	Intervention						
	Implement integrated contraceptive, cervical screening and fertility services for non pregnant women in treatment and care services	30%	50%	75%	90%	100%	DoH

GOAL 8: ADDRESS THE SPECIAL NEEDS OF WOMEN AND CHILDREN

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
8.1 Decrease HIV and AIDS related maternal mortality through women-specific programmes	Implement community-based strategies to support HIV positive women during and after pregnancy	10% of sub-districts	**30%**	**50%**	**70%**	**80%**	DOH, DSD, NHLS, communities
	Provide nutritional support to HIV positive women choosing to exclusively breast feed	5%	**25%**	**40%**	**50%**	**70%**	
	Increase the proportion of HIV positive pregnant women receiving a CD4 count test prior to 28 weeks	50%	**65%**	**70%**	**80%**	**90%**	
	Increase the number of HIV positive pregnant women starting a comprehensive package of AIDS care including ART	30 000	45 000	65 000	100 000	150 000	
	f) Ensure food security to eligible HIV positive adults and children						

Objective	Intervention	2007	2008	2009	2010	2011	Lead Agencies
8.2 Provide an appropriate package of services that includes wellness, management, ART and nutrition to children and adolescents who are HIV positive and/or exposed	Implement provider-initiated VCT for children attending TB services	10%	**20%**	**40%**	**50%**	**65%**	DOH, DSD, NHLS, communities
	Implement CD4 count testing for HIV positive children attending TB services	5%	**10%**	**30%**	**60%**	**80%**	
	Review clinical guidelines for the management of infants, children and adolescents with HIV and AIDS	Annually	**Annually**	**Annually**	**Annually**	**Annually**	
	Increase the proportion of HIV children with growth faltering identified and referred for appropriate management	50%	65%	80%	90%	90%	
	Provide food support to children exposed to and/or are HIV positive	18 408	**29 033**	**58 212**	**91 671**	**110 598**	
	Implement provider-initiated testing of children of HIV positive adults accessing services	30% of facilities	**50% of facilities**	**80% of facilities**	**90% of facilities**	**95% of facilities**	

	Increase the proportion of HIV positive and exposed children receiving cotrimoxazole	60%	**75%**	**80%**	**85%**	**90%**	
	Increase the number of children starting ART	17 000	**27 000**	**33 000**	**42 000**	**45 000**	
	Increase the proportion of children started on ART who are still on ART after completing one year of treatment	85%	**85%**	**85%**	**85%**	**85%**	
	Increase the proportion of children starting ART in non-hospital based settings	20%	**25%**	**35%**	**40%**	**45%**	
	Provide psychosocial support for children and adolescents including counselling for bereavement, disclosure, adherence and aspirations	10% of sub-districts	20% of sub-districts	60% of sub-districts	80% of sub-districts	100 of sub-districts	

GOAL 9: MITIGATE THE IMPACT OF HIV AND AIDS AND CREATE AN ENABLING SOCIAL ENVIRONMENT FOR CARE, TREATMENT AND SUPPORT

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
9.1 Strengthen the implementation of OVC policy and programmes	Develop and operationalise mechanisms to identify, track and link OVC and child-headed households to services	Develop concensus of need and set targets	**Targets to be set in 2007**	**Targets to be set in 2007**	**Targets to be set in 2007**	**Targets to be set in 2007**	DSD, DOE communities, NGOs, CBOs
	Increase the proportion of vulnerable children accessing child support grants	55%	**65%**	**80%**	**90%**	**90%**	DSD, DHA, DOE communities, NGOs, CBOs
	Review and implement policy guidelines defining core services for OVC to inform service delivery (exemption from school and health service fees, child support grants, birth registration)	Guidelines reviewed and implemented in 20% of districts	40% of districts	60% of districts	80% of districts	100% of districts	DSD, DOE, NGOs

	Increase the proportion of children obtaining vital documents such as birth and death registration	Design and conduct survey to establish baseline and set targets	Targets to be set in 2007	Targets to be set in 2007	Targets to be set in 2007	Targets to be set in 2007	DSD, DHA, NGOs, communities
	Increase the proportion of not-for-profit registered civil societies supporting OVC receiving organisational, programme support and mentoring services	20%	30%	40%	45%	45%	DSD, NGOs, communities
	Increase the proportion of child-headed households receiving social grants and the services of a caregiver	Design and conduct survey to establish baseline and set targets	Targets to be set in 2007	Targets to be set in 2007	Targets to be set in 2007	Targets to be set in 2007	DSD, NGOs, communities

