Survey Response Details

Response Information

Started: 3/5/2010 5:21:38 AM
Completed: 4/9/2010 4:36:45 AM
Last Edited: 4/9/2010 4:36:45 AM
Total Time: 34.23:15:06.9160000

User Information

Username: ce_ZA
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Response Details

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1) Country

South Africa (0)

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

NH Ntuli

3) Postal address:

Private Bag X828 Pretoria 0001

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7) Date of submission:

Please enter in DD/MM/YYYY format

04/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The NCPI questionnaire was first circulated electronically for completion before December 2009 to members of the South African National AIDS Council (SANAC) Programmme Implementation Committee (PIC) which includes all 17 sectors and as a government sector in SANAC. It was also circulated to Inter-Departmental Committee on HIV (IDC) which is a governmental structure

representing all government departments at national level and offices of the Premiers from the nine provinces. In December 2009 invitations were all circulated to all members of the SANAC Programmme Implementation Committee and members of the Inter-Departmental Committee on HIV (IDC) to a workshop to finalise the completion of the NCPI questionnaire. This workshop was attended by 12 civil society representatives representing people living with HIV/AIDS, women, children, gays and lesbians, research and people living with disability sectors and 14 government officials from health, education, social development, transport, public service administration, justice and constitutional , There were also two representatives from WHO and UNICEF offices. 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. In addition, detail narrative comments were received from individual sectors including women, human rights and children sectors. These comments have been used in various sections of the NCPI and Country Progress Report. Lastly, the some questions of Section A of NCPI was also discussed by a select group of government officials at the National Validation Workshop.

9) 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. A chair was elected for each session and was assisted by a facilitator. When unable to reach a unanimous response, consensus was reached by voting. If further deadlock continued the issue would be parked for further consultation.

10)

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

None

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Department of Health	Mr NH Ntuli, Director	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Department of Social Development	Ms Ruth Pooe, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Department of Public Service Administration	Ms M Masthaphuna, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Department of Public Service Administration	Dr S Senabe, Chief Director	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Department of Education	Dr Panday, Director	A.I, A.II, A.III, A.IV, A.V

Respondent 6	National Prosecution Authority	Ms P Semenya, Deputy Director	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Department of Justice	Mr A Koto	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Department of Public Service Administration	Ms M Leseka	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Office of the Premier, Eastern Cape province	Ms Tyapolwana	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Office of the Premier, Limpopo province	Ms C Raphahlelo	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Department of Transport	Mr M Maswanganye, Director	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Department of Agriculture	Ms M Sekgobela	A.I, A.II, A.III, A.IV, A.V
Respondent 13	South African National AIDS Council secretariat-Deaprtment of Health	Ms B Dlamini	A.I, A.II, A.III, A.IV, A.V
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	OUT	Dawies Nel, Director	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each

			respondent was queried on]
Respondent 2	ECRC	Sibusiso , Manager	B.I, B.II, B.III, B.IV
Respondent 3	Children Rights	Meera Levine, HIV Manager	B.I, B.II, B.III, B.IV
Respondent 4	OSISA	Khobathi Magone	B.I, B.II, B.III, B.IV
Respondent 5	Mosaic	Mariate de Vos, Director	B.I, B.II, B.III, B.IV
Respondent 6	World Health Organisation	Dr P Abok	B.I, B.II, B.III, B.IV
Respondent 7	UNICEF	Dr D Kalombo	B.I, B.II, B.III, B.IV
Respondent 8	South African Medical Association	Dr Dumisani Bomella	B.I, B.II, B.III, B.IV
Respondent 9	Human Science Research Council	Prof G Setswe, Acting Research Director	B.I, B.II, B.III, B.IV
Respondent 10	Traditional Leader	Ms veronica Motlofeloa	B.I, B.II, B.III, B.IV
Respondent 11	Women's Sector	Ms Marlise Richter	
Respondent 12	Tswaranang Legal Advocacy	Ms Anneke Meerkotter, Director	
Respondent 13	National Association of People Living with HIV/AIDS	Mr Kenny Sebeti	
Respondent 14	Disability Sector	Ms Gillian Burrons	
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section 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 (0)

