

**GUIDELINES ON GENDER SENSITIVE AND RIGHTS
BASED HIV&AIDS, STI's AND TB MAINSTREAMING
INTO PUBLIC ADMINISTRATION AND PUBLIC
SERVICE**

2012-2016

A GUIDE TO GOVERNMENT DEPARTMENTS, MINISTRIES, CLUSTERS

Commissioned by:

The Department of Public Service and Administration
Government of the Republic of South Africa

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FOREWORD

This guideline is presented to National and Provincial departments to implement the HIV & AIDS, STI and TB National Strategic Plan 2012-2016, which provides for mainstreaming of HIV & AIDS with its Gender and Human rights dimensions into the core business of all government departments in response to HIV & AIDS, STI and TB epidemics both internally for the benefit of employees and internal stakeholders and externally for the benefit of clients and external stakeholders.

The HIV & AIDS, STI and TB management Policy for the Public Service and the Maseru Declaration are two other documents that provide for HIV and AIDS mainstreaming as defined by Joint United Nations Programme on HIV & AIDS (UNAIDS) 2004. At the core of the concept of mainstreaming is an acknowledgement that HIV & AIDS is not just a health issue but also a developmental issue.

At the macro level the HIV epidemic is threatening the South Africa's achievement of the Millennium Development Goals (MDG's). While South Africa is well developed and has a stable economy; the key populations and those that are vulnerable to HIV & AIDS suffer social injustice as they don't have equal access to quality health care, education and other social services.

These Gender Sensitive and Human Rights based HIV& AIDS, STI and TB mainstreaming guidelines seek to improve the Public Sector's response to HIV, STIs and TB. The guidelines recognize the centrality of constitutional values and human rights. This is based on the understanding that public interest is best served when the rights of those living with HIV and/or TB – or are at risk of infection – are respected, protected and promoted. These guidelines are in line with the rights entrenched in Chapter 2 of the South African Constitution and the obligations these impose on the state regarding their progressive realisation. Among others, these include the rights to equality, dignity, health, education, work, adequate food, housing, social security, enjoyment of science and its application and freedom and security of the person and privacy.

The Know Your Epidemic Report of 2011 indicates that South Africa's HIV epidemic is feminised. Women aged fifteen and above are significantly more likely to be positive than men. In adult women aged 15+ HIV prevalence showed a significance increase between 2005 and 2008 survey of the HSRC from 15.1% to 17.4% with men's HIV prevalence remaining at 10%. HIV incidence in women exceed HIV incidence in men, In young women aged 15 – 24 it was estimated that HIV incidence was eight times more than in young men aged 15 – 24. (Shisana et al; 2005)

These guidelines are meant to sensitise National and provincial government departments to render their services in a gender sensitive and rights based in a manner that upholds the dignity of individuals especially those living with HIV and who have TB infection. Women and young girls must also be supported and enabled to access a comprehensive package of health and other social services including sexual and reproductive health services.

As far as the workplace is involved, every effort must be made by employers, both public and private, to ensure that HIV and TB transmission in the workplace is mitigated, and that appropriate treatment, care and support is provided to those affected.

EXECUTIVE SUMMARY

Department of Public Service and Administration (DPSA) is among others, responsible for Human Resource oversight, as well as coordination of the HIV&AIDS response in the Public Service. The Public Service is the single biggest employer in South Africa, with nearly 1.3 million public servants employed by approximately 140 government departments at national and provincial level; there is no doubt that the Public Service has a crucial role to play in mitigating the impact of HIV/AIDS and TB as part of its overall focus on the health and well-being of its employees. Large numbers of people are also direct dependants of public servants, and as a result the fate of society as a whole is closely intertwined with the health and well being of public servants.

The guideline on Gender-sensitive and Rights-based HIV&AIDS, STI and TB Mainstreaming into Public Service and Public Administration is generated as a tool to guide departments on how to respond to HIV&AIDS and TB epidemics as analysed in the KYE/KYR report 2011. The guidelines are specifically meant to ensure that the response to HIV&AIDS and TB epidemics is multisectoral, and every national and provincial department contributes to the implementation of

the HIV&AIDS,STI and TB National Strategic Plan 2012-2016(NSP 2012-2016) beyond just a health response, within their core constitutional mandates and those of their clusters.

The guidelines further facilitate departments to attain outputs for government's Outcome 12, for which the MPSA is responsible: "**An efficient, effective and development oriented public service and an empowered, fair and inclusive citizenship.**" Through these guidelines HIV&AIDS is managed as a developmental issue with its gender and human rights dimensions, including parity in education, employment and political life for girls and women as indicators for Gender Inequality Index (GII). Sustainable Gender-sensitive and Rights-based response to drivers of the epidemics, and to mitigation of its impact on development, will ensure that development does not fuel the epidemic.

