

DISTRICT WORK PLAN TEMPLATE: PMTCT ACCELERATION PLAN 2009/10

NAME OF DISTRICT: _____

PROVINCE: _____

GOAL: REDUCE MTCT TO LESS THAN 5% BY 2011												
STRATEGIC OBJECTIVE	KEY INTERVENTION	PERFORMANCE INDICATOR	BASELINE	2009/10 TARGET	TIMEFRAMES				BUDGET	PARTNERS		
					Q1	Q2	Q3	Q4		LEAD SECTOR	INTERNAL	EXTERNAL
1. Increase access to PMTCT services												
1.1 Improve social mobilisation and integrate with clinical objectives of PMTCT	Male Involvement campaigns											
	Train 30 CHW											
	Community Dialogues											
	Radio campaigns											
2. Improve quality of PMTCT services												
2.1 Improve programme uptake												
2.1.1 Improve early												

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					Q1	Q2	Q3	Q4		LEAD SECTOR	INTERNAL	EXTERNAL
booking												
2.1.2 Increase HIV testing rate in pregnancy												
2.1.3 Test CD4 count of all HIV pos pregnant women												
2.1.4 Increase no. of HIV pos pregnant eligible women initiated on HAART												
2.1. 5 Increase no. of HIV pos pregnant women receiving dual therapy												
2.1.6 Increase no. of exposed infants receiving dual therapy												
2.1.7 Increase no. of HIV exposed infants receiving cotrimoxazole												
2.1.8 Increase no. of												

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					Q1	Q2	Q3	Q4		LEAD SECTOR	INTERNAL	EXTERNAL
exposed infants PCR tested												
2.1.9 Increase no. of HIV pos women counselled on safe infant feeding												
2.1 10 Reduce the MTCT rate												
2.1 11 Increase no. of HIV pos infants initiated on HAART												
2.2 Improve programme management												
2.3 Improve data management and reporting	Update tools Update data element											
2.4 Improve integration of	Integrated quarterly											

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					Q1	Q2	Q3	Q4		LEAD SECTOR	INTERNAL	EXTERNAL
PMTCT services	Meetings between PMTCT, MCWH, SRH, TB, VCT, NHLS, CCMT and technical partners											
	Integrate TB screening and management in MCWH and PMTCT services											
	Integration and roll out of ART into MCWH and PMTCT service points											
	Facilitate district stakeholders meetings between Health and civil society sectors.											
	Strengthen health											

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	committees and monitor quality and frequency of meetings											
	Ensure valuable representation, reporting and feedback at the District and Local AIDS Councils											

ANNEXURE 1: BOTTLENECK ANALYSIS OF DISTRICT PMTCT PROGRAMME

PMTCT POLICY AREAS	IDENTIFIED BOTTLENECKS	INTERVENTIONS FOR THE ACCELERATED PLAN	LEAD BY WHO?	PARTNER
1. HEALTH SYSTEM				
2. PRIMARY PREVENTION				
3. PREVENTION UNINTENDED PREGNANCIES				

PMTCT POLICY AREAS	IDENTIFIED BOTTLENECKS	INTERVENTIONS FOR THE ACCELERATED PLAN	LEAD BY WHO?	PARTNER
4. PREVENTION VERTICAL TRANSMISSION				
5. CARE, TREATMENT AND SUPPORT				

GUIDE:

Bottlenecks should be assessed at three levels

- 1) **Grouped per the four prongs of the PMTCT programme**
 - a. **Primary prevention of HIV**
 - b. **Prevention of unintended pregnancies**
 - c. **Prevention of MTCT**
 - d. **Treatment, care and support plus follow up of the mother /baby pair**
- 2) **Identify a bottleneck at each of the 4 stages of the programme namely**
 - a. **primary prevention,**
 - b. **ANC,**
 - c. **Labour and delivery,**
 - d. **postnatal care, follow up and appropriate referral**
- 3) **Assess bottlenecks in achieving and reporting on each of the 11 objectives of the acceleration plan for PMTCT**

Then populate the identified key interventions into the work plan template and use the bottleneck exercise as an annexe that will be attached to the work plan.