

## South Africa Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**Describe the process used for NCPI data gathering and validation:**

The NCPI questionnaire was first circulated electronically for completion before February 2012 to members of the South African National AIDS Council (SANAC) Program Implementation Committee (PIC) which includes all 19 sectors and as a government sector in SANAC. In January 2012 invitations were all circulated to all members of the SANAC Programme Implementation Committee and members of the Inter-Departmental Committee on HIV (IDC) to two workshops to finalize the completion of the NCPI questionnaire. The first workshop aimed to complete the section B of the questionnaire, a total of 17 representatives attending a representing people living with HIV/AIDS, Women and Men's sectors, labour sector, Multi Sector. HIV/AIDS prevention, SES (Sports and Entertainment Sector) Business and also from the GIZ and UNAIDS. The second workshop was held with 92 Government officials from health, education, social development, transport, public service and administration, justice and constitutional affairs, within others. NCPI questionnaires were sent to all invitee's to ensure that consultation took place within their respective sectors. This was done to ensure that sector representatives where mandated to present a consensus position at the workshop. Lastly, some questions of Section A and B of NCPI were also discussed by a select group of government officials at the National Validation Workshop.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

Terms of references where discussed and agreed amongst delegates. Questionnaires sections were discussed in breakaway groups. A facilitator and a scribe were assigned for each breakaway group session. When unable to reach a unanimous response, consensus was reached by voting. If further deadlock continued the issue would be parked for further consultation. Completed questionnaires were circulated for further comments.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

Not applicable

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Department of Labour	Rivalani B Mkansi	Yes	Yes	Yes	Yes	Yes	Yes
Department of Labour	Lunga Noxeke	Yes	Yes	Yes	Yes	Yes	Yes
Department of Public Service and Administration	Henk Serfontein	Yes	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones**

listed under 1.2):

Yes

**IF YES, what was the period covered:**

previous 2007-2012 and current 2012-2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

The previous 2007-2011 national Strategic Plan for HIV&AIDS and STI had interventions under four Priority Areas, namely, 1) Prevention, 2) Treatment , care and support; 3) Research, monitoring and surveillance; and 4) Human rights and access to justice. The current 2012-2016 National Strategic Plan for HIV, STIs and TB differs from the previous plan in many respects. One major difference is the addition of tuberculosis to the current plan. The plan has also been developed as a national framework to guide the activities of all partners whose work is relevant to HIV, sexually transmitted infections (STIs) and TB in South Africa and to guide the development of provincial strategic implementation plans, as well as sector implementation plans. The Four Strategic Ojectives of the current Plan are: 1)Address social and structural factors that influence the three diseases:The primary objective here is to address societal norms and behaviours that fuel the twin epidemics of HIV and TB. This objective also addresses structural interventions across all sectors that will reduce vulnerability to, and mitigate the impacts of HIV and TB; 2) Prevent new HIV, TB and STI infections:- The primary objective is to use a combination of biomedical, behavioural, social and structural interventions; 3) Sustain health and wellness:-. The primary objective is to ensure access to quality treatment, care and support services for those with HIV, STIs and/or TB and to develop programmes that focus on wellness; and 4) Protect human rights of people living with HIV. The primary objective is to reduce stigma, discrimination, human rights violations and gender inequality. The plan also recognizes that it implementation will successfully done with the four core strategic enablers:-1) Effective and transparent governance and institutional arrangements; 2) Effective communication;3) Monitoring and evaluation; and 4. Research: the aim is to ensure that SANAC shapes the national research agenda, has access to and shares information about the diseases and the response.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Office of the Deputy President in the Presidency working with Offices of Provincial Premiers

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

**Included in Strategy Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

**Other [write in]:**

Department of Public Service and Administration, Department of Social Development, Department of Correctional Services, Department of Agriculture, Department of Justice, Department of Scienc and Technology, Department of Trade and Industry, Department of Minerals and Energy

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Key populations for HIV services include: young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school; people with the lowest socio-economic status; uncircumcised men; people with disabilities; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men; and transgender persons. Key populations for TB services include: people who live in the same homes as confirmed TB cases; healthcare workers; mine workers; correctional services staff and inmates; children and adults living with HIV; diabetics and people who are malnourished; people who abuse substances, including tobacco, drugs and alcohol; mobile, migrant and refugee populations; and people living and working in poorly ventilated and overcrowded environments (including informal settlements).

