

*South Africa National AIDS Council (SANAC)*

**Know your Epidemic, Know your Response Synthesis in South Africa**

**Minutes of the KYE/KYR National Technical Team Meeting**

**6 and 7 August 2009, Garden Court, Johannesburg**

Day 1 (6 August 2009)

**1. Attendance**

Please see the attached participant list.

**2. Welcome, introductions and purposes of the meeting**

Dr. Siphon Senabe, CD at the dpsa and Co-chairperson of the Prevention TTT chaired the meeting. The Chairperson welcomed every one, allowed members to introduce themselves.

Introductions were made and the following structures/sectors were represented:

- Government Technical Working Group (TWG) on HIV&AIDS M&E
- Provinces (HIV&AIDS Focal points in the Offices of the Premiers)
- Provinces (HIV&AIDS Provincial Focal points from Civil Society)
- Development Agencies (World Bank, UNAIDS, USAID, DFID)
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***Photograph of the members of the KYE/KYR National Technical Team Meeting  
6-7 August 2009, Garden Court Hotel OR Tambo International Airport***

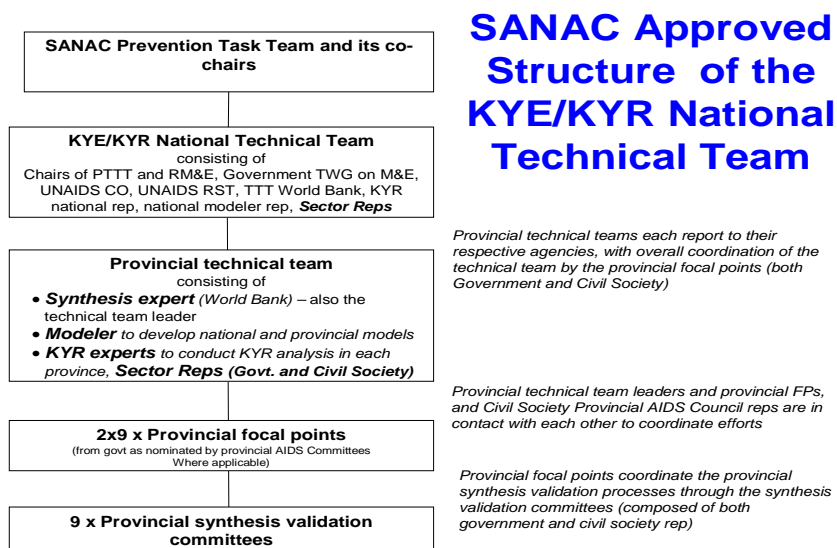
### 3. Purpose of the meeting:

Dr Senabe made a presentation on the purpose of the meeting which was followed by discussions. The meeting was defined as the inception meeting of the KYE/KYR National Technical Task Team for conducting MOT study in South Africa. This structure was reported as having been approved by SANAC Programme Implementation Committee. The last SANAC Plenary also endorsed the conducting of the KYE/KYR Studies to inform the development of an Integrated HIV Prevention Strategy for SA. Current prevention interventions are uniform, not scaled up and not targeted to specific mode of transmission prevalent in specific provinces, and not integrated with the care and treatment and not based on evidence. Therefore it is urgent to identify the Modes of Transmission (MOT) of new HIV incidences, understand the national and sub-national epidemics and the policy and programme related responses and the financial resources used to facilitate the current response in RSA. This will be done through the KYE/KYE Synthesis report which will be used to develop a new Prevention Strategy to inform the National HIV & AIDS Policy and to conduct the prevention interventions accordingly.

The Chairperson clarified the constituencies of the structure that is driving the process at the national level as the National Technical Working Group on HIV&AIDS M&E coordinated by the Department of Public Service and Administration (the **dpsa**), the co-Chairs of the SANAC Prevention and Research M&E Technical Task Teams (TTTs). At a provincial level the coordination will be through the provincial focal points from offices of the premier and their civil society counterparts. Emphasis was made on the link of the National and Provincial coordinating components to be linked and accountable to SANAC and the Provincial AIDSC Councils.

#### 3.1 Key Role Players on KYE/KYR Study

SANAC PTTT, R&MTTT, National technical team for KYE/KYR, Government Sector M&E TWG, Provincial and District AIDS Councils, Civil Society in the provinces and districts, UNAIDS, World Bank and other international donors



### **3.2.SANAC Prevention TTT Action Plan on development of the Integrated HIV&AIDS Prevention Strategy:**

Linkages between the KYE/KYR Synthesis report generation and the development of the Integrated HIV&AIDS Prevention Strategy were made. The SANAC PTTT four step plan on development of the of the Integrated HIV Prevention Strategy was presented as follows:

Step 1: Gathering the information to conduct analysis for prevention interventions. This include the NSP 2007-2011, Recommendations of the Global Reference Group on HIV Prevention, the SADC HIV Prevention Framework, the KYE/KYR synthesis report, the findings of previous AIDS Conferences (the SA Conferences, the International AIDS Society Conferences, the evidence gathered from the Research sector and others.

Step 2: KYE/KYR (starting today) until no later than September to inform the prevention strategy. This date may change on based on the deliberation of the KYE/KYR NTT.