Page 7

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

0

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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18) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Children, Labour, Agriculture, Justice, Public Service Administration, Social Development, Correctionbal Services, Disability

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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21)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

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22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Women and girls, youth, orphans and vulnerable children, MSM, sex workers, IDUs

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 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?	Yes
e. A monitoring and evaluation framework?	Yes

25)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

A A national workgroup was set up with representatives of various sectors. These working was co-chaired by civil society representatives and senior government official. This working group was also supported by expert groups. The draft strategy were preseneted and discussed at various nation consultative meetings attended by various stakeholder groupings.

27)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

28)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, some partners (0)

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29)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Not answered

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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 (0)

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31)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify: Local governnmebt	Yes

32)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify: Monitoring, evaluation and research	Yes

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33)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

2 (2)

35)

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 (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify; Human rights	Yes

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37)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing is done as part of the mandatory medical assessment for entry into the military services and is also when soldiers are deployed into the peace keeing operations outside South Africa. HIV testing and counselling is voluntary in police and civil service.

38)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

39)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify: Refugees	Yes

40)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Constitution and equality courts

41)

Briefly comment on the degree to which these laws are currently implemented:

There are not always adequate resources to implement laws and officials are not always aware of subpopulation groups. While laws are there, prosecutions lag behind. The challenge is the speed and efficiency of implementation.

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42)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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43)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

44)

IF YES, briefly describe the content of these laws, regulations or policies:

Women- possibly polygamy law which applies for certain cultural groups. Policy on distribution of condoms in Schools While the national policy allows for distribution of condoms in schools, it is the school governing body that decides if a school can distribute condoms. IDUs and sex work are illegal.offenders.

45)

Briefly comment on how they pose barriers:

While the national policy allows for distribution of condoms in schools, it is the school governing body that decides if a school can distribute condoms. IDUs and Sex Workers may experience challenges in accessing services as they may be stigmatised.

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46)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

48)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

50)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

52)

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

Yes (0)

Page 27

53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Children and adults and male and females.

54)

Briefly explain how this information is used:

The information is being used for allocation and monitoring the use of Conditional Grants as well as reporting to track the progress that is being made.

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55) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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56)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Provincial and districts

57)

Briefly explain how this information is used:

The information is being used for development of annual business, monitoring the use of Conditional Grants and achievemengt of provincial and district targets and reporting to track the progress that is being made.

58)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

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59)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

60)

Since 2007, what have been key achievements in this area:

More half a million patients have been initiated on ARVs, there are more sites providing ARV and TB care

61)

What are remaining challenges in this area:

It is agreed that planning is good but there weaknesses with implementation which are caused by shortages in human resources and infrastructural issues

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62)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

63)

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

Yes (0)

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64)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1999

65)

2.2 IF YES, who is the Chair?

Name	Mr Kgalema Motlhante
Position/title	Deputy President

66)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes

review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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67)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

145

68)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

100

69)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

8

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70)

Part A, Section II: POLITICAL SUPPORT

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 (0)

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71)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

As part of the Programme Implementation Committee of the South African National AIDS Council is subdivided into technical task teams which have both representatives of government and civil society. The task teams are 1) Prevention, 2)Treatment, care and support, 3) Research moniting and evaluation, 4) human rights and 5) communications. The revision of ART guidelines was done with full particaption of Treatrment, Care and Support Task Team, and approval of many medical male circumcision was done with full participation of all task teams.