Each section of the guidelines illuminate key elements of the HIV&AIDS, STI and TB Mainstreaming, namely understanding:

- the nature of the epidemic at all levels (regional, national and within the public service) and the current status on mainstreamed response
- Legal and policy frameworks, aims and objectives, scope of application and key guiding principles informing the guideline development and implementation
- Gender-sensitive and rights based HIV&AIDS and TB Mainstreaming, and its internal and external dimensions
- The implementation process that is based on the CAPIME model, driven by a signed commitment from Heads of Departments; pre-planning assessment with focus on the Systematic Review Process; evidence-informed and results-based operational planning, implementation, coordination and performance monitoring and evaluation

The last section comprises tools and templates to facilitate the guideline implementation.

The essence of these guidelines is that national and provincial departmental HIV&AIDS response should be integrated into each step of their strategic planning and operational planning. Departments should further develop gender-sensitive and rights-based HIV&AIDS, STI and TB mainstreamed, and costed operational plans, in line with the NSP 2012-2016, with effect from 1 April 2012.

MR MASHWAHLE DIPHOFA
DIRECTOR GENERAL

Title of the Document:

Guidelines on gender sensitive and rights based HIV&AIDS mainstreaming into public administration and public service 2012-2016 **Goal of this document:**

To increase capacity of departments to develop HIV&AIDS mainstreamed operational plans that are gender sensitive, rights based. The current response to the epidemic is not sufficiently engendered, human rights based and these guidelines seek to correct this.

Overview

The definition of the Gender Sensitive and Rights based HIV&AIDS mainstreaming, has been derived through a national consultative process with stakeholders and through a consultative processes at the Southern African Development Community (SADC), South African National AIDS Council (SANAC), Department of Public Service and Administration (DPSA), Government HIV&AIDS Inter-Departmental Committee (IDC), Human Resource Management and Development Steering Committee. The consultation sought to highlight the core issues and take note of exemplary practice in responding to the HIV&AIDS in a gender sensitive and rights based manner.

Targeted Audience

The target is all National and Provincial Government Departments; their DGs, the HIV&AIDS focal points, the human resources managers, managers of HIV&AIDS programmes, M&E specialist and any organisation providing technical guidance to national and provincial government departments on HIV&AIDS related matters.

Structure of this document:

This document comprises various distinct sections. Each section illuminates a key element of the *HIV&AIDS, STI and TB Mainstreaming*:

- Background to the guidelines,
 - the nature of the HIV&AIDS and TB epidemics (including STIs), their gender and human rights dimensions and the Public Service Mandate;
 - situational analysis
- Legal and Policy Framework, aims and objectives; scope, and guiding principles in relation to gendersensitive and rights-based HIV&AIDS mainstreaming
- Understanding gender sensitive rights based HIV&AIDS mainstreaming,
- Implementation process and responsibility of accounting officers ·
Monitoring and Evaluation

The last section of the document is a set of tools such as model operational plan template, model M&E plan template. These tools should be used to document the departmental plans which will be reviewed quarterly and annually in relevant HIV&AIDS governance and coordinating structures of government and SANAC. Currently these are the HIV&AIDS IDC, the HRMD Steering Committee and SANAC sub-committees.

These guidelines should be used in conjunction with the existing treasury regulation and processes

Consultative process:

There has been an extensive consultative process leading up to the compilation of this document, from 2010/2011. This is not a static document it will be reviewed in line with future developments in the HIV&AIDS and TB mainstreaming, which will be communicated through the HIV&AIDS IDC, annual steering committee meetings, and the annual HIV&AIDS and TB Conferences.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBOs	Community-Based Organisations
DBE	Department of Basic Education
DOE	Department of Education
DOH	Department of Health
DPSA	Department of Public Service and Administration
EAP	Employee Assistance Programme
EC	Eastern Cape
FS	Free State
GET	General Education and Training
GP	Gauteng Province
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HRC	Human Rights Commission
HSRC	Human Sciences Research Council
IDC	Interdepartmental Committee on HIV&AIDS
ILO	International Labour Organisation
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MRC	Medical Research Council
MTEF	Medium Term Expenditure Framework
NGOs	Non-Governmental Organisations
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
SADC	South African Development Community
SANAC	South African National AIDS Council
SO	Strategic Objective
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV&AIDS
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary HIV Counselling and Testing
SIGI	Social Institute Gender Index
GII	Gender Inequality Index
KYE	Know your Epidemic
KYR	Know your Response
IDU	Injecting Drug User
UN	United Nations
UNDP	The United Nations Development Programme
COGTA	Cooperative Governance and Traditional Affairs
SMT	Systems Monitoring Tool

NOTE OF TERMINOLOGY

There is often confusion regarding the terms HIV prevalence and HIV incidence. Both terms are central to understanding the HIV epidemic. As such, they are explained here as taken from the UNAIDS publication, *Understanding HIV-1 incidence and prevalence in eastern and southern Africa*.¹

HIV prevalence

¹ UNAIDS. Understanding HIV-1 incidence in eastern and southern Africa: a guidance note for policy makers, HIV programmers and HIV monitoring and evaluation practitioners. Geneva: UNAIDS; 2009.