Step 3: Communication and reporting and external validation

Step 4: Use the product of the study to draft the Prevention Strategy, and to inform the National HIV & AIDS Policy

#### **Questions/Comments:**

- HIV Prevalence, Transmission sources and Funding
- Relationship of KYE and other priority areas of the NSP
- Methodologies toward the analysis and the synthesis of the epidemic
- Equitable use of resources to deal with ARV as a strong prevention tool and other tools
- Research on the incidence rate estimate

#### **4. KYE/KYR Synthesis:**

Mr. Damisoni (UNAIDS) made a presentation on the KYE/KYR which covered, rationale for the KYE/KYR and a basis for its importance, what is meant to be achieved, how the study was carried out in other African Countries and the Key Findings in these countries. The presentation also covered how the African countries used the findings made in these countries.

The KYE/KYR study was presented as a synthesis report on some pre-existing primary data (epidemiological reviews) and some primary data to be gathered on the programmes and policy side. The components of the KYE/KYR were presented as follows:

1. Epidemiological Data
2. Incidence model (mathematical modeling) national and each province
3. Prevention policy and response--- Generating evidence and applies to the actual activities in the provinces
4. Resources; NASA

The KYE/KYR study is to complement comprehensive HIV prevention research efforts already underway in countries to improve strategic decisions about HIV prevention responses

Its key objective is to Key objective help countries become more systematic in the approach to prevention by:

- **Compiling strategic information for** regular analysis of the epidemic and the country response to inform prioritization and allocation of funding
- **Using evidence for planning and decisions and translating** this knowledge into improved national prevention strategies, plans and budgets.
- **Strengthening leadership for prevention.**

The other objectives are to develop and continually improve on best planning tools to inform interventions on the response side. These areas of analysis for which planning tools are indicated in the table below:

Area of Analysis	Tools of Analysis
Resource Analysis	<ul style="list-style-type: none"> <li>• National Health Accounts (<b>NHA</b>)</li> <li>• National AIDS Spending Assessment (<b>NASA</b>) – national HIV and AIDS related expenditure analysis</li> </ul>
Review of Plans & Response	<ul style="list-style-type: none"> <li>• Joint Annual Programme Review (<b>JAPR</b>) –stock-take of progress in implementation of plans in relation to targets</li> <li>• AIDS Strategy &amp; Action Plan (<b>ASAP</b>) – tools, peer review, &amp; technical support to improve AIDS strategies and plans</li> </ul>
Monitoring of Trends	<ul style="list-style-type: none"> <li>• <b>UNGASS</b> Reporting – priority indicators on progress on 2001 commitments</li> <li>• National Surveys – AIDS Indicator Surveys, DHS</li> </ul>

The final product of the KYE/KYR studies will be a synthesis national report with 9 provincial reports covering the following strategic information: The nature of the report should be such that it:

- Provides the evidence base for national HIV prevention policies
- Highlights existing alignment between HIV prevention policies and risk factors and drivers of the epidemic
- Assesses alignment of actual prevention programmes to planned

prevention programmes

- Outlines funding for HIV prevention programme
- Presents recommendations at Policy level, Programmatic level, Capacity building *and* M&E for HIV&AIDS programmes

There were examples of how other African countries used their KYE/KYR studies.

Kenya synthesis results were used to inform development of national prevention strategy, National Strategic Plan review and also as core background in successful submission to Global Fund for National strategy Application

Lesotho synthesis results were used to influence key prevention components in current National Strategic Plan Review. The report also guided decisions for resource mobilization for research to address data gaps limiting national understanding of epidemic in relation to sex work, IDU and MSM.

Swaziland synthesis results were used as core background for National Strategic Plan review, and strengthening of strategic communication

Uganda synthesis report was used to inform the drafting of national HIV prevention policy guidelines

#### 5. **NASA** : Resource tracking for HIV and AIDS

Mr. Damisoni from UNAIDS made a presentation on the National AIDS Spending Assessment (NASA). It was described as a necessary analysis for any country to scale up the HIV&AIDS prevention, treatment care and support, access to Justice and HIV&AIDS related M&E.

##### **General Description**

It was also described as a mechanism by which a country can identify the

- source of funds & who manages the funds
  - how funds are spent
  - who are the service providers and the beneficiaries
  - What are the bottlenecks in resource flows

All of this NASA generated data will help national-level decision-makers to monitor the scope and effectiveness of their programs, and to determine the degree of alignment with the NSPs. When aggregated across multiple countries, the data helps the international community evaluate the status of the global response

The beneficial attributes of the of NASA process were presented as

- Well developed methods and tools – user-friendly, internationally comparable standards
- Skills transfer from UNAIDS and capacity building for national institutionalisation
- Contribute to the development of financial information systems for the ongoing monitoring by NACs
- This makes analysis of the financing gap between current expenditure and the projected resource needs more useful for Programme managers

**Uses of NASA are to:**

- Provide indicators on financing of HIV and AIDS specifically the equity analysis, absorptive capacity and efficiency, monitoring of the Declaration of Commitment
- Inform Joint annual HIV program reviews
- Inform Mid - Term Review of NSP
- Inform Resource Needs Estimates (RNE)
- Inform study on KYE/KYR – what is being spent on HIV prevention