72)

Briefly describe the main challenges:

The challenges are highlighted in the Country Progress Report, and Midterm Review Report that will be made available on www.sanac.org.za

73)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

74)

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

Yes (0)

Page 36

75)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

Page 37

76)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

Development of male medical circumcision policy and guidelines followed extensive advocacy and analysis of published evidence on male medical circumcision. Then there were extensive consultation with various stakeholder groups including organised structures of traditional leaders . The change in the ART Treatment Guidelines was also informed by evidence from published research and then followed by advocacy, discussion in existing structures, cost estimations and finally approval by Cabinet

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77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

78)

Since 2007, what have been key achievements in this area:

All stakeholders including government, civil society and business rally behind the implementation of the National Strategic Plan.Increasing allocation of financial resources by government for the provision of ART in public health facilities

79)

What are remaining challenges in this area:

Translation into resources and poor record of HIV mainstreaming in many ministries

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80)

Part A, Section III: PREVENTION

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

Yes (0)

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81)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)

b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
h. Abstain from injecting drugs (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

82)

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

Yes (0)

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83)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

84)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

85)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

86)

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

Yes (0)

87)

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

Yes (0)

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88)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

7 (7)

89)

Since 2007, what have been key achievements in this area:

A number of policies were revised and approved including counselling and testing policy, ART guidelines and male circumcision policy

90)

What are remaining challenges in this area:

Targeted messaging

Page 45

91)

Part A, III. PREVENTION

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

Yes (0)

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92)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Needs assesment and through group discussions in meetings of Programme Implementation Committee

93)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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94)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

6 (6)

95)

Since 2007, what have been key achievements in this area:

Intenified information, communication and education through mass media (radio, television and print media) and continued condom distribution.

96)

What are remaining challenges in this area:

Multiple sexual partnership, cooncurrent sexual interaction and intergeneration sex, excessive alcohol abuse

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

99)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

100)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

Review of the previous National Strategivc Plan, Review of the Health Systems, Review of the Antiretroviral guidelines, Evaluation of cost-effectiveness of home and community based care Review of the National TB Control Prgramme

102)

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

	The majority of people in need have access

HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify enabling environment for testing and disclosure	Don't agree

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103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

104)

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

No (0)

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105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

106)

Since 2007, what have been key achievements in this area:

Number of facilities approived to provide ARTs Number or persons on ART increased 98% on regimen 1

107)

What are remaining challenges in this area:

Not all facilities approved infrastructure plans requitred for a facility to function optimally in providing treatment, care and stupport, Shortage of human resources, Monitoting of deregistered patients and pharmacovigilance

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108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

110)

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

Yes (0)

111)

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

Yes (0)

Page 56

112)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

8 (8)

113)

Since 2007, what have been key achievements in this area:

Development of operational plans in line with the revived National Strategic Plan, Coordinated response and commitment Monitoring of services provided to children, Surveillance to track orphans through births and deaths registration Civil society and Nongovernmental organisation looking after OVCs

114)

What are remaining challenges in this area:

Inadeqaucy of funding and plans that are a challenge to implement

Page 57

115)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 58

116) **Part A, Section V: MONITORING AND EVALUATION**

Question 1 (continued)
IF NO, briefly describe the challenges:

There is an M&E framework which have not been converted into action plans. There sector specific plans that address specific component of the M&E Framework. These sector specific plans includes surveillance of epidemic through annual antenatal surveys or 3 yearly household behavioural and prevalence surveys.

Page 64

117)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

118)

5. Is there a functional national M&E Unit?

In progress (0)

Page 69

119)

What are the major challenges?

The functions of the M&E unit have been partly performed in the Department of Health while the SANAC M&E unit is being developed.

Page 70

120)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

121)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

122) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

The research, monitoring and Evaluation Task Team is a structure of the Programme Implementation Committee of South Africa National AIDS Council. It has representatives of the civil society sectors of SANAC including research, women, business, higher education, gay and lesbian. The role of the this Task Team is to ensure advise and monitor that Priority Area 3 of the National Strategic Plan is achieved. The Task team is co-chaired by the representative of the civil society

123)

7. Is there a central national database with HIV- related data?

No (0)

Page 73

124)

7.3 Is there a functional* Health Information System?

At national level	Yes

At subnational level Yes

Page 74

125) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

The District health information system is available at provincials and district levels.

