



HIV&AIDS AND TB MANAGEMENT

**GENERIC IMPLEMENTATION
PLAN FOR THE PUBLIC SERVICE**

ANNEXURE B

INTRODUCTION

This Generic Implementation Plan serves as a guide to implement the policy measures as outlined in the HIV and AIDS and TB Management Policy. The policy measures are translated into success indicators which are performance expectations for each sub-objective. Success indicators seek to identify exactly what outcomes are expected as a result of the intervention made. Each success indicator is further broken down into functional objectives with activities or processes as per the four process pillars of Capacity Building, Organizational Support, Governance and Institutional Development, and Economic Growth and Development Initiatives. Indicators for implementation are described in terms of output, outcome and impact indicators.

Sub-Objective (NSP Strategic Objective 1)	Success Indicators (Implementation Goals linked to NSP sub-strategic objectives)
1. To address social and structural barriers that increase vulnerability to HIV, STI and TB infections	1.1. Mainstreamed HIV&AIDS, STI and TB and its gender and rights based dimensions, 1.2. Mitigate the impact of HIV and TB 1.3. Reduce vulnerability of young people 1.4. Poverty alleviation

1.1 Mainstreamed HIV&AIDS, STI and TB and its gender and rights based dimensions

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.1. Develop and implement Guidelines on Gender-sensitive, rights-based mainstreaming of HIV&AIDS, STI and TB in the Public Service	HR Financial Resources	Develop and implement communication strategy, including leadership messages to capacitate public servants on Guidelines for gender sensitive, rights-based mainstreaming of HIV&AIDS, STI and TB	Develop and implement appropriate race and gender employment policies and targets	Monitor Implementation of Guidelines for gender sensitive, rights-based mainstreaming of HIV&AIDS, STI and TB	Conduct audits on relevant Policies, programmes and Messages Develop and implement SADC aligned Indicators on GSRB Mainstreaming of HIV&AIDS, STI and TB in Key Departments (COGTA, Plannin g, Treasury, DPW, DOJ and Economic Development)	Number of departments submitted annual operational plans on GSRB HIV&AIDS, STI and TB	Number of departments submitting reports	Prevalence of HIV&AIDS and Incidence of TB

<p>1.1.2 Address Social, economic and behavioral drivers of HIV, STI s and TB</p>	<p>HR Finance Partners</p>	<p>Capacitate managers on comprehensive package of services for key populations served by their departments(migrants, truck drivers, alcohol and substance abusers</p>	<p>Develop policies and programmes to address primary and secondary prevention of alcohol and substance abuse; including HIV &TB prevention programmes for all other key populations</p>	<p>Monitor implementation of prevention package against alcohol and substance abuse in schools, and institutions of higher learning</p>	<p>Work closely with the initiatives of Interministerial committee (IMC) on alcohol and substance-abuse.</p>	<p>No of managers trained % of departments with policies addressing management of HIV,STI and TB among key populations</p>	<p>No of key-populations accessing comprehensive HIV,STI and TB package of care (including cross-border care)</p>	<p>HIV,STI and TB Prevalence/Incidence among the Key Populations</p>
<p>1.1.3. Address gender inequities and gender-based violence</p>	<p>HR Finance Legal Framework</p>	<p>Train relevant practitioners on Gender-based violence. Scale-up social-change communication programmes and campaigns against gender-stereotypes and harmful traditional norms</p>	<p>Develop and implement sexual harassment policies and guidelines Develop and implement programmes for primary and secondary prevention of GBV</p>	<p>Conduct operational research on GBV programmes, and monitor the national trends in GBV</p>	<p>Empower women and girls, to reduce vulnerability to GBV</p>	<p>%of Departments implementing sexual harassment policy No. Practitioners trained on GBV</p>	<p>SIGI Index</p>	<p>% of victims of intimate partner violence who are HIV+ve Number of Reported cases of gender-based violence</p>

1.2. Mitigate the impact of HIV and TB

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.1.(1) Protect the rights of orphans and vulnerable children with focus on child and youth-headed families	HR Finance Equipment and Material (supplies)	Train managers, CDW's and employees on comprehensive package of services to provide support to OVC	Strengthen mental health services for OVC, child and youth headed families Strengthen the CDW programme, to support identification of needy families and homes, and increase access to OVC services	Develop Public Sector policies, that will take into consideration the circumstances of OVC, and allow for flexibility and reasonable accommodation for employees as primary care-givers Ensure the child-care facility programmes that accommodate single/widowed men	Consider evidence-based development and implementation of cash-transfer programmes	No of OVC accessing relevant services such as health, education and social security	School attendance ratio of OVC's against non-orphans	Mortality and morbidity among maternal orphans
1.2.1(2) Support national efforts to strengthen social cohesion in communities and support the institution of the family:	As above	Support programmes that aim to develop HIV&AIDS and TB knowledgeable and competent employees, families and communities	Establish and implement outreach programmes on HIV&AIDS, STI and TB to departmental clients and communities	Design and Implement programmes to address orphan and vulnerable children	N/A	% Departments with OVC programmes included in their policies	Ratio of current school attendance among orphans and non-orphans aged 10-14 years	N/A