HIV prevalence is a measure of the proportion of people who are living with HIV in a given population at a particular point in time. Prevalence is typically measured in cross-sectional surveys. It is a useful measure for understanding the total burden of disease and for planning care and treatment needs.

HIV incidence

HIV incidence is the number of new HIV infections that occur in a given population over a given period of time. Incidence is usually expressed as a number or percentage of infections that occur in a given population over a given period of time. Knowing the current incidence of HIV in a population provides information on how fast the virus is spreading.

Other terms:

Sex refers to the biological differences between males and females. Sex differences are concerned with males' and females' physiology.

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.

It should be taken into consideration that Gender in this context takes into account the fact that women and men are not a homogenous group and within both categories the plight of young women and young men, men and women with disabilities there will be different dynamics.

Gender Equity is the process of being fair to women and men. To ensure fairness, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.

Gender Equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources.

Integration refers to strategies applied in HIV&AIDS program assessment, design, implementation and evaluation to take gender norms and rights into account, and to compensate for gender-based inequalities.

SECTION 1:

BACKGROUND TO GENDER-SENSITIVE, RIGHTS-BASED MAINSTREAMING OF HIV&AIDS

1.1 The nature of the epidemic, its gender and human rights dimensions

1.1.1 The Regional Perspective

Southern Africa is one region in the world with HIV&AIDS hyperendemic generalised epidemics (epidemics where 15% or more of 15-49 years olds infected with HIV) in almost all of its member states (MS). The character and nature of the epidemic is such that most of the people living with HIV in the SADC region are young women, and other key and vulnerable populations. Most people infected with HIV are also infected with TB and most of the people dying of HIV&AIDS die of TB infections. The epidemics in most SADC countries have matured and reached mortality states where HIV&AIDS related maternal and infant mortality are high and compromise some of these countries' development and some may not achieve their Millennium Development Goals.

The responses to HIV&AIDS and TB epidemics require adequate understanding of the drivers of the MS specific epidemics and their possible effects on their development. It is equally important to understand how the development of SADC MS fuels the HIV&AIDS and TB epidemics.

1.1.2 The National Status

1.1.2.1 HIV&AIDS as a Developmental Issue

South Africa is home to the world's largest population of people living with HIV (PLHIV): approximately 5.6 million in 2009 (UNAIDS, 2010) – one of every six PLHIV in the world lives in South Africa. The new ASSA 2008 model estimate is in line with this: about 5.5 million HIV-positive South Africans in 2010, and around 10.9% of the South African population aged 15 and older is HIV positive (ASSA, 2011). The epidemic is estimated to have reduced life expectancy of South Africans by about 13 years, from 64 years in 1990 to 51 years in 2005. Furthermore, South Africa's tuberculosis (TB) epidemic is the fifth most severe in the world – the TB burden almost doubled between 2001 and 2006 with an estimated 55% of cases co-infected with HIV. The HIV epidemic is severely hampering South Africa's ability to achieve several MDGs, including the target of halting and reversing the spread of HIV and TB by 2015. Furthermore, the future evolution of South Africa's epidemic will to a large extent influence the chances to achieve the goals set globally for 2015 - the reduction of sexual transmission by half and the elimination of vertical transmission (UNAIDS strategy, 2010) - since South Africa's epidemic weighs in so heavily in the global total.

Since the last NSP 2000-2006 was developed, an estimated 1.5 million new HIV infections occurred in South Africa, and an estimated 2 million people died of AIDS-related causes (Spectrum estimates and projection). Further escalation of the epidemic will increase the dire consequences. The epidemic had and continues to have large-scale devastating effects on human development. HIV prevention needs to be ramped up, informed by the data on the key epidemic drivers, the biological and behavioural risk factors, and the sources of new infections. **The only way to get ahead of the HIV epidemic in the long term, is to rapidly intensify HIV prevention efforts so as to virtually halt all new infections.** Although the South African HIV epidemic has stabilised over the last decade, the number of new infections every year continue to outstrip the number of AIDS-related deaths: although this is encouraging and important news from a treatment, quality of life and life expectancy perspective, it does imply that the total pool of PLHIV in the country keeps growing, with more people living with HIV and able to infect others. Therefore, there is an urgent need to better focus the national response on the prevention of new HIV infections and to address HIV&AIDS as a development issue. The orientation of Government in addressing HIV&AIDS is a developmental one. In this regard, the attributes of a developmental state should be used in implementation of these guidelines on gender sensitive rights based HIV&AIDS mainstreaming

