Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Monitoring and Evaluating Key Populations Programs: South Africa

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South African Context

KEY

Key Population
- 🔴 FSW
- 🔵 MSM
- ⚫ PWID
- 🟢 TG

- 🟪 27 Priority Districts
- ⬜ Province
- ⬜ Non-Priority Districts

Data Sources:
(Demarcation Board, PEPFAR SA)
Coordinate System: GCS_WGS_1984

Date: April 2019

Prepared by Mashudu Mashamba - 083 946 5518
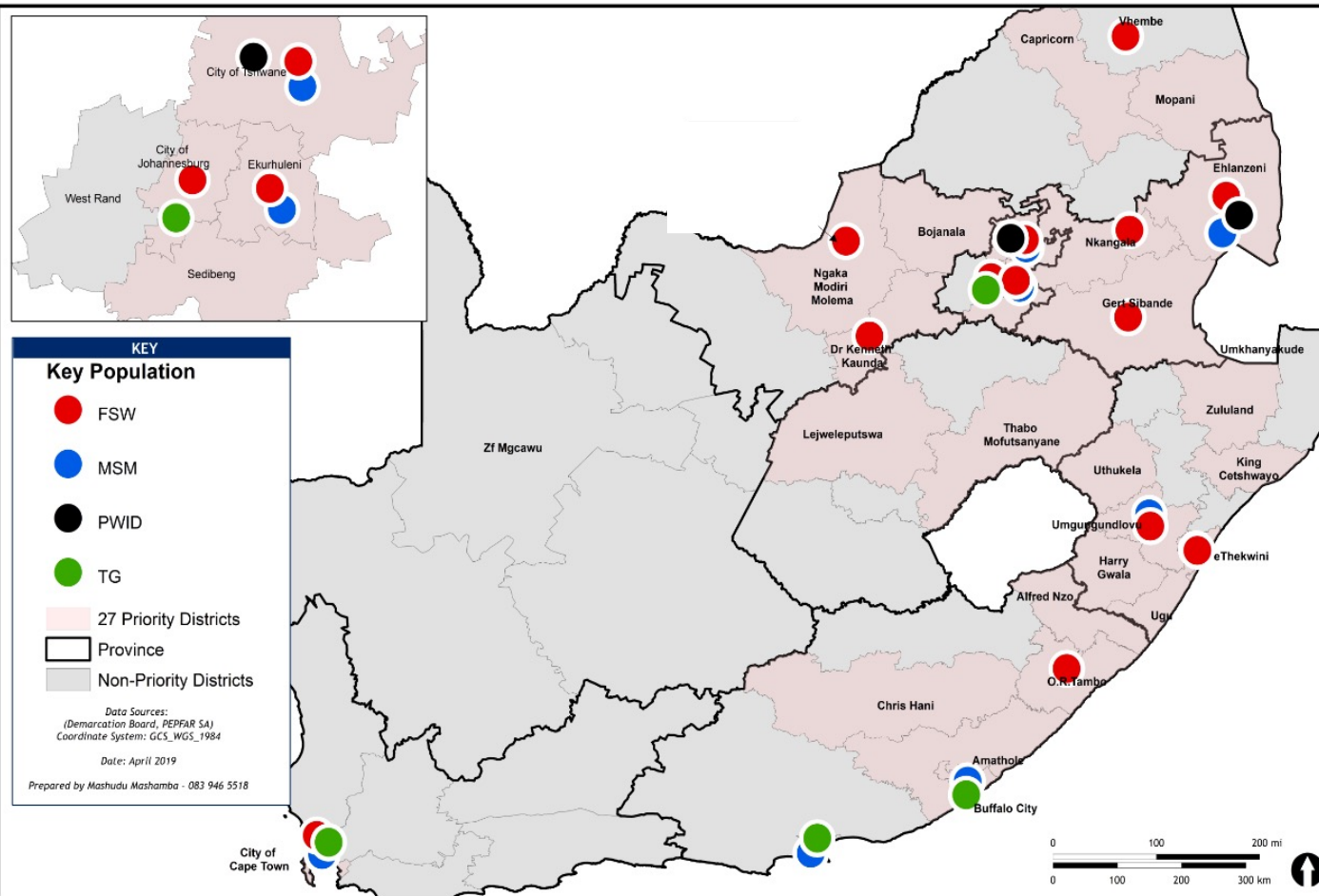
HIV Prevalence is high