9.2 Expand and Implement CHBC as part of the EPWP							
	Recruit and train new community care givers, with emphasis on men	10 000 (10% men)	15 000 (10% men)	20 000 (15% men)	25 000 (20% men)	25 000 (20% men)	DOH; DOPW; NGOs
	All community caregivers to receive nationally determined stipends	23 394	30 000	45 000	60 000	75 000	
	Develop standards and career pathways for community care givers as mid-level workers according to the National Qualifications Framework	Draft policy developed	20% community caregivers received accredited training	40% community caregivers received accredited training	60% community caregivers received accredited training	80% community caregivers received accredited training	

Objective	Interventions	5 year Target					Lead Agenc
		2007	2008	2009	2010	2011	
9.3 Strengthen the implementation of policies and services for older people affected by HIV and AIDS	Promote older persons related policies to create awareness about the impact of HIV and AIDS to older persons	High levels of awareness about policies that guide services to older persons					Intersectora including Co for the Care Aged led by DSD
	Promote integration and equitable representation of older persons in HCBC programmes		Older persons constitute 20% of people working on HCBC				DSD, NGOs communities

9.4 Mainstream the provision of appropriate care and support services to HIV positive to HIV positive people with disabilities and their families	Promote integration and equitable representation of people with disabilities in care, treatment and support programmes						DSD, All sec
	Develop and render targeted care and support programmes for people with disabilities				90% district coverage for programmes and number of people with disability who have been catered for by the targeted programmes		DSD, Disabi sector, All se

Objective	Intervention	5 year Target					Lead Agen
		2007	2008	2009	2010	2011	
9.5 Mainstream the provision of appropriate care and support services to HIV positive people with disabilities and their families	a) Promote integration and equitable representation of people with disabilities in care, treatment and support programmes.						Intersector by the depa of social developme
	b) Develop and render targeted care and support programmes for people with disability.				90% district coverage for programm es and number of people with disability who have been catered for by the targeted programm es		Intersector people with disability organizatio lead by the Departmen Social Developme

PRIORITY AREA 3: RESEARCH, MONITORING AND SURVEILLANCE

GOAL 10: DEVELOP AND IMPLEMENT A MONITORING AND EVALUTION FRAMEWORK FOR PROCESS AND OUTCOME INDICATORS

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
10.1 Establish and implement a functional M&E system	Develop and implement a functional M&E framework	March 2007	Annual report	Annual report	Annual report	Annual report	Government Departments and Research Institutions

GOAL 11: SUPPORT THE DEVELOPMENT OF MICROBICIDES AND OTHER PREVENTION TECHNOLOGIES

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
11.1 Support and monitor efforts to develop effective microbicide products in South Africa	Review reports on progress with research	Annually					Government Departments and Research Institutions

GOAL 12: SUPPORT AIDS VACCINE DEVELOPMENT

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
12.1 Support efforts to develop an appropriate AIDS vaccine	Review reports on progress with research	Annually					Government Departments and Research Institutions

GOAL 13: SUPPORT RESEARCH ON EFFICACY OF MALE CIRCUMCISION AS A PREVENTION TOOL

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
13.1 Support and monitor research on male circumcision and HIV prevention	Review reports on progress with research	Annually					Government Departments and Research Institutions

GOAL 14: CONDUCT OPERATIONAL RESEARCH

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
14.1 Conduct research on the cost-effectiveness of other forms of treatment and prophylaxis	a) Review international research b) Facilitate local research	Annually					Government Departments and Research Institutions
14.2 Conduct research in support of the implementation of the comprehensive plan	Identify relevant research questions and support relevant research proposals						Government Departments and Research Institutions
14.3 Conduct research on the effectiveness of traditional medicines	a) Support clinical trials b) Review international research c) Collaborate with traditional healers	Annually					Government Departments and Research Institutions

GOAL 15: CONDUCT POLICY RESEARCH

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
15.1 Conduct HIV and AIDS studies in selected departments and provinces	a) Facilitate policy review and research in order to keep up with scientific developments		Periodic policy reviews: after every 3 years and as necessary.				Government departments and research institutions

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GOAL 16: CONDUCT REGULAR SURVEILLANCE

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
16.1 Conduct national surveillance on HIV and STI risk behaviours, especially among youth	a) Conduct: o behavioural sentinel surveys, with a focus on youth o routine clinical and microbiological STI surveillance o surveillance of AIDS morbidity and mortality o national HIV infections surveillance in selected populations and groups, including STI and TB clients, hospitalised patients, men and youth o Conduct 3rd and 4th generation surveillance and impact evaluation						Government Departments and Research Institutions

