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ANNUAL PROGRESS REPORT 2014/15

PROVINCIAL STRATEGIC PLAN 2012-2016

MPUMALANGA PROVINCIAL AIDS COUNCIL

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral treatment
CSOs	Civil Society Organisations
DHIS	District Health Information Systems
DHB	District Health Barometer
DR-TB	Drug resistant tuberculosis
DSD	Department of Social Development
HCT	HIV counselling and testing
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
M&E	Monitoring and evaluation
MDR-TB	Multi-drug resistant tuberculosis
MMC	Medical male circumcision
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NGOs	Non-governmental organisations
NIMART	Nurse-initiated management of ART
NSP	National Strategic Plan[i]
OVC	Orphans and Vulnerable Children

PCR	Polymerase chain reaction
PEP	Post-exposure prophylaxis
PLWHIV	People living with HIV
PMTCT	Prevention of mother-to-child HIV transmission
PrEP	Pre-exposure prophylaxis
SA	South Africa
SANAC	South Africa National AIDS Council
SRH	Sexual and reproductive health
Stats SA	Statistics South Africa
STI	Sexual transmitted infections
SW	Sex workers
TB	Tuberculosis
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

BACKGROUND TO THE PROVINCIAL STRATEGIC PLAN 2012 – 2016

The Mpumalanga Provincial Strategic Plan (PSP) for HIV, STIs and TB (2012-2016) was developed by the Mpumalanga Provincial AIDS Council (MPAC) to build consensus between government, civil society and all other relevant stakeholdersThe 2016-2020 Mpumalanga Strategic Plan for HIV, STIs and TB is a multi-sectoral intervention that is aimed at providing strategic and policy direction in the province. This plan is evidence based and results-oriented and has taken into account gender and human rights principles to provide access to services for communities to enhance the country's response to HIV, tuberculosis (TB) and sexually transmitted infections (STIs). The PSP is aligned to the National Strategic Plan (NSP) for HIV and AIDS, TB and STIs 2012-2016 which follows two previous NSPs (2000-2005 and 2006-2011). It is against this background that the PSP provides a five-year period of response, and undergoes review for adaptation with the evolving epidemiology of the epidemics and outcomes and impacts of the afore-mentioned response.

The PSP is aligned to the National and Provincial vision of a society free from HIV, STIs and TB. The strategy has been informed by both local and international commitments such as the Negotiated Service Delivery Agreements (NSDA), the Millennium Development Goals (MDGs), the Strategy on Re-engineering of Primary Healthcare, the Comprehensive Rural Development Plan (CRDP), as well as the United Nations General Assembly Special Summit (UNGASS) declaration.

PURPOSE OF THE PSP

The purpose of the 2012-2016 PSP on HIV, STIs and TB is to:

- Guide the implementation of a multi-sectoral, comprehensive HIV, STIs and TB response.
- Provide direction for the planning, coordination, implementation and M&E of an evidence-based multi-sectoral provincial response aligned to the 2016-2020 NSP.
- Serve as an investment and resource mobilisation framework on which government, civil society, the private sector and development partners will provide both technical and financial support at provincial, district and ward levels.

STRATEGIC GOALS OF THE PSP

In alignment to the NSP, the Province has decided on the following strategic goals:

1. Acceleration of prevention interventions in order to reduce the rate of new HIV and TB infections and deaths by 50%.

2. Improvement of access to comprehensive treatment, care and support services to 80% of all eligible people living with HIV, STIs and TB; 70% of them being alive 5 years following initiation of treatment

3. Mitigation of the socio-economic impacts of HIV, STIs and TB especially among the most vulnerable groups such as orphans and children, PLHIV and their caregivers and or/ families and guarding against any form of discrimination and stigmatization.

4. Strengthening the capacity of all sectors and the MPAC to respond effectively to the priority goals that have been established.

THE CONTRIBUTION OF THE PSP TO THE NSP

The PSP is important in contributing to the achievement of goals as set out in the NSP since the PSP is aligned with the NSP. The PSP has its objectives which are all influenced by the goals of the NSP. Some of these goals are as follows:

Goal 1*: Reducing new HIV infections by at least 50%, using combination prevention approaches*

The estimated number of South Africans living with HIV is approximately 6.4 million where the incidence in the 15-49 age groups has decreased from 1.79% to 1.47% in the period from 2008 to 2012 (Shisana *et al,* 2014). According to the survey, the incidence rate in Mpumalanga dropped from 0.9% in 2012 to 0.8% in 2014 which is a decrease of 0.1%. This drop can be attributed to the combination prevention where government departments such the Department of Social Development (DSD), Department of Education (DOE), Department of Health (DOH) conducted a number of prevention activities in communities and institutions. Examples include the following:

- Department of Education has established more than 560 youth clubs across the province as well as the Department of Recreation, Sports and Culture that has introduced sporting activities combined with testing for HIV and TB (Department of Education Third quarter report, 2014/15, DOE).

The 2013 Antenatal Sero-prevalence Survey has showen a decrease in the HIV prevalence among antenatal clients tested, in three of Mpumalanga districts which are Gert Sibande, Ehlanzeni and Nkangala. Gert Sibande still had the second highest prevalence in the country estimated to be 40.5% although it recorded a decrease from 46.1%.

The overall picture is that there has been a decline in HIV incidence in the province which contributes to the goal of reducing new HIV infections at national level although the 50% reduction required by the NSP has not been met.

Goal 2: Initiating at least 80% of eligible patients on antiretroviral treatment, with 70% alive and on treatment five years after initiation.

South Africa has the largest antiretroviral treatment across the globe based on the 2013 data with approximately 2.3milion in the programme. According to the

Mpumalanga Department of Health 2014/15 Mid-term Review Report this figure is as high as 732 937 including both adults and children. Table 1 below shows the trends in initiating both adults and children on ART from 2012 to 2014.