Attribute of Developmental State	Gender Sensitive Rights Based HIV&AIDS Mainstreaming
Strategic orientation	Sustainable Gender Sensitive and Rights based Response to drivers of the epidemics and to mitigate its impact on development and to ensure development does not fuel the epidemics

Capacity to lead	Each government department will lead its ministry, sector on gender sensitive and rights based mainstreaming
Organisational capacity	The departments will have the organisational capacity to benefit their employees and systems and their clients and stakeholders in responding to HIV&AIDS and TB epidemics. Its also meant to enhance permutations between the National, Provincial and Municipal levels of government to respond in a seamless manner and ensure effective inter -governmental relations and stability of the HIV&AIDS and TB coordination system .
Technical capacity	These guidelines are to ensure that the department develops or outsource the technical capacity to analyse and develop organisational plans

Table 1: Correlation between Attributes of a Developmental State and Gender Sensitive Rights Based HIV&AIDS Mainstreaming

1.1.2.2 It is hyperendemic and generalised epidemic

The HIV “epidemic” of the 1990s – a disease outbreak of unexpectedly high occurrence – has become “endemic”. In other words, the unexpected quick rise of new HIV infection in the country has settled at a high level, where there are significant numbers of persons living with HIV (17% of adults aged 15 – 49 according to a national survey in 2008). Because of the high levels of HIV infection in the country, South Africa’s HIV epidemic is now said to be a hyperendemic epidemic.

Such ‘mature’ epidemics characterised by large numbers of persons already infected and continuing new infections, require a long-term sustainable mainstreamed response of large scale to bring about change, as opposed to a short-term, emergency response – because in reality the HIV prevalence in this context is not going to reduce dramatically in the near future, even if new infections were almost entirely halted. Epidemiological projections from the aids2031 initiative reinforce the view of an endemic HIV situation in South Africa, which makes a complete reversal in the foreseeable future extremely difficult, if not impossible.

The long-term monitoring system of HIV surveillance in pregnant women confirms that South Africa’s HIV epidemic is hyperendemic growing. Since 2004, the HIV prevalence amongst pregnant women has consistently been above 29% (data up to 2009 ANC survey). Although the national HIV prevalence (percent of population HIV+) has recently stabilised, the absolute number of PLHIV is on a steep increase of approximately 100,000 additional PLHIV each year due to the combined effect of new infections, population growth and the life-prolonging effect of antiretroviral treatment (ART).

According to the new ASSA 2008 model estimates, for example, there is a substantial downturn in AIDS-related mortality in recent years, with annual number of AIDS deaths reduced from about 257,000 in 2005 to about 194,000 in 2010 (ASSA, 2011). This is largely due to the expansion of the ART programme.

1.2.3.1 The epidemic presents itself differently in different areas and populations

HIV continues to spread heterogeneously across and within provinces, requiring different levels of effort in different locations. The heterogeneity is confirmed by both HIV incidence and HIV prevalence data: The estimated number of annual new HIV infections in the provinces varies by up to a factor of 30. Population HIV prevalence in the provinces varies between 3.8% and 15.8%. Maternal HIV prevalence in the health districts ranges from 0% to 46.4%. At district and metropolitan municipality level, estimations suggest vastly different numbers of resident PLHIV ranging from a low of about 1,200 to a high of over 500,000. While the City of Johannesburg Metropolitan Municipality has about 270 resident PLHIV per square-kilometre, the Nelson Mandela Metropolitan Municipality has about 60 PLHIV. Comparing estimates between South Africa’s districts shows that Sedibeng District has about 27 resident

PLHIV per square-kilometre, while 9 districts have less than one PLHIV per square kilometre. SA epidemic is also heterogeneous in the density of HIV prevalence across South Africa. Demographically, the percentage of rural population ranges from less than 10% in Gauteng and Western Cape to 87% in Limpopo (2001 census). These figures illustrate the extreme differences in local HIV burden and needs for AIDS-related care, as well as different challenges to physically reach out to people and geographically provide service access. The variations do however highlight the importance of assessing and responding to the individualized prevention needs of particular provinces and subpopulations.

The age bracket that AIDS most heavily targets-young adults-means it is not uncommon for one or more parents to die from AIDS while their offspring are young. The number of premature deaths due to HIV&AIDS has risen significantly over the last decade from 39% to 75% in 2010. The loss of a parent not only has immense emotional impact on children but for most families can spell financial hardships (STATSSA, Midyear Review,2009)

1.1.3 Public Service

According to the GEMS Key Health Trends report of 2009 -2010 Enrolment of GEMS beneficiaries onto the AID for AIDS programme has continued to increase steadily. In 2010 there were 21252 new registrations that entered the programme. This brings the total number of beneficiaries currently enrolled on AID for AIDS to 53, 495 at the end of 2010 Or 3.7% of total lives. The majority (76%) of currently registered beneficiaries are principal members. Females make up to 72% of currently enrolled patients. 80% of patients qualify for and are authorised on ART.