- **Female sex workers**: from 42.5% in Cape Town, 58.3% in Johannesburg, and 77.7% in Ethekwini
- **MSM**: from 16.7% in Mahikeng, 26.8% in Cape Town and 44.3% in Johannesburg
- **Transgender women:** 45.6% in Cape Town, 46.1% in Buffalo City, and 63.3% in Johannesburg
- **PWID** 58.4% HIV prevalence with 94.1% infected with HCV

One-stop Shop with Tailored services

- Peer-led services
- Tailored prevention & health education services
- PrEP
- Condoms and lubricants
- Targeted HTS (self-testing, SNS, index)
- STI screening, diagnosis and treatment (or referral
- TB screening and referral
- Same-day ART initiation and viral load testing + U=U campaigns
- Complementary services include sexual and reproductive health, needle and syringe program, methadone, and STI, hepatitis and TB screening and treatment

South African Health Monitoring and Evaluation

District Health Information System (DHIS)

- An electronic patient management system launched in 2011
- Aggregate routine data

Tier.Net (Three Integrated Electronic Registers)

- Comprehensive ART monitoring tool launched in 2010
- Paper-based, non-networked, and networked – designed to suit the facility
- Used to capture patient-level HIV information at facility level and is **integrated** with the DHIS for reporting various program data from sub-district to national levels

Provides a comprehensive and stable dataset that is routinely collected for the monitoring of HIV

None of these systems disaggregate by key population group

Reliance on PEPFAR and Global Fund data systems, and on surveys

Global Fund Indicators

Orbit

- The Orbit database is a web-based data collection system that currently collects data for over 170 indicators at the individual beneficiary level. It is being used by all NACOSA Key Population and GBV programmes.

- The system is set up to track unique individuals over time and can record multiple services delivered to an individual client.

KVAP

- KVAP is a suite of data integration and analysis tools that help organizations combine fragmented data and use it for decision-making. An integration was developed to link the Orbit database to the KVAP Platform.
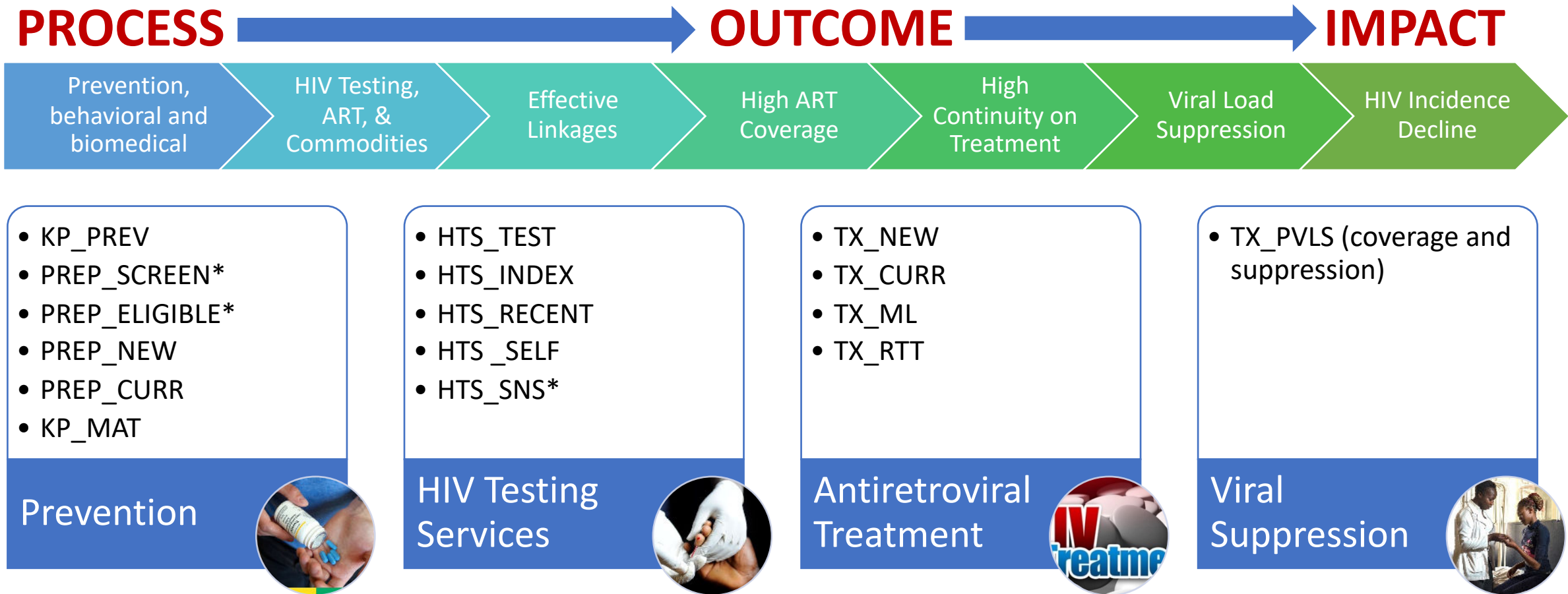
SW Core indicators

- KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services

- KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results

- KP-6c: Percentage of sex workers using PrEP in priority sex workers PrEP populations

- TCS-7: Percentage of newly diagnosed people linked to HIV care (individual linkage)
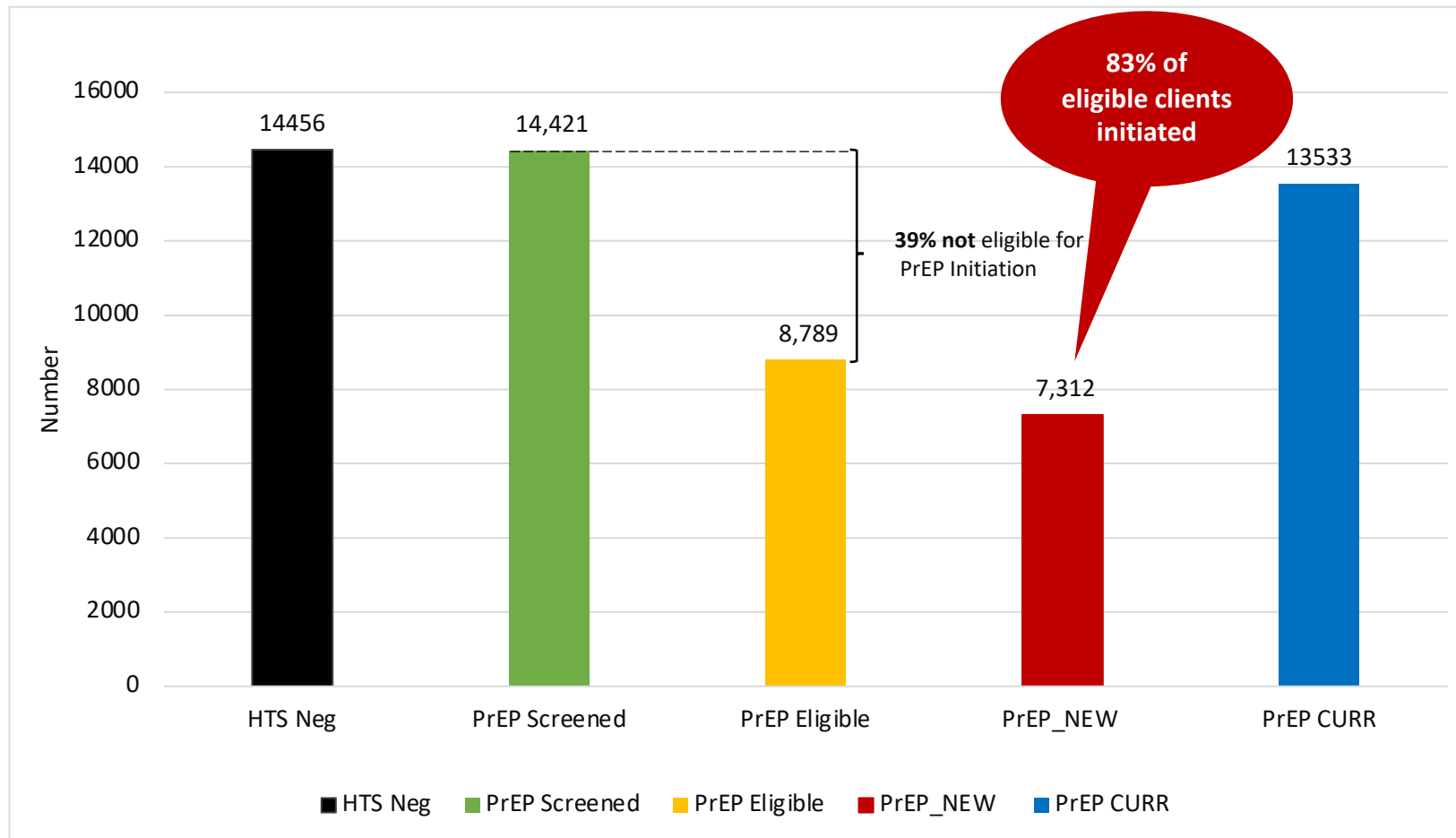
PWID Core indicators