Table 1: New eligible HIV positive clients (both adults and children) initiated on ART in Mpumalanga

	2012	2014	2015
New eligible HIV + adults initiated on ART	**54 451**	**60 792**	**74 496**
New eligible HIV+ children initiated on ART	**3 070**	**2578**	**2136**

Source Mpumalanga DHIS, 2014/15

Data above shows that the number of adults being initiated on ART has been on an increase from 2012 to 2015 due to the robust HCT campaign in the province. This is further supported by the DHIS, 2014/15 data; which confirms an increase in the HCT coverage across all sub-districts . The trend is similar for children in the period between 2012 and 2013 although in 2014 the number slightly decreased. The drop in 2014 can be attributed to the success of the PMTCT programme. According the District Health Barometer (DHB) report, in 2014 Mpumalanga was ranked seventh with the rate of 74.2% on ART initiation for both adults and children (DHB, 2014/15)

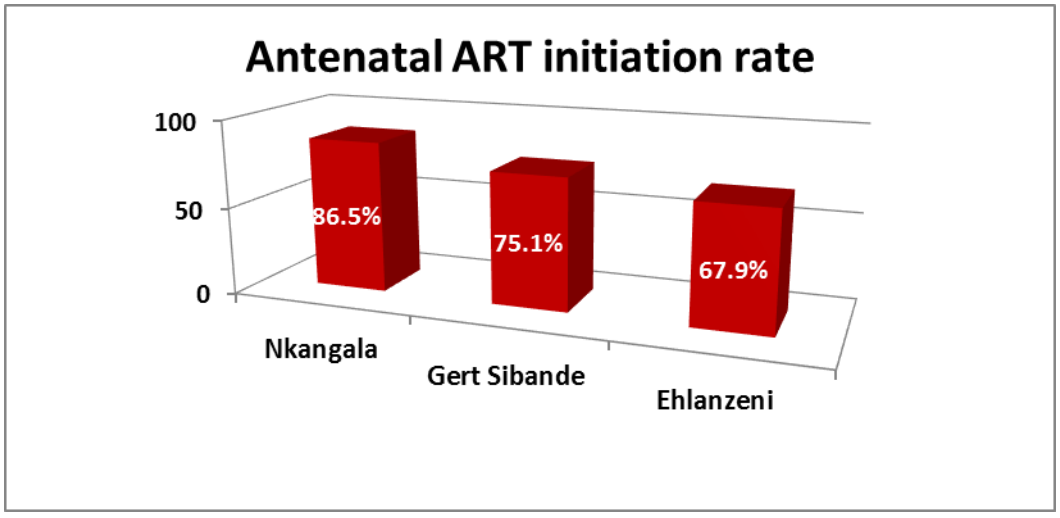
Data from the DHB 2014/15 shows that in Gert Sibande there was a decrease in the HIV prevalence among antenatal clients tested from 46.1% in 2011 to 40.5%in 2014. The provincial rate for antenatal clients initiated on ART was 74.2%. Table 2 below shows the ART initiation per district in Mpumalanga.

Table 2: Rate of antenatal clients initiated on ART by district Mpumalanga, 2013/14

District	ART rate 2013/2014 (%)	HIV testing coverage (%)
Nkangala	**86.5**	**20.3**
Gert Sibande	**75.1**	**21.2**
Ehlanzeni	**67.9**	**30**

Source, District Health Barometer, 2013/2014

Table 2 above indicates that Nkangala District had the highest percentage rate (86.5%) of antenatal clients initiated on ART; which increased from 80.5% in 2012 and was higher than the provincial rate of 74.1%. Although the rate was the highest in the province it was however lower than the national target of 90%. Gert Sibande was the second highest with a rate of 75.1% which was slightly higher than the provincial rate of 74.2% but lower than the national target of 90%. Ehlanzeni district had the lowest antenatal ART initiation rate of 67.9% which was below the provincial and national rates of 74.1% and 90% respectively despite having the highest HIV testing coverage of 30% in the province. Nkangala had the lowest HIV testing coverage of 20.3%. Gert Sibande had 21.2% HIV testing coverage which was slightly lower than the provincial average of 24.3%.



Goal 3: *Reducing the number of new TB infections and deaths from TB by 50%*

According to the 2013/14 District Health Barometer, South Africa had a TB incidence rate of 689.3 per 100 000. During the 2014/15 period the World Health Organisation (WHO) estimated incidence rate of 1000 per 100 000 which was higher than the one projected by the DHB 2013/14. This was the highest rate in the world and to date Statistics South Africa (Stats SA), 2015 estimates that TB is the leading natural cause of death in South Africa.

According to the Mpumalanga Department of Health Mid-term Review Report 2014/15 Mpumalanga had the TB incidence of 467 per 100 000 making it the seventh highest in the country as shown in Table 3 below:

Table 3: Incidence (diagnosed cases) of TB-all types and new pulmonary smear-positive TB by province, 2013

Province	Incidence of TB all types	New Pulmonary smear-positive TB
Limpopo	**354**	**121**
Gauteng	**388**	**127**
Mpumalanga	**467**	**186**
North West	**562**	**191**
Free State	**724**	**215**
Northern Cape	**728**	**250**
Western Cape	**730**	**255**
Eastern Cape	**782**	**344**
Kwa Zulu Natal	**922**	**365**

Source, District Health Barometer, 2013/14 and Mpumalanga Department of Health Mid-Term Review Report 204/2015

The data from table 3 above indicate that new pulmonary smear-positive TB positivity rate varies widely across South Africa from as high as 365 to as low as 121 per 100 000. According to the DHB survey, 2013/14; Mpumalanga recorded a pulmonary smear positive rate of 186 per 100 000 cases. The report further showed a decrease of TB incidence (all cases) in the past 5 years in all districts. Mpumalanga had achieved such an improvement due to focusing on diagnosing cases of TB in the districts and getting patients onto treatment as soon as possible.

According to the 2013/14 District Health Barometer, TB incidence new pulmonary smear positive in Gert Sibande district decreased to 177.3 per 100 000 and was the lowest in the province in the 2012/14 financial year. Nkangala district had the fourth lowest TB incidence (all cases) in the country with a rate of 336.7 per 100 000 although its new pulmonary smear positive rate increased to 185.2%. Ehlanzeni experienced the highest margin of decline of the new pulmonary smear positive from 215.9% per 100 000 in 2012 to 191.5 % in 2013.

The TB cure rate (new pulmonary smear-positive) in Ehlanzeni at 78.1% increased by 5.1 percentage points and in Nkangala the TB treatment success rate of 75.1% was the highest the district had achieved although it was lower than the national of 85%. Gert Sibande according to the District health barometer had experienced the highest increase in the cure rate by reaching 78.5% from 68.3% a 10.2% increase

leading to a cure rate that is just below the national target of 80%. The improvement in the cure rate had a positive impact on the TB clients' death rate which in Mpumalanga declined to 5.6% below the provincial target of 6%.

Goal 4: *Ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP*

Programmes mainly targeting key populations that include sex workers, MSM and prisoners have been implemented across the province. The department of justice was supportive in contributing towards programmes that promote human rights but much remains to be done to improve the status quo. The rape survivor programme was in place to fight issues related to Gender Based Violence (GBV) which contributed to new HIV infections. Government departments through mainstreaming also included human rights issues that they report quarterly.

The response in the country is built upon the idea that the human rights as pronounced in the South African Constitution must be upheld and considered when providing services to the public especially PLWHIV and those with TB infection. While the PSP and District Strategic Plans (DSP) refer to the existence of the disability sector, the unavailability of strategic documents such as these plans amongst others in braille and the lack of provision of sign language interpretation were noted as a great concern. The disability sector is looming large as a population which may require more intense intervention.