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

The process of writing the NSP was guided and co-ordinated by the South African National AIDS Council (SANAC). SANAC represents all the national and provincial government departments, civil society organisations, trade unions, private sector bodies and faith-based organisations. SANAC structures also include the country's top researchers and experts on HIV, STIs and TB, as well as international development partners. Civil society participated in the conceptualisation of the current Plan, co-drafting the some sections of the Plan and in the national consultations held on the Plan.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

There is still little or no full disclosure on expenditure by some development partners.

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

No

**Sector-wide approach:**

Yes

**Other [write in]:**

Provincial Plans

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

Yes

**Other[write in below]:**

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

Yes

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:**

4

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

Age categories, pregnant women, racial groups

**Briefly explain how this information is used:**

The information is also used for planning and budgeting. The information is also used for target setting and monitoring progress against the set targets. The information is used to inform the ongoing work and to improve access to health services including encouraging health seeking behaviours.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

National, provincial and districts

**Briefly explain how this information is used:**

The information is used for strategic, programme and operational planning at national, provincial and districts

#### 5.4. Has the country developed a plan to strengthen health systems?:

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

There are a number of strategic initiatives that will have an impact on HIV related services. These include the re-engineering of Primary Health Care, introduction of the National Health Insurance, Human Resources Plan for Health and discussion on the establishment of local drug manufacturer of ARVs. One of the new strategies implemented has been a nurse driven ART training conducted to ensure that more nurses are trained in the management of patients on ART at the primary care level (clinics and community health centres). Accordingly, patients on ART will be managed by properly trained nurses and thus leaving doctors with initiating and managing patients who have complications. The revitalisation of health infrastructure is cross cutting covering all health services and where such revitalisation has taken place HIV related services will benefit.

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

reduced levels of mother-to-child transmission, increase in the number of people tested and counselled for HIV, increased coverage of ART, enhanced political leadership and commitment around HIV, STIs and TB

**What challenges remain in this area:**

Prevention efforts to lower new infections through combination therapy, moderate political leadership in some provinces, availability of female condoms, inadequate focus on human rights, poor monitoring and evaluation, multisectoral co-ordination, lack of effective implementation particularly in rural areas

## A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

The commemoration of the World AIDS

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Deputy President Mr Montlathé

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

64

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

57

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

2

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

The Programme Implementation Committee

**What challenges remain in this area:**

-

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

Yes

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

Yes

**IF YES, name and describe how the policies / laws were amended:**

Treatment guidelines on ART including the change of the eligibility criteria, introduction of male medical circumcision policy, policy shift from voluntary counselling and testing to provider initiated counselling and testing for HIV, inclusions and integration of TB into HIV programming

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

-

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

The Constitution of the Republic of South Africa, Employment Equity Act, Labour Relations Act

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

The Department of Labour monitors compliance with the Employment Equity Act and produces an annual report. Gov't develops an Oversight Report on the Public Service Act & Regulations. The Labour Relations Act is legislation for people to put in a complaint. Bodies - • Public Service Commission • DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION, Department of Labour • Human Rights Commission • Commission for Gender Equality

**Briefly comment on the degree to which they are currently implemented:**

It was felt that on the side of government, overall implementation is good, with some variation between departments (i.e., some depts. implement better than others). The representatives of the civil society felt that many challenges still remain; but that if mechanisms were strengthened this would address the issues. It was also stated that civil society places more emphasis on "politicizing" the issues, rather than on focusing on the needs of the people.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Prostitution and injecting drug use are illegal.

**Briefly comment on how they pose barriers:**

Due to the criminalization of these particular activities, the government is unable to monitor and control the situation (i.e., ensure that the target populations --sex workers and IDUs --have access to health services and HIV prevention, treatment,

care and support services).

## A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

No

**Avoid commercial sex:**

No

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

Yes

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

No

**Use condoms consistently:**

Yes

**Other [write in below]:**

Communications incorporated into National Strategic Plan as an enabler.

