table>
<thead>
<tr>
<th>WHAT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation:</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Circulate a confidential comprehensive vulnerability assessment in advance to all learners (male and female) – this can be facilitated by Peer Group Trainers and Care and Support Champions.  
- Peer Group Trainers and Care and Support Champions Coordinators assess the answers to the questionnaire in preparation for the core intervention. |

**CORE INTERVENTION:**  
Methodology: 1 hour, one on one between staff and beneficiary.  
**Tasks:**  
1. **Finalise the vulnerability assessment**  
Review the written assessment, have a discussion confirming findings of the written assessment. Probe certain areas of the questionnaire to extract potential areas where the beneficiary might have needs.  
2. **Focus on the health screening**  
As relevant probe more on HIV status and offer of a HIV, TB screening and SRH services (STI, contraception, pregnancy, dual protection). Focus on self-perceived risk of the beneficiary.  
3. **HIV, TB, SRH, GBV information:**  
   - Provide relevant information and include risk reduction counselling.  
   - Provide IEC pamphlet with sticker on when and where services are available.  
   - Offer male and/ or female condoms and lubricant  
4. **Develop a Journey Plan**  
Explain the services offered by the programme and help the beneficiary to design their journey plan based on services available in layers and linkages.
MODALITIES

- **Modality 1**: Comprehensive Biomedical Services
- **Modality 2**: School Based Interventions (targeting girls and boys)
- **Modality 3**: Programmes Targeting AGYW Out of School and After School (targeting AGYW and YM&B)
- **Modality 4**: Communities based Interventions (targeting norm change among men, boys, parents and caregivers)
- **Modality 5**: Services to Higher Education Institutions (targeting youth)
- **Modality 6**: Public Private Mix approaches targeting male sexual partners of AGYW (not applicable to NACOSA)
## Proposed Sub-granting Arrangements per Sub-District

<table>
<thead>
<tr>
<th>SR</th>
<th>Modalities</th>
</tr>
</thead>
</table>
| SR 1| **Modality 1:** Comprehensive Biomedical Services  
**Modality 5:** Services to Higher Education Institutions |
| SR 2| **Modality 2:** School Based Interventions       |
| SR 3| **Modality 3:** Programmes Targeting AGYW Out of School and After School |
| SR 4| **Modality 4:** Communities based Interventions  |
MODALITY 1: COMPREHENSIVE BIOMEDICAL SERVICES

• **Close collaboration** with SRs responsible for delivering other programme components, as well health facility clinical staff and HTS counsellors

• **Provide education and implement demand** creation activities for all HTS and SRH services

• Leveraging **Social Media**

• Ensure **training of healthcare providers in adolescent-friendly service** promotion and delivery, and ensure that providers are comfortable providing a wide range of contraceptive methods including emergency contraceptives.
MODALITY 1: COMPREHENSIVE BIOMEDICAL SERVICES

HIV Testing Services:

• Provide and support community and facility sites, with the implementation of high quality, safe and confidential HTS

• The programme will review and adopt the recent innovations in differentiated models of HTS that are client-centered to AGYW and their MSPs, including:
  • Intensified Integrated Targeted Community Outreach.
  • Index Client Testing
  • HIV Self Screening (HIVSS)
MODALITY 1: COMPREHENSIVE BIOMEDICAL SERVICES

- Integrating STI, TB and family planning screenings into the pre-test information session for HTS.
- Comprehensive condom distribution programme
- Pregnancy Testing
- Provision of PrEP
- Linkage to contraceptives, TB treatment, STI treatment, TOP, PEP, substance abuse services and mental health services
MODALITY 1: COMPREHENSIVE BIOMEDICAL SERVICES

- Advocate and implement strategies to **improve linkage to care**:  
  - **Immediate referral to HIV care and ART** following an HIV diagnosis;  
  - Use of **broad-spectrum cadre** of counsellors, patient navigators, nurses  
  - **Proactive engagement and tracking of patients** who miss clinic appointments and/or are lost to follow-up, including intensive outreach for those not engaged in care within 1 month of a new HIV diagnosis, to retain person living with HIV in care and to locate and re-engage patients lost to follow-up is recommended.

- **Client tracing**: The programme will build the capacity of community based health practitioners and community based supervisors on client tracing using innovative m-health tools and map cue cards indicating the client’s residence.