Goal 5: *Reducing self-reported stigma and discrimination related to HIV and TB by 50%.*

Community dialogues on stigma and discrimination related to HIV and TB will, commence across the province from February 2016 according to the Mpumalanga Department of Health Mid-term Review Report. Focus group discussions involving people living with HIV and members of populations vulnerable to HIV infections were conducted in all the three districts in the province, according to the Mpumalanga Government Departments' third quarter reports 2016/16.

Awareness campaigns with religious and community leaders and celebrities in Local Municipalities have also been conducted to reduce cases of stigma and discrimination, (Mpumalanga Department of Health Mid-term Review Report

2014/15). Campaigns were also conducted at school level mainly by the department of basic education through two community gender based sensitization that were conducted in 2014/15 financial year, (DoE 2014/15). Workshops were also conducted in 2015 on gender issues in secondary schools for Representative Councils of Learners (RCLs) where 300 schools were targeted. Not much was done at programme level by relevant stakeholders hence most of the data on the goal is missing. One of the strategies identified by the province is to conduct road shows and awareness campaigns on stigma and discrimination.

PSP PROGRESS REVIEW

PSP 2012-2016 Major Achievements

Major achievements on the implementation of the 2012-2016 PSP during the current reporting period include the following:

- Robust mainstreaming of HIV, STIs and TB programmes in sectors and government departments.
- Increased political support and strengthening of AIDS councils.
- Empowerment of men and women to address inequities and gender based violence.
- Development and adoption of a new service Operation Vuka Sisebente delivery model targeting the socio-economic drivers of HIV. This model is based on addressing poverty, unemployment and inequality which are the main drivers of new HIV, STIs and TB infections.
- Intensified combination prevention where both biomedical and social behaviour change programmes are used. These can be in the form of ARVs and behaviour change dialogues and campaigns in communities.
- Prevention of vertical transmission to reduce MTCT to less than 2%.
- Increased universal screening and testing for HIV, STIs and TB.
- Increased access to care, treatment and support for HIV, STIs and TB.

Gaps and challenges

The gaps and challenges that emerged include the following:

- Absence of firm regulations and policies to guide functionality of Mpumalanga Provincial AIDS Council.
- Absence of noticeable substance abuse programmes.
- Weak participation of government departments and the private sector in the MP AIDS council.
- Lack of policies and programmes on gender based violence

- Limited budgets on HIV specific programmes implemented by government departments.

Recommendations

- The province must address poverty and improve access to better basic services such as housing and water.

- Partnerships between development partners and civil society organisations should be supported continuously.

- The province must develop a "Resource Mobilisation Strategy" designed around the principles of Public Private Partnerships (PPPs).

- The province must advocate for HIV, TB and STIs workplace programmes.

Table 4: NSP/PSP Impact indicators, 2013/14 - 2014/15(source DHIS

Indicator	FY 2014/15 Status
HIV prevalence among women and men aged 15-24	10%
HIV prevalence in key populations	35.6%
HIV Incidence	0.8%
TB incidence	471 per 100 000
TB Mortality	5.6%
HIV mortality	2.3%
MTCT rate *(6 weeks and 18-months)*	2.3%
Patients alive and on treatment	732 937

Source: DHIS, 2014/2015

Data from Table above shows that the prevalence among the group of women and men aged 15-24 is 10% in Mpumalanga according to the 2012 HSRC survey. The prevalence rate among this age group (15-24 years) is higher than the national prevalence of 7.1% although it is lower than the 2008 prevalence of 13.5%. The HIV prevalence in Mpumalanga was also very high at 35.6%. The HIV incidence is 0.8% a drop from the 2012 incidence which was 0.9%. The TB incidence at 471/100 000 was lower than the national incidence of 689/100 000 (DHB, 2013/14). The TB mortality at 5.6% was still high but is almost reaching the provincial target for 2016 of

<5%. The MTCT rate also declined to 2.3% slightly higher than the provincial target of <2% that must be achieved by 2016.

ASSESSING PROGRESS TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

Strategic Objective 1*: Focus on social and structural approaches to HIV, STI and TB prevention, care and impact.*

This strategic objective was adopted from the NSP 2012-2016 and it is based on the concept that there are limitations of the response to HIV and TB unless key structural and social drivers are addressed. Some of these drivers are poverty, unemployment, inequality, informal settlements, high school drop-outs, sexual assault, gender inequality, gender based violence and alcohol and substance abuse. Behavioural factors such as multiple sexual partnerships and low uptake of condoms were some of the drivers of HIV identified. These drivers of HIV influenced Mpumalanga Province to develop the following sub-objectives as part of its strategy to combat the epidemic:

- Mainstream HIV, STIs and TB programmes.
- Address behavioural and socio-economic drivers of HIV, STIs and TB.
- Empower men and women to address inequities and gender based violence.

The PSP 2012-2016 indicates that the interventions which were implemented aimed at increasing HIV awareness among all sectors especially high risk populations such as the youth, farm workers and sex workers. The other intervention suggested was to strengthen MPAC, DACs and the LACs to promote multi-sectoral participation in the implementation of HIV, STIs and TB prevention, care, treatment and support programmes. Three provincial indicators used to measure progress were developed; namely:

- Number and percentage of men and women 15-49 counselled and tested for HIV.
- Number and percentage of men and women 15-49 counselled and screened for TB.
- Mother to child transmission (MTCT) transmission rate
- Number of clients tested for HIV.

Table 5: Strategic Objective 1- Addressing social and structural barriers to HIV, STI and TB prevention, care and impact.

Indicator	Baseline	Target 2016	FY 2014/15 Status	Comment – progress towards target
% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated	14 government departments	100%	100%	All 14 government departments have developed plans which incorporate HIV, TB and related gender and rights based dimensions
% municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented		50% (provincial target)		The target has not been met.
Current school attendance among orphans and among non-orphans aged 10 -14 (UNGASS 12; MDG Indicator)		100%		The target has not been met
Delivery rates for women under 18- NIDS	8.8%	No target	9%	There is no provincial target for this indicator
HIV and TB spend				
Number of sectors with gender mainstreaming plans	100%	100%	no data	all departments have submitted their gender mainstreaming plans to MPAC as part of the Lekgotla resolutions
Number of women and children reporting gender-based violence (GBV) to the police in the last year	3953 (2013/14)	No target	3474	No target although the number of GBV cases reported has reduced by about 479 cases.
Number of non-professionals trained on HIV, STIs and TB issues	1 733	5 130	1570	No target
Number of community dialogues/campaigns on HIV, STIs and TB conducted	65	99	52	Progress is now at 50% of the anticipated target and a lot needs to be done to achieve the target
Number of sports days held for government employees	8 sports days	12	3 sports days commemorated	Only 2 sports day commemorations left to reach the target
Number of AIDS councils established	15	21	21	All 21 AIDS councils are functional (LACs & DACs)
Proportion of women who have experienced physical or sexual violence in the last year		No target		There is no target for this indicator (negative indicator)