126)

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

No (0)

127)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

128)

Provide a specific example:

Data on HIV prevelance and numbers of patients on ARV are used for demographic modelling including midyear population estimates and persons in need of ARVs. The prevalence estimates and number of patient in need are also use for resource allocations and business planning

129)

What are the main challenges, if any?

No centralised data warehouse and readily accessible information, lack of harmonisation of tools such ART registers.

Page 75

130) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

2 (2)

131)

What are the main challenges, if any?

lack of coherent strategy on Most at Risk population groups,plans are not costed. No reaources allocated , area needs attention

Page 76

132)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

2 (2)

133)

Provide a specific example:

There are few gorvenment departments, for example Department of Social Development and Department of Health, where surveillance of the epidemic, and monitoring and evaluation HIV and AIDS programmes have been institutionalised

134)

What are the main challenges, if any?

The main challenges is poor mainstreaming of HIV into various programmes and plans of Government Departments.

Page 77

135) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

Page 78

136)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	

Page 80

137)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 82

138) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

4 (4)

139)

Since 2007, what have been key achievements in this area:

M&E Framework completed and published in 2007; Midterm review of the National Strategic Plan done in 2009; Annual HIV antenatal surveys conducted and reports published for 2007 and 2008 and data collection completed for 2009. Report on national HIV prevalence, knowledge and behavioural survey published in 2008

140)

What are remaining challenges in this area:

Poorly coodinated data collection, M&E unit not yet established, lack of M&E capacity, standardisation of tools and indicators

Page 83

141)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

142)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

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 non-discriminatory 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

143)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

144)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify/: People with disabilities	Yes

145)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

While no laws explicitly prohibit or provide obstacles to effective HIV prevention, treatment, care amongst young people specific policy directive prohibiting condom distribution at schools is considered as obstacles. As the recreational use of drugs is prohibited no specific policy around intravenous drug use such as distribution of sterile injecting equipment or prevention campaigns targeted at idu's is difficult. Similarly sex work is also illegal creating barriers to effective surveillance and protection. Recognition of Polygamy: The Recognition of Customary Marriages Act, 1998 recognizes customary marriages and officially condones polygamous marriages. Studies have shown that concurrent sexual networks increase the rates of HIV transmission in comparison to sequential monogamy sexual encounters. Therefore the legal condoning of polygamous could undermine women's sexual and reproductive health, place them at a greater risk of HIV infection and restrict their ability to insist on partner fidelity and to negotiate condom use. Lack of Independence and Resources for Oversight Bodies: Many of the mechanisms that have been put in place to oversee the government's enforcement of the laws are compromised by a lack of independence. For instance, the Human Rights Commission, the Gender Equality Commission, and the Public Protector are all established in Chapter 9 of the Constitution but have had their efficacy and independence called into question by the Ad Hoc Committee on the Review of State Institutions Supporting Constitutional Democracy. The report details problems in the financing and appointment procedures which undermine the ability for the commissions to effectively perform their Constitutional functions. Other institutions such as the Medicines Control Council have had members dismissed when decisions of the MCC were opposed by the Minister of Health. Oversight institutions are frequently situated within the departments and are appointed by the ministers they are tasked with monitoring. Budgeting process: In early November 2008, the Free State province experienced a shortage of essential medicines, including ARVs; a four month provincial moratorium barred new patients from getting the life-prolonging medication, resulting in a waiting list of over 15,000 people. The 4-month moratorium also cost over 3000 lives, many more lives have been lost since then. After the stockouts, there was an Integrated Support Task Team set up to review the provincial departments of health. Looking at the draft Free State Report there were several issues highlighted where budgeting and funding were problematic. - The first was a lack of cohesion between policy formulation, budgets and resources to implement the policies and