**NASA was also identified as tool for Harmonisation of AID for HIV&AIDS**

- It can assist in guiding donors continue to fund HIV&AIDS direct projects, which is aligned to the National priorities and Strategic Plan
- It is a tool to avoid duplication and parallel systems
- It can be used to strengthen Weak Financial reporting systems so that the NACs become aware of what has been spent on the HIV&AIDS national priorities
- It can be used as a tool to address the failure of national budget & accounting systems to link expenditure with HIV&AIDS priorities
- The national procurement, auditing and accounting systems are weak, or perceived to be weak by donors
- Some donors' systems are inflexible, preventing rapid alignment

UNAIDS will support implementation of NASA. Multiple players of managing the resources; complement each other. Timing is quite critical to make maximum impact. NASA activity is not policing and it follows up for better programming for NSP and decision makers should know some degrees of alignment between resources and responses in NSP. NASA aims to skill transfers—institutionalization) in every 2 years

**Questions/Comments:**

- It is important for South Africa to address among others the Costs of Human Resource both (professional and voluntary workers and funding thereof).
- Time frames for the KYE and availability of the related Implementation Plan were discussed and it was agreed that the KYE should be completed before the 1<sup>st</sup> December 2009.
- Coordination of the Tracking of Resources will be coordinated as part of the MTR and the KYE/KYR process.

**6. Mid-term review on NSP**

Mr. Nhlanhla Ntuli (Director M&E in the DoH and Co-chair of the SANAC Research M&E TTT) made a presentation on the Mid Term Review of the NSP 2007-2011.

The rationale of the MTR was presented. It was noted that the MTR is meant to take stock of achievements of the HIV&AIDS National Response (Document status of collective efforts to-date), to undertake a SWOT analysis of the National, Provincial, District, Sectoral and Community Responses; to

document best practices to be scaled up and to document emerging issues

The thematic areas of the MTR were presented as the review of the Response Coordination Mechanisms (National, Provincial, District and Sectoral); the Implementation of the NSP across all levels and actors; the Monitoring and Evaluation of the response and Cross cutting issues: Gender, Harmonisation and Alignment, Mainstreaming, TB, SRH etc

The MTR will be guided by generally agreed principles which will include: Active and meaningful engagement of stakeholders (ownership of results). The second principle is National leadership (this is a national process and there fore will be owned by South Africans). The third principle is standardization of processes i.e. it will be conducted in such a way that it can be comparable to similar reviews conducted in other countries. The last principle is that of Integration of Regional and Global Frameworks and Guidance e.g. Global Reference Group on HIV Prevention, SADC Prevention Framework, etc. into the recommendations of the review.

The MTR will serve to provide base line data for the end term review due at the end of 2011. It will focus on the specific analysis of SANAC. Specifically to undertake a SWOT analysis of SANAC and its related coordinating structures. It will asses how SANAC has facilitated or hindered coordination and management of response. The most important part of the analysis will be the SANAC support or lack thereof to PCAs, DCAs and Sectors.

The MTR will also cover process e Progress towards achieving intended targets for strategic focus areas and the NSP 2007-2011 like overall coverage of services for prevention, treatment, care and support populations sufficiently reached; Populations not adequately reached; Major obstacles to reaching underserved populations; Strategies to overcome these obstacles

Regarding M&E the RTR will constitute conducting a SWOT analysis of the National M&E System and related sub-systems; Data/information and capacity gaps; How to address data/information and capacity gaps; and resources required to address the capacity and data/information gaps

MTR will cover other cross cutting issues like the extent of gender, human rights mainstreaming in the response and mainstreaming of HIV into development, harmonisation of external support to nationally defined priorities and equity across geographic, racial, age-groups etc

- 1) The MTR will be funded by DFID and the services will be outsourced using DFID procurement processes, 2) DFID will fund mid-term review activities, and 3) January 2010 mid-term review report completed

It was reported that SANAC plenary approved the MTR, KYE/KYR and NASA and UNGASS processes. All of these will contribute the assessment of the HIV&AIDS response.

**Questions/Comments:**

- Mid-term review and sector-specific targets
- Support of the KYE initiative and pledge to equitable sharing of available resource
- Timing: PSP are currently being conducted or about to be conducted in provinces. There is therefore need to develop the timelines along with those of the reviews of the PSPs in the provinces.

- It was noted that provinces are not involved in SANAC at national level, especially civil society and that there is need to strengthen Coordination/interactions with SANAC.
- Provincial AIDS councils are operating differently and have different set-up it is envisaged that the MTR, KYE/KYR will be address provincial coordination and inter provincial coordination at SANAC level. The DBSA will be the project manager of the MTR process.
- Provincial AIDS Councils should report to SANAC. We may know what the problems are, but not documented. Creating the institutional memory is important and the review process should start with this.
- Actions are happening in the provinces but poor national linkages to SANAC. Again the review process will have to recommend correction of this.
- Through the MTR, KYE/KYR, UNGASS and NASA processes, SA will be able to learn the struggles and experiences among provinces
- Issues were raised as to whether the TORs of the MTR cover district levels as well to asses among others issues like social mobilization components of the response. It was generally agreed that the review should as far as possible review responses up to the district level.
- On the M&E Framework and the national target the issue of the 50% incidence reduction and the difficulty of calculating this especially when there was no base line and methodological challenges. Other issues addressed were those of what are the baselines? It was clarified that one of the aims for KYE is assisting out baselines/other indicators.
- West Cape Burden of Disease project. A short presentation on the W. Cape approach to addressing all social determinants of the epidemic summarized in low, middle and upstream determinants that drive of epidemic was made by Mr. Jimmy Ledwaba Chief Director DoH, Western Cape. This mainstreamed approach of addressing HIV&AIDS as a development issue was in principle endorsed as necessary ingredient of the HIOV&AIDS response. It was agreed that the KYE/KYR National Task Team Coordinators and the Western Cape DoH should meet to discuss this and other incidence modeling methodological issues to enrich the KYE/KYR process and to strengthen partnerships