Source: DHIS, 2014/15

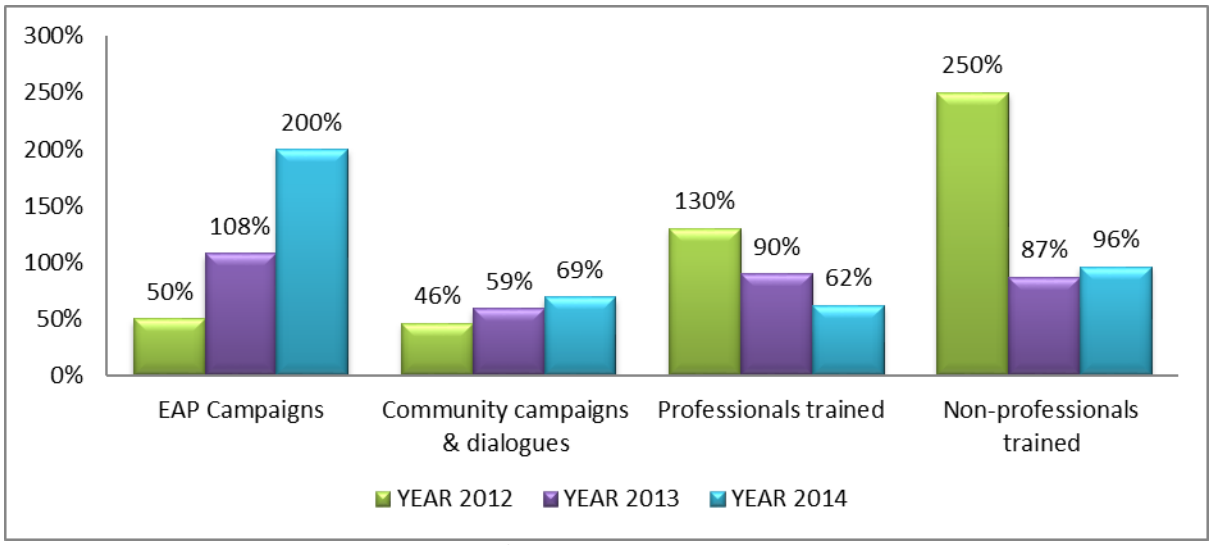
The annual plans submitted by government departments in 2014/15 financial year indicate that government departments have mainstreamed HIV, STIs and TB issues in their plans. Some government departments have implemented their plans in areas

they operate, for example, the Department of Culture, Sports and Recreation went beyond internal mainstreaming by conducting Sports Days where condom distribution, counselling , HCT and TB screening are conducted as part of the day's activities.

The political leadership has made firm commitments to support HIV and AIDS programmes by developing structures as evidenced by the establishment of AIDS councils and Ward AIDS committees in all localities. All AIDS councils are functional as reported in the 2014/2015 annual District AIDS Councils' reports where 18 functional LACs and 3 DACs have been established.

The Mpumalanga province has adopted the Operation Vuka Sisebente; a new governance model aimed at improving service delivery mainly targeting unemployment, inequality and poverty; which constitute the drivers of HIV, STIs and TB in the province. The model has been rolled out in all wards across the province and the "war rooms" are all functional where HIV, STI and TB issues are discussed and resolved.

Figure 1: Information and Education campaigns, community campaigns and dialogues, professionals and non-professionals trained, Mpumalanga



Source: DHIS, 2014/15 & Mpumalanga Department of Health Mid-Term Review Report 2014/2015

According to the Mpumalanga Department of Health Mid-Term Review Report 2014/15 the targeted EAP campaigns increased dramatically from 50% in 2012 to 200% in 2014, community campaigns and dialogues on HIV, STIs and TB also increased from 46% in 2012 to 69% in 2014; as shown in Figure 1 above. Professionals trained on HIV, STIs and TB issues however decreased from 130% in

2012 to 62% in 2014 and non-professionals training on HIV, STIs and TB also show a decrease from 250% in 2012 to 96% in 2014.

Gaps and challenges

- According to the 2013/14 District Health Barometer, unemployment was the major driver of HIV, STIs and TB in all the three districts which had an average of more than 30% unemployment.
- According to the DOH 2015/16 2nd quarter report, infrastructure in the form of health facilities is a challenge especially those that offer VMMC where some facilities do not have consulting rooms.
- At departmental level peer educators are always not available during peer education sessions as reported by the DOH during the 2014/15 4th quarter reporting.
- Levels of education are also very low in the province and poverty is very high based on the 2013/14 DHB report as shown in the Table 6 below:

Table 6: Education and unemployment rate by district in Mpumalanga, (Source, District Health Barometer, 2013/14)

District	20+yearswith Matric (%)	Higher education rate (%)	Unemployment rate (%)	Access to piped water (%)	Access to electricity (%)	Number of households
Gert Sibande	**28%**	**9.1%**	**29.7%**	**44.3%**	**83.4%**	**273 490**
Nkangala District	**29%**	**10.2%**	**30%**	**40.6%**	**85.7%**	**356 911**
Ehlanzeni	**29%**	**9.5%**	**34.4%**	**26.4%**	**88.9%**	**445 087**

Source: District Health Barometer, 2013/2015

The socio-economic status in Mpumalanga acts as a driver to HIV, STIs and TB thus it is imperative to highlight some recommendations for the province to mitigate the spread of HIV, STIs and TB. There were also gaps on the data on gender based violence mainly caused by the fact that there is no clear definition of gender based violence hence making it difficult for the South African Police Services to correctly record these cases when they appear.

Recommendations

Based on the data above the following are some of the recommendations suggested on strategic objective 1:

- Address poverty and improve access to better basic services such as housing, water and sanitation.
- Strengthen the collaborations between civil society and development partners focusing on infrastructure development such as clinics and hospitals.
- Improve health services by providing mobile clinics targeting those remote rural areas that do not have adequate hospitals and clinics.
- Intensify community dialogues spearheaded by civil society and traditional leadership across the province involving all stakeholders.
- Prioritise the training of professionals and non-professionals on HIV, STIs and TB for effective service delivery in marginalised communities.

Strategic objective 2: *Preventing new HIV, TB and STI infections*

Strategic objective 2 is critical in the fight against the HIV and AIDS pandemic. In the province this strategic objective aimed at increasing HIV awareness among all sectors especially high risk populations such as the youth, the farm workers and sex workers. Some of the identified sub-objectives include the following:

- Reducing new HIV, STIs and TB infections,
- Preventing vertical transmission of HIV to reduce MTCT to less than 2% at 6 weeks and less than 5% at 18months by 2016 and
- Universal screening and testing for HIV, STIs and TB.