- **Client retention**: The programme will, with health facilities, LACs, address loss to follow ups via SMS reminders for drug refills and appointments and training and re-training of facility providers on creating user-friendly approaches to clients.
MODALITY 1: SUB-DISTRICT STAFFING

- Programme Manager (50% LOE)
  - Clinical Manager
    - 3 x Professional Nurse (1 NIMART)
      - 3 x Linkage Officers
      - 9 x HTS Counsellors
      - 3 x PGT
  - Administrator 50%
  - M&E Manager (33% LOE)
    - M&E Officer
      - Data Capturer
MODALITY 2: SCHOOL BASED INTERVENTIONS

The programme seeks to:

- **Strengthen the capacity of schools** to support female learners academically, emotionally, socially and physically so that they remain in school until the completion of Grade 12. This will be done through a Whole School Development Approach for the 30 participating schools per district.

- **Target female learners with a combination package of services** because of heightened risk to HIV infection, teenage pregnancy and school drop-out. The primary beneficiaries are girls in grades 8 – 11, and whilst adolescent girls are the target, boys will not be excluded from any School Based Programmes at the 30 participating schools per district.
MODALITY 2: SCHOOL BASED INTERVENTIONS

Whole School Development

The programme will build the capacity of school leadership structures (such as school management teams [SMTs], school governing bodies [SGBs]) to:

- Implement the Comprehensive Sexuality Education (CSE) programme,
- Implement the new DBE HIV/TB/STI Policy,
- Implement the Integrated School Health Policy (ISHP) and improve TB awareness among educators.
- Raise awareness on GBV through dialogues conducted with governing bodies, staff, parents and other key stakeholders regarding cultural and traditional norms, behavioural change and reduction of GBV and risk reducing behaviours within schools, surrounding communities and families.
MODALITY 2: SCHOOL BASED INTERVENTIONS

• A combination package of age appropriate services will be provided to approximately 30 under-resourced public schools (in Quintiles 1-3) in each sub-district.
• Primary beneficiaries are girls in Grades 8 – 11, and boys will not be excluded from any school-based interventions.
• The grant seeks to target secondary/ combination schools per sub-district.
Programmes:

• Peer education, through the MTV Shuga series, supplemented by content on GBV, substance abuse and HIV related topics.
• Homework and academic support, through after school programmes
• Home visits in cases of prolonged absenteeism
• Career jamborees for Grade 9 learners
• Provision of menstrual dignity packs for girls in need
The School-based programme will be supported with the following afterschool services offered by other sub-recipients:

- **Health care services**: HTS, STI and TB screening, contraceptives and condom distribution, pregnancy testing and emergency contraceptives. Where permissible mobile health services will be available on the school premises, but this service will be extended and available via outreach services to other community spaces and also extend to using fixed facilities including PHC clinics, the Safe Space, community health centres and hospitals.

- **Delivery of programmes to support behavioural change and provide psychosocial support**: This will include; individual and group psychosocial support, risk reduction interventions like PrEP demand creation and IPV counselling, supportive interventions like teen parenting and parenting programme, and adherence programmes. Such services will be offered on the school premises after school, or at outreach sites or at the Safe Space.
MODALITY 2: PROPOSED SUB-DISTRICT STAFFING

Programme Manager

- 2 x Sub- District Supervisors
- M&E Manager (33%)
- 2 x School Development Project Managers

- 5 x Care and Support Champion Coordinators
- M&E Officer
- Data Capturer

- 15 x Care and Support Champions
- 30 Peer Group Trainers
MODALITY 3: AGYW OUT OF SCHOOL & AFTER SCHOOL PROGRAMMES

Safe Space

- Each sub-district will have one Safe Space from where a range of health, psychosocial, socio-economic and recreational services are routinely delivered to 15-24 year old youth in/after/out of school.
- A Safe Space can support four satellite / outreach sites based at schools, TVETs and in communities.
- The Safe Space will be youth friendly and will attract AGYW through fun, recreational programmes and interactive media.
- Once a youth accesses the Safe Space and is assessed, core and layered health, psychosocial, socio-economic and recreational services will be on offer. Youth will also be linked to relevant services offered in the community.
Satellite Sites