As judged by CD4 count at registration, 34% of beneficiaries present very late in the disease with CD4 count, 200 and a further 22% with moderately severe immunosuppression. This pattern has not changed materially since inception of the programme.

1.1.4 The drivers of the HIV&AIDS, STI and TB epidemic

Drivers of the epidemic include:

- Multiple Serial and concurrent partners, who are both long-term and casual partners
- Low level of consistent condom use, especially in longer-term relationships and in pregnancy/ post-partum
- Transactional and commercial sex: acceptance of 'sex as commodity'
- Late and low levels of marriage and co-habitation
- High levels of post-partum abstinence, combined with relatively high pregnancy rates
- Insufficient risk perception among people with considerable risk behaviours, pointing to poor or partial understanding of HIV transmission
- Unprotected anal intercourse in homosexual and heterosexual contacts
- The Practice of Harmful Traditional Practices such as:
Modern "Ukuthwala". Modern Ukuthwala is said to be a custom practiced mostly in the Eastern Cape where men abduct and force young girls into marriage at very young ages, making them partake in sexual acts against their will.
- Virginity Testing-
The belief that having sex with a virgin can cure AIDS, makes this practice dangerous for young girls as they become targets of this misguided belief.

HIV&AIDS is a feminized epidemic. This means most people infected with HIV&AIDS are women of child bearing age. The HIV&AIDS epidemic has reached the mortality stage where most people dying are women and as a result of pregnancy state (maternal mortality) and children under one year (infant mortality) and under 5 years (under five mortality). These are not just health and gender issues only, but also developmental issues.

1.1 Situational analysis

1.2.1 Regional Response

The SADC Maseru Declaration on HIV&AIDS, adopted in 2003 makes provision of mainstreamed response to the HIV&AIDS in response to the HIV-epidemic. Subsequently, the SADC Framework for HIV&AIDS Mainstreaming was developed but has been insufficiently implemented as it did not have an implementation guide. Its implementation has been characterised by capacity development, advocacy and minimal programme implementation efforts to

ensure a uniformed and yet country specific approach to HIV&AIDS mainstreaming. Some countries have even developed and are implementing HIV&AIDS and TB management policies providing for mainstreamed response. South Africa in particular requested development of guidelines to enhance implementation of its HIV&AIDS and TB management policy for the Public Service.

These guidelines are therefore meant to enhance the implementation among others, also of the **SADC Maseru declaration on HIV&AIDS**, the **SADC Framework on HIV&AIDS mainstreaming**, the NSP 2012-2016 **HIV&AIDS and TB management Policy for the Public Service**. It emphasises gender sensitivity and human rights bases of all interventions when mainstreaming HIV&AIDS.

These guidelines acknowledge that the response to HIV&AIDS and TB epidemics be engendered, rights based and **developmental in approach and the Human Rights approach**. **All these are** based on Human rights principles of non-discrimination, participation, inclusion, empowerment, transparency, accountability obligation and interconnectivity. This approach ensures that substantial inequality that fuels the epidemic associated with certain key and vulnerable populations (women, persons with disability, men who have sex with men, persons abusing alcohol and drugs, migrant and itinerant people, prisoners, persons in informal employment, housing, living closer to main roads, people in conflict and post conflict situations, etc) is reduced. This done by ensuring that these populations are meaningfully involved in the development, execution and evaluation of HIV&AIDS strategies (UNAIDS 2009).

Whilst **Gender** is a Human rights issue there are existing Human Rights commitments that necessitate the specific focus on gender-related drivers of the epidemic to address the needs and rights of women and girls to have an effective and sustainable HIV&AIDS response. Women and girls with disabilities are more vulnerable to the risk of infection as the abuse of their reproductive rights usually goes unreported and they are likely not to get help until it is too late.

South Africa has the highest reported levels of sexual and intimate partner violence in the world, and violence in all its forms is considered an important epidemic driver (Ghanotakis et al., 2009 - KYR). Young people are exposed to and adopt a culture of sexual violence. HIV and violence are linked: Positive women are more likely than HIV negative women to have experienced partner physical abuse. It was estimated that 12% of incident HIV infections in young women in the Eastern Cape are directly attributable to intimate partner violence (Jewkes, et al., 2010). Perpetrators of violence themselves could be seen as a vulnerable group, since many of them live in wider contexts of risk such as substance abuse. People who have been sexually abused as children are more likely to become abusers themselves. Refusing sex, inquiring about other partners, or suggesting condom use have all been described as triggers for intimate partner violence; yet all are intimately connected to the behavioral cornerstones of HIV prevention (e.g. Maman et al., 2000).