## 7. Introduction to the KYR analysis and template

Ms Marlize Gorgens Albino from the World Bank made a presentation on the KYR analysis template that is going to be used to gather data on the Know Your Response part of the study.

These KYR analysis guidelines summarize all relevant information about the KYR analysis for the contractor who will carry out this task (types of data to be collected, data collection and analysis processes, data collection tools), and also summarises the roles and responsibilities of the various stakeholders who will be involved in the work.

For the KYR analysis, three types of data need to be collected: data about the enabling environment for HIV prevention; data about strategic information for HIV prevention, and data about the HIV prevention response (i.e. prevention programmes).

- *Data about the enabling environment for HIV prevention:* These data focus on national laws, municipal by-laws, national and provincial policies and strategies, and implementation guidelines

relating to or that impact on HIV prevention programmes. It includes, for example, STI treatment protocols, the national HIV strategic plan, provincial HIV implementation plans, etc. It can also include laws that prohibit discrimination in the work place (on the basis of HIV status),

- *Data about strategic information for prevention:* These data focus on the extent to which routine data about HIV prevention programmes, surveys and surveillance to understand the outcomes to which HIV prevention programmes contribute, and research and evaluation are implemented in each province and at the national level. This part of the KYR analysis does NOT focus on the strategic information itself, but on the processes to collect the strategic information, the availability thereof, and how the types of strategic information are managed. It therefore requires an assessment of M&E systems at the provincial and national level, as opposed to an analysis of the strategic information itself (the overall KYE-KYR synthesis report will analyse all three types of strategic information for HIV prevention, draw conclusions and make recommendations based on this analysis).
- *Data about HIV prevention response:* This entails a provincial-level assessment of the nature and scope of HIV prevention programmes, as well as their coverage, and whether any evaluations about these programmes have been carried out. A specific nomenclature (taxonomy) for classifying HIV prevention programmes – by target audience and by type of HIV prevention tool – has been developed. The same taxonomy should be followed by the NASA team, so that the HIV prevention response results (from this analysis) and the funding available for each of these types of programmes can be compared at the provincial level.

Types of HIV prevention data to be collected	Data collection and analysis method
<p><b>1. Data about the enabling environment for HIV prevention</b></p>	<p>Collection of all relevant documents through web search and key informant interviews with the SANAC Prevention Technical Task Team members, AIDS Law Project, DOH, provincial KYE-KYR focal points, and provincial DOH HIV representatives.</p> <p>Desk review of contents of documents, and an analysis of the strengths and weaknesses in each document. Other reviews of, for example, HIV-related laws and policies, or human rights issues relating to HIV prevention in South Africa, will also be sourced through a web-based literature review, and the key informant interviews. The analysis will also identify gaps that need to be addressed with future efforts.</p>
<p><b>2. Data about strategic information relating to HIV prevention</b> (strategic information consists of routine data, survey and surveillance data, and research &amp; evaluation data)</p>	<p>Assessment of the systems relating to the three types of strategic information based on structured assessment questions. This will involve a meeting with the SANAC Research and M&amp;E Technical Task Team, and key informant interviews with each of the provinces (KYE-KYR provincial focal point will identify the appropriate persons to speak with about these three types of strategic information available in each province. If existing data about the status of the M&amp;E system in South Africa is available, then this data might also be assessed as part of the process.</p>
<p><b>3. Data about HIV prevention response</b></p>	<p>The data collection process will entail a census-approach, rather than a sampling approach. Data collection would take place through meetings, instead of individual data collection efforts by sending enumerators to the offices of HIV implementers.</p>

Types of HIV prevention data to be collected	Data collection and analysis method
	<p>The process will work as follows:</p> <p>All HIV implementers will be called to a series of regional meetings (provinces are sub divided into regions), where they will be introduced to the KYR process, and the data that they need to complete, will be brought to them. Then, a second meeting will be held after 2 weeks, where HIV implementers will be asked to bring their completed forms, and / or data, with them. The forms will be completed at the 2nd meeting, and this will conclude the data collection process in each province.</p> <p>This approach was deemed necessary by the National KYE-KYR Technical Task Team because (a) the NASA may not focus on all districts in the province; (b) the provinces do not have list of implementers that can be used as a sample frame to select implementers from; and (c) therefore, this process will help provinces develop inventories of HIV implementers in the province - this was seen as an important secondary benefit of the process.</p> <p>In addition to this provincial level process of data collection for data type 3, national level data collection also needs to be carried out for those HIV implementers that implement programmes with a national reach, and that are managed from one national level (i.e. where provincial level offices do not exist and cannot provide information about the extent of programmes funded at a provincial level) – an example of such a national level programme is the Soul City Programme, as it provides mass media – radio, print and TV – to the entire country and does not have a provincial level focus. Data from these national-level programmes need to be collected by arranging meetings with the national level programmes directly. The national study team will supply an initial list of national level programmes – this list might be expanded after the KYR contractor has conducted key informant interviews.</p> <p>Data from the Departments of Health and Education at the provincial level</p>