The PSP 2012-2016 stated that all the sub-objectives were to be achieved through conducting HIV and AIDS and TB community dialogues. The HIV and AIDS and TB community dialogues were aimed at the following: promoting behaviour change, increasing the role of churches and religious bodies in HIV, STIs and TB awareness, intensifying PMTCT, HIV, STIs and TB case finding.

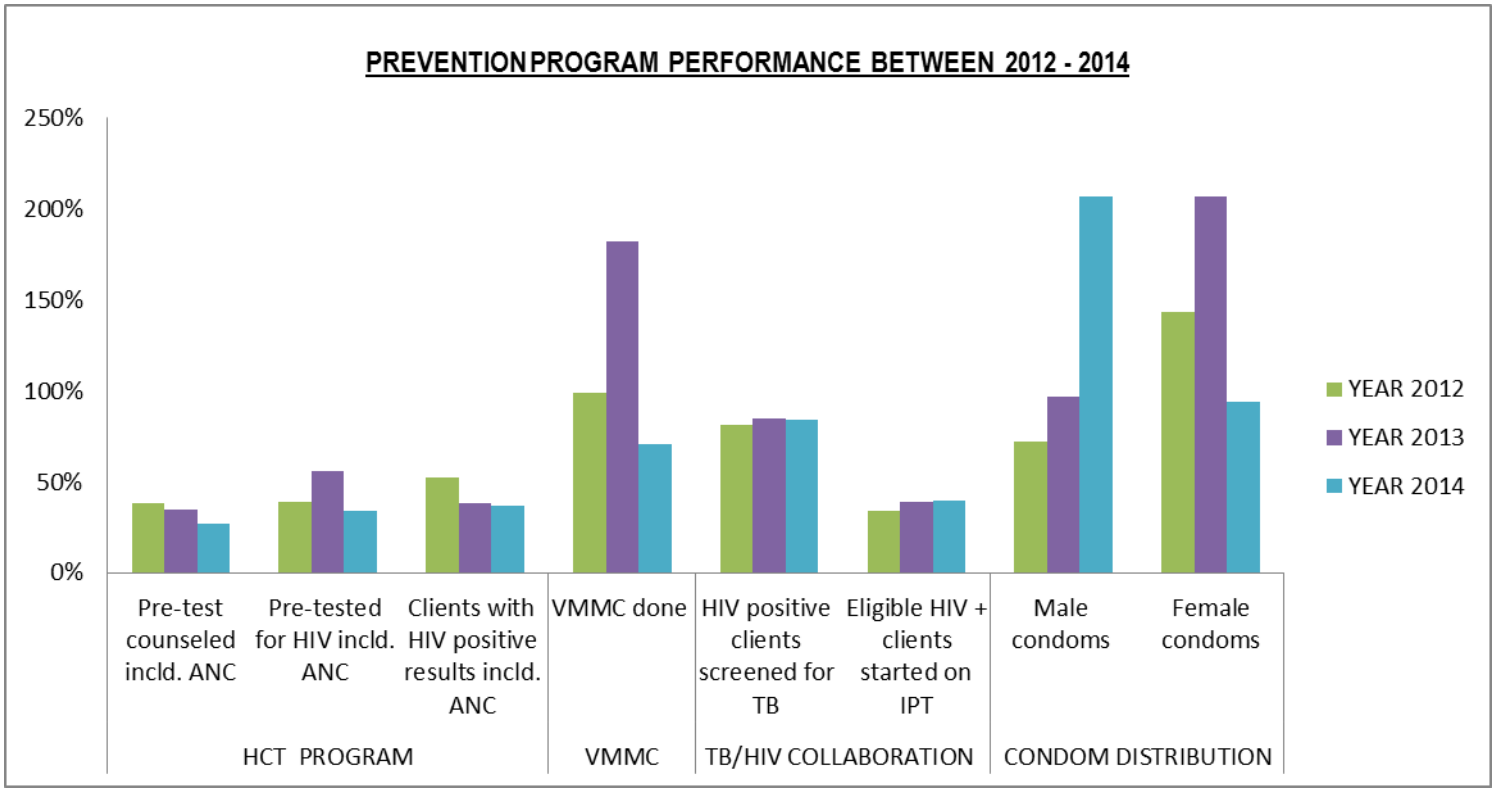
Strategic Objective 2- ***Preventing new HIV, TB and STI infections***

Indicator	Baseline	Target 2016	FY 2014/15 Achieved	Comment – progress towards target
Number (and percentage) of men and women 15–49 counselled and tested for HIV	717 234 (75%)	1 080 000	1 103 335	Target has already been achieved in the province
Number and percentage of people screened for TB	90%	90%	84%	Only 6% left to achieve the target
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	71.9%	85% of newly enrolled on HIV care	81.9%	No target but the number continues to rise which is a positive sign
Percentage men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex	40%	100%	66%	There is no set target in the province for this indicator
Percentage young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)	10%	<5%	7.7%	The age at sexual debut rate is slightly above the provincial target and it has been going down.
Percentage women and men aged15–49 years who have had sexual intercourse with more than one partner in the last 12 months	7%	<5%	7%	The indicator has not changed from 2012
Male condom distribution	70 834 000	64 685 252	69 512 884	Male condom distribution has surpassed the 2016 set target after reviewing the target in 2015
Female condom distribution	512 900	1 238 630	512 900	Female condom distribution is way below the 2016 target
Number of men medically circumcised	92 353 (2013)		42 776	Still below the anticipated target
Number of people reached by prevention communication at least twice a year	4 267 (2012/13)	(99%)No provincial target set	3 953	There is no figure to measure against but the prevention communication coverage is declining due to abandonment dialogues

Major achievements

A huge effort has been made by the province to prevent new HIV and TB infections. HCT was intensified across the province where a total of 533 029 clients were tested in 2014/2015 compared to a total of 381 423 in 2013, (DHIS, 2014). Community dialogues and campaigns on behaviour change reduced the sexual debut in men and women aged 15-24 years from 15% in 2008 to 7.7% in 2012. The provincial community dialogues and campaigns coverage improved from 49% in 2012 to 69% in 2014. Figure 2 below shows the provincial TB/HIV collaboration, condom distribution, VMMC and the HCT programme between 2012 and 2014 in Mpumalanga:

Figure 2: Prevention Programme Performance between 2012 and 2014, Mpumalanga



Source DHIS, 2014/15 & Mpumalanga Department of Health Mid-Term Review Report 2014/15

The incidence rate of HIV dropped from 0.9% in 2012 to 0.8% in 2014 (Shisane et al, 2014), in Mpumalanga; indicating the effectiveness of the strategies used to combat the epidemic. Based on the DHIS data from April 2015 to June 2015 on HCT coverage Ehlanzeni district achieved 104%, Gert Sibande 83% and Nkangala 72% which all equate to a provincial average of 86%. However, targets for other key

prevention interventions such as male and female condom distribution and VMMC have been to a greater extent underachieved from 2012 to 2014 as shown in Table 7. Male condom distribution was never achieved on the set targets from 2012 to 2014 while female condom distribution was achieved from 2012 to 2013 only. VMMC was achieved in 2012 and in 2014 the figure dropped sharply to the target set.