- KP-1d(M): Number of people who inject drugs reached with HIV prevention programs - defined package of services

- Kp-3d (M): Number of PWID that have received an HIV test during the reporting period and know their results

- TCS – 7: Percentage of newly HIV diagnosed people linked to HIV care (individual linkage)

- KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months

PEPFAR MER 2.5: Person-Centered Monitoring to Getting from Process to Impact

PROCESS → **OUTCOME** → **IMPACT**

| Prevention, behavioral and biomedical | HIV Testing, ART, & Commodities | Effective Linkages | High ART Coverage | High Continuity on Treatment | Viral Load Suppression | HIV Incidence Decline |

Prevention
- KP_PREV
- PREP_SCREEN*
- PREP_ELIGIBLE*
- PREP_NEW
- PREP_CURR
- KP_MAT

HIV Testing Services
- HTS_TEST
- HTS_INDEX
- HTS_RECENT
- HTS _SELF
- HTS_SNS*

Antiretroviral Treatment
- TX_NEW
- TX_CURR
- TX_ML
- TX_RTT

Viral Suppression
- TX_PVLS (coverage and suppression)

*Complementary indicators developed and collected by implementing partners

Using Complementary Indicators to Examine the PrEP Cascade

83% of eligible clients initiated

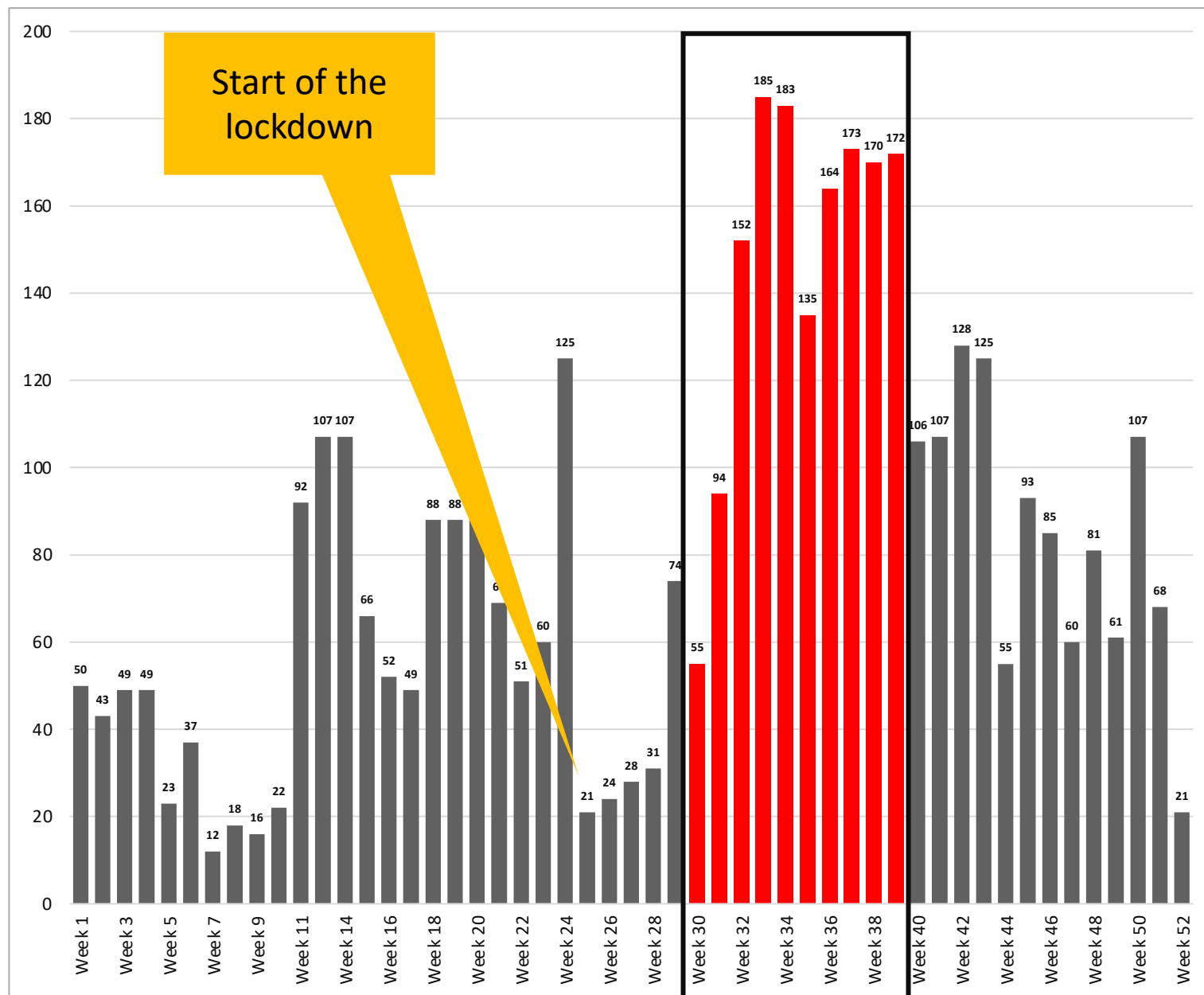**39% not** eligible for PrEP Initiation

- 83% of the eligible clients were initiated on PrEP.
- This compares favorably to estimated that PREP uptake among eligible MSM in the US ranged from 66% to 74%.

Source: Kabiri, Mina. *Estimated Impact of Targeted Pre-Exposure ProphylaxisMay 2019, International Journal of Environmental Research and Public Health*

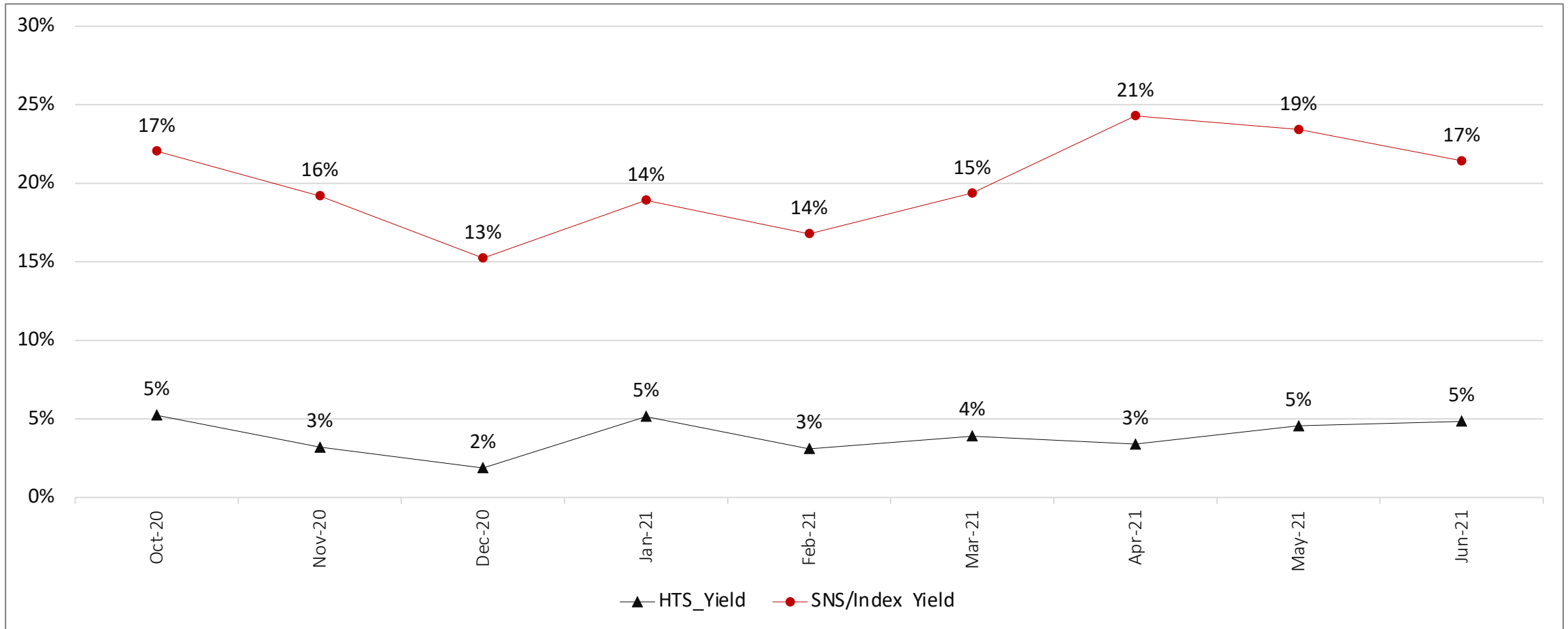Aurum Institute: The PrEP Cascade Among MSM, October 2020 – June 2021

COVID: Hard Lockdown During First Wave shows significant PrEP uptake among MSM largely due to increased social media outreach and home deliveries