Data collection tools for each of the three types of data have been specified in Sections 1 to 3, respectively. Each Section summarises the data the nature and formats in which data should be collected, and for data types 1 and 2, specifies the suggested starting questions to be asked during key informant interviews.

### The roles and responsibilities in the KYR analysis

Responsible	Responsibilities
Provincial KYEKYR focal points (Offices of the Premier and Civil Society)	<ul style="list-style-type: none"> <li>• Support KYR contractor by providing lists of organisation to be invited to the regional meetings</li> <li>• Attend the regional meetings to introduce the work to all relevant stakeholders</li> <li>• Disseminate KYR analysis data</li> </ul>

National Study Team (DPSA, DOH, UNAIDS, WB)	<ul style="list-style-type: none"> <li>• Provide KYR analysis guidelines, after discussion with National KYE-KYR Task Team</li> <li>• Provide initial list of key informants</li> <li>• Provide initial list of national HIV prevention programmes</li> </ul>

Forms of data to be collected by the KYR tool include programmes to address change of attitudes, practices and Behaviour for Most at Risk Populations (MARPs), Behavioural Institutional and biomedical interventions, Social Norm Change programmes and environmental /Structural interventions

The KYE/KYR National Technical Team divided into 6 groups (3 pairs of groups) to address the following questions:

Key critical questions that need to be considered;

- how are you going select the organizations in your province service providers
- how will issues of non-response dealt with,
- how much time must we give the participants,
- how are we going pilot test the questionnaire,
- how can the survey be simplified and synchronized with the existing information,
- how are
- we going to handled data quality

**Responses from the Groups**

Questions	Group 1+2	Group 3+4	Group 5+6
How will organizations to be surveyed be selected.	All sectors are to be looked at  Per district e.g. all 11 District of KZN	Per district, all provinces	Inclusive of all Districts  Inclusion of non-governmental and governmental organizations
How many will be selected?	<b>Geographical:</b> Urban/Rural, Worst/Best performing,  <b>Sectoral:</b> Government Health/NonHealth sectors	Include mobile populations	30% of the total number of different types of organizations within Districts
How will different types of organizations be represented (i.e. small CBOs and FBOs as well as large/national-level)?	Include Traditional healers Correctional service staff, defenses, and the university faculty and students	Sampling depending on particular time frames	Select a representative sample from each group type e.g. FBO: Indigenous group and Moslems

<p>How will surveys be distributed and filled out? How will non-response be handled? How will organizations be followed up? How long will they be given to fill out the survey</p>	<p>Filling of survey questionnaires at the same time by all participating districts (units) in a focus group to accelerate data collection process.</p> <p>Two meetings will needed</p> <p>This would need dedicated HR from WB or UNAIDS</p>	<p>Engaging the Premier's Office- endorsement</p> <p>Understanding of the value of data at local level</p> <p>Build capacity for data collection</p> <p>Working with PACS and DACS to increase response rate</p>	<p>Formulate Provincial task teams: Ensure representation of all sectors</p> <p>Distribution of questionnaires during sessions</p> <p>District Information sessions and follow-up and report back sessions</p> <ul style="list-style-type: none"> <li>- Consider literacy level</li> <li>- Questions to be in all official languages including brail &amp; sign language</li> <li>- Sensitivity to Provincial language needs.</li> </ul>
<p>how will issues of non-response dealt with,</p>	<p>Definitions of what responses are there need to be compiled (There is need for a definition reference sheet)</p>		
<p>how much time must we give the participants,</p>	<p>Same date (two days per province)</p>	<p>One week</p>	<p>Two weeks</p>
<p>how are we going pilot test the questionnaire,</p>	<p>CDC will field test using PEPFAR officials. It is important not to overburden the provinces</p>		
<p>how can the survey be simplified and synchronized with the existing information,</p>	<p>Definition of terms and interventions need to considered.</p>	<p>Government structures/Public Structures in provinces (9)</p> <p>SANAC</p> <p>IDC</p> <p>National Departments</p> <p>Provincial and districts</p> <p>Federation organizations: COSATU, FEDUSA, NACTU, NAPO</p> <p>Academic institutions</p> <p>NGOs Network</p>	<p>Provincial peculiarities e.g. language need to be considered.</p>

		(SANGOCO)	
how are we going to handle data quality	Focus group type of data collection with Data Quality Assure in the same room to ensure the timeliness of data collection and quality thereof.		