Objective	Intervention	5 year target					Lead Agencies
		2007	2008	2009	2010	2011	
16.1 Conduct national surveillance on HIV and STI risk behaviours, especially among youth	a) Conduct: o behavioural sentinel surveys, with a focus on youth o routine clinical and microbiological STI surveillance o surveillance of AIDS morbidity and mortality o national HIV infections surveillance in selected populations and groups, including STI and TB clients, hospitalised patients, men and youth o Conduct 3rd and 4th generation surveillance and impact evaluation						Government Departments and Research Institutions

PRIORITY AREA 4: HUMAN RIGHTS, ACCESS TO JUSTICE AND LAW REFORM

GOAL 15: Ensure knowledge of and adherence to the legal and policy environment

Objective	Intervention	5-year target					Lead Agency
		2007	2008	2009	2010	2011	
Adherence to existing legislation and policy relating to HIV and AIDS	Develop a national framework on HIV and AIDS in the Workplace.	X					NEDLAC, DOH, DOL, all sectors
	Revise the DOL Code of Good Practice on HIV and AIDS and Employment	X					
	Assist SMEs to implement workplace policies.	X	X	X	X	X	SANAC Business sector
	Ensure protection of rights of casual, contract and/or poorly organised (such as domestic workers).	X	X	X	X	X	Employment Equity Commission
	Ensure protection of rights of employees expressly excluded from the ambit of labour legislation.	X					
	Develop and distribute human rights guidelines and information on: * Voluntary HIV testing and disclosure;	X					DOH Health professions sector

Ensure non-discrimination in access to HIV prevention, treatment and support of marginalised groups	Develop and disseminate information on HIV prevention, treatment and support that responds to the special needs of: • sex workers • children and adults with disabilities • Drug users • Prisoners • MSM, gay and lesbian people • Orphans and vulnerable children (including children in self-care) • Refugees, undocumented migrants and immigrants • Older persons		All by 2008 X X X X X X X X X				DOH and SANAC sectors

Monitor HIV-related human rights violations and develop enforcement mechanisms for redress	Statutory bodies to introduce and publicise systems to monitor AIDS related human rights violations and the steps taken to address them.		X				DOJ; SAHRC; CGE; Legal Aid Board; Council for Medical Schemes; HPCSA; SANC
	Create a network of legal service providers	X					
	Promote and fulfil the right of access to justice by increasing the availability, affordability and accessibility of legal services.	X	X	X	X	X	
	Train community-based development workers to identify and address HIV and AIDS human rights issues	X	X				
	Facilitate training of the legal profession, including the judiciary, on the human rights-related issues of HIV and AIDS.	X	X	X	X	X	
	Ensure effective, accountable, timeous and transparent consultative reporting to international bodies on commitments including UNGASS, UN Committee on the Rights of the Child and UN on MDG	X	X	X	X	X	

GOAL 16: Mobilise society, and build leadership of people living with HIV, to protect and promote human rights

Objective	Intervention	5-year target[62]					Lead Agencies
		2007	2008	2009	2010	2011	
People living with HIV are organised, empowered and mobilised to protect human rights at national, provincial and district levels	Develop a nationally relevant human rights package setting out key rights and responsibilities for PLWHA, including for children and people with disabilities	By 2007	X	X	X	X	SANAC PWA sector; SANAC Justice sector DPLG
	Establish and offer training programmes to PLWHAs in all districts on HIV treatment and prevention literacy, and on human rights and the law.	X					
	Provide PLWHAs with information regarding access to legal support.						

[62] Unlike with interventions to prevent and treat HIV infection it is difficult to set quantifiable targets for this section of the NSP. Instead a series of dates, bench-marks and 'must dos' are proposed together with ongoing monitoring of human rights violations and the legal and policy environment.

Respect for the rights of PLWHAs in employment, housing, education, insurance and financial services and other sectors.	Launch sectoral and community-based campaigns promoting human rights, openness and acceptance of people living with HIV and AIDS	X	X	X	X	X	SANAC PWA sector; DOH; DOJ; Education department
	Develop plans in all Ministries and Departments that protect the rights of PLWHAs		X				
	Engage with the insurance and financial services industries and their regulators to end unfair exclusions of PLWHA.	X	X				
Greater openness and acceptance of PLWHA	Build capacity and understanding of human rights in key sectors, including: * the religious sector * traditional healers and leaders * the private sector * the media * people with disabilities * the legal sector (including criminal justice), particularly the judiciary and the police	X	X	X	X	X	SANAC; Government departments; NGOs; all sectors; SABC; SAHRC

Goal 17: Identify and remove legal, policy and cultural barriers to effective HIV prevention, treatment and support