Table 7: Condom (male & female) distribution and VMMC, Mpumalanga province

	2012 target	Actual achieved	2013 target	Actual achieved	2014 target	Actual achieved
Male condom distribution	**73 000 000**	**52 778 522**	**73 000 000**	**70 834 000**	**73 440 000**	**69 512 884**
Female condom distribution	**420 000**	**600 718**	**420 000**	**1 349 001**	**547 500**	**512 000**
VMMC	**50 000**	**49 609**	**50 735**	**92 353**	**60 000**	**42 776**

Source: Mpumalanga Department of Health Mid-Term Review Report 2014/15

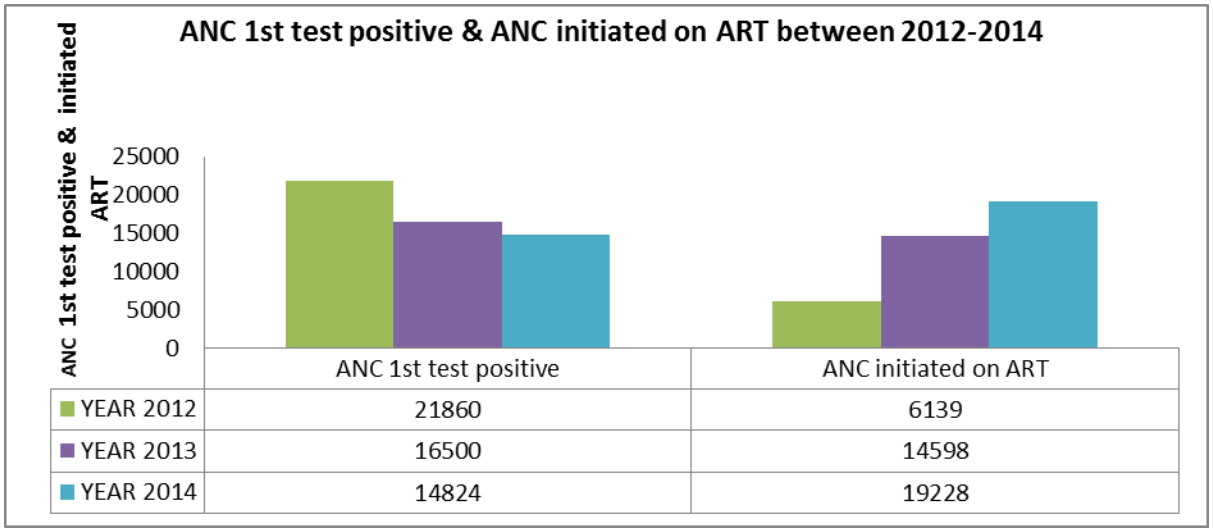
In the same period PCR positivity rate at 6 weeks for the province dropped below the provincial target of 2%> to 1.3% which is a great achievement. This positive change is mainly attributed to the change in policy where it was mandatory for all HIV positive pregnant mothers to be tested for HIV and those who were found HIV positive or who showed symptoms of AIDS be initiated on HAART regardless of their CD4 count. The province ensured that all HIV positive pregnant women were on the MTCT programme in order to reduce the chances of post-natal HIV infection.

The number of clients who were exposed to HIV and provided with Post-Exposure Prophylactic (PEP) increased from 3096 to 3647, in 2012; surpassing a set target of 3600. The uptake of baby Nevirapine reached its target of 100% in 2013 from 99.9% in 2012, (Department of Health Mid-Term Review 2014/15).

Data from the 2014 DHIS shows that the number of TB cases was increasing as well as those being started on treatment.

High Transmission Areas (HTAs) were identified in the province and various departments collaborated in awareness activities for example the departments of (Transport, Social Development, Health and Civil Society). According to the Mpumalanga Department of Education a number of prevention activities in schools with 560 youth clubs established and advocacy dialogues with parents complimenting this activity.

Figure 4: ANC 1st test positive & ANC initiated on ART between 2012&2014 in Mpumalanga



Source: Mpumalanga Department of Health Mid-Term Review Report 2014/15

Figure 4 above indicates that those initiated on ART after HIV testing were more in 2014 in comaprison to those that were tested in 2012 and 2013. Those testing HIV positive in the province declined significantly from 21 860 to only 14 860.

Gaps and challenges

The major gaps and challenges on strategic objective 2 were as folows during the current reporting period:

- The majority of community members were losing interest in HCT.
- Facilities were non-compliant in following the relevant proceduures in recording data leading to loss of data on HCT.
- The TB case finding index in the province was very low with Ehlanzeni district recording 1.4%, in 2014; making it the second lowest in the country.
- There was a huge gap on PMTCT in that not all HIV positive ANC clients were initiated on ART as was regulated, but some facilities continued to rely on the CD4 count <350 hence creating backlogs and in some instances leading to new infections of infants.
- The PCR results according to the 2014, DOH Midterm Review Report took too long to reach facilities from the laboratory which was affecting the PMTC programme.

- The majority of PEP cases were being reported way after the regulated 72 hours leading to non-eligibility for PEP and one of the reasons was that victims were not aware of the 72 hour timeline required for PEP.
- Rape was often regarded an accident hence it was at times not seriously considered a sexual offence in some communities with the victims often blamed for causing it leading to delays in accessing PEP within 72 hours.

Recommendations

Some of the recommendations are that:

- Mpumalanga province needs to increase awareness campaigns on PEP to avoid new HIV infections to those exposed as well as increasing awareness on safety hints to avoid rape.
- All HIV positive ANC clients need to be initiated on ART as per the new ART guidelines and all facilities providing ART must be made aware of these requirements as per the new guidelines.
- Condom distribution must be backed up by the various stakeholders who have the potential to increase the supply of both male and female condoms to avoid stock-outs.
- Facility data custodians need to be trained on data management to avoid loss of HCT data crucial in determining the necessary interventions at provincial level.
- Encourage HIV testing of all TB patients as well as counselling to avoid the possibility of new HIV and TB infections.
- Utilise Community Health Workers (CHWs) on screening for TB through training of Community Health Workers residing in close proximity to those high transmission areas.
- Strengthen partnerships between government and the private sector especially the mining and agricultural sectors employing the majority of key populations affected by new TB and HIV infections.
- Establish more programmes involving the youths (15-24 years), farm workers, sex workers, miners and migrant populations on behaviour change involving all stakeholders in the province.