1.3.Reduce vulnerability of young people

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.3.1. Increase access to education and increase school completion	HR Finance Equipment and Material (supplies)	Educate parents and care-givers to increase intergenerational conversations on sex and sexuality	Develop and implement integrated school-health programme Strengthen programmes for out of school youths	Sale-up internship and learnership programmes	Implement Youth Development Framework in partnership with NYDA	No of youths completing secondary and tertiary education	Employment rate among youth	HIV and TB prevalence among youth 15-24 years; Teenage-Pregnancy rate

1.4. Poverty alleviation

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.4.1.Improve food security for vulnerable household	Finance HR	Train CDW's on needs identification and increase household access to services Community awareness campaigns and community mobilisation	Strengthen CDW programme	Ensure functionality of Thusong centres	Monitor social grants, and combat corruption Strengthen access to Extended Public Works programme	No of CDW trained No of needy household accessing social security services	No of individuals registered under EPWP	Unemployment rate

Sub-Objective (NSP Strategic Objective 2)	Success Indicators (Implementation Goals linked to the NSP)
<p>2. To prevent new HIV,STI and TB Infections</p>	<p>2.1. Maximized opportunities for testing and screening</p> <p>2.2. Increased access to a package of sexual and reproductive health (SRH) services</p> <p>2.3. Reduced transmission of HIV from mother to child (PMTCT)</p> <p>2.4. Preventing TB infection and disease</p>

2.1. Maximized opportunities for testing and screening

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.1.1 Increase access to HCT services that recognizes diversity of needs;	HR Finance Service Providers Supplies	Recruit and train peer counselors and ensure confidentiality Train HCT staff on pre- and post-test counselling.	Create a referral mechanism with HCT providers Promote on-site or off-site HCT supported by consistent supplies of testing materials and information on test protocols;	Provide space for workplace counselling and testing, and ensure that counselling is always provided; Assure privacy and confidentiality Implement routine HCT in all health facilities with special focus on STI ,TB ,antenatal, family planning,	N/A	No. staff trained No. Departments with space for counselling and testing	%.Employees counselled and tested in the workplace %.Departments with referral mechanism for HCT	% Employees with new HIV and TB Infections

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.1.2 Increase Uptake of HCT	Lay counsellors Finance Rapid Test Kids	Training of EH&W practitioners on HIV Counselling and Testing, including Finger Pricking	Increase number of employees who ever tested with a focus on men, pregnant women and those on TB treatment Increase the proportion of newly diagnosed HIV-positive employees accessing wellness services	Increase proportion of employees tested in the last 12 months	N/A	No. Employees who ever had an HIV test tested No of Departments with HCT sites	% newly diagnosed HIV+ve enrolled on wellness program %.employees who tested for HIV in the last 12 months	% of HIV +ve employees enrolled on GEMS and DOH disease management programme before their CD4 count is below 350cell/ml

2.2. Increased access to a package of sexual and reproductive health (SRH) services

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.2.1 Develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant workplace health services	Policy and Guidelines HR Finance Supplies	Training and development for peer educators, managers and employee wellness practitioners	Increase access to quality STI services in the public and private sector offered by adequately trained staff utilising updated syndromic management guidelines	Integrate sexual reproductive health services and HIV prevention guidelines and programmes into family planning, ANC, STI, TB, ARV treatment services and vice-versa in the public service and private sector	N/A	% of Departments (workplaces) providing comprehensive HIV prevention, including (IEC, HCT, PEP, Condoms, STI treatment and TB screening) % of schools that provides life skills-based HIV education in the last academic year (DOE/DBE) No of condoms distributed	% of young men and women aged 15-24 years who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (KAP Survey)	HIV Prevalence among public servants

