



**MINISTRY FOR PUBLIC SERVICE AND
ADMINISTRATION HIV&AIDS, STI, TB
OPERATIONAL PLAN FOR THE PERIOD 1st APRIL
2012 -30 MARCH 2013:**

THE OPERATIONAL PLAN FOR FINANCIAL YEAR:

2012-2013

MARCH 2012

PURPOSE OF THE DOCUMENT

Title of the Document:

The Ministry for Public Service and Administration HIV&AIDS, STI, TB Operational Plan for the period 1 April 2012 -30 March 2013

Goal of this document:

To consult MPSA portfolios on the development and implementation of the MPSA HIV&AIDS STI and TB Operational Plan to implement the National Development Plan 2012-2016.

The objective of the document is communicate the MPSA Operational Plan to MPSA Portfolios for the implementation of NSP priorities for 2012/13 as well as providing standard planning tools and templates for use.

Overview

On the 1st December 2011, the South African National AIDS Council (SANAC), under the leadership of its Chairperson, the Deputy President of the Republic, Mr. Kgalema Motlanthe, presented the HIV&AIDS, STI, TB National Strategic Plan 2012-2016 (NSP 2012-2016) to the President of the Republic Mr. Jacob Zuma. The President launched the NSP 2012- 2016 for implementation with effect from 1st April 2012. Accordingly, SANAC and government departments at the center of governance and administration are leading the process of development of operational plan.

Targeted Audience

The target is all MPSA portfolio heads, MPSA HIV & AIDS coordination forum, and relevant Branches, Chief Directorates and Units within the MPSA portfolio.

Structure of this document:

This document comprises various distinct sections. Each section illuminates a key element of the MPSA HIV&AIDS, STI and TB Operational Plan

- Introduction,
- Overview of Priority areas and NSP 2012-2016 strategic objectives.
- Detailed work Plan,
- Costing
- Funding Requirement and Sources of Funding
- Performance monitoring
- Implementation and Coordination arrangements (**Governance**)
- **Research** Monitoring and Evaluation

Consultative process:

The DPSA coordinated the establishment of the MPSA steering committee to facilitate implementation of the NSP 2007-2011. The same structure met to develop this MPSA operational plan which is hereby presented for validation, resource allocation and accountability at the level of the MPSA

portfolio heads. The final operational plan will be presented to the office of the Deputy President by the 22 March 2012. The validated and resourced operational plans from MPSA portfolio heads are expected to be sent to the DPSA by the 19 March 2012 for consolidation before it is sent to the office of the Deputy President on the 22nd of March 2012.

Enquiries can be present to the following officials from MPSA Portfolios.

Dr Siphos Senabe

Email: siphos@dpsa.gov.za / Tebogom@dpsa.gov.za

0795149777

Mr Clyde Marshall

E-Mail: clyde.marshall@sita.co.za

0825777451

Ms Mmabatho Mashaba

E-mail: mmabatho.mashaba@cpsi.co.za

0764223716

MS Erinjoy Mthabela

E-mail: erinjoy@gems.gov.za

0824902413

Ms Angela Montana

E-mail: angela.montana@palama.gov.za

0827014367

SECTION 1

1.1. INTRODUCTION

On the 1st December 2011, the South African National AIDS Council (SANAC), under the leadership of its Chairperson, the Deputy President of the Republic, Mr. Kgalema Motlanthe, presented the HIV&AIDS, STI, TB National Strategic Plan 2012-2016 (NSP 2012-2016) to the President of the Republic Mr. Jacob Zuma. The President launched the NSP 2012- 2016 for implementation with effect from 1st April 2012.

The NSP 2012-2016 was preceded by the 2000-2006 and 2007-2011 Strategic Plans, 2007-2011 National TB Strategic plan, the Operational Plans for Comprehensive HIV and AIDS Care, Management, and Treatment, the Public Sector HIV&AIDS and TB Management operational plan, and the HCT Campaign of 2010-2011 and the National Communication Strategy led by Khomanani.

The NSP 2012-2016 is the first strategic plan for the dual epidemic of HIV&AIDS and TB including STI. The HIV&AIDS, STI and TB Operational Plan will be made up of nine provincial operational plans and one national operational plan. It relates to the NSP 2012-2016 in that it details where we expect to be from year 1 of the NSP 2012-2016 as directed by the President on 1st December 2011. It provides for what will be done in year 1 and linked to the outer years towards achieving the overall results of the NSP 2012-2016.

This operational plan is a break from the traditional approach of activity focused operational planning where:

- objectives are not “SMART”,
- there is an assumption that all activities to achieve the end objective are known,
- There is lack of accountability for results

This operational plan is meant to clarify roles and responsibilities of various departments and related sectors, strengthen ownership and accountability, improve transparency, improve measurement of program achievements, strengthen resources mobilization, improve implementation and enhance performance. It thus addresses the systemic operational weaknesses identified in the mid and end term reviews of the NSP 2007-2011.

The operational plan follows a process of priority setting where priorities are linked to the Know Your Epidemic, Know Your Response analysis, the evidence basis of interventions, The priority setting process focused on the interventions that will affect the course of the epidemic and significantly affect the lives of those already infected. There is need to communicate and increase the knowledge of departments and sectors on National AIDS Spending Assessments (NASA), the AIDS 2031 report, the Public Sector Tracking survey and Quality Service Delivery Survey to further refine this process of prioritization.

This operational plan specifically covers five components: (i) starting with the results indicated in the NSP 2012-2016 (ii) prioritization and sequencing of activities and ensuring that proposed activities and outputs contribute toward achieving the prioritized higher level results; (iii) determining the cost of interventions and addressing gaps in external support using costing model aligned with treasury requirements of planning and budgeting; (iv) dealing with actual implementation challenges (especially those faced by key MPSA portfolios and their support to sector Departments, Provinces, Districts and Wards and those arising from the need to scale-up activities substantially); (iv) identifying specific

mechanisms to deal with coordination; and (v) improving performance through better use of strategic information.

2. OVERVIEW OF PRIORITY AREAS AND NSP 2012-2016 STRATEGIC OBJECTIVES

2.1 The NSP 2012-2016

The NSP 2012–2016 is driven by a long-term vision for the country with respect to the HIV and TB epidemics.

It has adapted, as a 20-year vision, the Three Zeros advocated by UNAIDS. The vision for South Africa is:

- Zero new HIV and TB infections;
- Zero new infections due to vertical transmission;
- Zero preventable deaths associated with HIV and TB;
- Zero discrimination associated with HIV and TB.