### Group works/presentations

#### Group 1

- For same levels of interviewing, checklist for the questionnaires should be developed
- Actual testing is happening before the aggregation administer the test in sectors
- Compile the definition of target population, maintain the consistence for the testers. Sheet for the definitions for the testers
- Traditional healers

#### Group 2

- Include the column for indicating the level of governance.
- Referring the youth, out of school youth should be included
- Definition sheet for all the targets
- OVC should not be included as HIV prevention strategy
- Mobile populations; define its own mobile populations
- ART as prevention. pro-active, not suggesting any change in policy currently no policy, since this generates baseline
- TB and HIV preventions
- Social norms--- additional , sports and entertainment leaders as well as the business leaders in the community
- structural Environmental one: add AIDS competent community, need to define, but very important for the response
- Double counting issue; need instruction with specific messages and combined message, but not comprehensive messages
- Correctional service staff, defenses, and the university faculty and students
- Hidden costs; Definition sheet, cost, VCT, only test kits?
- Definition of interventions

#### Group 3

- The situation analysis needed, if the data are not there
- 30% of organizations; finance and time; need to sampling
- Each group should be presented
- Questionnaires, district information sessions and follow-up, languages, communication during the interviews,
- Time frame for interview

- 2 weeks training for the interviewers

#### Group 4

- Federation organization COSATU, FEDUSA, and NACTO, NAPO
- NGOs
- Provinces are not same; service providers, issues of SALGA, municipality , media sector
- Premier's office for endorsement
- Understanding of value of the data at local level
- # of organization to be surveyed: time constraint

#### Group 5

- Piloting all provinces; one urban and one rural, different sectors
- Already big burden of the work, provinces do not get the supports
- Data quality; less burden some for everybody.
- Arrange one briefing session and the next meeting, filling the forms and quality assurance all districts can be done.
- Need the human power

#### Group 6

- Piloting sites; field test for tool which CDC has
- Simplify and synchronize---- huge undertaking, KYE/KYR, NASA and Mid-term review; hire 1 national and 9 provincial coordinators in premier's office, existing workload affects the quality
- Small countries, easy. How to do it in NGOs? NGOs directory in SA is available
- Data quality, how good questions are: Clearly define the questionnaires, such as the costs
- Coordinators to get the appropriate the authorities to collect the data in the provincial

#### **General Questions/Comments**

- List additional source of funding
- Provincial KYE/KYR teams timelines and role and responsibility
- Prevention summary scope, coverage and range of the prevention programmes
- Primary data collection involved
- Mapping the prevention programmed through the process
- NASA classification and NSP classification should be matched with prevention programme and global prevention taxonomy
- Get the actual numbers as much as possible
- Instruction; definitions should be clear
- One group suggested Provincial approach depending on the capacity; critical driver is resources, and do not give the burden on the provincials, use several approaches

#### 8. Other processes:

- Funding are signed, a team in every province
- Detail costing will be done
- We need to see the capacity building on the people; developmental approach
- NASA--- resources are there and NASA parallel discussion with national treasury,

Ministry of Health and the provinces

- Different scenario for the best entry point for each provinces
- Ownership--- invites the stakeholders
- institutionalizing the process
- Information System to tap into-DoE, DoH & DSD

## Day 2 (7August 2009)

### 1. Attendance

Please see the attached participant list.

### 2. Welcome and Day 1 Recap of day 1 was done by Dr. Senabe

### 3. Presentation on the Roles and Responsibilities of Stakeholders in the KYE/KYR Synthesis by UNAIDS & World Bank.

Mr. Damisoni made a presentation on the Roles and Responsibilities. The presentation covered responsibilities regarding data requirements, data sources, milestones and deliverables and issues relating to governance and coordination.

The following were identified as data requirements:

- HIV prevalence data from surveys and surveillance, and cohort studies
- HIV prevalence from routine data
- STI prevalence data from surveys and surveillance, and cohort studies
- STI prevalence from routine data
- HIV incidence data
- STI incidence data
- Knowledge, attitude, behaviour and practice data from province-level, district-level and local KABP studies and surveys. These data may be from the general population, young people, occupational groups (like truck drivers, farm labourers, and miners), sex workers and their clients, MSM, injecting drug users, and any other populations.
- Any provincial data on non-sexual transmission of HIV through medical injections, blood transfusions, lack of universal precautions/infection control, scarification & tattoos, and transmission in traditional health care (traditional healers, traditional birth attendants, etc.)
- Any provincial data on distal risk-factors of the HIV epidemic - Sexual and gender norms; alcohol and substance abuse; gender-based violence and sexual abuse/rape, mobility and migration, and income inequality.
- Any antiretroviral treatment data (number of people on ART, coverage, number of treatment sites)
- Any information on HIV transmission "hot spots" in the province.
- Any maps relevant to any of the above topics would be highly appreciated National laws, policies, strategies and guidelines – desk review of documents; at national level (provincial involvement not required)
- Strategic information for prevention – primary data collection based on M&E system assessment
- Prevention programmes – primary data collection, routine data from provinces, evaluations from programme implementers

The following were identified as possible data sources:

- National surveys and surveillance (all publicly available already collected)
  - NB: Some secondary analysis of existing national surveys is required to get data into

**required format (cross-tabulations) –**

- **Academic research (371 studies already collected; search is ongoing)**
- **Other data from the provinces or from individual programmes**

- SACEMA will assist the incidence model
- KYE Data requirements; ANC + HSRC population surveys, many special studies, existing data should be analyzed and documented
- KYR Data----programme implementation/ programme reviews

4. There will be a need to add provincial laws, policies, strategies and guidelines as the National's may not be complete on other aspects; e.g. the NSP is said to be incomplete on some interventions.