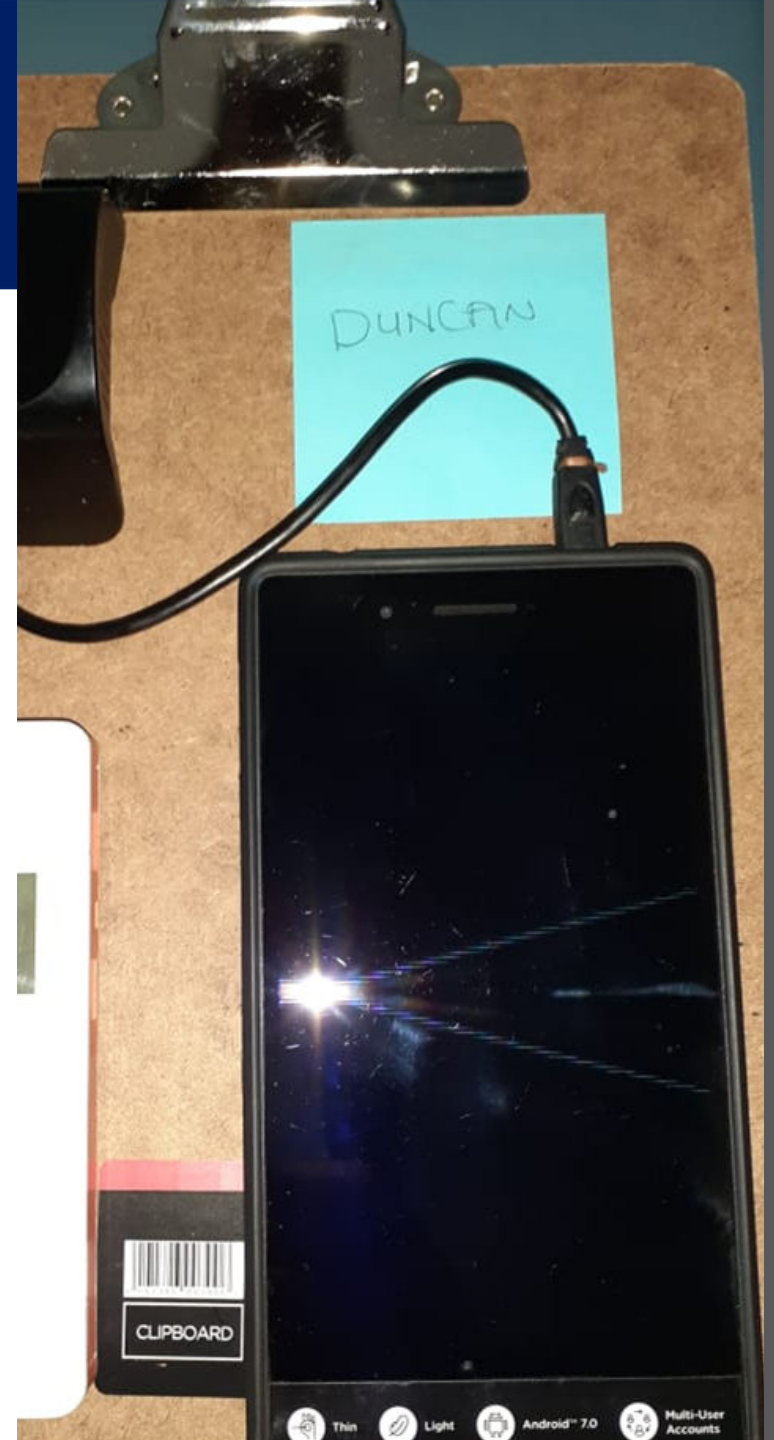Source: Aurum Institute, PrEP Uptake Among MSM, , October 2020 – June 2021

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Social Network Strategy Results in Great Case-Finding Yield Among MSM