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
<p>2.2.2 Develop national social and behavioral change communication strategy, as a framework of linked approaches that function as part of an integrated, ongoing process</p>	<p>Finance Advocacy Officers Social Mobilisation Partnership</p>	<p>Create awareness among employees on behaviours that tend to increase the risk for HIV transmission and acquisition Train PLHIV on positive living and Healthy lifestyles</p>	<p>Develop and distribute targeted HIV, STI and TB prevention behavioural change communication and messages Design and print behavioural change messages aimed at increasing individual knowledge, perception of HIV risk, motivation</p>	<p>Conduct regular focused behavioural change campaigns Mobilise staff to reconsider societal views on gender roles and norms</p>	<p>Popularise and participate in international and national TB,AIDS, STI, and Drug & Mental Health awareness days/weeks/monts</p>	<p>No. awareness activities conducted No. Departments with BCC messages directed at different populations No of employees capacitated on BCC</p>	<p>% .employees reporting sexual and drug risk reduction behaviours</p>	<p>% of HIV+ people in the Public Service</p>

<p>2.2.3 .Advocate for implementation of newly developed innovative HIV,STI and TB Prevention strategies</p>	<p>Researchers Finance HR</p>	<p>Develop capacity for senior managers to conduct and support operational research</p>	<p>Investigate different models of Work place – based HIV &AIDS and TB care and support</p>	<p>Support research on direct impact of HIV and TB on health care workers in the public sector</p>	<p>Develop a research agenda to assess human resource needs for the provision of Work place-based HIV&AIDS and TB care</p> <p>Support the evaluation of existing interventions and development of new innovations aimed at behavioural change and policy research</p>	<p>% managers trained on operational research</p> <p>% Departments who conduct HIV&AIDS and TB surveys during the last 12 months</p>	<p>% Departments sharing and documenting best-practices on work-based HIV&AIDS and TB care and support</p>	<p>N/A</p>
<p>2.2.4. Improve services for survivors of sexual assault</p>	<p>HR Finance Policies</p>	<p>Train managers on Guidelines and SOP's on immediate management of a person reporting sexual assault.</p> <p>Train HCW on how to explain and administer PEP with a target of providing PEP tp 100% of eligible adults and children</p>	<p>Strengthen organizational capacity to gather necessary forensic evidence, address stigma, and increase access to services and PEP treatment i.r.o operational hours and waiting periods</p>	<p>Monitor compliance to provision of comprehensive package of post-sexual assault care</p>	<p>Conduct audits on relevant Policies and Messages</p>	<p>% of relevant Public Servants trained on the management of Gender-based violence and rape</p>	<p>%Departments with visible sexual harassment policy</p>	<p>Number of Reported cases of gender-based violence</p>

2.3. Reduced transmission of HIV from mother to child (PMTCT)

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
<p>2.3.1. Scale up coverage of PMTCT to reduce MTCT to less than 2%. At six weeks post birth, and to less than 5% at 18 months of age by 2016</p>	<p>Laboratory Finance Blood taking facilities and supplies ARV drug-supply National guidelines</p>	<p>Train wellness practitioners on routine counselling and testing for pregnant women</p> <p>Create awareness on MTCT to pregnant women in the workplace</p>	<p>Increase proportion of pregnant women tested for HIV through implementation of routine offer of counselling and testing</p> <p>Increase the proportion of HIV+ve pregnant women who access PMTCT services</p> <p>Implement strategies to support HIV+ve women during and after pregnancy</p>	<p>Develop and implement policy on routine counselling and testing for pregnant women in the workplace including frequency</p> <p>Undertake CD4 count testing for all HIV+ve pregnant women and facilitate access to ARV treatment irrespective of CD4 count</p>	<p>Ensure responsiveness to MDG on prevention of Maternal and Child mortality</p>	<p>No. Practitioners trained</p> <p>No of pregnant employees who are counselled and tested for HIV</p> <p>% HIV positive pregnant women receiving PMTCT prophylaxis (GEMS)</p>	<p>% of Pregnant women with CD4 count below 350 placed on ART</p> <p>% of infant born to HIV positive mothers, who are themselves infected with HIV and are in PMTCT programme</p>	<p>% of Children of HIV+ve women, who are HIV-ve at 6 weeks, or 6 weeks after cessation of breast-feeding</p> <p>% of Children of HIV+ve women, who are HIV-ve at 18 months</p>