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**

No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:**

No

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**

No



Briefly describe the content of this policy or strategy:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

7

Since 2009, what have been key achievements in this area:

HIV counselling and testing campaign was implemented countrywide and a total of 13 million people were counselled and tested. There was increased number of persons initiated on ARV. The male medical circumcision policy was introduced and implemented for uncircumcised children, youth and adults. The Prevention of mother to child transmission policy was revised to ensure access to ART for all HIV infected pregnant women.

What challenges remain in this area:

Targetted prevention interventions for key populations.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Evidence from Know-Your-Epidemic /Know-Your-Response identified key and vulnerable populations to be targeted with prevention interventions.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Disagree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Disagree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Disagree

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Disagree

**Other[write in]:**

Medical male circumcision

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

7

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

- Provision of ARV. CCMT Document - Provision of condoms - Social Grants - Hospices - Post-Exposure Prophylaxis (PEP) - PMTCT: in terms of treatment for the mother - Orphans and Vulnerable Children OVC - HIV Counseling and Testing

Briefly identify how HIV treatment, care and support services are being scaled-up?:

- Provision of ARV was extended from people with less 200 CD4 count to people with less than 350CD4 count. - The HCT campaign allowed to reach more people by making it available in the health services and providers initiating the counseling and testing. - Prisoners are able to get ARV - Mobil Clinics to reach rural areas - Increase on the budget for treatment - Integration of the primary health care. - Provision of ARV at any clinic. - Nurses been allowed to provide ARV - Awareness and Education providing support to people with HIV AIDS - Department of Social Development efforts to reach the community by Community care givers initiatives - Peer Groups / Peer Leaders

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**  
Agree

**ART for TB patients:**  
Agree

**Cotrimoxazole prophylaxis in people living with HIV:**  
Agree

**Early infant diagnosis:**  
Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**  
Agree

**HIV testing and counselling for people with TB:**  
Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**  
Agree

**Nutritional care:**  
Disagree

**Paediatric AIDS treatment:**  
Strongly Agree

**Post-delivery ART provision to women:**  
Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**  
Strongly Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**  
Strongly Agree

**Psychosocial support for people living with HIV and their families:**  
Agree

**Sexually transmitted infection management:**  
Agree

**TB infection control in HIV treatment and care facilities:**  
Agree

**TB preventive therapy for people living with HIV:**  
Agree

**TB screening for people living with HIV:**  
Agree

**Treatment of common HIV-related infections:**  
Agree

**Other [write in]:**  
-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

Yes  
**Please clarify which social and economic support is provided:**  
 - Social Grants - Food Nutrition at schools - National Strategic Plan –NSP  
**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

Yes  
**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No  
**5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

7  
**Since 2009, what have been key achievements in this area:**  
 - PMTCT - Up scaling of ART - HCT campaign - Political commitment - Expansion of services

**What challenges remain in this area:**  
 - Access to treatment is still a challenge in rural areas - Human resources - Advocacy in rural areas - Poverty - Substance abuse

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other**

**vulnerable children?:**

Yes

**IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

Yes

**IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

75%

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

- Child headed families have access to grants - Those in need of care apply for child care facilities - Child support grants

**What challenges remain in this area:**

- Lack of proper documentation for orphans - Social responsibility

## **A - VI. MONITORING AND EVALUATION**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

Yes

**Briefly describe any challenges in development or implementation:**

• In the past, only an M&E Framework was developed but not completely implemented. • Funding for national M&E has not been secured, up until today. • There has not existed one national M&E system for HIV/AIDS. • A national HIV/AIDS M&E Plan is being developed to be aligned with the new National Strategic Plan for HIV/AIDS (2012-2016)

**1.1 IF YES, years covered:**

2007-2011

**1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:**

Yes, some partners

**Briefly describe what the issues are:**

• Up until present day, there has not existed one national M&E system for HIV/AIDS; and no standardized reporting. • Government and sectors have M&E plans and regular reporting, and it was felt, a strong M&E system; but there is a lack of coordination and collaboration among government and civil society. • Some programs/departments were aligned: o HSRC reported o SABCOHA had and M&E forum in 2009. Tried to align the private sector. o Department of Health, Department of Social Development and Department of Basic Education • Civil Society was problematic in terms of alignment. Look for the Midterm and end term review to look for challenges.