Collecting Data

- All PEPFAR partners use portable electronic devices to collect data

- Advantages
  - Accuracy and speed of data collection
  - Near real-time data
  - De-duplication of records
  - Sex worker teams conduct night outreach and tablets are easier to use in low-light settings
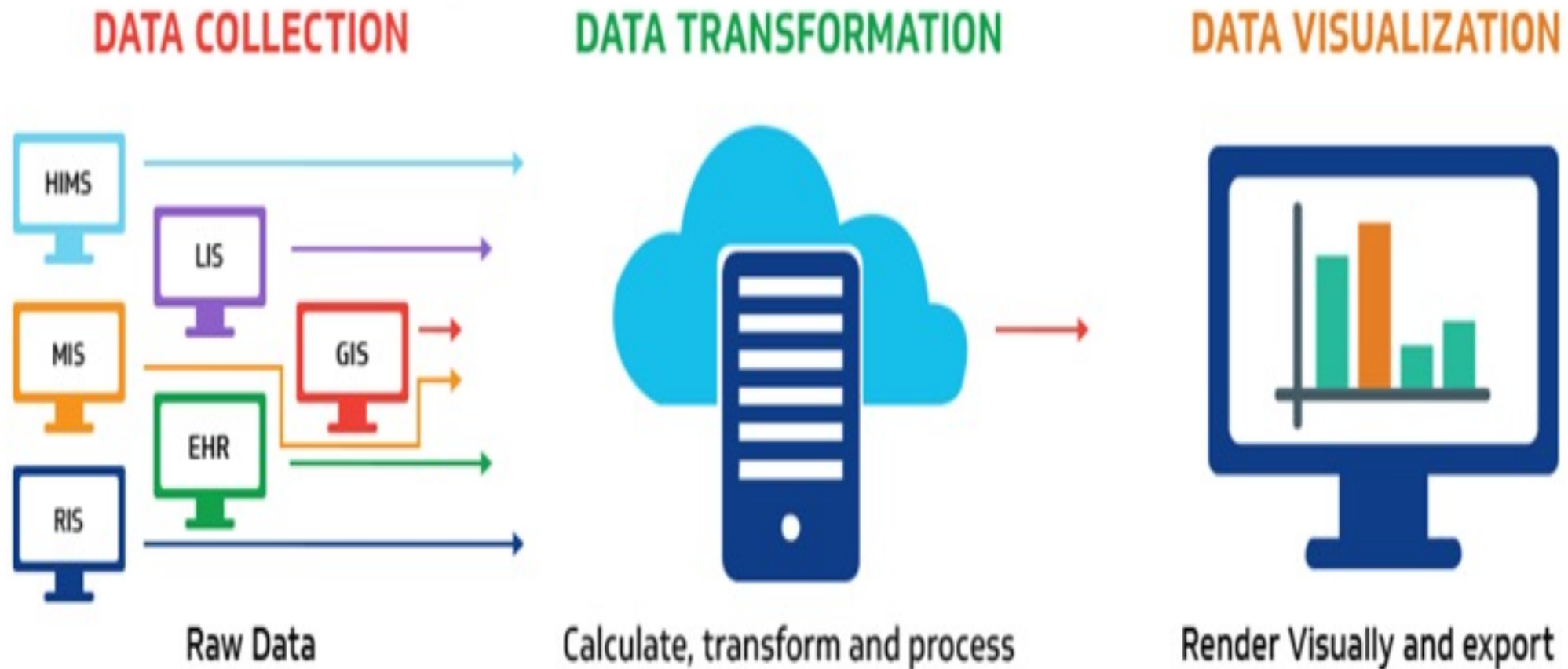
Biometrics are Useful, Feasible, and Acceptable