Objective	Intervention	2007	2008	2009	2010	2011	Lead agencies
Identify and finalise current relevant legislative and policy processes	Pass and implement the Criminal Laws (Sexual Offences and Related Matters) Amendment Bill Ensure legislation does not contain provisions harmful to HIV prevention efforts	X					Parliament; DoJ&CD
	Prioritise the promulgation of the Children's Act	X					Parliament; DSD; DoH
	Prioritise the promulgation of the Child Justice Bill Finalise, implement and report on National child abuse, neglect and exploitation protocol Harmonise child age and developmental stages and abilities across legislation	X					
	Ensure that the Prevention of and Treatment for Substance Abuse Bill incorporates HIV harm reduction measures and fast-track its enactment and promulgation	X					Parliament; DSD; DoJ&CD

	Finalise regulations dealing with the international benchmarking of medicine prices	X					DoH
	Finalise regulations dealing with the appropriate regulation of traditional and complementary medicines		X				DoH
Identify, amend or repeal discriminatory laws and/or laws that undermine HIV treatment and prevention programmes	Amend the Sexual Offences Act to decriminalise commercial sex work		X				Parliament; DoJ&CD
Identify cultural beliefs and practices that violate human rights and undermine HIV prevention	Facilitate and sustain dialogue with cultural, religious and traditional leaders to encourage understanding, respect and promotion of human rights	X	X	X	X	X	SAHRC; Traditional leaders; religious leaders;
Identify and address gaps in existing anti-discrimination legislation	Amend the Equality Act to ensure non-discrimination in access to financial services, particularly insurance.		X				Parliament; DoJ&CD; treasury
	Amend the Equality Act to include 'HIV Status' as an express ground of non-discrimination.		X				Parliament; DoJ&CD

Goal 18: Focus on the human rights of women and girls, including those with disabilities, and mobilize society to stop gender-based violence and advanced equality in sexual relationships

Objective	Intervention	2007	2008	2009	2010	2011	Lead agencies
Reduce women and girls' vulnerability to HIV infection by reducing poverty amongst women	For rural women: • Improve literacy levels • Develop and implement a skills development strategy • Improve access to human rights education and information. • Implement micro-finance programmes.	X	X	X	X	X	DTI, DSD, DoJ&CD, DSS; DoE;DTI
	Address difficulties in obtaining identity documents which limit access to government services.	X	x	x	x	x	DHA

Ensure that existing laws and policies that protect women and girls from gender based violence are implemented **Respond adequately to the needs of women in abusive relationships.**	Ensure that the National Sexual Assault and Management Guidelines are implemented.	X X					DoJ&CD
	Cost and provide adequate resources for the implementation of the Domestic Violence Act.						DSS
	Distribute information to women on how to enforce their legal rights.						
	Train the SAPS on their responsibilities in terms of the National Sexual Assault Policy.	X X					All sectors, DoJ&CD DoH
	Train VCT and adherence counsellors to identify barriers that prevent women from accessing HIV prevention, treatment and car services.						

Ensure that laws, policies and customs do not discriminate against women and girls	Ensure that Master's Office service points administer small estates without discriminating against women and girls.	X					DoJ&CD, traditional leaders

	Finalise the Domestic Partnerships Bill to address discrimination against women who cohabit.	X					DHA, Parliament

10. YOUTH AS A TARGET GROUP (15-24 Years)

The United Nations General Assembly Special Session on HIV and AIDS (UNGASS) identified young people aged 15-24 years as a priority group in reducing new HIV infections and *set a global target of reducing incidence of HIV in this group by 20% by 2015*.

As indicated earlier in this document, youth is a specific focus area in the fight against HIV and AIDS as people in the 15–24 age group are the most vulnerable to HIV infection. In addition, the youth is an important target group to protect against future HIV infection, as today's youth is critical to South Africa's present and future economy.

In this section strategy relating to the youth will be restated so as to emphasise the need for all sectors of society to focus significant resources and energies on this age group.

Objective: Promote improved health-seeking behaviour and adoption of safe sex practices.

1. Produce and disseminate IEC material and messages to different stakeholders
2. Implement Life Skills education in all primary and secondary schools

Objective: Broaden responsibility for the prevention of HIV to all sectors of government and civil society

1. Develop sector-specific policies and plans for the prevention of HIV and AIDS and STIs, focusing specially on the youth

Objective: Improve access to and use of male and female condoms, especially amongst 15–24 year olds

1. Expand condom distribution through non-traditional outlets
2. Improve access to condoms in high transmission areas (for example, truck stops, borders, mines and brothels)
3. Increase acceptance, attitudes, perceptions, and efficacy and use of condoms as a form of contraception among the youth

Objective: Increase access to youth-friendly reproductive health services including STI management, VCT and rapid HIV testing facilities, and family planning.