In line with this 20-year vision, the NSP 2012-2016 has the following broad goals:

- Reduce new HIV infections by at least 50% using combination prevention approaches;
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
- Reduce the number of new TB infections as well as deaths from TB by 50%;
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP; and
- Reduce self-reported stigma related to HIV and TB by at least 50%

2.2. Strategic Objectives

The NSP2012-2016 has four strategic objectives, which will form the basis of the HIV, STI and TB response. These are:

1. Address social and structural barriers to HIV, STI and TB prevention, care and impact;
2. Prevent new HIV, STI and TB infections;
3. Sustain health and wellness; and
4. Increase protection of human rights and improve access to justice.

2.3 NSP 2012-2016 YEAR One Priorities

NSP Priorities Year 1

The essence of these priorities is building the foundations for an effective community response to HIV, STI and TB

Under the previous NSP most effort was put into implementing the headline health-related medical interventions, in part because they are easier to measure with more immediate and evident results. These life-saving interventions must continue under the new HIV, STI and TB NSP 2012-2016 but it is

critical to recognize that we will not achieve our ambitious NSP goals unless we build a solid foundation of *community* action across all four strategic objectives of the NSP. It is important to clarify that community means any grouping of individuals with a common link – e.g. residents of an informal settlement, people living with HIV, people working or detained in a prison, miners, sex workers, the private sector, etc. Everyone can play their part in achieving a healthier wealthier South Africa. It is through a sense of commonality and community spirit that we will drive the implementation of the NSP and monitor progress to ensure it is meeting the needs of all South Africans and in particular those who are most at risk and vulnerable to HIV, STI and TB. Efforts to address HIV, STI and TB must be mainstreamed into the work of all government, civil society, labour and business partners through a gender balanced and human rights based approach.

It is essential to start focusing now on addressing the factors that will lead to success. Particular effort will be required to achieve the longer term more challenging goals related to the root causes of ill health (e.g. housing, poverty, gender inequity, smoking, alcohol and drug abuse) and the human rights and justice issues outlined in Strategic Objectives 1 and 4. This focused effort needs to start now right down to local level where people are living and working, where services are delivered, and where we hope to have impact.

Year 1 will be a transition year for implementation as we move from the previous NSP 2007-2011 into the new NSP 2012-2016. The budgets of most stakeholder organizations and government departments were set in October last year before the new NSP was finalized, with limited scope to make major shifts in resource allocation. Therefore the priorities for Year One of the new NSP will focus on building on the strengths of the last NSP; establishing baselines, targets and the monitoring and evaluation systems necessary to chart progress and setting a strong foundation at local level for implementation of the new NSP across all strategic objectives, investing in the most effective interventions and building a strong base of gender and rights based programming for their equitable implementation.

The Year One ‘priorities of priorities’ will be launched on World TB Day 24th March by the Deputy President as part of the National Implementation Plan, which in turn will be built up from the plans of civil society, labour, the business sector, government departments, and the provinces.

All plans must address the following key priorities:

1. **Strengthen District and Local AIDS councils to drive and monitor the community NSP 2012-2016 response**

Justification: Local AIDS councils with representation from all walks of life have the mandate to coordinate the *ward based*, comprehensive, multisectoral response to HIV, STI and TB yet seldom have the governance structures or capacities to deliver on this mandate. A solid community foundation starting at the level of a ward, is essential to addressing the social and structural drivers of HIV, STI and TB, and to ensuring equity in the NSP 2012-2016 response. Furthermore, the programmatic activities listed above will not achieve the desired impact without addressing the strategic enablers and programmatic synergies that impact on implementation at *ward* level. National departments, provinces and sectors need to support district and local AIDS councils to develop and implement *ward level plans* focusing on specific targets related to the NSP. Ward level plans should include activities and budget to build the essential synergies with other development programmes (especially gender/gender-based

violence, education, poverty reduction, health system strengthening and reengineering of primary health care). These plans should also address the strategic enablers essential to implementing the NSP over the next 5 years - communications, community mobilization, stigma reduction, access to justice and M&E.

Targets : 1 year

1. All MPSA portfolios contributes towards the establishment of district and local AIDS councils and related governance structures and comprehensive multisectoral operational plans with targets for 2013/14 and 2014/15 to implement the NSP and monitor the achievement of the NSP targets at district and ward level.
2. All MPSA portfolios and their civil society, business and labour partners have developed comprehensive, costed, and prioritized plans for 2013/14 & 2014/15 for:
 - a. Combination HIV prevention
 - b. EMTCT in line with the National Action Framework
 - c. Intensified TB case finding, rapid diagnosis and treatment for 2013/14 & 2014/15.
 - d. Scale up of equitable access to ART for 2013/14 & 2014/15.

5 year: All MPSA portfolios and their civil society, business and labour partners produce progress reports demonstrating their support towards achievement of ward level targets across all NSP activities

Addresses Strategic objectives 1, 2, 3 and 4

2. Reducing the number of people who are infected with HIV through comprehensive combination HIV prevention

Justification: The absolute priority in SA is to turn off the tap of new HIV infections, which will in turn reduce the overall burden of HIV and TB disease and mortality. Government departments, civil society, business and labour partners, from national to ward level, should develop comprehensive combination prevention plans that select the best mix of prevention interventions based on the needs of the populations they serve. These plans should prioritize the interventions proven to be most effective in preventing HIV infection. HIV prevention efforts will rely on continued efforts to increase access to HIV counseling and testing (through the HCT campaign) and the scale up of ART (treatment as prevention).

Government departments, civil society, business and labour partners need to clearly set out their role and plans from national to ward level to support implementation of the best mix of HIV prevention interventions for the *communities* they serve, including the following:

- a. Behaviour change communication
- b. Male and female condom promotion
- c. HIV counselling and testing (to access ART for prevention and treatment)
- d. Medical Male Circumcision (MMC)
- e. Elimination of Mother to Child Transmission (EMTCT)
- f. Positive Health, Dignity and Prevention (a package of interventions for people living with HIV)
- g. Targeted HIV prevention interventions for key populations

Targets:

1 year: MPSA portfolios M&E teams to support the development of departmental, national, provincial, district and ward level targets for condom distribution, HIV testing (through HCT campaign) and MMC

All MPSA portfolios supporting phase II of the Sexual HIV Prevention Programme (SHIPP) implemented in Kwa-Zulu Natal (KZN), Mpumalanga (MPU) and Gauteng Provinces and models documented

5 year: 50% reduction in HIV incidence

All MPSA portfolios supporting 9 provinces to conduct SHIPP and models documented for Sexual HIV&AIDS Prevention

Addresses Strategic objectives 1, 2 and 4

3. Develop targeted HIV prevention efforts for the key populations most at risk

Justification:

The biggest proportion of new HIV infections occur in key populations at highest risk of and vulnerable to HIV infection namely, men who have sex with men (MSM), sex workers (SW) and injecting drug users (IDU); and those living and/or working in high transmission settings – urban informal settlements, trucking routes, prisons, mines, as well as orphans, vulnerable children and youth. Specific plans need to be put in place to ensure that targeted prevention interventions reach these populations (who often face additional barriers to services) and that services are tailored to meet their needs. The range of HIV prevention interventions are as in 2. Above but will also include for example, more specific behavior change communication, and safe injection practices for people who inject drugs.