Nature and scope of current HIV prevention response to modulate this factor that influences the sexual and relationship culture in the country.

i. The Constitution

The principle of gender equality is enshrined as a fundamental right in the 1996 Constitution. Since 1994 there were major advances for women in certain areas, most notably in the political and legal spheres (ICRW, 2008).

ii. The National Policy Framework for Women's Empowerment and Gender Equality

Aims to address some of the structural factors that prevent women from accessing needed services. By 2009, South Africa scored favourably in the global comparison of the gender gap index, chiefly due to the high educational attainment of girls, the high proportion of women in parliament and in ministerial positions, and the high percentage of professional and technical workers. However, most women are not sufficiently well resourced or educated to benefit from the "equal opportunity" legislation. At the same time, women are mindful of the factors constraining their future goals (e.g. lack of employment opportunities and access to education, corruption, low wages etc.), and often see relationships with older men as the easiest and most natural way to acquire the means to a better life.

- iii. There are several factors influencing risk and vulnerability for women and girls.

These are summarised in box 1 below. Gender sensitive mainstreaming of HIV&AIDS means mitigating against the impact of gender inequality as manifested in these risk /vulnerability factors.

- ✓ Lack of economic opportunity
- ✓ Gender Based Violence
- ✓ Biological susceptibility
- ✓ Inadequate access to sexual and reproductive health services and commodities
- ✓ Inability to negotiate terms of sexual relations
- ✓ Harmful traditional practices
- ✓ Child marriage and early practices
- ✓ Trafficking
- ✓ Femininity stereotypes
- ✓ Inability to exercise rights
- ✓ Lower Levels of education

Box 1: Factors influencing risk and vulnerability for women and girls

The country has strengthened the policy context around violence and victim protection. The 1998 Domestic Violence Act broadened the definition of domestic violence to include a wide range of abuses, is applicable to a range of familial and domestic relationships and covers both heterosexual and same-sex relationships.

- iv. The Criminal Law, ***Sexual Offences and Related Matters Amendment Act of 2008***

Built on the Domestic Violence Act to include specific provisions for survivors of rape and assault, and strongly support victim empowerment. The law broadens the definition of rape to include forced anal/or oral sex, irrespective of the gender of the victim or the perpetrator, thus recognizing male rape. The law includes however few provisions for counselling and medical treatment, with the exception of Post exposure prophylaxis (PEP).

- v. The ***2009 National Policy Guidelines for Victim Empowerment***

Aims to improve the quality of services for victims of violent crime. According to the HPI policy review, South Africa's safety, security, and justice system continues to fail those affected by violence, especially women, although laws addressing sexual violence have improved. The rates of conviction in sexual violence cases are low, and the failure to prevent sexual violence against women undermines HIV prevention efforts. The failures of the legislative and justice systems are compounded by cultural norms that prevent women from disclosing episodes of sexual violence.

1.2.1.1 HIV&AIDS as a Human Right issue, affecting key populations and vulnerable groups

The HIV&AIDS and TB epidemics in South Africa are driven by risk factors relating to certain people based on their age, race, residence, provincial dwelling, and sexual activity outside the marriage and or stable relations. These are pregnancy, educational attainment, multiple sexual partnerships, commercial sex work, sexual minority based on sexual orientation. Box 2 summarises the key populations in South Africa. The prevention of HIV transmission among these key populations requires interaction between HIV&AIDS and human rights. It is important to affirm the principle that Public Service including health and human rights perspectives and actions not only complement one another, but re-enforce one another in the context of responding to HIV&AIDS and TB epidemics.

1. HIV&AIDS and TB policies, programmes and practices can violate or interfere with human rights of marginalized groups like commercial sex workers, adolescent women, sexual minorities (Gay, Lesbian, and Transgendered people), IDUs, foreigners, prison inmates. The expanding number of people from Key Populations infected and surviving HIV&AIDS will be accompanied by intense social, economic, and political stresses. This guideline provides assistance for a mainstreamed approach where engendered, rights based Public Sector response to meet the Public Service, and health and human rights threats.

2. It is important to realize that the threat to the human rights of these key populations reduce the effectiveness of HIV&AIDS prevention and care programmes. These guidelines aim to improve national and provincial department's efficiency, effectiveness and developmental approach to HIV&AIDS and TB epidemics as planned for in the HIV&AIDS, STI and TB National Strategic Plan 2012-2016.
3. Promotion of human rights reduces vulnerability to HIV infection. These guidelines encourage the collaboration needed and respect for expertise between Public Service officials, gender specialists, public health specialists, policy developers etc. for effective response.