1. Make clinics and HCWs youth friendly
2. Make schools places where youth can access friendly and supportive counselling services

Objective: Increase the number of persons seeking VCT services

1. Increase coverage of VCT among adolescents and the youth.

Objective: Develop and implement programmes to support the health and social needs of children affected by HIV and AIDS

1. Promote advocacy around all issues that affect children
2. Mobilise financial and material resources for orphans and child-headed households
3. Investigate the legal protection of child-headed households
4. Provide social welfare, legal and human rights support to protect educational and constitutional rights

Objective: Implement measures to facilitate adoption of AIDS orphans

1. Investigate the use of welfare benefits to assist children and families living with HIV and AIDS
2. Subsidise adoption of AIDS orphans

Objective: Conduct national surveys on HIV and STI risk behaviours, especially among youth

1. Conduct behavioural sentinel surveys, with a focus on youth
2. Conduct national surveys on HIV-infection in selected populations and groups, including youth

11. STRUCTURAL ARRANGEMENTS

The multi-sectoral national response is managed by different structures at different levels. Each government ministry has a focal person and team responsible for planning, budgeting, implementation and monitoring HIV and AIDS and STI

interventions. The implementing agencies are the provinces, local authorities, the private sector and a range of CBOs. Structures in the various other sectors vary according size of organisation, degree of organisation of the sector, as well as the profile of HIV and AIDS programmes in the organisation.

The following presents a brief overview of some of the important structures at national and provincial levels and their specific role and functions relating to HIV and AIDS.

11.1 CABINET

The Cabinet is the highest political authority in the country. HIV and AIDS issues are not regularly discussed at the weekly cabinet meetings as this responsibility has been deferred to the Inter-Ministerial Committee on AIDS (IMC) and SANAC.

11.2 SOUTH AFRICAN NATIONAL AIDS COUNCIL

SANAC is the highest body that provides strategic and political direction as well as support and monitoring for sector programmes for HIV and AIDS and STIs in South Africa. In 2006, a process of restructuring SANAC was undertaken and consensus on the broad structural arrangements was reached as follows:

- A National AIDS Council - The high-level overall coordinating body
- Sector level coordination
- Programme level coordination

The Deputy President shall be the Chairperson of the Council and sector representation shall be at highest level (President/Chairperson). The Health Ministry shall be an ex officio member at all levels.

11.3 THE INTERMINISTRIAL COMMITTEE ON AIDS

The Inter-Ministerial Committee on AIDS (IMC) has recently been appointed by Cabinet in order to support and monitor the work that is done by SANAC. It is chaired by the Deputy President and is composed of the Ministers of Health, Social Development, Education, Agriculture and Land Affairs, Mining, Public Service and

Administration. The IMC serves at the interface between Cabinet and SANAC, providing leadership on urgent matters that may arise between SANAC meetings.

11.4 THE POLICY COMMITTEE OF THE NATIONAL HEALTH COUNCIL (NHC)

The Policy Committee of the NHC consists of the Minister of Health, the Deputy Minister of Health, the Director General of Health, all the Deputy Directors General in the DOH, all provincial health MECs and their Heads of Department. The committee meets every six weeks, and is the body that approves national policies and guidelines. HIV and AIDS related matters are discussed as it becomes necessary and relevant policy decisions are made. The role of the National Health Consultative Forum (a structure of the National Health Act) in this regard is being defined.

11.5 THE SOCIAL SECTOR CLUSTER

Government has clustered departments at national and provincial level to ensure greater collaboration around cross cutting policy and implementation issues. Clusters meet at both Ministerial and official (DG) levels and are repeated at provincial level. The Social Sector Cluster is one such cluster and is the main cluster that deals with health matters. HIV and AIDS is one of the programmes on Government's Programme of Action for which the Social Cluster is responsible. To ensure maximum discussion and government-wide programming on HIV and AIDS. The Social Cluster is well placed to perform this function at both national and provincial government levels.