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

Yes

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

-

**A data dissemination and use strategy:**

-

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

-

**Guidelines on tools for data collection:**

-

**3. Is there a budget for implementation of the M&E plan?:**

No

**4. Is there a functional national M&E Unit?:**

In Progress

**Briefly describe any obstacles:**

- Funding - Appropriate staff. Positions weren't able to be filled. - Structural problems. Capacity

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

No

**In the National HIV Commission (or equivalent)?:**

Yes

**Elsewhere [write in]?:**

No

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

Monitoring and Evaluation officer	1	-	2009
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Senior M& E Advisor	-	1	2010
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Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-	1	-	2010
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**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

- DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION coordinates the data collection for governments. - Provinces submit data regarding the HTC periodically - Antenatal survey provide reports

**What are the major challenges in this area:**

- Sustainability. Coordination between sectors and departments were not sustained - Not all sectors are reporting - Data quality - Lack of capacity building to ensure efficient reporting. - Data accuracy

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

Yes

**6. Is there a central national database with HIV-related data?:**

No

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

-

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

-

**7. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:**

No

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

- Non biomedical interventions - Resource allocation

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

Within the public sector, data is used for: programme planning, improvement; to implement the response and to rate the impact. Specific examples in the reporting period include: • Initiation of the HIV Counseling and Testing campaign • ART: the roll-out of more ART sites; the task-shifting to nurse-initiated treatment; change in the ART treatment guidelines; development of the newest version of the NSP for HIV/AIDS. • Sometimes the M&E does not turn into resource allocation. • Different departments are using their own data

9. In the last year, was training in M&E conducted

**At national level?:**

Yes

**IF YES, what was the number trained:**

32 people trained from government, KZN PCA and Civil Society

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

42

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

2

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

Yes

**IF YES, describe what types of activities:**

- Capacity assessment were conducted - Supervision and monitoring

**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

10

**Since 2009, what have been key achievements in this area:**

• Development of a results-based M&E Plan on HIV/AIDS for public sector (2010) • Establishment of a public sector TWG on M&E • Establishment of RME TTT (technical working group on M&E at national level) in 2009 • Know Your Epidemic Report developed in 2011 • Mid-Term Review (2009) and Final End Term Review (2011-12) of the NSP • A results-based operational plan for the new NSP • Draft M&E Plan aligned with new NSP in progress • NASA was done

**What challenges remain in this area:**

• Lack of a multi-sectoral national M&E system for HIV/AIDS (therefore no coordination, not enough human resources, no standardized indicators, no standard reporting system, no regular reports, no national database) • Lack of baseline data makes it difficult to set targets • Lack of committed budget for M&E • Lack of Data Use/Dissemination Plan

## **B - I. CIVIL SOCIETY INVOLVEMENT**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

4

**Comments and examples:**

SANAC and Civil Society representatives have participated in the current NSP (National Strategic Plan 2012) development. Detailed submissions were made during the NSP process. Introduced the perspective in some areas like women sector and marginalized populations. The platform to include the Civil Society has been given. SANAC Plenary, not only ministerial

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

3

**Comments and examples:**

Civil Society was involved in the planning and budgeting process for the NSP advising, reporting and attending to meetings. The government gave place to the civil society to make contributions. However, some of the formulations decided were not later included in the budget

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

2

**c. The national HIV reports?:**

4

**Comments and examples:**

Contributions to the NSP. The Civil Society is providing services, treatment and psychological support for example but it is difficult to measure. The Budget of NGOs was cut in 2011. Some NGOs are receiving funds from government and also from other agencies like USAID and PEPFAR that in some way is also from government since these agencies allocate the money for the country. The government advertises for funding and the NGOs receive them. The CS contributes to the reports for example to HSRC midterm reviews and UNGASS.

4.

**a. Developing the national M&E plan?:**

2

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?**

:  
3

**c. Participate in using data for decision-making?:**

4

**Comments and examples:**

The M&E is only been doing now and Civil Society is contributing on it. SANAC has not been doing reports or collecting and analyzing data. We are working on Know the epidemic-Know the response. Ex: Circumcision, ART Criteria data is used because it is Evidence-Based.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

4

**Comments and examples:**

There are 19 sectors represented. Sex workers and LGBT are not represented, however the issues are treated.