Strategic Objective 3: *Sustaining Health and Wellness*

The primary focus of Strategic Objective 3 is significant reduction in deaths and disability as a result of HIV, STIs and TB infection, through universal access to accessible, affordable and good quality diagnosis, treatment and care. The provincial priorities were on the maintenance and sustenance of health and wellness of all

citizens and intensifying case finding and follow up through screening for HIV, STIs and TB. The interventions to be used included the following:

- Implement targeted programmes for most at risk or key populations
- Increase sites offering treatment for HIV, STIs and TB.

Strategic Objective 3: To sustain Health and Wellness of the citizens.

Indicator	Baseline	Target 2016	FY 2013/14 Achieved	Comment – progress towards target
Proportion (%) of people per year becoming eligible who receive ART	**12 011 92.4%**	**90%**	**7884 62.7%**	This is a proportion of TB patients only
TB case registration rate	**708/100 000**	**354/100 000**	**570/100 000**	**The province has already surpassed its 2016 target**
TB case detection rate	**72%**	**80%**	**93%**	**The province has already reached its target**
% smear positive TB cases that are successfully treated	**81.8% (2013)**	**>85%**	**80%**	**To reach 90-90-90 strategy by 2020**
TB case fatality rate (CFR)	**5.6% (2013)**	**<5%**	**6% (2012)**	**The latest data not yet available but trends show that the target can be achieved.**
CFR HIV-positive = CFR HIV-negative	**54%**	**90%**		**There is no provincial target set for this indicator**
Number and % of registered TB patients who tested for HIV	**17 928 93.2%**	**100%**	**17 781 90.2%**	**Target is almost achieved on this indicator**
Number of all newly registered TB patients who are HIV-positive, expressed as a proportion of all newly registered TB patients	**12 998 67.6%**	**No target**	**12 582 63.8%**	**There is no target set for the province**

Major achievements

- As a province Mpumalanga had an average rate of 74.2% of antenatal clients initiated on ART in 2014 which was slightly lower than the national average of 76.3%.

- The number of eligible ANC clients initiated on ART increased from 6 139 to 19 228, in 2012; although these figures were below the annual set targets.

- The number of new eligible HIV positive adults started on ART increased over the past 4 years from 54 451 in 2012, to 60 792 in 2014, (DHIS 2014).

The under 15 years of eligible HIV positive children initiated on ART was on a downward trend from 3 070 in 2012, to 2 578 in 2014 and this is a negative indicator which does not measure the progress towards reaching a target. The number of eligible HIV positive clients (both children and adults) initiated on ART was on an upward trend from 57 521people who were initiated on ART in 2012 to 63 370 people in 2014.

The number of people remaining on ART treatment, both children and adults took an upward trend over the 3 year period from 2012 to 2014 and a total of 716 738 clients remained on ART treatment out of a projected number of 189 481 for this period. The 2014 DHIS estimates that the total number of clients on ART is 318 200 lower than the figure indicated above.

Adherence clubs were functional, leading to an improvement in adherence to ART.

Prevention packages for commercial sex workers were disseminated as part of the Peer Education Programme for sex workers.

Development partners such as GIZ were active in providing technical assistance for health system strengthening. The AURUM Institute worked with the Correctional Services Department providing combination prevention strategies such as distributing condoms and holding focus group discussions on HIV, STIs and TB programmes in prisons in Mpumalanga.

The number of children remaining on ART took an upward trend from 11 375 clients in 2012 to 14 441 clients in 2014.

The number of adults remaining on ART treatment increased from 187 245 in 2012; to 249 266 in 2014.

The TB programme has also been a success in the province where according to the 2014 DHIS, TB cases started on treatment were above the projected target of 55 671 over 3 years (2012-2014) to 58 022.

The TB new smear positive cure rate was a major achievement reaching 76.1% slightly lower than the provincial target set of 80%.

The number of lab confirmed MDR-TB patients started on treatment was above the yearly set targets from 2012.

The TB defaulter rate also fell below the provincial target of <6% reaching 5% in 2014 from 5.9% in 2012.

The 2014 DHIS also reported that the TB death rate reached the set target of <6 and is currently at 5.6% for the province.

Table 8: THE COMPARISON OF 2012 AND 2013/14 HIV AND TB INDICATORS PER DISTRICT IN MPUMALANGA,

District	ANC clients initiated on ART		Early infant HIV diagnosis coverage		PCR test HIV positive		Cervical cancer screening		Couple year protection rate		TB coinfected initiated on ART		TB cure rate		TB Case finding index		HIV+ TB patients initiated on ART		TB defaulter rate	
	2012	2014	2012	2014	Provincial target	2014	National target	2014	2012	2014	2012	2014	National target	2014	2012	2014	Total HIV+	2014	National target	2014
Nkangala	80.5%	86.5%	69.5%	90.7%	<2%	1.9%	56%	42.6%	25%	30.9%		51.6%	80%	75.1%		1.6%	94.1%	77.3%	<5%	7.5%
Gert Sibande	70%	75.1%	72.6%	89.4%	<2%	2.2%	56%	50.5%		35.6%		65.4%	80%	78.5%		2.2%	85.2%	25.3%	<5%	4.5%
Ehlanzeni	80%	67.9%	78.4%	91.9%	<2%	2.5%	56%	68.9%		40.6%		61.6%	80%	78.1%		1.4%	86.7%	41.6%	<5%	4.5%

Source: District Health Barometer, 2013/14

Table **8** above shows that the province improved on the TB defaulter rate in both Ehlanzeni (4.5%) and Gert Sibande (4.5%); reaching below the set target of <5%. The TB defaulter rate in Nkangala remained high at 7.5%. The PCR test HIV positivity rate also improved in all the 3 districts an indication that the programme is effective in ensuring health and wellness of infants born from HIV positive women.

Gaps and challenges

- The Mpumalanga Department of Health Mid-Term Review Report 2014/15, noted the following challenges and gaps:
- An increase in the number of TB cases.
- TB defaulting and deaths due to TB were still high in Nkangala district and taking a downward trend in both Gert Sibande and Ehlanzeni districts. The report also highlighted that cases of MDR-TB patients were slowly increasing due to poor management of TB patients.
- Data management was also identified as a challenge creating gaps in reporting on the TB programme. In addition, the report also highlighted that there were no data capturers in Ehlanzeni and Nkangala creating a backlog of data in the two districts.
- The report also indicated that the DR-TB regimen which was used during the reporting period had many side effects and was less effective resulting in defaulting and death of TB patients.
- The other gap was on data capturing; as follows: not all HIV positive ANC clients were initiated on ART as per the new ART guidelines and in some instances some ANC clients on ART were recorded as PEP ARV.