**Questions/Comments:**

- A sub-provincial level of KYE/KYR data is necessary at some stage
- What type of national support can be expected
- Data requirements should also the HIV/TB co-infection
- Functions and roles and responsibility of task team; concerns regarding needs for **sub-provincial** reflections, such as municipals. Up-stream issues are municipal issues. We need the level of involvement of sub-provincial levels. Role of local governments should be emphasized.
- CDC/PEPFER survey who are doing what database due today
- Ambitious for the timelines; specific action plan and national supports in provinces. One of the meeting purposes is networking, support one another and supports from the center is available for the provinces.
- Some visibility of local government, especially the premier office is a key
- Proposal for GIS is very crucial---geographical mapping get the capacity
- Beyond the biomedical, educational, behavioral and social interventions; over the health issues, include the civil society; what is the threat during this process.
- Concerns of mapping---does not tell the activities/what are really happening. Clarify what we are looking for. PLACE models. DPSA also has. GIS utilization of maps.
- Need to rely on the behavioral data---to find out where the new infections are coming from. This is the estimates; this is a model and use for developing the future interventions

5. **Brainstorming by each group of stakeholder as to Key documents that they can provide to support KYE/KYR process.** KYE Analysis

- There seems to be a lot of national and province-specific researches, surveys and M&E reports that are available for use as sources of data. These are to be forwarded to the NTHH.
- Also explore routine reporting systems within organization to source the appropriate data for the KYE synthesis

- Behavioural surveillance in Gauteng (Youth out of schools, Hostel dwellers, Commercial sex workers, taxi drivers)
- National Population Surveys (HSRC surveys 2002,2005,2008)
- Higher Education Survey (HESA)
- Soul City Communication Surveys in SADC
- Faith Based Programmes on Stigma and Discrimination
- Evaluation studies on Faith Based best practices
- Faith Based National Implementation Strategy
- ILO National Department of Transport Cross Border Management
- Free State Youth Behaviour Change Survey
- Synthesis of PEPFAR Funded Surveys
- Presentations at AIDS Conferences Durban, IAS, TB Conferences
- Work Place KAP Surveys
- Business /Workplace Sector Surveys
- SA Workplace publications UKZN
- Well Programme by Khutso Kekana
- High Transmission Farming Community
- Micro- financing project-Limpopo
- Stepping Stone-MRC
- Wits Business School (HIV&AIDS Conference presentations; Peer Education in the work place)
- Modeling projections 2025 (Lee Johnson)
- Evaluation of Life Skills Programme in Education
- Western Cape BOD
- National BOD Debbie Bradshaw-MRC

**Grey literature reports** - Send this to Dr. Senabe & Dr. Damisoni & Ms Gorgens by 31 August 2009

## 6. Work Plan-South African Synthesis

The following work plan was based on the discussions at the workshop.

Activity	Responsibility	Start Date	Completion Date
<b>KYE analysis</b>			
1. Collect grey reports about the HIV epidemic, as per the list brainstormed at the meeting, and send to: <a href="mailto:damisonih@unaids.org">damisonih@unaids.org</a> <a href="mailto:siphos@dpsa.gov.za">siphos@dpsa.gov.za</a> <a href="mailto:mgorgens@worldbank.org">mgorgens@worldbank.org</a>	DOH, provincial focal points	9 Aug 09	31 Aug 09
2. Collect academic literature	Study team (WB with support from other members)	1 May 09	31 Aug 09

Activity	Responsibility	Start Date	Completion Date
3. Meetings with DOH to request additional data and work on the national and provincial KYE analysis	Study team and DOH	10 Aug 09	22 Sept 09
4. Perform additional, secondary analysis of national bio-behavioural survey results from 2002 onwards for the KYE chapter and the modeling (see data request)	HSRC, or another contractor	1 Aug 09	31 Aug 09
5. Write the national KYE chapter	Study team (WB with support from other members)	1 June 09	31 Aug 09
6. Receive modeling results from SACEMA (see activities 11 and 12)	SACEMA	15 Oct 09	15 Oct 09
7. Write the provincial KYE chapters	Study team (WB with support from other members)	1 Sept 09	25 Oct 09
<b>MOT modeling</b>			
8. Prepare HIV incidence report	SACEMA	10 Aug 09	30 Sept 09
9. Collect local parameter data, where available, and based on secondary analysis (see activity 4)	SACEMA, UNAIDS, WB	19 Aug 09	28 Aug 09
10. Run provincial models x 9 (see activity 6)	SACEMA, UNAIDS	31 Aug 09	10 Sept 09
11. One 3-day workshop to validate the models for each province	SACEMA, UNAIDS, WB	1 Oct 09	15 Oct 09
12. Run national model (see activity 6)	SACEMA, UNAIDS	11 Oct 09	15 Oct 09
13. Run case scenarios for reducing behaviours	SACEMA, UNAIDS, WB	11 Oct 09	15 Oct 09
<b>KYR analysis</b>			
14. Agree on the template and process for collecting KYR data	National Technical Task Team and provinces, together with Study Team	6 Aug 09	7 Aug 09
15. Contract the KYR contractor to carry out this work	UNAIDS	9 Aug 09	14 Aug 09
16. Commence with KYR preparatory work (compilation of KYR research team, piloting of KYR template, collecting of existing KYR existing data, etc.)	KYR contractor, with support from provincial focal points	15 Aug 09	31 Aug 09
17. KYR data collection, as per data collection template agreed on at meeting on 6 and 7 August	KYR contractor	1 Sept 09	5 Oct 09