planning. - The lack of alignment between annual plans and the budget - Financial management practices, including budgeting at national and provincial level were criticized as overspending was a real problem as well as bad management leading to underfunding of certain areas. - Drug budgets have not been prioritized and this has led to shortages of medicines (lack of evidence-based budgeting). - lack of integrated information systems result in deficient budgeting processes - full budgetary impact of the cost of treatment by patients on ART needs to be better quantified This is not specific to one province but inconsistent and non-evidence based budgeting is pervasive all over South Africa. Continuation of Policies which promote stigmatization and discrimination: The Employment Equity Act specifically exempts the SANDF, National Intelligence Agency, and the South African Secret Service from any of its provisions, such as the prohibition of discrimination based on HIV-status. Likewise, the continued criminalization of sex work, which the NSP has recommended be decriminalized, creates barriers to access of HIV prevention and treatment services by sex workers and their clients. These laws and policies undermine efforts to promote equality and fundamental human dignity and hinder prevention and treatment efforts. Lack of Harm Reduction Strategies: There is an insufficient level of commitment to harm reduction strategies within South Africa. There are few programs promoting harm reduction amongst drug users. While South Africa's IDU population is relatively limited in comparison to many countries and is not the focal point of domestic HIV transmission, there is still a need for programs which encourage responsible behavior, promote higher levels of condom usage, needle exchange programs in areas with higher levels of IDUs, and other programs which lessen the risk of HIV transmission amongst higher risk populations. Failure to Adequately Provide for Disabled Persons: Disabled persons face significant difficulties in accessing information, adequate care, and instruction regarding the taking of medications. Failure to budget for the needs for children: The Children's Act requires that children's best interests are of paramount importance. Their rights are also enshrined in the Constitution. Unfortunately inadequate resources are allocated to ensure implementation of the Children's Act. For example, social workers who are tasked with implementing many provisions in the Act are in short supply and many areas throughout South Africa seldom see social workers. Access to services for refugee and migrant women: Although the NDOH formulated policy stating that refugee and migrant populations should have access to clinics and ART, there is still widespread reports of migrant women being turned away from clinics for important SRHR and HIV$AIDS services due to prejudice and/or ignorance of health practitioners at local facilities.

146)

Briefly describe the content of these laws:

There remains a stark divide between the passing of laws, the regulations put in place to give them meaning, and the actual enforcement of laws on the ground. The real measure of the government's and the nation's response to the HIV can be found in information of trends in HIV prevalence, HIV incidence, and levels of access to care and treatment. The trends are significantly more indicative of whether the laws put in place have enabled prevention policies, decreased stigma and discrimination, and made a significant impact on advancing the human rights of people living with HIV and AIDS, and human rights generally. With the above in mind, we provide the following list of bodies which form part of the system of redress. It is important to recognize these bodies for what they are, a series of individual bodies acting in their own sectors rather than a cohesive system for addressing discrimination or enforcement generally. Access to Legal Aid services: There are limited legal aid services available, some of which are funded by the government and some of which are funded through other means such as pro bono programmes. However, as legal aid services generally practice in diverse areas of the law and are stretched by the number of people in need of assistance, the capacities and resources of legal aid are insufficient to address the need. Funding allocation is a problem and the vast majority of resources allocated to Legal Aid South Africa is utilized to carry out their constitutional obligation to provide legal services to unrepresented accused in criminal matters. Commission for Conciliation, Mediation and Arbitration (CCMA): Established by the Labour Relations Act to arbitrate disputes between workers and employers, including any cases of discrimination which may be brought to their attention. Health Professions Council of South Africa (HPCSA): The HPCSA was created by the Health Professions

