

# MPUMALANGA 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	18 342	21 158
Mother to child transmission rate (MTCT) at 10 weeks	<1.5%	0.77%
Mother to child transmission (MTCT) rate at 18 months	<4%	0.74%
Number of voluntary male circumcisions performed	79 000	79 187
Number of people tested for HIV	777 884	1 340 490
Number of male condoms distributed	71 009 095	62 703 737
Number of female condoms distributed	3 737 321	1 040 630
Number of women using Post-exposure Prophylaxis (PrEP)	No target	119
Number of FSW using PrEP	No target	93
Percentage of children screened for TB symptoms	90%	57.1%
Percentage of clients routine symptom screening for TB in health facilities	70%	71%
HIV positive new eligible client initiated on IPT	59,357	45,986

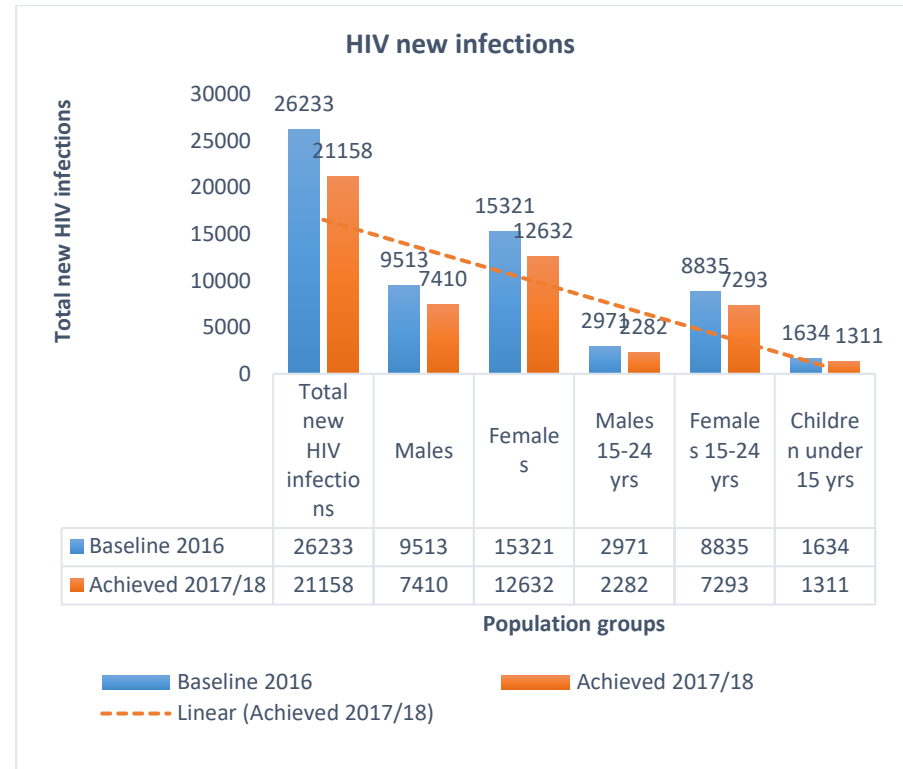
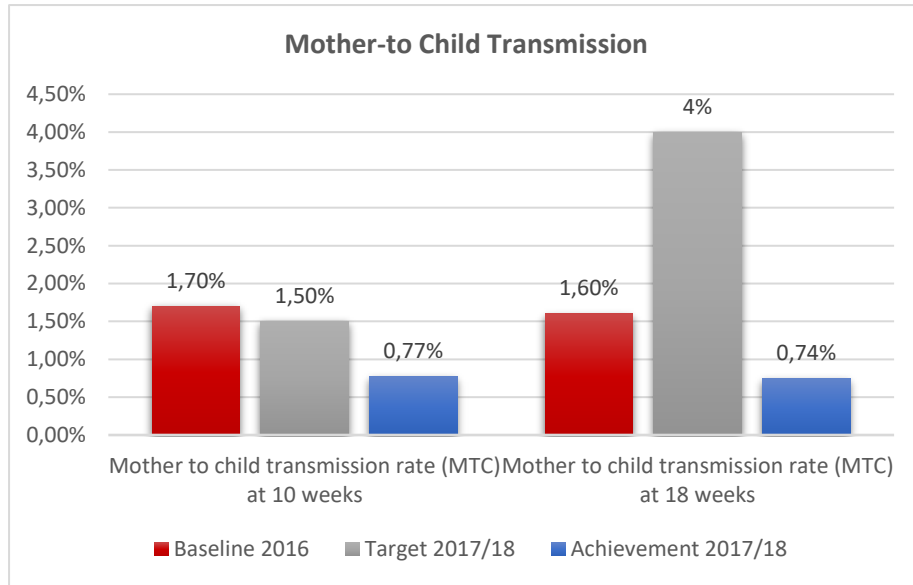
Data Source: Thembisa 16/17 & 17/18 and MPDOH

- An overall 19% drop in new HIV infections (from 26232 in 2016/17 to 21158 in 2017/18) for the period 2017/18 compared to the baseline.
- Males had a bigger drop of 22% compared to the 17,5% for women.