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access**

**a. Adequate financial support to implement its HIV activities?:**

3

**b. Adequate technical support to implement its HIV activities?:**

4

**Comments and examples:**

Funds provided by National, Provincial and Municipal levels in terms of HIV responses. There is an inequity on the funding. There is technical support either from governments and other different agencies providing technical support and providing guidelines or protocols that have to be followed. For example in PMTCT or other specific issues.

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**People living with HIV:**

51-75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

25-50%

**Sex workers:**

51-75%

**Transgendered people:**

>75%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

25-50%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

>75%

**Programmes for OVC\*\*:**

51-75%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

- Increase sector participation from 17 to 19 (in SANAC) - 2010 Prevention and district council - Know the epidemic know the response - Change in political leaders involvement: Minister of Health, Minister of education, Deputy president - TAC Campaigns - NAPWA

**What challenges remain in this area:**

- Include the sex workers representation - There are some departments that are not participating like Dept of agriculture - Lack of knowledge from the political leaders for example Minister of transport hardly understand TAC - PIC (subcommittee of SANAC) - The members of parliament are not participating any more - Increase CS budget - -share information and transparency - More participation in decision making where CS not only advises but also and coordinates the implementation

## **B - II. POLITICAL SUPPORT AND LEADERSHIP**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:**

TAC (Treatment Action Campaign) NAPWA (National Association of People living with HIV)

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

There are general provisions under the bill of rights in the constitution of South Africa that protect all people against discrimination. Specific protection for people living with HIV in workplace is provided under the code of good practice of the employment equity act. While no specific provision is made for people living with HIV under the bill of rights it was successfully argued in the constitutional court that the government had an obligation to provide ART to people living with HIV. **EXAMPLES:** Constitution: Bill of Rights Section 9: Prevents the state from discriminating directly or indirectly on the basis of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth or related grounds. The Constitutional Court's 2000 judgment of Hoffman v South African Airways, the court held that HIV discrimination would fall within the list of grounds on which discrimination is prohibited in the Constitution. Section 12(2) (c): Prevents anyone from being subjected to medical or scientific experiments without their informed consent. Section 26: Provides that everyone has the right to have access to adequate housing and that no legislation may permit arbitrary evictions Section 28: Provides that every child has the right to basic nutrition, basic health care services and social services. Section 35(2)(e): Provides that all detained individuals (including sentenced prisoners), are entitled to conditions of detention that are consistent with human dignity, at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material and medical treatment. Laws: Compensation for Occupational Injuries and Diseases Act: allows for compensation for injuries occurring on the job, including infections and disabilities (both permanent and temporary) including occupationally acquired HIV transmission. Correctional Services Act s 12: Requires the Department of Correctional Services to provide, within available resources, adequate health care services and access to the medical practitioner of their own choice at their own expense. Employment Equity Act 6: Prevents discrimination against an employee in any employment policy or practice on the basis of race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth. Labour Relations Act 186: Prohibits any unfair dismissal based on any arbitrary ground, including, but not limited to race, gender, sex, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, political opinion, culture, language, marital status or family responsibility. Medical Schemes Act s 24(2)(e): Prevents registration of a medical scheme if the Medical Schemes Council determines the scheme unfairly discriminates directly or indirectly on an arbitrary ground including race, age, gender, marital status, ethnic or social origin, sexual orientation, pregnancy, disability and state of health. Promotion of Equality and Prevention of Unfair Discrimination: Prohibits unfair discrimination against any person. This includes expressly on the grounds of race, gender, and disability and, as interpreted by Hoffman v. SAA, includes HIV. It should be noted that the National Strategic Plan (NSP) recommends amending this Act to include HIV Status as an express ground. South African Schools Act (chap 2): Provides that public schools must admit all learners and serve their educational needs without unfairly discriminating in any way. Regulations: Code of Good Practice on Key Aspects of HIV/AIDS & Employment - Issued under the Employment Equity Act s 54(1)(a): Prevents unfair discrimination on the basis of HIV status, promotes work policies creating a nondiscriminatory workplace environment, and