Recommendations

The following are some of the recommendations for the province to improve on sustaining health and wellness of the citizens:

- Intensify case findings of all types of TB in the districts and get patients on treatment as soon as possible.
- Promote all government departments to work in collaboration in prevention programmes thus increasing resources required to respond to those infected and affected by HIV, STIs and TB.

- Intensify prison population programmes that prevent them from new HIV, STIs and TB infections.

Strategic Objective 4: Ensuring protection of human rights and improving access to justice

Strategic objective 4 is based on the principle that Mpumalanga's response to HIV, STIs and TB will be best served when the rights of those living with HIV and TB, and at greatest risk of infection, are respected, protected and promoted. This is in alignment with the Bill of Rights as enshrined in Chapter 2 of the South African Constitution which includes the rights to equality, dignity, life, freedom, privacy and security of the person irrespective of sexual orientation. As a province Mpumalanga's priority is to promote the core values of the SA Constitution to mitigate stigma discrimination and related behaviours.

The province's sub-objective is to strengthen mechanisms for monitoring abuses which will be done through empowering communities to guard against human rights violations as an intervention. The indicator developed to measure this will be the % of human rights complaints resolved.

Major achievements

The Department of Justice was supportive in the programmes related to Gender Based Violence (GBV), but much remains to be done to improve the status quo.

The Rape Survivor programme was in place to address the link between GBV and new HIV infections.

According to the DOH 2014/15 Mid-Term-Review Report, sexual assault cases increased from 2012 to 2014. In 2012 new sexual assault cases were 3 096 and in 2014 they were 3 647.

The province realised an increase in the sexual assault cases and occupational exposure injuries that are provided with PEP. Service sites for victims of crime and violence were established across the province.

Employee sessions that include human rights and GBV were conducted at workplaces especially in the government departments.

According to the Mpumalanga Department of Education (DOE) 2014/15 Annual Report, some workshops were conducted in secondary schools on gender issues.

Gender sensitisation community awareness behaviour campaigns were also conducted across the province with the assistance from the civil society.

Generally gender issues were considered at workplaces where unfair discrimination due to disability, HIV or TB status was rendered illegal and many government departments developed various workplace policies on HIV and TB to respond to the province's stance on GBV.

Gaps and challenges

Unavailability of Integrated Development Plans (IDPs) to include the needs of people living with disabilities, such as: the braille and sign language interpreters. The Mpumalanga Department of Health Mid-Term Review Report 2014/15, indicated that PEP was not administered to many eligible people who reported their cases after the cut off period of 72 hours.

There is still lack of data on this strategic objective and monitoring abuses proves to be a challenge across the province. The definition of Gender Based Violence is not clear to many leading to wrong reporting on GBV issues.

Recommendations

Based on the gaps and challenges the province is recommended to:

- Focus more on GBV community awareness campaigns especially on PEP and women including young girls who are the common victims.
- Intensify workplace support sessions aimed at supporting employees especially those that are HIV positive to remain at work. The Mpumalanga Provincial AIDS Council (MPAC) must encourage research on GBV to gather more data and develop indictors to measure progress.

MONITORING AND EVALUATION

The Monitoring and Evaluation Plan for the Mpumalanga Multi-sectoral Strategic Plan on HIV, STIs and TB 2012-2016 was developed during the current reporting period. The main aim of M & E was to identify the gaps and needs in respect of information required for a more strategic and systematic approach to management of multi-sectoral responses to the HIV and AIDS epidemic and to promote and support a strategy aimed at addressing these.

Major achievements

- The development of a provincial M &E system for the PSP that strengthens existing systems.
- The development of a standard reporting template to ensure all stakeholders report on all indicators outlined in the PSP.
- Training of data custodians from various government departments, civil society and local and district HIV coordinators on reporting was a major achievement as well.
- The development of civil society operational plans and reporting systems was achieved to data sharing by the civil society.
- Data sharing and feedback on the PSP response by various stakeholders was strengthened in order to monitor progress on the strategic objectives.

Gaps and challenges

- Lack of political support from local municipalities was a major challenge in implementing the provincial M&E systems. There is no integrated pan for monitoring development of HIV, STIs and TB response in most stakeholders and with the exception of a few well-developed workplace programmes there is little evidence of M&E activity.
- There is limited research on the epidemic; in the province..
- There is currently no M&E training programme in any of the tertiary institutions in the Province, and there is little HIV, STIs and TB programme specific support available for developing and implementing basic M&E systems at the local or provincial level.

Recommendations

- The development and use of M&E plans across all sectors in the province to monitor the response to HIV, STIs and TB.
- Developing indicators that are aligned to the provincial interventions.

- There is need to conduct periodic provincial surveillance and research to determine outcomes and impacts as well as existing resources and structures to implement M&E.
- There is need to bring other critical stakeholders on board such as the business sector and the NGOs and integrate their M&E systems with those of MPAC in order to share data on the various programmes on HIV, STIs and TB being implemented.

OVERALL RECOMMENDATIONS

The global leadership on AIDS and the UN General Assembly formulated some action steps which all countries have to adopt to reach the new 90-90-90 targets. The Mpumalanga Provincial AIDS Council therefore needs to reinforce its commitments in order to achieve the PSP 2016 set targets by considering the recommendations outlined below.

- There is need to invest more in community systems and organizations to formalise these systems and ensure that the leadership at community level is connected to that at provincial level.
- The province must also strive to provide services at the local level while ensuring that they have access to the appropriate technologies and social change programmes relevant to their local context.
- The Civil Society Forum in the province must present its programme of action to Council meetings for collaboration and support.
- Leadership in the district and local municipalities must demonstrate enough support for those facing stigmatization on regular basis and AIDS responses must continue to invest in human rights programmes and human rights organizations.
- HIV programmes, access to treatment and prevention must reach all areas of high incidence of HIV infection with more and better interventions while ensuring people are not further stigmatised with targeted approaches.

- The province must rapidly scale up the availability of the VMMC, pre-exposure prophylaxis, male and female condoms and lubricants, family planning options and HIV treatment.
- Services and options that address structural factors contributing to the increased vulnerability of women as well as young boys and girls to HIV, STIs and TB must be included in combination packages of HIV services.

FAST TRACKING PROGRESS PLAN 2015/16

Priority programmes for strategic objective 1

- EAP programme (dialogues and community awareness campaigns)
- RTC programme (training of professional and non-professionals on HIV, STIs and TB.
- Social mobilisation programme
- Operation Vuka Sisebente programme

Priority programmes for strategic objective2

- HCT programme
- VMMC programme
- TB/HIV collaboration programme
- PMTCT programme
- Condom distribution

Priority programmes for strategic objective 3

- ARV programme
- Adherance clubs programme
- TB programme
- National school nutrition programme

Priority programmes for strategic objective 4

- PEP programme

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