- The biggest drop of 23.1% was recorded among males aged 15-24 years compared to the 17% of females of the same age group.
- Given the target to reduce the new HIV infections to less than 3695 by 2022, the province will need to perform at 20%-25% new HIV infection reduction annually.
- MTCT at 10 weeks dropped by 23% from 1.7% in 2016/17 to 0.77% in 2017/18 reaching a target of less than (<)1.5%.
- MTCT at 18 months dropped by 26% from 1.6% to 0.74% in 2017/18
- TB health facility screening was achieved and this may be attributed to TB campaigns and dialogues as well as involuntary screening of all patients in all health facilities

#### Attributable causes contributing to observed progress:

- 1) The National Wellness and Universal Test and Treat (UTT) campaigns,
- 2) Robust HIV Testing Services (HTS),
- 3) Provision of Pre-Exposure Prophylaxis (PrEP) to females and Female Sex Workers (FSWs),
- 4) Distribution of HIV prevention core packages to FSWs, inmates, Men having Sex with Men (MSM) and Transgender (TG) persons and
- 5) Early identification, screening and initiation on treatment of HIV positive pregnant mothers
- 6) HIV positive new eligible clients initiated on IPT was not achieved, this was attributed to poor recording by clinicians at facility level on patients' folders and tick registers



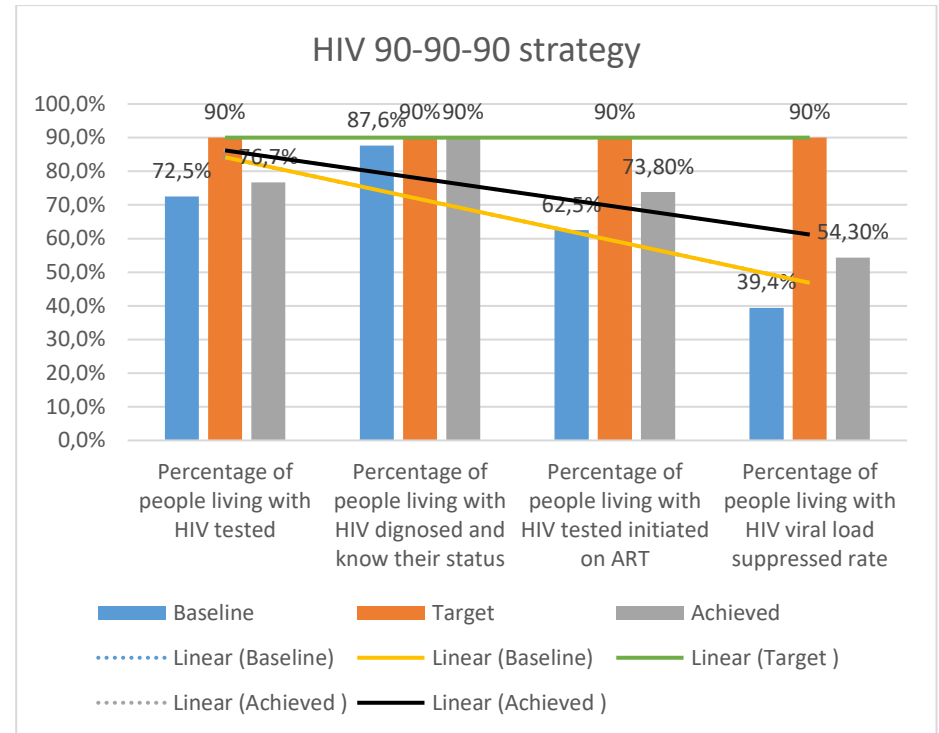


## GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL

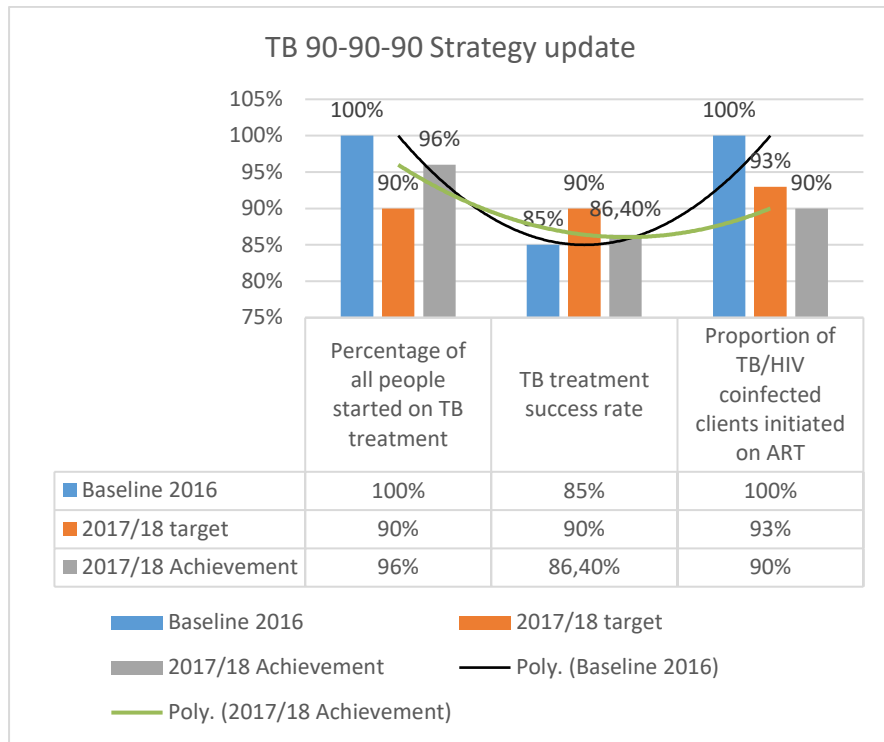
Indicator	Target	Performance
Adult AIDS Mortality*	<8 362	7 351
Percentage of people living with HIV who know their status	Adults 90% Men 90% Women 90% Children: 90%	Adults: 76.7% Men: 73.7% Women: 73.9% Children: 71.7%
Number of clients initiated on ART	67 146	73 679
Number of clients living with HIV on ART (TROA)	454 905	411 905
Percentage of adults living with HIV known to be on ART 12 months after starting^	90%	73.8%
People living with HIV viral load suppressed rate (VLS) at 12 months^	90%	54.3%

Data Source: Thembisa 16/17 & 17/18 and MPDOH 2017/18

- AIDS related deaths declined by 12% attributed to by the success of the ART programme, awareness campaigns and dialogues on positive living as well as the UTT emphasising on immediate uptake of treatment soon after testing HIV positive.