sets the conditions for employer/employee initiated HIV testing, amongst other regulations. General Regulations under the Correctional Services Act s 7(1)(a): Provides that primary health care must be available in a prison at least on the same level as that rendered by the State to members of the community. General Regulations under Medical Schemes Act: Provides the minimum standards for a Medical Scheme regarding treatment of persons after HIV+ diagnosis. Includes VCT, Cotrimoxazole as preventive therapy, screening and preventive therapy for TB diagnosis and treatment of sexually transmitted infections, pain management in palliative care, treatment of opportunistic infections, prevention of mother to child transmission of HIV, post-exposure prophylaxis following occupational exposure or sexual assault, medical management and medication, including the provision of antiretroviral therapy, and ongoing monitoring for medicine effectiveness and safety, to the extent provided for in the national guidelines applicable in the public sector (the national guidelines are set out in the operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa; and the national antiretroviral treatment guidelines.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

Human Rights Commission, Commission for Gender Equality. These do not always function as efficiently as they should.

**Briefly comment on the degree to which they are currently implemented:**

There are mechanisms available but are not accessible. Lack of commitment to implement. Lack of commitment at various levels in government, demonstrated by the prejudice of a number of individuals. Not adequate action for rapes. NSP Process took Human Rights out.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

2.1. IF YES, for which sub-populations?

<p><b>People living with HIV:</b> Yes</p> <p><b>Men who have sex with men:</b> Yes</p> <p><b>Migrants/mobile populations:</b> -</p> <p><b>Orphans and other vulnerable children:</b> -</p> <p><b>People with disabilities:</b> -</p> <p><b>People who inject drugs:</b> Yes</p> <p><b>Prison inmates:</b> Yes</p> <p><b>Sex workers:</b> Yes</p> <p><b>Transgendered people:</b> Yes</p> <p><b>Women and girls:</b> -</p> <p><b>Young women/young men:</b> -</p> <p><b>Other specific vulnerable subpopulations [write in]:</b> -</p>
---

**Briefly describe the content of these laws, regulations or policies:**

- Women living HIV. Exclusive Breast feeding policies. - Criminalization of sex workers - Lubrication is not provided to prisoners. - Various policies are making it more difficult for asylum seekers and refugees, therefore making it more difficult for them to access services, treatment and care.

**Briefly comment on how they pose barriers:**

- Breast feeding recommendations present obstacles - Research has shown that MMC is only effective for vaginal intercourse and not for anal sex, It was noted that sometimes this is not always clear and therefore people may be being circumcised and assuming they are protected when they are not. - Domestic violence, rape by intimate partner can't get specialize services, barriers to access PEP

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

-

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

- Reservations – New NSP. The 2012-2016 NSP's 4th strategic objective is 'Ensuring the Protection of Human Rights and improving Access to Justice'. However, this is badly budgeted for and there is little priority given to it. There have been reports that provinces do not know how to go about implementing activities to address this objective.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living**



**with HIV, key populations and/or other vulnerable sub-populations?:**

No

6. Does the country have a policy or strategy of free services for the following?

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
-	Yes	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