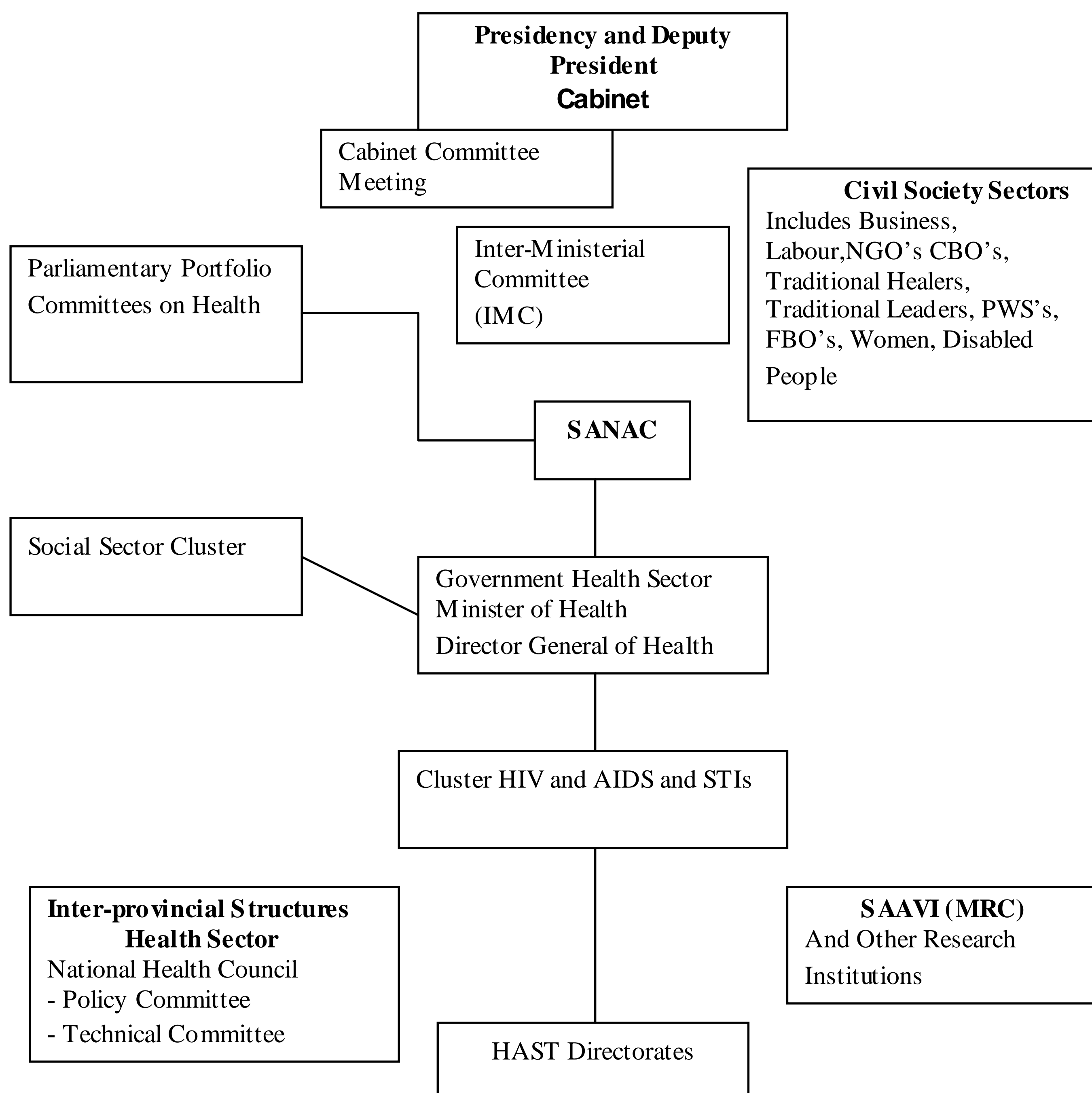
11.6 HIV and AIDS UNITS IN GOVERNMENT DEPARTMENTS:

Each government department has a focal person to manage the implementation of relevant HIV and AIDS programmes. HIV and AIDS issues are brought to the attention of the above national bodies by the HIV & AIDS Units. It is the responsibility of these units to prepare briefing documents for the national forums, and attend meetings to provide further information to aid decision-making in national committees and bodies. They are also responsible for development of relevant strategies, policies and programmes; ensuring availability of finance and other resources; and for providing support to implementing agencies in their departments. This cluster HIV and AIDS in

the DOH also provides secretariat support to SANAC. Government departments as well as sectors of civil society report regularly to SANAC.

11.7 IMPLEMENTING AGENCIES

These are mainly provinces, districts, and local authorities. The private sector and NGOs augment the services that are provided by government. The structures for different government departments are designed to suite the specific needs of the departments, but the principle of intergovernmental relations are the same. It is envisaged that at provincial and district level, the same national level structures will be replicated so that the critical mass of human resources for effective programme implementation is in place



12. THE NATIONAL M&E FRAMEWORK FOR THE NSP 2007-2011

The NSP 2007-2011 recognises monitoring and evaluation (M&E) as an important policy and management tool. National, provincial and district level indicators to monitor process, outcomes and impact will be used to assess collective effort.

Research, Monitoring and Surveillance Framework

The Monitoring and Evaluation Framework for the National Strategic Plan consists of two interlinked set of indicators. The first set of indicators is **primary or core list of indicators** that will be used to measure the outcomes of the NSP as a whole (Table 1). The primary indicators are a minimum set covering all priority areas of the NSP.