- The non-achievement of other set targets was attributed to by the inadequate number of data capturers/clerks at facility level that resulted in poor capturing or recording of data, (MPDOH, Annual Progress Report 2017/18).



- 76.7% living with HIV were tested, 90% were diagnosed and knew their status
- 73.8% were initiated on treatment
- 54.3% were virally suppressed with indication that clients were defaulting on ART.
- The main challenge on this indicator was lack of data capturers or clerks that led to poor data capturing



- Clients started on TB treatment was overachieved with the province reaching 96% from a target of 90%.
- The TB treatment success rate was lower than the set target of 90%
- Clients co-infected initiated on IPT was 90%.
- TB death rate dropped by 0.4 basis point from the baseline of 4.7% to 4.3% in 2017/18, lower than the set target of 5%.
- MDR-TB death rate, dropped to 21.3%% from 27.6% to 21.7%. This was attributed to high lost to follow up by clients on TB

**Attributable causes contributing to observed progress:**

The achievement of the targets on TB were attributed to the following;

- Facility based screening of all clients seeking health services and the integration of different programmes where clients seeking MMC were also screened for TB.
- Intensified screening for HIV on all clients diagnosed with TB put on treatment
- Continued utilisation of Community Based Carers (CBCs) and Ward Based Primary Health Care Outreach Teams (WBPHCOTs) for treatment support and supervision of TB patients.
- Training was provided to doctors, nurses, clinicians and non-clinicians on HIV, TB, MDR-TB and STI management in patients.
- Success of the initiation on ART of the TB/HIV co-infected patients
- Lost to follow up of clients on TB treatment in cases where progress was poor

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

Indicator	Target	Performance
TB death rate	<5%	4.3%
MDR TB death rate	15%	21.7%
Percentage of all people/clients started on TB treatment	90%	96%
TB treatment success rate	TB: 90% MDR-TB: 90%	TB: 86.4% MDR-TB: 56.7%
TB lost follow-up rate	TB: <5%	TB: 5.1%
Proportion of TB/HIV co-infected patients on ART	93%	90%