2.4. Preventing TB infection and disease

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.4.1. Develop departmental capacity to implement EH&W policies on HIV&AIDS and TB in the workplace	Facilitator Finance TB Management Toolkit and Guidelines	Train managers, and wellness practitioners on TB recognition, diagnosis, transmission, prevention and treatment of TB and HIV co-infection	Integrate TB and HIV management with other SHEQ activities and standards in the workplace	Develop and implement clear guidelines on sick leave for TB, fitness to return to work and medical incapacity in line with the national and international workplace standards Develop and implement TB infection control plan that includes administrative and environmental controls in line with the national infection control policy.	Ensure compliance to NOSA,SANS standards, SMT Operational Procedures and controls;and TB Control Programme Stds Ensure responsiveness to MDG on reducing incidence of HIV and TB by 2015	% of employees trained on infection control and occupational HIV and TB exposure No. Employees Screened for TB % of Employees on TB treatment who tested HIV positive No. PLHIV&TB receiving DOTS for ARV in the workplace	% Departments with policy on occupational exposure to TB % of compensated employees who suffered occupationally acquired TB disease.	% of Employees on incapacity and ill-health retirement due to TB and HIV

Sub-Objective (NSP Strategic Objective 3)	Success Indicators (Implementation Goals linked to the NSP)
3.To sustain health and wellness	<p>3.1. Reduce disability and death resulting from HIV, STI s and TB.</p> <p>3.2. Maintain optimal health and wellness for people with HIV , STIs and TB</p> <p>3.3. Ensure systems and services remain responsive to the needs of people with HIV and TB.</p>

3.1. Reduce disability and death resulting from HIV, STI s and TB.

Objective	Inputs	Capacity Development	ACTIVITIES/PROCESSES			INDICATORS FOR THE POLICY IMPLEMENTATION		
			Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.1.1. Ensure every person is tested annually for HIV and screened for TB to facilitate early diagnosis and initiation of treatment according to national guidelines	Finance	Capacitate EH&W Practitioners and Managers on HCT including pricking, and on National HCT Guidelines	Link the employee HCT to referral mechanism for follow-up clinical diagnosis, laboratory investigations and disease management programme in DOH, or GEMS	Develop and implement clear guidelines on sick leave for TB, fitness to return to work and medical incapacity in line with the national and international workplace standards	Ensure compliance to NOSA,SANS standards Ensure responsiveness to MDG on reducing incidence of HIV and TB by 2015	No. Managers and wellness practitioners trained on HIV&AIDS and TB co-infection No. PLHIV Screened for TB	% Departments with policy on occupational exposure to TB No of employees who suffered occupationally acquired TB disease.	% of Employees on incapacity and ill-health retirement due to TB and HIV
	Drug and Rapid Test Kits HR Infrastructure of counseling and privacy HIV&AIDS, STI and TB Management Curriculum	Train EH&W Practitioners and managers on different level of PALAMA HIV&AIDS, STI and TB Management Curriculum						

3.2. Maintain optimal health and wellness for people with HIV , STIs and TB

Objective	Inputs	Capacity Development	ACTIVITIES/PROCESSES			INDICATORS FOR THE POLICY IMPLEMENTATION		
			Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.2.1.Strengthen PHC with linkages to Workplace Health and Wellness and employee support	Skilled HR Finance Treatment Protocols	Train wellness practitioners and managers on basic requirements for comprehensive care and treatment for PLHIV	Develop mechanism to deliver repeat medications including ARV's and TB treatment to promote adherence support at the workplace	Conduct adherence monitoring including basic mental health screening with appropriate referral to relevant treatment and support Link workplace wellness to single patient identifier for reporting and routine monitoring purposes	Conduct TB Infection Control assessments and audits, with information on operational controls (control strategies)	No of employees on treatment adherence programme % Departments providing treatment adherence services	% of employees adhering to treatment	% of Departments with reduced absenteeism among PLHIV and those on medication

3.3. Ensure systems and services remain responsive to the needs of people with HIV and TB.

Objective	Inputs	Capacity Development	ACTIVITIES/PROCESSES			INDICATORS FOR THE POLICY IMPLEMENTATION		
			Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.3.1. Strengthen TB and HIV Integration	HR Finance	Train Manager and EH&W Practitioners of TB and HIV Co-infection	Develop and implement infection control policies	Monitor adherence to safe-working environment	Align Infection control initiatives to the National TB Guidelines	No of departments with infection control policies	No of employees with occupationally acquired TB and HIV	% of employees on TB and HIV related Incapacity and ill health-retirement

Sub-Objective (NSP Strategic Objective 4)	Success Indicators (Implementation Goals linked to the NSP)
<p>4. To ensure protection of human rights and increased access to justice.</p>	<p>4.1. Prevent and monitor human rights violation</p> <p>4.2. Reducing HIV and TB discrimination in the workplace</p> <p>4.3. Reduce unfair discrimination in access to social services</p> <p>4.4. Reduce HIV and TB related stigma</p> <p>○</p>