The second set of M&E framework indicators will comprise a **comprehensive set of indicators** covering all objectives and interventions of the NSP for detailed ongoing monitoring. This set will be defined in detail in three months after the finalization of the NSP as annexure 1 of the NSP. The comprehensive set will be presented in terms of inputs (resources invested), processes (activities), outputs (services provided) and outcomes (actual results) using the results based approach.

Monitoring Oversight

SANAC's Monitoring and Evaluation focal point will establish a mechanism for coordinating inputs from the various sectors. This mechanism may work in close collaboration with the Government wide Monitoring & Evaluation system.

Each sector will be required to develop a monitoring schedule that ensure that common definitions and standards are developed and that the necessary capacity are available for the M&E monitoring of the sector. At the outset, it will be necessary to assess the **state of readiness of existing various M&E mechanisms** in all sectors and gather the baseline for all indicators before the end of 2007. Both the Core and Comprehensive indicator sets will include standard tools (prescribed reporting templates, data collection mechanisms and schedules etc) to ensure that sectors have a systematic mechanism for monitoring sector specific indicators. Each sector will report to SANAC twice a year on sector specific indicators in the form of midyear and end of the year reports.

The Health Sector aspects of the National Strategic Plan will be integrated into the existing HIV and AIDS monitoring and evaluation system coordinated by The Monitoring & Evaluation Directorate of the Department of Health, which is currently responsible for HIV and AIDS Monitoring – *"Monitoring & Evaluation Framework for the Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*" (2004). A focal unit for coordinating the monitoring the National Strategic Plan would be created in that directorate.

The data collection plan will take into account ongoing surveillance, surveys and other sources of data systems. Other relevant data systems and mechanisms will be built into existing information systems and new systems developed to ensure that relevant information is available. In addition reporting mechanism will continue to support ongoing monitoring of other international, regional and national indicators such as those of the United Nations General Assembly on HIV & AIDS (UNGASS), Millennium Development Goals, Abuja framework for Action, NEPAD and SADC indicators, which tend to be aligned with the indicators identified for the NSP.

Reporting Schedule

With regard to Core indicator monitoring, A **mid-term review** of the National Strategic Plan will be conducted during 2009 and the five-year review should be conducted during 2011. The midterm review will be focused on how the available inputs have been used and what outputs and short terms outcomes have been produced. This review should also focus on challenges, role players and interactions between various role players and lead agencies. The reviews would focus on the following questions adapted from UNAIDS document.

- What coverage of services for prevention, treatment, care and support has already been achieved?
- Which affected populations are not being sufficiently reached?
- What are the major obstacles to reaching these populations?
- What are the strategies to overcome these obstacles?
- What financial, technical and human resources are currently available?

- How can budgets and programmes be adjusted to address these obstacles?
- What process and outcome targets will help move the response forward and help measure success?
- What additional resources will be required to move significantly towards the goals of the NSP by 2011?

The **5-year review** would mainly be outcomes based assessment using data form multiple sources.

With regard to the comprehensive set of indicators, a detailed schedule of reporting schedules, data sources and data collection mechanisms will be included in the document (Annex. 1).

Table 1 : Primary Set of Indicators

	Indicator	Data Sources	Frequency of reporting	Responsibility
Priority Area 1: Prevention 11 indicators	Budget and expenditure on prevention in private and public sectors	National Treasury, National AIDS Expenditure Accounts	Annual and five yearly	National Treasury
	Proportion of HIV positive women receiving PMTCT regimen	DHIS	Annually	DOH
	Mother-to-child transmission rate is critical, though hard to collect routinely. Suggest surveillance is required			
	Proportion of the infants in national PMTCT programme receiving PCR	DHIS (new)	Annually	DOH
	Number of male and female condoms distributed annually by public and private sector	Condom distribution database	Annual	DoH, SABCOHA, NGOs
	Percentage of men and women who have had sex before age 15 (Age at first sexual debut)	Nelson-Mandela HSRC HIV survey, SADHS, Youth Risk Behavioural Survey	2 yearly, 5 yearly	DOH, HSRC, MRC
	Condom use at last sex among 15-24	Nelson-Mandela HSRC HIV survey, SADHS, Youth Risk Behavioural Survey	2 yearly, 5 yearly	DOH, HSRC, MRC
	Proportion men with concurrent partners	SADHS	2 yearly, 5 yearly	DOH, HSRC
	Median age of partner, among pregnant women 15-19	Annual antenatal HIV, Nelson-Mandela HSRC HIV survey Survey, SADHS	Annual, 2 yearly, 5 yearly	DOH, HSRC
	Percent of primary and secondary school educators trained on lifeskills education	DoE	Annual	DoE
	HIV Prevalence by age group	Annual antenatal HIV Survey	Annual	DOH
	Derived incidence among 15-20	Annual antenatal HIV Survey	Annual	DOH, MRC
	Teenage pregnancy rate	Annual ANC survey	Annual	DOE DOH