Targets:

1 year: MPSA portfolio M&E teams to develop population specific targets for condom distribution, and HIV testing (through HCT campaign) in the workplace.

5 year: 50% reduction in HIV incidence among key populations

Addresses Strategic objectives 1, 2 and 4

4. Strive to ensure the health and wellbeing of mothers, partners and babies and that no child is born with HIV in South Africa.

Justification: Infant mortality in South Africa is amongst the highest in the world and rising, largely as a result of HIV. There is strong scientific evidence of the potential to virtually eliminate MTCT of HIV with a comprehensive package of interventions across all 4 prongs of EMTCT. The National Action Framework for No Child Born with HIV by 2015 and Improving the Health and Wellbeing of Mothers, Partners and Babies in South Africa provides a roadmap for the elimination of HIV transmission through:

1. Primary prevention of HIV among young women (see action 2 above)
2. Prevention of unintended pregnancies for teenagers and HIV-positive women through appropriate sexual and reproductive health and fertility management services for women and men

3. Prevention of HIV transmission from women living with HIV to their infants through implementation of national guidelines on ART for pregnant women and ongoing infant feeding counselling and support with a focus on exclusive breastfeeding
4. Provision of appropriate treatment, care and support to mothers living with HIV, their infants and family

Plans must ensure equitable access to the most at risk populations and those with least access to services through a **gender mainstreamed and human rights based approach**.

Targets

1 year: MPSA portfolios to review and Scale- up Public Sector workplace maternity programme HIV infection rates of infants born to mothers who are public sector employees living with HIV at 6 weeks and 18months (national, district and province) (set by MPSA and OTP M&E teams).

5 year: To reduce mother-to-child transmission to at least 2% at six weeks and to less than 5% at 18 months by 2016

Addresses Strategic objectives 1, 2, 3 and 4

5. Find and treat every case of TB in South Africa

Justification: TB remains the commonest cause of death in people living with HIV and a common cause of death in people who are HIV negative, despite being preventable and curable. The key to reducing TB mortality is to find every case of TB and MDR TB, find them early, then rapidly and accurately diagnose and treat them. The broad reach of the TB screening within the HCT campaign needs to be continued, expanded and improved to ensure that all those found to be symptomatic are rapidly investigated and started on treatment if necessary. Special effort is required to target populations most at risk (prisoners and prison workers, mineworkers, health workers, urban informal settlements).

All government, civil society, business and labour partners at national to ward level to develop costed and prioritized action plans to undertake intensified TB case finding through the HCT campaign and specific activities targeted at the highest risk communities and populations they serve. The plans must include scale up of geneXpert and laboratory strengthening in support of ICF and seamless equitable access to comprehensive treatment for TB and MDR TB treatment and adherence support. Accelerate intensified TB case finding linked to rapid and accurate TB and MDR TB diagnosis with GeneXpert and effective treatment

Targets

1 year: Targets for number of public servants screened for TB, no. screening positive, no. investigated for TB and no. started on TB treatment through the HCT campaign by government, civil society, business and labour partners at national up to ward level

Enhance Disease Management programme for all chronic diseases including TB.

5 year: To halve TB incidence and mortality by 2016

Addresses Strategic objectives 2 and 3

6. Making sure that everyone living in South Africa who needs ART is started on ART

Justification: ART is the most effective intervention to reduce HIV related morbidity and mortality and can have a major impact on HIV transmission if effective viral suppression is achieved. ART scale up in line with new ART guidelines is essential to achieving the NSP goals,

with specific effort to those most in need and with least access – key populations (MSM, CSW, IDUs and those living in high transmission settings – urban informal settings, trucking routes, prisons, mines) through a **gender mainstreamed and human rights based approach**.

Targets

1 year: Set targets for support ART coverage through workplace disease management programme for each government department, province and district, civil society, business and labour partners at national to ward level

5 year: 80% of the estimated number of people in need of ART is on ART

Addresses Strategic objectives 2 and 3

It should be noted that these are national priorities for year one and does not suggest that current programmatic areas should be dropped or that additional priorities (specific to particular provinces/sectors/departments) shouldn't also be started in year 1.

It must be emphasized that these national programmatic priorities need to be delivered in the context of a human rights based approach focusing extra effort to ensure equitable access for populations most at risk and with least access to services through the active engagement of all government departments, sectors, and provinces.

3. PURPOSE OF THE OPERATIONAL PLAN

This OP is based on the NSP 2012-2016. Its purpose is clearly indicate MPSA portfolios contributions to the national results to be achieved in year one in line with the priorities identified by the NSP2012-2016 based on the results based management model as used in the government performance and evaluation framework. The link between a strategic and an operational plan is at the outcome-output level. The NSP 2012-2016 defines the outcome (the change that should be achieved at community level) and the OP defines output level results that should be achieved annually in order to contribute to the achievement of the desired change to take place over the NSP 2012-2016 time period. The means to achieve these results (what, when, where, by whom, and how much), at national, provincial and district levels, is at the heart of the OP. The OP summarizes the objective and sub-objectives of the NSP 2012-2016, especially the evidence base, the situational analysis, and implementation lessons learned from NSP 2007-2011 reviews, priority programs areas, and the results framework.

3.1. TIME FRAME

Given Treasury's annual budget system and existing frameworks to align donor funding with existing national priorities funding, and the need for implementing agencies to know what resources they will have, on year OP will be developed with estimated national expenditure (ENE) plans for the next 3 years done annually as good OP timeframes.

4. METHODOLOGY OF PREPARATION

The MPSA steering committee to develop operational plan was established coordinated by DPSA the Guidelines on Gender sensitive Rights abased HIV&AIDS mainstreaming were developed by DPSA, approved by G&A Cluster and by the Minister for Public Service and Administration for use in the Public Service.

The WORLD Banks format of a detailed work plan, HIV&AIDS operational planning framework, costing tools and operational planning assessment tools were used to prepare this OP. National and Provincial departments were trained on the tools and frameworks. Capacity development Workshops and Technical support was provided to specific provinces and departments and planned for others.

A National Coordination Committees of SANAC was established and proposed national priorities and targets were selected for national and provincial departments and civil society organizations to establish their contribution to these.

A 2 day national operational planning meeting was held on 01 February 2012 where national and provincial departments and civil society organizations were to align their operational plans with NSP 2012-2016 Strategic Objectives and National Priorities and targets set.

The operational plan for MPSA portfolios was developed on the 9th of March 2012 based on inputs from delegated officials from the following MPSA portfolios: DPSA, PALAMA, GEMS, SITA, and CPSI, validation of the National AIDS Spending Assessment, the Public Expenditure Survey and Quality Service Delivery Surveys, the AIDS 2031 estimates, and inputs from Capacity development workshops on the GSRB guidelines.