- Sex work and injecting drug use is criminalized in South Africa; this is exacerbated by high mobility and high numbers of illegal migrants
  - To establish trust and to assure privacy staff do not require proof of identification resulting
  - Names change frequently, unique ID codes are often forgotten
- Biometrics used with PWID and sex workers to:
  - Eliminate duplicate records
  - Ensure continuity of treatment through efficient tracking of clients
- Sex workers rate the usefulness of biometrics above concerns for privacy describing how biometric identification could eliminate the need to retain a clinic card[1]
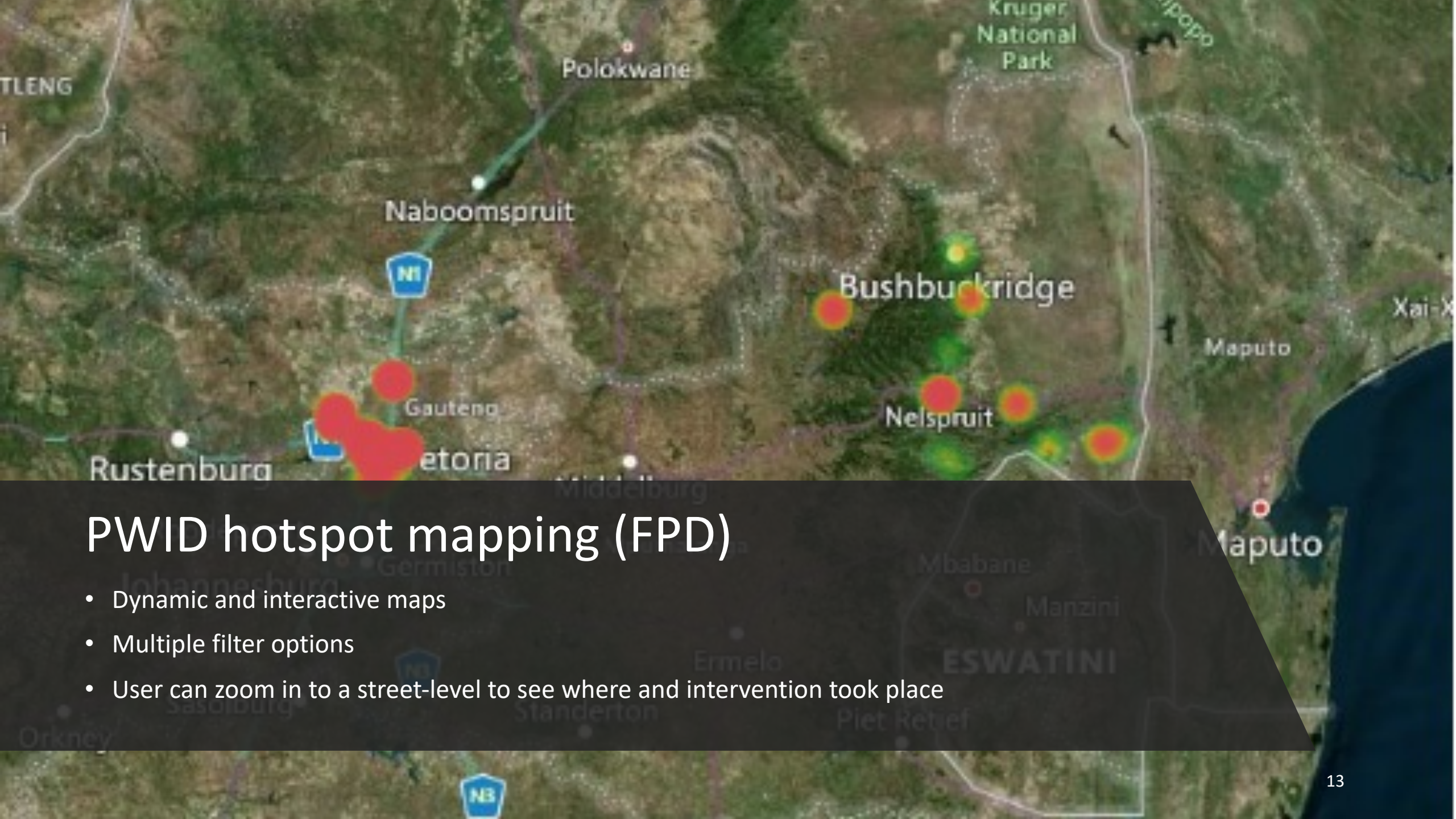

1. You, W.X., et al. Facilitators and barriers to incorporating digital technologies into HIV care among cisgender female sex workers living with HIV in South Africa. Mhealth, April 2020

Raw Data is Translated into Useful and Customized Dashboards

Dynamic Report Examples from PWID Program using Qode

PWID hotspot mapping (FPD)

- Dynamic and interactive maps

- Multiple filter options

- User can zoom in to a street-level to see where and intervention took place

Bio-Behavioral Surveys (BBS) Add Value to Programs

Surveillance strengthens programmatic data

CDC has supported several Biological-Behavioral Surveys among key populations in South Africa

In the past six years we have conducted:

- Two BBS on sex workers
- Two BBS on MSM
- One BBS on TGW
- One BBS on PWID
- One BBS on prisons

Future focus will be on:

- Event-driven PrEP for MSM: an Evaluation
- PWID BBS focusing on PWID, MSM who engage in chemsex, and sex workers who inject drugs

South African National AIDS Council (SANAC)

- SANAC tracks and reports key populations data from donor-funded agencies through an excel-based Key Populations Master tool

- This aims to monitor achievements in line with the:
  - National Strategic Plan on HIV, STIs and TB,
  - National Sex Worker Plan, and
  - National LGBTI Plan

- Challenges include varying definitions of indicators used by donor-funded agencies

Conclusions

- Data drives programmatic activities
- Regular data monitoring ensures timely responses to dynamics in the HIV epidemic
- Geospatial mapping is essential for locating new hotspots and ensuring regular services
- Visualization of raw data ensures that program staff take appropriate action on strengths and gaps
- Biometrics are acceptable, feasible, and useful among criminalized and stigmatized key population groups
- Advocate for KP disaggregations into National DHIS and Tier.Net
- There is an urgent need to standardize indicators across donor-funded programs

Thank You!

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