Act and hears complaints regarding the conduct of health professionals. The HPCSA has the authority to suspend, fine, and revoke licenses to practice within South Africa. Judicial Inspectorate of Prisons: See above. National Health Research Ethics Council: Established in the National Health Act ensures, through the creation of Health Research Ethics Committees, that all health related research is done in an ethical manner. The committees have the authority to grant or deny permission to carry out research with human participants. PLUS • Access to health for mobile populations & refugees • Code of Practice- non discrimination in the workplace • Domestic Violence Act

147)

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

Domestic Violence Act has flaws as far as HIV/AIDS is concerned; Needs a strong CSO presence to ensure its implemented effectively; Loopholes in which they are implemented

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148)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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149)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify: people with disabilities	Yes

150)

IF YES, briefly describe the content of these laws, regulations or policies:

While no laws explicitly prohibit or provide obstacles to effective HIV prevention, treatment, care amongst young people specific policy directive prohibiting condom distribution at schools is considered as obstacles. As the recreational use of drugs is prohibited no specific policy around intravenous drug use such as distribution of sterile injecting equipment or prevention campaigns targeted at idu's is difficult. Similarly sex work is also illegal creating barriers to effective

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For instance, the Human Rights Commission, the Gender Equality Commission, and the Public Protector are all established in Chapter 9 of the Constitution but have had their efficacy and independence called into question by the Ad Hoc Committee on the Review of State Institutions Supporting Constitutional Democracy. The report details problems in the financing and appointment procedures which undermine the ability for the commissions to effectively perform their Constitutional functions. Other institutions such as the Medicines Control Council have had members dismissed when decisions of the MCC were opposed by the Minister of Health. Oversight institutions are frequently situated within the departments and are appointed by the ministers they are tasked with monitoring. 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151) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

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152)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

National Strategic Plan: The NSP, in Chapter 8, priority area 4, includes the promotion of Human Rights and Access to Justice. Inclusive in this recognition is acknowledgment of the need for access to justice mechanisms enabling people to enforce their rights. PLUS The protection of human rights and access to justice is strongly articulated in the national strategic plan.

153)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

Page 90

154)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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155)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

Through the processes which have led to the creation of the South African National AIDS Council (SANAC) and the National Strategic Plan (NSP), the government has created spaces in which

most-at-risk populations could participate in HIV-policy design and implementation. However, the problem remains that funding and the ability to access this space is functionally limited to those sectors which have already been mobilized and had strong civil society organizations able to represent their interests on the national level. The responsibility of the government in the creation of effective HIV-policy design and implementation is not merely in creating an open space to which input from at risk populations may be brought but requires recognition of at-risk sectors which are not currently actively represented and the creation, through funding or otherwise, of independent entities consisting of members of those underrepresented groups who can provide input into the government's plans. PLUS While the government has involved people living with hiv and marps in design of policy and program implementation by way of the multisectoral south African national aids council . Financial support is provided to people living with hiv organization no financial support is provided to either organizations serving msm or commercial sex workers.

156)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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157)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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158)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

159)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

Page 95

160)

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

Yes (0)

161)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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162)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

163)

IF YES, describe the approach and effectiveness of this review committee:

All research proposals must be submitted to a ethics committee before inception. Currently the practice is working well. While provision is made for people living with HIV and AIDS to serve on the committee currently people living with HIV and AIDS are not represented. At a Women's Sector Prevention seminar in August 2009, HIV+ women specifically noted that they want to be included on ethical committees where randomised trials are being discussed.