• Teams will be deployed to satellite sites that provide decentralised services to ensure greater access by programme beneficiaries. Satellite sites could include schools, TVETS, church halls, and other suitable community spaces to deliver interventions to AGYW. As far as possible, the outreach teams will provide the same level of service as those rendered via a safe space. Once a youth accesses the outreach site and is assessed, core and layered health, psychosocial, socio-economic and recreational services will be on offer.
MODALITY 3: AGYW OUT OF SCHOOL & AFTER SCHOOL PROGRAMMES

Programmes will include (but are not limited) to the following layered services:

- Peer education, through MTV Shuga series and content on HIV, GBV, Substance Abuse
- Individual and group psychosocial therapeutic interventions
- Risk reduction programmes like PrEP and IPV counselling
- Structured support groups, e.g. Teen parenting, Vhutshilo 2.2, adherence, grief support
- Economic strengthening programmes
- Recreational activities
- Access to internet based programmes
- Health service provision, including HTS, STI and TB screening, contraceptives and condom distribution, pregnancy testing and emergency contraceptives will be provided
- Programmes for parents / caregivers of AGYW to establish nurturing relationships and reduce the risk of violence against teens in and outside the home and creating a nurturing and supportive home environment
**PROPOSED HR**

Programme Manager

- 2 Activity Coordinators
- 2 Sub-District Supervisors (Social workers)
- M&E Manager (33%)
  - M&E Officer
  - Data Capturer
- 5 Child & Youth Care Workers
- 20 Social Auxiliary Workers
- 20 Peer Group Trainers/Linkage Officers
- 20 Peer Group Trainers/Linkage Officers
MODALITY 4: COMMUNITY BASED INTERVENTIONS

- Community based interventions will take on the form of campaign, event, talks, Health And Welfare Jamborees, communications and small grants.

- **Boys and Men’s GBV and Substance Use Dialogues:** Targeted tailored messaging for high-risk HIV groups including taxi drivers, township bar owners and mine workers.

- **Legal Literacy Programmes:** Community dialogues on human rights and legal literacy programmes to clarify laws to parents, caregivers, youth, adolescents and the community.

- **GBV Prevention Activities:** Use of Peer Group Trainers to conduct talks, events, campaigns to promote prevention of GBV

- **Sessions with Local Formal and Informal Leadership Structures:** Raise awareness and buy-in for school health policies
MODALITY 4: COMMUNITY BASED INTERVENTIONS

Small Grants Programme:

- Small advocacy and community monitoring grants will be provided to youth-led CSOs to address gender and human rights-related barriers to AGYW’s access to services. The grants will cover three main areas:
  - Addressing negative attitudes to adolescent sexuality
  - Uncertainties and inconsistencies arising from age of consent issues (age of consent to sex, HIV testing, contraception, treatment etc)
  - Monitoring access, provision and quality of youth-friendly health services.
MODALITY 4: SUB-DISTRICT STAFF

Programme Manager

- Advocacy Officer
- 2 x Peer Group Trainers
- M&E Officer
  - Data Capturer
MODALITY 5: SERVICES TO HIGHER EDUCATION INSTITUTIONS

• AGYW will be targeted at TVET and university campuses with SRH services at health clinics and the placement of commodity vending machines stocked with HIV self-screening kits, pregnancy screening tests, condoms and lubricant.

• Demand creation for the vending machine commodities and SRH services will be through the implementation of campus based awareness campaigns and dialogues.
Beneficiaries reached by this intervention will be supported with the following additional services offered by other sub-recipients:

- **Health care services**: Where there are no campus based health facilities, health services including HTS, STI and TB screening, contraceptives and condom distribution, pregnancy testing and emergency contraceptives will be provided, using a number of mechanisms within hub ‘n spoke model, including through specialised mobiles and outreach services to TVETs as well as at fixed facilities including PHC clinics, a Safe Space, community health centres and hospitals.

- **Delivery of programmes to support behavioural change and provide psychosocial support**: Programmes that will be offered will include individual and group psychosocial support, risk reduction interventions like PrEP demand creation and IPV counselling, supportive interventions like Parenting and Adherence Programmes will be offered at outreach sites or a Safe Space.
THANK YOU

We’re stronger, together.