The final based on inputs from all MPSA portfolios will be consolidated by the DPSA on the 19th March 2012. This will form part of the final national that will be launched for implementation on the 24th March 2012 with effect from 1 April 2012.

5. Assessing the Operational Plan

An assessment tool (Operational Planning Self-Assessment Tool) (OPSAT) is designed to be used as a guide for the assessment of the operational plans. The Tool adapted from the UNAIDS is designed to qualitatively assess the current operational plan, in order to identify gaps and improve the overall quality. Guidelines for use of OPSAT are attached in Annexure 2.

6. DETAILED WORK PLAN

A detailed work plan for each Strategic sub-objective should deliberately be developed as this was one of the weaknesses identified in the MTR and End Term review of the NSP 2007-2011. The MPSA portfolios should specifically ensure that the sub-objective is smart (specific measurable, attainable, realistic, and time bound). As this is an operational plan, it must indicate the results to be achieved within the time frame for implementation which should be limited to one year.

A brief background and justification for each strategic sub-objective is described and inserted in the applicable Column. Each sub-objective has the corresponding activities indicating which MPSA portfolio activities will be conducted sequenced per quarter using the SA government financial year 1 April -30 March. Each activity has the responsible portfolio to report against the processes indicators set for each objective.

The indicators were formulated as described in the indicator reference sheet of the HIV&AIDS and TB M&E plan for the Public Service. Where possible the baseline data should be indicated and there should also be alignment with the NSP 2016 targets.

The detailed Workplan should have a cost attached and calculated using a Treasury approved costing tool. The detailed Workplan is tabled below. This detailed work plan should be signed off by the MPSA heads of portfolios as accounting officers. The MPSA heads of portfolios that are members of FOSAD should regularly report on progress of implementation of this operational plan at that level. The Minister as the Political Principal should present regular progress reports to the HIV&AIDS and TB Inter Ministerial Committee

7. Performance Monitoring Framework

The essence of the operational plan is the links of outputs and the outcomes and impact indicators as determined in the NSP 2012-2016.

Monitoring and evaluation of the MPSA portfolios' response will require greater co-ordination of all portfolios and public, private, civil society and development partners. Support to other departments should be at all levels starting from wards to national level, to ensure optimal utilisation of the available resources and continuous learning through sharing of experiences. The DPSA will be responsible for the co-ordination of the monitoring and evaluation of this operational plan at all levels. The M&E units in the Provincial AIDS, district, local and ward councils and sectors will assume the same responsibility at their respective levels. These co-ordinating structures will oversee capacity development, data quality assurance, resource mobilisation for M&E and data archiving. The co-ordinating mechanisms will not take direct responsibility for M&E implementation, as this is the responsibility of the implementing institutions.

7.1 Baseline Values

Both the 2009 NSP 2007-2011 Midterm Review and final review of the same highlighted the absence of baseline values as a major weakness in tracking progress with implementation of the NSP. To address this problem, the M&E Unit in the SANAC Secretariat will lead a process to determine consensus baseline values for the core indicators selected at national level. Provinces and sectors will follow a similar process to establish baseline values for the indicators of choice at the respective levels with the support of the SANAC Secretariat. Determination of baseline values at national, provincial and sectoral levels should be completed by 24 March 2012 when the national and provincial operational plans will be officially launched.

7.2. Data Flow

Data on selected indicators for HIV, STIs and TB will flow from the ward level to district level (to District AIDS Councils), Provincial AIDS Councils, and then to the SANAC Secretariat M&E Unit at national level, and back to the lowest level for feedback. While government and civil society sectors will be reporting within their established structures at the different levels, they will be required to feed into the AIDS council structures at the corresponding levels at the same time. This will help strengthen the multi-sectoral response at the different levels. The SANAC Secretariat will provide a progress report on selected core indicators on a quarterly basis. These progress reports will also be shared with the institutions providing the data as feedback. The SANAC secretariat will also manage international reporting obligations.

7.3 Data Auditing and Archiving

National level monitoring of the HIV&AIDS and TB response will rely on routine data on adults and children through the age spectrum from programmes, surveillance and research. Routine programme monitoring will assist with coverage (outputs) while surveillance and population surveys will generate data on outcomes (behaviour change) and impacts (incidence, prevalence). A data audit system, which will ensure that routine programme data are meeting the minimum data quality requirements, will be developed and implemented. The SANAC Secretariat will be required to establish a database of data elements. It is recommended that data auditing of a sample of the core NSP data by the Office of the Auditor-General, STASSA the Performance M&E unit in the Presidency and StatsSA should be done annually.

7.4. Annual Implementation Reviews

Annual reviews will be conducted on a quarterly basis at all levels from the wards, district, province and national levels. The detailed MPSA work plan targets to be achieved quarterly by all implementing agencies will have to be routinely monitored and reported to ward, district, province and national councils and government coordinating structures. The annual performance system will have to specifically focus on annual outputs (annual results) and link them to outcome and impact indicators as determined in the NSP 2012-2016.

Output	Verifiable Indicator	Data source	Data collection method	Reporting	Responsibility
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7.5 NSP 2012-2016 Mid Term and Final Reviews

A midterm and end-of-term NSP evaluation will be conducted. The midterm evaluation will focus on achievements, challenges, emerging issues and recommendations for the remaining half of the NSP, and will take place in 2014. In addition to the midterm evaluation, annual programme reviews will be conducted. This will require multi-sectoral stakeholders to come together at the end of each implementation year to review progress and challenges. The final NSP evaluation will be conducted in 2016 to provide the evidence

8. Costing

Costing reflect the cost linked to the activities for each sub objective. The ASAP HIV/AIDS Costing Tool v1.2 - October 2008 or a 2012 equivalent/version should be used to comprehensively enter basic data, targets and coverage levels, accounting and activity mapping, determining unit costs, mapping of NSP to OP for each year of the NSP 2012-2016. The standard and additional cost emanating from NSDA, MDG, Strategic Enablers, should also be costed.

A complete budgeting gap should be assessed indicating what portion of the budget in from the voted funds, donor agencies and other sources. Total cost should then be reviewed based on priority, expenditure type, government classification, financing gap analysis, unit costs by beneficiary.

9. MANAGEMENT & CO-ORDINATION ARRANGEMENTS

The Government sector has put in place various mechanisms for the implementation of HIV&AIDS STI and TB management in the Public Service.