Priority Area 2: Care, Treatment and Support (12)	Budget and expenditure on care, treatment and support in private and public sectors {budgets > cost of targets (vs. other way around)}	National Treasury National AIDS Expenditure Accounts	Annual and five yearly	National Treasury
	Percentage of women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy (enrolment compared to need - % of target met)	Cohort Surveillance /M&E data Comprehensive HIV and AIDS Plan	Two yearly	DOH and others
	Proportion of well adults tested in the last twelve months	Annual antenatal HIV, Nelson-Mandela HSRC HIV survey Survey, SADHS	Annual, 2 yearly, 5 yearly	DOH, HSRC
	Proportion of new TB/STI/pregnant women tested for HIV	DHIS (new indicator)	Annual	DOH
	Proportion of HIV-positive TB/STI and pregnant women receiving CD4 testing	DHIS (new indicator)	Annual	DOH
	Proportion of HIV positive pregnant women initiated on ART	DHIS(new indicator)	Annual	DOH
	Percentage of adults and children (by age groups) on ART who are still alive 12 months after initiation of antiretroviral therapy;	Cohort Surveillance /M&E data Comprehensive HIV and AIDS Plan	Two yearly	DOH and others
	Consider including "Deaths pior to initiation of ART in patients attending wellness clinics" – perhaps surveillance?			
		Cohort Surveillance /M&E data Comprehensive HIV and AIDS Plan	Two yearly	DOH and others
	Proportion CD4< 50 on start	Cohort Surveillance /M&E data Comprehensive HIV and AIDS Plan	Two yearly	DOH and others

	Viral load suppression 12months	Cohort Surveillance /M&E data Comprehensive HIV and AIDS Plan	Two yearly	DOH and others
	Cause-specific adult mortality rate	Vital registration data	Two yearly	DOH, DHA StatsSA and MRC
	CD4's done pre-ART	NHLS new form	Two yearly	NHLS
	Percentage of HIV + adults and children on antiretroviral therapy receiving supplement meals and micronutrient supplements	M&E data Comprehensive HIV and AIDS Plan	Annual	DOH
	Percentage of OVC (boy/girl) aged under 18 living in households whose household have received a basic external support package	M&E data	Annual	DSD
Priority Area3: Research Monitoring and Surveillance (3)	Budget and expenditure on research, monitoring and surveillance in private and public sectors	National Treasury Records National AIDS Expenditure Accounts	Annual and five yearly	National Treasury
	Prevalence and behavioural surveys conducted	Research database	Annual and 5 yearly	DOH
	Number of core indicators in plan available and collected	SANAC	Annual	SANAC
	Number of national and community campaigns to reduce HIV stigma and discrimination	DPLG	Annual	DPLG
	Number of legal support services for people living with HIV		Annual	AIDS Law Project and DOJCD
	Number of legal and social support services for women care-givers and victims of sexual Violence		Annual	AIDS Law Project and DOJCD

13. FINANCIAL IMPLICATIONS

Estimates of the costs of providing the following key interventions outlined in the NSP:

- Life skills interventions in the education sector
- Behavioural change programmes
- Condom provision
- Programmatic interventions to strengthen STI management
- Post exposure prophylaxis for survivors of sexual assault
- Post exposure prophylaxis for occupational exposure
- Increasing uptake of HIV-testing (VCT)
- Comprehensive care and support including antiretroviral treatment, community and home based care and food support for HIV-infected adults and children
- Prevention of mother to child transmission of HIV
- HIV-testing for infants
- Policy for orphans and vulnerable children

Estimates of annual and total costs have been based on targets contained in the NSP regarding the coverage of each intervention or programme together with the associated unit costs. While costing covers many of the key programmatic areas, some areas have been omitted because costing can only be done once detailed Operational Plans have been finalized. These areas include the creation of an enabling social, political and regulatory environment and the creation of information systems for monitoring and evaluation. Similarly, the costs of a variety of grants such as the proposed chronic care grant and grants covering social protection for children. Costs will need to be assessed once policy has been finalized. Finally, it will be important to consider the resources required to address the needs of disabled and other special needs groups.

The key driver of costs is adult antiretroviral treatment, at approximately 40% of the total cost. The second most expensive programme (7% of the total) relates to the support of orphans and vulnerable children thus emphasizing the importance of safeguarding families through delaying maternal and paternal mortality.

The cost implications of the NSP are large, in some options exceeding 20% of the health budget without considering the costs arising from the effect of the epidemic on