Higher HIV incidence rate	Lower HIV incidence rate
<ul style="list-style-type: none"> ✓ Youth 15-24 years ✓ African (black) people ✓ Residence in urban informal areas ✓ Resident in KZN, GA and EC ✓ Those sexually active but neither married nor cohabiting, and those widowed ✓ Pregnant women ✓ People with low educational attainment ✓ People reporting more than one sexual partner (past 12 months) ✓ Sex workers and their clients ✓ MSM 	<ul style="list-style-type: none"> ✓ Children 2-14, Adults 25+ years ✓ Coloured, Indian, White people ✓ Residence in urban formal, rural formal and rural informal areas ✓ Residents in the other provinces ✓ Those married and those cohabiting ✓ Women not currently pregnant ✓ People with high educational attainment ✓ People reporting one sexual partner (past 12 months) ✓ General population ✓ Individuals neither reporting paid sex nor male-to-male sex

Box 2 Key Populations at Risk for HIV Infection (KYE KYR 2010)

Basic human rights principles are core elements for effective strategies to address the intersection of gender and HIV. Rights based programming principles stress the universality, inalienability, interdependence and indivisibility of rights. Commonly, rights based approaches are understood to be based on human rights principles on nondiscrimination, participation, inclusion, empowerment, transparency, accountability, obligation and interconnectivity (i.e. assuring the conditions for enjoyment of rights.) Thus, the HIV programmes targeting women, and girls must have their fundamental basis the promotion, protection and realization of human rights in general and gender equality in particular. These guidelines are based on the basis that gender equality contributes to reducing risk and vulnerability i.e. reducing poverty, violence against women and girls, denial of sexual and reproductive health rights, sexual abuse of women and girls and violation of other civil, political, economic, and social and cultural rights. The abuses are particularly more complicated for girls and women with disabilities.

Furthermore, according to human rights principles, for programming to be meaningful, it must be available, accessible, acceptable and of high quality. Each of these points can help guide approaches to HIV programming, including addressing the intersection of gender and HIV. A critical first step is participation: ensuring that the groups that are differently affected by the epidemic are meaningfully involved in the development, execution and evaluation of AIDS Strategies. Participation of women and girls is particularly essential component of sustainable, efficient programming to end gender inequality and gender-based violence and foster sexual and reproductive health and rights.

Actions must include community participation, especially the engagement and leadership of women living with HIV, women with disability, other women groups and participation of men and boys as responsible actors in ending gender inequality and gender based violence. HIV interventions must be evidence-informed and adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented. This means knowing the specifics of each province's epidemic as it relates to the impact persons with disabilities, women, young women and girls, men, young men and boys differently. This analysis is what is to be shared during the systematic review processes when developing mainstreamed HIV&AIDS, operational plans.

1.2.2 The Public Service Response

The Department of Public Service and Administration (DPSA) in starting with its HIV and AIDS mainstreaming response made a commitment to SADC in 2007 to increase capacity and create an enabling environment for the mainstreaming of HIV&AIDS into development plans. The common entry point to mainstreaming was capacity development for all SADC countries, South Africa included. To honor this commitment DPSA coordinated training of public servants and supported departments to develop mainstreamed operational plans during the past three years. The commitment was expanded in 2010 that all SADC countries should embark on Mainstreaming of, HIV&AIDS, with its Gender and Human Rights dimensions, and that SADC should develop a Framework to guide countries.

Although Public Servants were trained over the years in HIV and AIDS, Gender and Human Rights the reality is that implementers find it extremely difficult to translate the theory into practice. To assist departments in the implementation of mainstreaming DPSA embarked on the development of Gender-sensitive and Rights-based HIV&AIDS Mainstreaming Guidelines that can be implemented to enable a multi-sectoral and multi-stakeholder response to mainstream HIV and AIDS with its Gender and Human Rights dimensions into functions relevant to the core mandate of each department.

1.2.3 Problem statement

The Public Sector's response to the HIV&AIDS and TB epidemics: is not sufficiently aligned with the nature and character of heterogeneous local HIV&AIDS and TB epidemics, has not been appropriately engendered, resourced, rights based and not addressing both internal and external dimensions of mainstreaming as defined by the UNAIDS and provided for in the HIV&AIDS and TB management policy for the Public Service

Root causes for the problem

The HIV&AIDS and TB management in response to the variety of the epidemics in SADCs Member States has mainly been biomedical based on the available evidence from biomedical sciences. The social justice bases of Social and Structural interventions to address the drivers of substantial inequality (in the dimensions of gender and human rights) associated with HIV acquisition have not been adequately prioritised and implemented. There has thus been no adequate assessment of how development fuels the HIV&AIDS and TB epidemics. There have equally been no adequate measures to assess and prevent negative impact of the epidemic on the development of countries like South Africa with hyper endemic generalized HIV&AIDS and TB epidemics. The starting point would be to move from” **Know Your Epidemic”** and **“Know Your Response”**: to be able to address the drivers of the epidemic, particularly the gender disparities and the needs for women and girls and the Human Rights of Key and vulnerable Populations.