The NSP 2012-2017 consider as 'key populations' to those most likely to be exposed to, or to transmit, HIV and/or TB. As a result, their engagement is critical to a successful HIV and TB response. Key populations include those who lack access to services, and for whom the risk of HIV infection and TB infection is also driven by inadequate protection of human rights, and by prejudice. For the NSP Key populations that are at higher risk for HIV infection include: Young women between the ages of 15 and 24 years are four times more likely to have HIV than males of the same age. (This risk is especially high among pregnant women between 15 and 24 years, and survivors of physical and/or intimate partner violence.) On average, young females become HIV-positive about five years earlier than males. People living or working along national roads and highways. People living in informal settlements in urban areas have the highest prevalence of the four residential types. Migrant populations. The conditions associated with migration increases the risk of acquiring HIV. Approximately 3% of people living in South Africa are estimated to be cross-border migrants. Young people who are not attending school. Completing secondary schooling is protective against HIV, especially for young girls. In addition, men and women with tertiary education are significantly less likely to be HIV-positive than those without tertiary education. People with the lowest socio-economic status are associated with HIV infection. Those who work in the informal sector have the highest HIV prevalence, with almost a third of African informal workers being HIV-positive. Among women, those with less disposable income have a higher risk of being HIV-positive. Uncircumcised men. Men who reported having been circumcised were significantly less likely to be HIV-positive. The protective factor of circumcision is higher for those circumcised before their first sexual encounter. People with disabilities have higher rates of HIV. Attention should be paid to the different types of disability, as the vulnerabilities of different groups and the associated interventions required will vary. Men who have sex with men (MSM) are at higher risk of acquiring HIV than heterosexual males of the same age, with older men (>30 years) having the highest prevalence.<sup>11 12</sup> It is estimated that 9,2% of new HIV infections are related to MSM.<sup>13</sup> Sex workers and their clients have a high HIV prevalence, with estimates among sex workers varying from 34–69%.<sup>14</sup> It is estimated that 19.8% of all new HIV infections are related to sex work. People who use illegal substances, especially those who inject drugs are at higher risk of acquiring and transmitting HIV. There is a large and growing problem with crack cocaine and tik, especially among young people and sex workers, highlighting the need to consider scaling-up programmes to reduce substance abuse, and harm reduction programmes. Research shows that of injecting drug users, 65% practise unsafe sex.<sup>15</sup> Alcohol abuse is a major risk factor for HIV acquisition and transmission. Heavy drinking is associated with decreased condom use, and an increase in multiple and concurrent sexual partners. Data from several studies<sup>16</sup> indicate that people who drink alcohol are more likely to be HIV-positive. This figure is higher among heavy drinkers. It is also a major impediment to treatment adherence. Strategies should address male gender norms that equate alcohol use with masculinity. Transgender persons are at higher risk of being HIV-positive. Owing to lack of knowledge and understanding of this community, and because of stigma, this population is often at risk for sexual abuse and marginalised from accessing prevention, care and treatment services. Orphans and other vulnerable children and youth are another key population for whom specific interventions will be implemented as primary prevention for HIV, as well as to mitigate impact and to break the cycle of ongoing vulnerability and infection.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

No

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

Yes

**IF YES, briefly describe the content of the policy or law:**

Code of Good Practice on Key Aspects of HIV/AIDS & Employment - Issued under the Employment Equity Act s 54(1)(a): Prevents unfair discrimination on the basis of HIV status, promotes work policies creating a nondiscriminatory workplace environment, and sets the conditions for employer/employee initiated HIV testing, amongst other regulations.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

No

**IF YES on any of the above questions, describe some examples:**

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

No

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

-

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**

Yes

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

**IF YES, what types of programmes?**

**Programmes for health care workers:**

No

**Programmes for the media:**

-

**Programmes in the work place:**

Yes

**Other [write in]:**

-

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

New NSP MMC HCT campaign

**What challenges remain in this area:**

Gender is not given enough priority within prevention efforts. In order for people's behaviour to change we have to address the gender norms which greatly influence people's behaviour. This does not receive enough attention within government policies or strategies or budgets. The need to address men's attitudes towards condom use, multiple and concurrent partnerships, intergenerational sex, violence, health seeking behaviour, testing etc is not prioritized within existing intervention efforts rolled out by government. There is not enough political commitment or awareness around the need to address men's attitudes and practices in these areas.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

2

**Since 2009, what have been key achievements in this area:**

Crime case - 2010 World cup – sexual offences court

**What challenges remain in this area:**

• Delays in justice dissemination • Poor resources for human rights • No comprehensive sexuality education • Lack of commitment for prisoners, migrants and other key populations • There are laws to protect the Human Rights but not policies that promote them

## **B - IV. PREVENTION**

**1. Has the country identified the specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

• Through the Know Your Epidemic study, which identified needs, MARP, interventions, etc • New National Strategic Plan for HIV/AIDS, and the process followed by SANAC to get data from all sectors • Civil society conducted a country-wide consultation in development of plans for business sector on prevention and management of HIV/AIDS • Sports being used as a tool for advocacy; in 2010 conducted a summit around using World Cup to advocate for wellness promotion • SA support to

the UNAIDS agenda for Accelerated Action for Women & girls • NAPWA conducted a People's AIDS Assembly to give input on the NSP review and HIV prevention • Women's Sector held a Prevention Summit in 2011 • Increased attention to prevention: for example, female condoms, Medical Male Circumcision • Increased access to HIV treatment as a result of policy change implementation, as a prevention method

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

**Harm reduction for people who inject drugs:**

N/A

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Disagree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Disagree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Disagree