Data source: Mpumalanga Annual, Progress Report 2017/18, DHIS, 2017/18 & ETR.net



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

#### Targeted key and vulnerable groups with customised and targeted interventions

Target Group	Interventions	Domain
Sex Work	PREP campaigns Distribution of defined prevention core packages Administration of Pre-Exposure Prophylaxis (REP) Provision of PrEP	GBV HIV and STIs HIV HIV and STIs
AGYW	Community engagements Distribution of sanitary packages Awareness and testing campaigns and dialogues Economic strengthening sessions	GBV, SRH SRH GBV, SRH, HIV, STIs & TB HIV and STIs
Transgender	Campaigns Distribution of defined prevention packages HTS	Human rights HIV, STIs HIV, TB & STIs
MSM	HIV Counselling and testing Defined core set of prevention packages	HIV, STIs and TB
Farm Workers	Awareness and testing campaigns Provision of mobile clinics TB screening	HIV, STIs and TB
PWID	Dialogues and awareness campaigns Distribution of syringes	HIV
Truck drivers	HTS TB screening Provision of HIV prevention core packages	HIV, STIs and TB

Source: Right to care Annual Report, 2017/18 and GRIP Annual Report 2017/18

### Progress on the interventions for key and vulnerable populations

Indicator	Target	Performance
Number of Female Sex Workers (FSW) seen at High Transmission Areas (HTAs) drop in centres	27754	15690
Number of MSM seen at HTA sites	3404	5755
Number of truck drivers seen at HTAs	6275	4919
Number of HIV negative clients offered PrEP	1774	1019

Source: MPDOH 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	14,000	16,992
Number of beneficiaries receiving DSD Social Behaviour Change programmes	12,000	20,693
Number of OVC receiving psychosocial services	6,060	10,849
Number of organizations trained to provide social behaviour change in communities	15	15
Number of people reached through GBV prevention	17,000	44,168

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

- An increase in children accessing drop in centres was observed including an increase in the number of beneficiaries who benefitted from DSD social behaviour change programmes.
- Progress was attributed to the quick identification of new beneficiaries through the “war rooms” focusing on socio-structural issues to eradicate inequality, unemployment and poverty.
- Upscaling of prevention in the department with support and funding from SANAC also contributed to the achieved results



### GOAL 5: GROUND THE RESPONSE TO HIV, TB, AND STIs IN HUMAN RIGHTS PRINCIPLES AND APPROACHES

### Progress in scaling up access to social protection and harm reduction interventions for alcohol and drug abuse

Indicator	Target	Performance
Number of people with disabilities accessing services in funded protective workshops	1,808	2,360
Number of beneficiaries of the Social Relief of Distress Programmes	5,000	5,556
Number of children in need of care and protection in Child and Youth Care Centres (CYCCs)	1,026	956
Number of victims of crime and violence in Victim Empowerment Programmes sites	3,500	4,051
Number of people reached through substance abuse prevention programmes	102,000	167,150

Source: Mpumalanga, DSD Annual Progress Report, 2017/18

As above, on indicator 1 and 2 the result was a 30% and 11% over-achievement against the set target respectively. On indicator 3 there was a 6% shortfall from the set target. On indicator 4 there was a 15% increase on the set target. The increase was attributed to the increase in the demand for services as well as strengthened collaboration among stakeholders responding to the social protection challenges.

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

Indicator	Target	Performance
Number of District AIDS Council meetings chaired by the Mayor	3	3
Number of Local AIDS Council (LAC) meetings chaired by the Executive Mayors	17	15
Number of AIDS Council meetings co-chaired by Civil Society	20	16
Percentage of Ward Councillors inducted on their roles and responsibilities in WACs	75%	55%
Number of DAC and LAC secretariats allocated sufficient funds to coordinate the PIP	DAC:3 LAC:17	DAC:3 LAC:17

Number of development partners with plans aligned to the PIP	3	2
Number of government departments with developed plans aligned to the PIP	17	13

Source – Provincial Council on AIDS meeting minutes; District AIDS Council Quarter 4 2017/18 report

- Strong political support and leadership in 2017/18 on HIV, TB and STIs issues as evidenced by the 100% and 80% chairing of DAC and LAC meetings by Executive Mayors.
- DACs and 17 LACs were allocated funds to coordinate the PIP, MDIPs and LIPs.
- Attribution towards progress made was achieved through continuous lobbying by the PCA for allocation of funds towards HIV, TB and STIs programmes at district and local levels.
- Challenges encountered were at the Ward level as only 55% was achieved. Possible causes of low performance can be attributed to Ward AIDS Councillors not understanding their roles and responsibilities. fair performance may be attributed to lack of enough training resources and non-establishment of proper structures at ward level responding to the epidemic.
- Observed progress updates also illustrate strong partner engagement whereby partners including government departments aligning their plans to the PIP.

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

Indicator	Target	Performance
Percentage of core set of PIP indicators reported	80%	85%
Number of districts and local municipalities with Annual HIV, TB and STI plans for 2017-2022	Districts: 3 Local: 10	District:3 Local: 10

Source: District Annual Reports Nkangala, Gert Sibande and Ehlanzeni.