4.1.Prevent and Monitor human rights violation

Objective	Inputs	Capacity Development	ACTIVITIES/PROCESSES			INDICATORS FOR THE POLICY IMPLEMENTATION		
			Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.1.1 Ensure increased Workplace knowledge and adherence to existing legislation and policy relating to HIV&AIDS and TB in Employment and education	HR Legal &Policy documents Finance	Assist SME to develop and implement workplace HIV&AIDS and TB Management policies	Implement the finalised EH&W framework and HIV&AIDS and TB policy and programme in all workplaces	Conduct a National Analysis of the implementation of HIV&AIDS and TB programmes in the Workplace Ensure compliance to the updated applicable legal documents on HIV&AIDS and TB in Employment	Ensure compliance to Nedlac and ILO conventions Develop and implement tools to monitor, protect and enforce the rights of casual, contract poorly organised employees such as domestic workers and employees expressly excluded from the ambit of labour legislation	Report on national implementation of the workplace HIV&AIDS and TB programme No .SME with workplace HIV&AIDS and TB programmes	% Departments implementing finalised EHW and Policy framework %.Departments complying with relevant legislations % of Department participating in UNGASS reporting	

Objective	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.1.2 Ensure adherence to Human Rights by service providers	HR Legal Framework	Managers ,wellness practitioners and employees trained on legal requirements for HIV&AIDS and TB in the workplace	Develop and distribute guidelines on Human rights on : i.HCT, ii.Confidentiality and disclosure iii. Children and HIV testing	Implement and submit annual SMT assessment with focus on HIV&AIDS and TB Operational Controls	N/A	No. guidelines developed and disseminated No. of individuals trained	% Departments with reported human rights violations and grievances	% Departments with completed SMT report scoring 4 on Human Rights
4.1.3 Monitor and address human rights violations	HR Legal Framework SMT report	Awareness creation among employees on consequences of non-compliance	Establish system for collecting information on human rights violations	Develop monitoring tools for human rights	N/A	No. Departments with monitoring tools for Human Rights No Human Rights violation reported	% Departments with reported human rights violations and grievances	% Departments with completed SMT report scoring 4 on Human Rights

4.2. Reducing HIV and TB discrimination in the workplace

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.2.1 Ensure respect for the rights of PLHIV in employment, housing, education insurance and financial services and other sectors	HR Finance	Capacitate EH&W Practitioners on Human rights, and non-discriminatory workplace policies	Develop and implement policy and programmes that protects the rights of PLHIV and TB	Develop appropriate policies	Align departmental policies to Code of Good Practice for PLHIV (DOL), ILO Recommendation 200, and Decent work agenda		% Departments with Policies that protect the rights of PLHIV and TB	No of Human Rights Violation reported
4.2.2. Empower Employees especially PLHIV to recognise and deal with human rights violations	HR Finance	Train wellness practitioners and worker representatives on Human Rights for PLHIV Train workplace support groups on human rights for PLHIV Awareness creation of employees on TB transmission and myths	Develop and distribute a PLHIV and TB manual on human rights, including children and people with disability	Conduct national media campaigns and develop IEC on the rights of PLHIV including TB infection	N/A	No. Practitioner trained	% of complaints from PLHIV and TB %.PLHIV and TB accessing legal advice and justice	No of Human Rights Violation reported

4.3 Reduce unfair discrimination in access to social services

Objective	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.3.1. Improve affordability and accessibility of legal services for PLHIV	HR Finance Policies and SOP's	Train employees and wellness practitioners to identify and address HIV&AIDS and Human Rights issues	Implement and monitor measures taken to protect human rights after violation Develop a database and create a network of legal service providers that assist people with HIV&AIDS and TB	Monitor insurances and financial services industries and their regulations to end unfair exclusions of PLHIV		No. Trained on HIV&AIDS and Human Rights issues No. Insurance and Financial services with regulations excluding PLHIV	%.Departments with database for legal service providers for PLHIV %.of insurance and financial regulations challenged	% of Legible employees accessing legal and social services

4.4.Reduce HIV and TB related stigma

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.4.1. Create greater openness and Workplace acceptance of PLHIV and TB clients	HR Finance	Provide detailed information on HIV and TB and build understanding and capacity to monitor and audit implementation of Human rights for PLHIV and TB in different sectors	Establish and offer training programmes to PLWHAs in all districts on HIV treatment and prevention literacy, and on human rights and the law	Conduct anonymous attitude survey Conduct regular workplace audits that include the level of PLHIV acceptance			%. Departments that conduct workplace audits on PLHIV and TB human rights protection	% Departments receiving highest red ribbon scoring