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164)

– 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 (0)

165)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

166)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

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167)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

To the extent that it is possible to create benchmarks for compliance with human rights standards and reduction of stigma the government has attempted to do so in Chapter 8 priority area 4 of the NSP. Also the Department of Health drafted a National Stigma Mitigation Framework which will provide a basis for combating HIV related stigma. PLUS Law Reform Commissions exist , Human Rights Commision active ,strong civil society organizations act as watchdogs eg treatment action campaign , aids law project. The NSP strongly recommends Focal Point persons in all govt departments and currently this mechanism does exist. The NSP sets clear targets

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168)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

169)

– Legal aid systems for HIV casework

Yes (0)

170)

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

Yes (0)

171)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

172)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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173)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: please specify: Support groups	**Yes**

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174)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

175)

Since 2007, what have been key achievements in this area:

The government, especially the National Department of Health has made a concerted effort to implement and enforce the extensive HIV protective mechanisms mentioned above. Recently, the SANDF sent the first HIV positive soldier to Sudan as a result of legal proceedings brought against them for discrimination. However, there are major problems of bad management in the provinces, lack of budgets for primary care and basic provision of medicines and dire human resource capacity. These problems are preventing the provision of adequate quality healthcare. There has been no monitoring or evaluation of the HIV response and no coordinated effort to reach the targets set out in the NSP. Hopefully with the establishment of a new South African National Council secretariat SANAC can provide a forum for both a coordinated response and monitoring of such. The country has not identified the specific needs for HIV prevention programmes. Moreover, the treatment, care and support services are inadequate and do not provide for all those in need. Budget targets for those in need of treatment are not in line with how many people are actually on treatment. Vulnerable groups (as identified in the NSP) are still very much marginalized and this includes orphaned children, sex workers, men who have sex with men and people with disabilities. PLUS • The National Policy Framework linked to the Sexual Offences Act, No 32 of 2007 should be finalised as a matter of urgency and the effective provision of PEP should be monitored • Recognition of LGBTI in the SANAC structures and definite policy formulation on MSM and lesbian health issues

176)

What are remaining challenges in this area:

Law reform process remains slow for eg decriminisation of csw in pipeline for 10 years . - The integration of SRHR and HIV&AIDS policies, and services should become priority. - Final framework on medical termination of pregnancy and protocol guidelines for HIV positive women - Accelerate the movement of draft laws into acts - Reports of forced sterilisation of HIV+ women needs to be investigated. - HIV&AIDS implications faced by women who are victims of domestic violence need to be highlighted and linked to the implementation of the Domestic Violence Act. - Human trafficking act needs to be finalised and implemented

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177)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

178)

Since 2007, what have been key achievements in this area:

Acceleration of PMTCT and ART provision Collaborative engagement between civil society and government

179)

What are remaining challenges in this area:

Some groups though recognized under the National Strategic Plan such as Men-having-sex with Men and commercial sex workers remain underserved Non implementation of sections of the nsp Implementation of Post Exposeure Prophylaxis policy at facility level Lack of Intergration TB/HIVpolicy and practice Implementation at facility level of policy that provides health care to foreign migrants

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180)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

181)

Comments and examples:

SANAC Structures include civil society representation and participation National Strategic Plan is a direct outcome of civil society participation Male circumcision policy is a direct result of civil society's pressure and lobbying Civil society's advocacy influenced research agenda Policy shift away from denialism towards action as evidenced by 2009 world aids day statement Civil society in South Africa strongly resisted the AIDS denialism that existed in the country pre 2009.

Litigation against Matthias Ras Civil Society participated in the Dept of Education summit on teenage pregnancy. Civil Society presented extensive submissions at the parliamentary hearings on the Domestic Violence Act in October 2009, linking DV and HIV&AIDS Civil Society provided extensive input for the National Policy Framework of the Sexual Offences Act (draft)

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182)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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 (3)

183)

Comments and examples:

National Strategic Plan informs policy which informs budgets Limited activity in setting operational budgets Limited involvement in budget allocation Far more involvement required in costing and budgeting

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184)

a. the national AIDS strategy?

4 (4)

185)

b. the national AIDS budget?

3 (3)

186)

c. national AIDS reports?

2 (2)

187)

Comments and examples:

The Department of Social Developement supports some civil society organizations directly and uses them as partners to perform work such supporting orphan and vulnerable children as communicated by the National Strategic Plan. The lgbit sector provides prevention and treatment services but receive no funding or support from government

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188)

a. developing the national M&E plan?