- 9.1.1. Provincial Offices of the Premiers
- 9.1.2. Interdepartmental committees on HIV&AIDS (IDC)
- 9.1.3. Inter-ministerial Committee on HIV&AIDS (IMC)
- 9.1.4. Ministry/Sector specific Coordinating Committee (e.g. Transport Sector, MPSA Coordinating Committees)
- 9.1.5. Technical Committee (TWG) on Government Sector HIV&AIDS M&E Plan
- 9.1.6. SHIPP Coordinating Task Team
- 9.1.7. Capacity Development Programmes by PALAMA, Sector Education Authorities (SETAS) and Higher Education Institutions
- 9.1.8. SADC Focal Point on Mainstreaming of HIV&AIDS
- 9.1.9. AU Governance reporting framework (DPSA)
- 9.1.10. UNGASS reporting processes
- 9.1.11. NEDLAC processes
- 9.1.12. Reports to Portfolio Committees per Department or Cluster

The final Governance and coordination framework is currently being developed by the Task team convened by the Office of the Deputy President. It will assist with determining

- Who are the implementers? How are the implementers coordinated? Who will track progress? How often is the review progress?

The National Capacity Development Plan, National Communication plan, National Economic and Financial Management Framework, M&E Framework and Plans, and National and Provincial Government Policies are all strategic enabler documents and implementation tools that are to be developed in year one of the NSP 20120-2016 to ensure efficiency and effectiveness of the HIV&ADS response.

ANNEXURE 1

DETAILED MPSA HIV&AIDS, STI AND TB WORKPLAN BASED ON NSP STRATEGIC OBJECTIVES AND YEAR 1 NATIONAL PRIORITIES

1. Strengthen District and Local AIDS councils to drive and monitor the community NSP 2012-2016 response

<p>NSP 2012-2016 Strategic Objective 1: Address Social and Structural Drivers of HIV and TB Prevention, Care and Impact by 2016</p>
<p>Sub-Objective 1.1: Mainstream HIV&AIDS and TB and its gender and rights based dimensions into the core of all government departments and all SANAC sectors.</p>
<p>Background and Justification: Government in its entirety has the responsibility of defining the development agenda of the country and for ensuring the achievement of the nation’s development goals and objectives. Given the profound impact of the HIV and TB epidemics, every government department (at national, provincial and municipal levels) has a critical role to play in addressing the social, economic and structural factors driving the diseases.</p>
<p>Targeted Strategic Interventions monitored through defined set of output indicators:</p> <ul style="list-style-type: none"> • Mainstream HIV&AIDS and TB and its gender and rights based dimensions into the core of all government departments, civil society, business and labour partners.
<p>Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually:</p> <ul style="list-style-type: none"> • Percentage of government departments, civil society, business and labour partners with operational plans with HIV, STI, TB and related gender and rights- based dimensions integrated
<p>Additional Indicator(s):</p> <ul style="list-style-type: none"> • HIV and AIDS and TB management policy for the public service and its tools (guidelines and M&E plan) for the public service 2009 aligned with the NSP 2012-2016 • Percentage of National and provincial departments that have gender sensitive, rights-based HIV and AIDS and TB mainstreamed strategic and operational plans • National mainstreaming framework/guideline for mainstreaming of HIV and AIDS and TB in a gender sensitive and rights-based manner for civil society, business and labour (aligned with SANAC, G&A Cluster, NEDLAC and SADC) • Revised code of Good Practice on HIV and AIDS in the world of work aligned to ILO Recommendation 200 of 2010. • National coordination structure for implementation of the Tshwane declaration constituted. • HIV and AIDS mainstreamed in major national development plans/narratives • Mainstreaming of HIV and AIDS into the Free Trade Agreement • Mainstreaming of HIV and AIDS into Environmental Impact Assessments

Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
MPSA Operational Plans validated and signed off by Heads of Portfolio	Advocacy Capacity Development Workshops	Implementation + Mid Term Review	Implementation	Annual Review	Heads of Portfolio Implementing Units	Approved and Implemented Ops Plans	Ops plans 2011-2012	Approved and Implemented Plans	Approved and Implemented Plans	R10 000.00	Voted Funds	N/A
Support Departments with Mainstreaming Policy/ Programme/ Project/ implementation	Project Plans developed and approved	Implementation + Mid Term Review	Implementation	Annual Review						R200 000	Voted Funds	N/A
Development of Government Employee Housing Scheme	Steer Com Developed	Policy Discussions internal to DPSA	Policy Consultation beyond DPSA	Policy approved	DPSA	Approved Policy on Government Housing Scheme.	Housing Subsidy Scheme	Approved Policy on Government Housing Scheme	Approved Policy on Government Housing Scheme and Implementation	R 200 000	Voted Funds	N/A
Capacity Development on Gender Sensitive Rights Based HIV&AIDS Mainstreaming	Curriculum Development Targeted workshops Online HIV&AIDS Mainstreaming Education Programme &	Curriculum Development Targeted workshops	Curriculum Development Targeted workshops	Curriculum Development Targeted workshops	PALAMA DPSA SITA DPSA PALAMA	Approved Curriculum	Guidelines Workshop material	Curriculum Framework	All Departments Employees, Managers Trade Unions Capacitated on HIV&AIDS Mainstreaming	R300 000	Voted Funds	N/A

	Assessment (Cross Reference to Gender Mainstreamin g Course)									ming			
Mainstream HIV&AIDS in all MPSA HR Policies, programmes and projects. Mainstream HIV&AIDS in all MPSA External Responses, programmes and projects.	GSRB Mainstreamin g presented to PSCBC	New PSCBC Resolutions proposed	Consulta tion on HIV&AID S Resolutio ns 2012	Approv ed PSCBC Resoluti ons	DPSA	Approved Ops Plans from MPSA	2010- 2011 Ops Plan.	Approved Ops Plans from MPSA	Effectivene ss on mainstrea ming (Evaluation Report)	R 250 000	R250 000		

Sub-Objective 1.2: Address social, economic and behavioral drivers of HIV, STI s and TB.

Background and Justification: The poor living conditions in informal settlements provide fertile ground for HIV, STI and TB transmission, as well as the spread of many other communicable diseases. According to the KYE, HIV prevalence is increasing rapidly in rural, formal settlements. Access to health services, including HIV and TB interventions, has also been prioritised.

Targeted Strategic Interventions monitored through defined set of output indicators:

- Develop a national plan to identify and address social (including gender norms) and structural barriers to access to HIV, STI and TB services to residents in informal settlements
- Develop a national plan to minimise structural barriers to access to health services in rural settlements and farms
- Developed and implement National Strategy for HIV Prevention
- Develop a compendium of social and behaviour changes programmes for each target group.
- Integration of HIV and TB care with an efficient chronic care delivery system in congregate settings (prisons, awaiting trials holding cells, mines, etc.)
- Develop and implement an integrated policy for the management and reporting of HIV and AIDS, TB, STIs and Silicosis in line with DMR, DoH, DoL and SANAC policies and plans for the mining sector.

Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually: 1. Percentage of municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented

Additional Indicator(s):

- Percentage of districts with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented

- Number of community conversations on HIV and AIDS conducted in rural settlement and farms
- Percentage of people accessing HCBC service in rural and farming communities
- Number of provincial prevention HIV strategies developed
- Number of wards reached through social and behaviour change interventions
- Percentage of economic development programmes for communities interacting with mobile populations that mainstream HIV/AIDS and gender. (this addresses economic vulnerability in HIV prevention services)
-

Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
Empowerment: Policy Development and implementation MPSA	Review and ensure gender sensitivities of: ABET Employee Bursary Schemes Learnerships	Advocacy for: ABET Employee Bursary Schemes Learnerships	ABET Recruitment Bursary allocations Internship and Learnerships	Annual Review	DPSA	Increased number of women, persons with disability on ABET, Receiving Bursaries, Learnerships and Internships.	2011 Base line	50% of recipients of ABET, Receiving Bursaries, Learnerships and Internships are women	60% of ABET, Receiving Bursaries, Learnerships and Internships are women	R100 000		

2. Reducing the number of people who are infected with HIV through comprehensive combination HIV prevention

NSP 2012-2016 Strategic Objective 2: Prevent New HIV, STI and TB Infections
Sub-Objective 2.1: Maximise opportunities to ensure everyone in South Africa tests voluntarily for HIV and is screened for TB at least annually, and is subsequently enrolled in relevant wellness and treatment, care and support programmes
Background and Justification: Universal access to HIV counselling and testing and TB screening, as an entry point for diagnosis and HIV and TB treatment, care and support is a key intervention required to achieve the goals of the NSP. Knowing one’s HIV or TB status is critical for access to effective prevention interventions for those testing negative. Data from the 2010–2011 national HCT campaign indicates that men represented only 30% of those who tested. Efforts must be made to increase men’s health-seeking behaviour, including participation in HCT. Provider-initiated counselling and testing (PICT) should be offered to all clients accessing health care services. The possibility of introducing home-based CD4 testing combined with HCT should be explored.
Targeted Strategic Interventions monitored through defined set of output indicators: <ul style="list-style-type: none"> • Implement PICT for HIV and screening for TB in all health facilities • Provide HCT in non-health settings to reach all populations • Screen for acute STIs in health facilities
Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually: <ul style="list-style-type: none"> • Number (and percentage) of men and women 15-49 counseled and tested for HIV • Number and percentage of people screened for TB
Additional Indicator(s): <ul style="list-style-type: none"> • Number of TB screenings and HIV tests conducted annually • Percentage of key populations that have received an HIV test in the last 12 months and who know their results • Number of newly diagnosed HIV-positive clients who are given IPT for latent TB infection

Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
Scale Up HCT Campaign in the Public Service	Project Plan	Communication and rollout of HCT	Mid Term Review	Annual report	DPSA SANA C DOH	Number of employee Tested through HCT	100 000 Tested in 2011	800 000 Tested in 2012	1,3 million tested annually through HCT	R2million		Development Partners, DOH,
MMC campaign in the Public Service	Project plan developed	Advocacy and communication	MCC services to male employees and their male dependants.	Annual Review	DPSA SANA C	Number of male employees reporting MMC	TBD	50% of male employees and their male dependants undergo MCC	100% of male employees and their male dependants undergo MMC.		R100 000	GEMS, DOH

Sub-Objective 2.2: Make accessible a package of sexual and reproductive health (SRH) services

Background and Justification: Integrating HIV and STI prevention into a sexual and reproductive health framework is core to the success of the NSP. Special attention must be given to the issue of teenage pregnancy (planned and unplanned) with pregnancy prevention education provided to young men and young women. Thirty-nine per cent of 15 to 19-year old girls in South Africa have been pregnant at least once and 49% of adolescent mothers are pregnant again within the subsequent 24 months. One in five pregnant adolescents is HIV positive. In addition, the annual risk of TB infection in this age group is high, and TB incidence peaks in adolescents and youth.

Targeted Strategic Interventions monitored through defined set of output indicators:

- The delivery of an integrated package of SRH services as part of the PHC approach within the district health system, with a focus on key populations.

- Maximised coverage of male and female condoms through distribution in health facilities and non-traditional outlets, including correctional facilities, mines, airports, malls, shebeens, hotels, schools
- Improve coverage of medical male circumcision (MMC) as an essential part of a male SRH package
- Develop, implement and monitor the use of national guidelines for the safe practice of circumcision.
- Increase surveillance of STIs in key populations, including young women, and develop appropriate interventions in response to this surveillance, including resistance monitoring
- Strengthen antenatal clinic screening for syphilis to eliminate congenital syphilis.
- Implement the integrated school health programme that includes a package of sexual and reproductive health and rights services, sexuality, and TB education appropriate for each school phase.

Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually: 1. Percentage of municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented

Additional Indicator(s):

- Male condom distribution
- Female condom distribution
- Number of men medically circumcised

Activities	Time Frame				Respon sibility	Indicat or	Baseline Data	Targets for 2012-2013	NSP 2012- 2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
Coordinate Implementation of SHIPP in KZN, Mpumalanga and Gauteng Provinces	Coordinate Development of national SHIPP ops Plan	Implementation and Model documentation	Implementation and Model	Annual Review	DPSA CPSI	HIV Prevention models documented	Coordination Framework developed	Coordination Framework Reported Models Developed	All Provinces implement SHIPP Programmes	TBD per district.	Voted Funds	Futures group

			docu mentation									
Sub-Objective 2.4: Implement a comprehensive national social and behavioural change communication strategy with particular focus on key populations												
Background and Justification: A comprehensive national social and behavioural change communication (SBCC) strategy must serve to increase demand and uptake of services, to promote positive norms and behaviours and to challenge those that place people at risk (including norms that discourage men from accessing HIV, STI and TB services, contribute to violence against women, multiple partnerships and those that encourage alcohol consumption. Sexuality and reproductive health and rights education, as well as TB symptom recognition, cough hygiene and how to access services, form an important component of a comprehensive communication strategy. The strategy must aim to shift attitudes and behaviours related to the reduction of HIV and STI transmission. It must focus on consistent and correct condom usage; ensuring that sex is always consensual; that women can negotiate condom use; delaying sexual debut and the reduction of age mixing; and reducing multiple and concurrent partners. The strategy must also focus on all aspects of the advocacy, communication and social mobilisation related to TB infection and disease. This strategy must take into consideration the special communication needs of persons with disabilities, and also be targeted to traditional circumcision.												
Targeted Strategic Interventions monitored through defined set of output indicators:												
<ul style="list-style-type: none"> • Develop and implement a national SBCC strategy with specific focus on key populations to increase demand and uptake of services, promote positive norms and behaviours and address harmful ones • Implement sexuality education, inclusive of life skills education, through the curriculum in all schools (in grades 1-12) as part of an integrated school health service (per school phase) 												
Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually:												
<ul style="list-style-type: none"> • Number of people reached by prevention communication at least twice a year • Percentage of young men and women aged 15-24 reporting the use of a condom with their sexual partner at last sex • Percentage of young women and men aged 15-24 who had sexual intercourse before age 15 (age at sexual debut) • Percentage of women and men aged 15-49 years who have had sexual intercourse with more than one partner in the last 12 months 												
Additional Indicator(s):												
<ul style="list-style-type: none"> • Percentage of schools implementing curriculum-based sexuality education • Percentage of schools with integrated school health services 												

Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
The Public Sector HIV BCC strategy must also focus on all aspects of the advocacy, communication and social mobilization related to TB infection and disease	Approved Communication Strategy	Implementation	Implementation	Annual review	DPSA	Age, Key Population specific communications	No Communication Strategy	All Key populations targeted messages	Condom Use prevalence Increased to 90%		R800 000	R2million

3. Develop targeted HIV prevention efforts for the key populations most at risk

<p>NSP 2012-2016 Strategic Objective 1: Address Social and Structural Drivers of HIV and TB Prevention, Care and Impact by 2016</p>
<p>Sub-Objective 1.2(a): Develop a comprehensive package of services to address vulnerability associated with mobility and migration.</p>
<p>Background and Justification: Cross-border mobility and internal migration between rural areas and urban areas is associated with an increased risk of HIV acquisition. Cross-border issues can be addressed through the protection of the rights of migrants in accordance with the Constitution of South Africa, and the implementation of regional agreements and strategies, such as referral systems and harmonisation of treatment protocols. Female migrants, truck drivers, migrant labourers and mine workers are particularly vulnerable to HIV and TB transmission. A comprehensive package of services is urgently needed for these key populations.</p>
<p>Targeted Strategic Interventions monitored through defined set of output indicators:</p> <ul style="list-style-type: none"> • Develop a comprehensive package of services to address vulnerability associated with mobility and migration • Develop a unique identifier to facilitate tracking and referral of mobile populations • Harmonisation of treatment protocols across borders
<p>Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually:</p>
<p>Additional Indicator(s):</p> <ul style="list-style-type: none"> • Comprehensive package of services developed to address vulnerability in all four modes of transport (Road, Rail, Aviation and Maritime) • Percentage of beneficiaries of comprehensive package of services disaggregated by mode of transport • Percentage of migrants and migration affected communities reached through programmes addressing environmental and structural barriers to accessing comprehensive HIV/TB/STI prevention and care services • Number of Thuthuzela Care centres offering comprehensive Care packages to vulnerable groups • Percentage of integrated health information systems for the tracking and referral of mobile populations developed and implemented • Number of migrants/mobile populations using a unique identifier (health passports) • Number of harmonized treatment protocols in the SADC Region implemented • Number of standardized Wellness Truck Stop Centre services across South African Borders

Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
HIV&AIDS and TB management Policy for Health Care workers (At risk workers)	Steer Com established	Draft Policy	Consultation	Approval of policy	DPSA, DOH, DCS, MHS, Bargaining Chambers,	Approved Policy	HIV&AIDS TB Management policy for PS	Approved Policy	Policy implemented for all at risk workers	R500 000	R500 000	N\A
Implementation of Cross Border HIV&AIDS Programmes ()	Ops Plan	Implementation	Mid Term Review	Annual Review	SADC/DOH/DPSA, PALAMA	All SA Borders reached	Pilot Border sites (Kuruman, Swaziland, Bettsbridge)	Capacity Development on HIV Mainstreaming in 50% of all border posts	100% Border Posts implementing	R2million		Global Fund (SADC)
Minimize risk of Occupational Risk Transmission Exposure among health, Correctional Service Workers, Educators	Capacity for Surveillance for at risk Workers	Surveillance Capacity Development for at risk workers	Pilot in several centers	Report	DPSA/DOH/Correctional Services, MHS, PALAMA	Surveillance for At risk workers	No surveillance system for at risk workers			R 1million		CDC

4. Strive to ensure the health and wellbeing of mothers, partners and babies and that that no child is born with HIV in South Africa

NSP 2012-2016 Strategic Objective 2: Prevent New HIV, STI and TB Infections												
Sub-Objective 2.3: Prevent transmission of HIV to reduce MTCT to at least 2% at six weeks and to less than 5% at 18 months by 2016												
Background and Justification: The PMTCT programme must be strengthened with respect to both coverage and quality through inter alia: the engagement of fathers; the integration of PMTCT into PHC services through enhancement of referral services and the increase of linkages allowing for a continuum of care, inclusive of contraception; good quality antenatal care (including HIV testing before 14 weeks and at 32 weeks gestation); improved maternity delivery services and postnatal care, with PCR testing for all exposed infants at six weeks, and immediate initiation on ART if positive, as well as HIV rapid antibody testing at 18 months, ART initiation in line with current guidelines and emerging evidence; and strengthened infant feeding practices with support for exclusive breastfeeding for at least the first six months. Improved training and integration of community health workers with facilities												
Targeted Strategic Interventions monitored through defined set of output indicators:												
<ul style="list-style-type: none"> Finalise, adopt and implement the Action Framework and the four prongs of the PMTCT strategy 												
Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually:												
<ul style="list-style-type: none"> Percentage of infants born to women living with HIV who tested PCR positive within 2 months after birth Percentage of children born to women living with HIV who tested positive at 18 months after birth 												
Additional Indicator(s):												
Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
Scale up Workplace Maternity Programme	Project Plan	Advocacy for maternity programme	50% of pregnant employees reached	Annual Review	GEMS, POLMED, DPSA	Pregnant employee on Maternity programme	Implementation data 2011	50% of pregnant employee on maternity programme	100% of pregnant employees on Maternity programmes		R100 000	GEMS POLMED

5. Find and treat every case of TB in South Africa

<p>NSP 2012-2016 Strategic Objective 3: Sustain Health and Wellness</p>
<p>Sub-Objective 3.1: Reduce disability and death resulting from HIV , STI s and TB through universal access to HIV and TB screening, diagnosis, care and treatment</p>
<p>Background and Justification:</p>
<p>Targeted Strategic Interventions monitored through defined set of output indicators:</p> <ul style="list-style-type: none"> • Ensure every person is tested annually to HIV and screened for TB (as per SO 2) • Implement targeted programmes of HIV, STI and TB screening and support for key populations • Improve HIV, STI and TB contact tracing to facilitate early diagnosis, using the primary health care approach • Ensure access to affordable, high-quality drugs to treat HIV, STI and TB • Ensure the earliest possible enrolment and universal access to appropriate treatment for HIV and TB, after screening and diagnosis • Ensure early treatment of children, adolescents and youth • Implement a patient-centred pre-ART package for PLHIV not requiring ART • Initiate all HIV-positive TB patients on lifelong ART, irrespective of CD4 count • Ensure all PLHIV with low CD4 counts (<100) are screened for cryptococcal meningitis and given appropriate treatment
<p>Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually:</p> <ul style="list-style-type: none"> • Percentage of people per year becoming eligible who receive ART • TB case registration rate • TB case detection rate • Percentage of smear positive TB cases that are successfully treated • TB case fatality rate (CFR) • CFR HIV positive = CFR HIV negative • Number and percentage of registered TB patients who tested for HIV • Number of all newly registered TB patients who are HIV positive, expressed as a proportion of all newly registered TB patients
<p>Additional Indicator(s):</p> <ul style="list-style-type: none"> • Percentage of HIV drug stockouts at facility level • Percentage of clients started on ART within 2 weeks of HIV diagnosis