<b>Activity</b>	<b>Responsibility</b>	<b>Start Date</b>	<b>Completion Date</b>
18. Prepare KYR report – one per province, based on template supplied	KYR contractor and provincial focal points	6 Oct 09	15 Oct 09
19. Supply KYR raw data and summary templates to study team and to provincial focal points	KYR contractor	16 Oct 09	16 Oct 09
20. Write KYR sections for synthesis report (see activity 25)	Study team	17 Oct	31 Oct
<b>NASA studies</b>			
21. Appoint contractor for NASA studies	UNAIDS	1 Aug 09	15 Aug 09
22. Agree on scope of provinces to include in the analysis	UNAIDS and CEGAA	1 Aug 09	15 Aug 09
23. Undertake NASA studies in each province	CEGAA	15 Aug 09	30 Sept 09
24. Prepare NASA reports (with provincial-level data) and validate them with provinces	CEGAA Provincial focal points	1 Oct 09	20 Oct 09
25. Send NASA results from the 9 provincial NASA studies to the KYE-KYR team (see activity 24)	CEGAA	21 Oct 09	21 Oct 09
<b>Synthesis writing and validation</b>			
26. Incorporate KYE data into main report	Study team (WB with support from other members)	1 Sept 09	22 Oct 09
27. Receive KYR raw data and summary templates from KYR contractor	KYR contractor	16 Oct 09	16 Oct 09
28. Receive NASA results from the 9 provincial NASA studies	NASA contractor	22 Oct 09	22 Oct 09
29. Incorporate KYR data and NASA data into main report	Study team (WB with support from other members)	1 Oct 09	26 Oct 09
30. Conduct capacity building workshop to write the KYE-KYR linking chapter, and draft recommendations	Study team and provincial focal points	29 Oct 09	30 Oct 09
31. Finalise synthesis report	Study team (WB with support from other members)	1 Nov 09	7 Nov 09
32. Obtain provincial inputs into synthesis results – KYE-KYR task team meetings x 4 (2 days per meeting, 2 provinces per meeting) – simultaneous meetings to fit all provinces	Provincial focal points	9 Nov 09	13 Nov 09
33. Obtain national inputs into synthesis results at SANAC Task Team meetings, PIC and SANAC Plenary	Study team	16 Nov 09	17 Nov 09

Activity	Responsibility	Start Date	Completion Date
34. Finalization and editing of synthesis report	Study team	18 Nov 09	25 Nov 09
35. Printing of synthesis report	DPSA	26 Nov 09	30 Nov 09
36. Dissemination of synthesis report on World AIDS Day and at other opportunities	SANAC, DOH and DPSA	1 Dec 09	20 Dec 09
<b>Overall management</b>			
37. Set up provincial KYE-KYR task teams (can use existing forums, if in existence)	Provincial focal points	16 Aug 09	16 Aug 09
38. Organise initial meeting of the provincial KYE-KYR task teams to introduce the studies, introduce the KYR process and request data from the stakeholders	Provincial focal points	17 Aug 09	31 Aug 09
39. Technical Task Team meeting 1: progress update	(Study team, led by DPSA and DOH, and UNAIDS, WB, KYR contractor, and SACEMA)	28 Aug 09	28 Aug 09
40. Technical Task Team meeting 1: progress update	(Study team, led by DPSA and DOH, and UNAIDS, WB, KYR contractor, and SACEMA)	11 Sept 09	11 Sept 09
41. Technical Task Team meeting 2: progress update and planning of synthesis peer review processes	(Study team, led by DPSA and DOH, and UNAIDS, WB, KYR contractor, and SACEMA)	25 Sept 09	25 Sept 09
42. Technical Task Team meeting 3: planning for synthesis peer review processes	(Study team, led by DPSA and DOH, and UNAIDS, WB, KYR contractor, and SACEMA)	16 Oct 09	16 Oct 09
43. Technical Task Team meeting 4: Debriefing immediately after SANAC plenary meeting and agreement on report finalization, subsequent to peer review processes	(Study team, led by DPSA and DOH, and UNAIDS, WB, KYR contractor, and SACEMA)	18 Nov 09	18 Nov 09

**7. Things to do from now:**

- Establish the Provincial KYE/KYR TTT
- Set the meeting dates
- Collect the grey reports
- MOH and Stat SA on MOU for data analyzing
- Bi-weekly progress reports (National coordination) to DPSA and UNAIDS
- Provincials provide the weekly reports

**8. Vote of Thanks by Rev. Lambrecht, and the meeting ended at 13h50**

Closure