4 (4)

189)

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

4 (4)

190)

c. M&E efforts at local level?

1 (1)

191)

Comments and examples:

participation in the M& E Technical Task Team in SANAC structure at national level. Participation in development of framework does not imply impact No local level M&E coordination system in place

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192) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

193)

Comments and examples:

Opportunity to participate good but capacity of reps is still low (msm,csw,plwha. Current participation of msm,csw,plwha in current SANAC structures is a big improvement from previous council and strategic plan

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194)

a. adequate financial support to implement its HIV activities?

3 (3)

195)

b. adequate technical support to implement its HIV activities?

3 (3)

196)

Comments and examples:

Ability of large Civil society organisations to access funding is much better than smaller ones which lack capacity and often do not meet criteria of Department of Social Development to access funding Many local cbo and cso do the work but get no support . Large national civil society organisations participate in structures and get support Release of government data has improved but can still be improved Government regular release surveys such anc surveys

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197) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sexworkers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	>75%

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198)

Since 2007, what have been key achievements in this area:

CSO actively participated in drafting national strategic plan CSO participate on SANAC structures such as PIC ,TTT ,RMC and a high level structure MARP CSO represented on sanac structures CSO involved in global fund applications for Round 9

199)

What are remaining challenges in this area:

Long processes delay civil society involvement Better resourcing of civil society organisations especialy to convene meetings , perform m&e,etc. Clarity around role of SANAC as advisory council ,oversee vs implementer, financer

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200)

Part B, Section III: PREVENTION

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

Yes (0)

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201)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

Extensive consultative process that included all sectors Process inform by science , research , situational analysis , and global practice

202)

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify: All prevention materials not available in braille, and also not available in in languages of large pool of foriegn migrants. Foreign migrants often excluded from prevention programmes (PMTCT). Condom distributions amongst MSM ineffective and it excludes water based lubricants. Difficults process accessing post exposure prophylaxis for victims of sexual assault	Don't agree

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203)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

204)

Since 2007, what have been key achievements in this area:

Release of draft guidelines on male circumcision Increase in testing rate Increase in condom use Introduction of dual therapy for prevention of mother to transmission

205)

What are remaining challenges in this area:

Prevention campaigns targeting MSM , CSW

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206)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

207)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

Mass consultations with all stakeholders Extensive consultative process that included all sectors Process inform by science , research , situational analysis , and global practice

208)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree

Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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209)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

210)

Since 2007, what have been key achievements in this area:

Rapid expansion of ARV provision Introduction of task shifting ,down referral ,etc

211)

What are remaining challenges in this area:

Clarity on task-shifting especially with regard to testing and ART. HIV-related services, specifically Sexual reporoductive health service such as Contraception, cervical screening and Termination of Pregnancy needs to be integrated and upscaled at facilities Procedure around accessing PEP in event of sexual assault needs to be reviewed (Police not implementing policy effectively) Process around accreditation of sites needs to be improved Chronic illness grant process needs to be accelerated and adopted Lip-service to youth-friendly services should be translated into real and effective services Inadequate nutritional support for plwha needs to be addressed School feeding schemes stop during holidays putting vulnerable children at risk

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212)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related

needs of orphans and other vulnerable children?

Yes (0)

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213)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

214)

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

Yes (0)

215)

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

Yes (0)

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216)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the percentage (0-100)

75

217)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

8 (8)

218)

Since 2007, what have been key achievements in this area:

review of the OVC plan and development of the new paln in line with National Streategiuc Plan for HIV&AIDS and STI 2007-2011. Monitoring of the services provided to children. Improving surveillance of through Department of Home Affairs to track orphans though birth and death registration. Greater involvement of the NGOs and civil society in caring after OVCs.

219)

What are remaining challenges in this area:

Inadequate funding and efficient implementation of plan.