<ul style="list-style-type: none"> Percentage of TB suspects started on treatment within 2 days of diagnosis TB case fatality rate (disaggregated by HIV status) Percentage of children initiated and maintained on ART and/or TB treatment Percentage of eligible HIV-positive TB clients initiated on ART Percentage of clients receiving IPT Percentage of patients with CD4 <100 screened for cryptococcal meningitis Number of young girls vaccinated against HPV Number of HIV-positive women screened for cervical cancer 												
Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
Accelerate workplace DOTS, HIV&AIDS and TB Disease management Programme	Project Plan	Implementation	Mid Term Review	Annual Review	DPSA, GEMS, POLMED	Number of employees screened symptomatically and microscopically	10% of screenings (HCT Data)	100% of HCT Screened for TB and on 50% on Disease Management programme	100% of HCT Screened for TB and on Disease Management		R 200 000	GEMS, POLMED

6. Making sure that everyone living in South Africa who needs ART is started on ART

NSP 2012-2016 Strategic Objective 3: Sustain Health and Wellness												
Sub-Objective 3.2: Ensure that people living with HIV , STI s and TB remain within the health care system, are adherent to treatment and maintain optimal health and wellness												
<i>Background and Justification:</i>												
<i>Targeted Strategic Interventions monitored through defined set of output indicators:</i>												
Priority 1												
<ul style="list-style-type: none"> Strengthen PHC, with a focus on provision of medication at PHC facilities and support at the household level Develop a single patient identifier in the health sector 												
<i>Core NSP Indicator(s)/Output indicators monitored and reported quarterly and annually:</i>												
<i>Additional Indicator(s):</i>												
<ul style="list-style-type: none"> Percentage of chronic patients receiving medication at home 												
Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
Scale up HIV&AIDS Disease Management Programme and Treatment Adherence programmes	Project Plan development	Implementation	Mid Term Review	Annual Review	GEMS, DPSA	Number of employees starting ART at CD4 above 200	Rx initiation at CD4 200 or less	Strengthen Occupational Health and PHC, with a focus on provision of medication at PHC facilities and support at the household level	Rx coverage increased by 100% and adherence of 80%	R100 000	R100 000	GEMS

7. Strategic Enabler for HIV&AIDS, STI and TB Management in MPSA

<p style="text-align: center;">NSP 2012-2016 Strategic Enablers: Capacity Development, Organizational Support, Governance, Economic and Development Initiatives</p>
<p>Capacity Development: Ensure that MPSA Portfolios and Public Service have the Capacity for HIV&AIDS STI and TB management in the Public Service</p>
<p>Background and Justification:</p>
<p>Targeted Strategic Interventions monitored through defined set of output indicators:</p> <p>Priority 1</p> <ul style="list-style-type: none">• Strengthen PHC, with a focus on provision of medication at PHC facilities and support at the household level
<p>Output indicators monitored and reported quarterly and annually:</p> <ul style="list-style-type: none">• Public Sector Capacity Development Plan for HIV&AIDS, STI and TB (Cross lined with SADC Capacity Development Framework)• Curriculum Development on HIV&AIDS, STI and TB Management.
<p>Additional Indicator(s):</p> <ul style="list-style-type: none">• Number of government employees trained on GSRB HIV&AIDS Mainstreaming based on Guidelines approved by G&A Cluster• Number of government employees trained on M&E of HIV&AIDS programmes• Number of government employees trained on development of HIV&AIDS, STI and TB operation plans• Number of Government employees trained on conducting NASA, PEST-QSDS, KYE KYR studies• Mainstreamed NSDP III

Activities	Time Frame				Responsibility	Indicator	Baseline Data	Targets for 2012-2013	NSP 2012-2016 Target for 2016	Cost	Budget	
	2012-2013										Voted Funds	Other Sources
	Q1	Q2	Q3	Q4								
CAPACITY DEVELOPMENT Develop and Scale Implementation of Capacity Development Interventions: Curriculum Development and Training programmes	Project Plan development	Implementation	Mid Term Review	Annual Review	PALAMA, DPSA, DHET	Capacity Development Plan Number of HIV&AIDS, STI and TB Curricular (for employees, managers, Trade Unions) Number of employees trained on HIV&AIDS, STI and TB management	400 Trained on Mainstreaming 2009	Curriculum Development GSRB Mainstreaming HIV&AIDS NASA, PEST-QSDS M&E	Optimal individual and Organizational capacity for HIV&AIDS Response	R100 000	R10 000	EU

ORGANISATIONAL SUPPORT Development of Organizational Support Initiatives for HIV&AIDS STI and TB management	Project Plan development	Implementation	Mid Term Review	Annual Review	DPSA, SITA CPSI	Pilot : OHASIS Surveillance System Costing Tools IFMS Online Capacity Development Programmes and Assessment tools	TBD	Piloting of organizational support initiatives	Full implementation and Model Documentation	R100 000		Future Group
GOVERNANCE Development and strengthening of Coordination Structures	Project Plan development	Implementation	Mid Term Review	Annual Review	DPSA PALAMA CPSI SITA GEMS	Coordination structures at (ward, district, province and National) levels.		Piloting of organizational support initiatives	Full implementation and Model Documentation			SANAC
Development of functional M&E System for HIV&AIDS, STI and TB	Project Plan development	Implementation	Mid Term Review	Annual Review	DPSA PALAMA CPSI SITA	Functional system with 12 components	TBD	Piloting of organizational support initiatives	Full implementation and Model Documentation			SANAC

					GEMS							
Development of National HIV&AIDS, STI and TB Research Agenda	Project Plan development	Implementation	Mid Term Review	Annual Review	DPSA, CPSI	Consensus on HIV&AIDS	SHARP Programme (DST)	Piloting of organizational support initiatives	Full implementation and Model Documentation			SANAC
Economic and Development Initiatives Regular Reports to: UN AU (APRM, Accountability Framework) SADC ILO WHO UNDP UNECA	Project Plan development	Implementation	Mid Term Review	Annual Review	DPSA PALAMA CPSI SITA GEMS	Regular Reports to International Fora and Conferences.	UNGASS, UNECA, SADC, APRM Reports.	Reporting Framework and Protocol	Compliance with all international programmes.			SANAC