**Other [write in]:**

Gender equality education as HIV prevention [strongly disagree]

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

• HCT campaign • Male Medical Circumcision campaign • ART: both high numbers of people on treatment, and the change in the treatment guidelines (re: regimen, eligibility, etc) • Sex Work Sector created under SANAC • Intro of new diagnosis for TB • Since 1 Dec 2009, the official shift in government's policy towards HIV/AIDS • Increased numbers of people on ART as a prevention method • Increased number of ART sites • Increase in HIV/AIDS IEC at sporting events • Increase in HTC opportunities at sporting events • Increase in numbers of trained HTC counselors • Sustainable support by DSD to PLHV groups • Government initiated the Primary Health Care (PHC) model which incorporates HIV into primary health care • Community Accountability Health groups, using Sporting heroes as HIV Champions

**What challenges remain in this area:**

• Access to HIV prevention still a challenge—still not reaching all sections of the population – many preventions efforts are just not effective and are not addressing the root causes of behaviour. • Lack of a nationally-led HIV/AIDS Communication campaign • Lack of high-profile political presence/support around HIV which takes the issue out of the spotlight (makes HIV "normal") • As a result of lessened importance, resources have then fallen away from those who need it most (NGO's other implementers) • Lack of psychological support/social workers for PLHV and their families • Not enough access to/promotion of female condoms • Lack of HIV integration within the services available to women and girls affected by violence • Guidelines for Medical Male Circumcision have still not been finalized (but the intervention rolled out anyway without any guidelines, use of a "TaraKlamp in KZN (a method which is not advocated by WHO) there is now a backlash against MMC in KZN because of the number of men who have been forced to circumcise and forced to use the TaraKlamp which is painful, and can cause infection and disfigurement, therefore this may have done much more harm than good)) • Country needs to increase its economy in order to sustain its HIV/AIDS commitments • Lack of diverse mediums through which to conduct HTC (i.e., counselors not trained in sign language, etc) • Gender is not given enough priority within prevention efforts. In order for people's behaviour to change we have to address the gender norms which greatly influence people's behaviour. This does not receive enough attention from government. The need to address men's attitudes towards condom use, gender equality, multiple and concurrent partnerships, intergenerational sex, violence, health seeking behaviour, testing etc is not prioritized by

government. There is not enough political commitment or awareness around the need to address men's attitudes and practices in these areas. Insufficient resources and funding are given to departments and organisations who focus on gender.

- Lubrication is not provided to prisoners. There is no comprehensive strategy to address sexual violence in prisons.

## B - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

- New National Strategic Plan just launched
- Combination approach of treatment
- Changes in ART guidelines
- PMTCT
- TB/HIV collaboration
- PHC approach – new ways to link health care between facilities and communities
- HCT-early detection and treatment
- Introduction of policy document on Reproductive Health Care
- The need to promote health-seeking behaviour

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

- Increased budget for ART
- Increased number of ART sites
- HCT is creating the demand for HIV testing
- PHC approach links health care between facilities and communities
- Increased focus on key populations
- Increased integration of TB/HIV collaboration

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Agree

**Nutritional care:**

Strongly Disagree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Disagree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Disagree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

(a) HIV treatment support [agree] (b) Art regimen options and planning [agree] (c) Package of services for physical and sexual violence for women and girls [disagree]

**1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other**

**vulnerable children?:**

Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

Yes

**2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

6

**Since 2009, what have been key achievements in this area:**

• Fathers to Fathers Support group established recently • Men As Partners – covers Sexual Reproductive Health as well as Parenting skills/roles of fathers • USAID evaluation on OVC in SA (also check Thogomelo and NACCE reports) • Child participation has increased in policy and programme development o USAID has supported efforts to bring children together NACCA is a civil society & governmental coordination of efforts around children

**What challenges remain in this area:**

Nothing has been done by government to encourage men to become more involved in the care of OVC, or to encourage women to enable men to become more involved. Very little is being done by government to address the gender norms which suggest that the care of children is a female domain; to educate men about childcare and the benefits that being involved in childcare can have for themselves and for children; and to educate women that men are capable of taking care of children.

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**Source URL:** <http://aidsreportingtool.unaids.org/2006/south-africa-report-ncpi>