Repercussions of the problem

- Largely a medical response to HIV&AIDS and TB epidemics and minimal multisectoral approach to HIV&AIDS and TB epidemics.
- Unsustainability of the response due to limited financial, human and material resources especially in a context of global economic recession and progressive social security framework
- Dysfunctional coordination and governance and accountability frameworks

1.2.4 The Public Service

These guidelines are meant for the Public Service.

All Acts of Parliament and mandates of the departments are informed by the Constitution Act of 1996 and others as approved by various Legislatures. The executive (President, Deputy President and the Cabinet including Premiers, Members of Executive Council), administration (DG and Public officials) implement laws through policies, programmes. They are also accountable to Parliament and the Chapter Nine Institutions like Human Rights, Gender Commissions. They also are accountable to the Public Protector, the Auditor General, the Public

Service Commission, Inspectorates of Department Labour, the Regional Economic Communities and Continental structures (SADC, AU, UNECA); and International Structures on how they implement (UNGASS, ILO, WHO etc).

Each Government Department has its core mandate as defined by the constitution (including but not limited to Public entities). These guidelines are to be used by the national and provincial departments in responding to the HIV&AIDS and TB epidemics to the extent that their respective mandates permit.

The Public Service gets its mandate from the Public Service Act, which empowers the DPSA to determine policy and frameworks for the national and provincial departments. DPSA sets policies and framework for the public service at national and provincial level. Furthermore Outcome 12 of the current administration is allocated to DPSA to deliver on an efficient, effective, development oriented Public Service. In the context of HIV&AIDS and TB management, a developmental approach means a mainstreamed approach, that is gender sensitive and rights based. The guidelines are input tools to ensure efficiency and effectiveness of the response based on available evidence and best practice, and implemented guided by the results based framework.

The above sets the framework for the public service and administration to mainstream HIV&AIDS epidemics in a developmental, gender sensitive and rights based manner. Each department has a constitutional mandate that confers a comparative advantage that can be used to respond to HIV&AIDS.

To systematically do this, each department has to conduct a systematic review, to determine:

- the nature and character of the HIV&AIDS and TB epidemics, specifically how the department is impacted on by the HIV&AIDS epidemic with specific emphasis to gender and human rights aspects
- the manner in which the department is contributing to the spread of HIV&AIDS to its employees and or the communities it serves
- the readiness state of the department to mainstream and the actual response of the department based on its comparative advantage

SECTION 2

LEGAL AND POLICY FRAMEWORK, AIMS AND OBJECTIVE, SCOPE, RESPONSIBILITY AND GUIDING PRINCIPLES

2.1 Legislative framework

This guideline is a response to the following international, regional, national and Public Sector Specific legislative and policy framework. See appendices for details.

International Mandates

- 1. United Nations' Universal Declaration of Human Rights
 2. International Covenant on Economic, Social and Cultural Rights
 3. Optional Protocol to the International Covenant on Civil and Political Rights
 4. United Nations Convention of the Elimination of all forms of Discriminations against women
 - UN Convention on the rights of the Child
 - ILO Code of good practice on HIV&AIDS in the work place
 - United Nations Convention on the Rights of Persons with Disabilities of 2007 — Accelerated Agenda for Country Action for Women Girls, Gender Equality and HIV (Meant to ensure equality of vulnerable populations,
- **Regional Mandates**
 - SADC Protocol on HIV&AIDS in the workplace
 - SADC Framework on HIV&AIDS Mainstreaming
 - Maseru Declaration

- **National Mandates**

- Section of the 9 of the Bill of Rights or Constitution
- Promotion of Equality and Prevention of Unfair of Discrimination Act (PEPUDA)- External
- Employment Equity Act 55 of 1998- Internal
- Public Service Act
- Code of good Practice on key aspects of HIV /AIDS and Employment -2000
- Code of good practice on HIV/AIDS in the world of work -2011
- Technical Assistance Guidelines for the Public Service and the World of Work
- Policy and Procedure on Management of ill Health and Retirement
- Occupational Health and Safety Act
- Labour Relations Act 66 of 1995
- Basic Conditions of employment Act
- National Youth Policy

- **DPSA Specific Policy framework**

- HIV&AIDS and TB management policy for the Public Service as amended
- Gender Equality Strategic Framework for the Public Service, 2008
- The JobACCESS Strategic Framework for the Recruitment, Employment and Retention of Persons with Disabilities in the Public Service, 2009.

Box 3 Summary of Legislative framework for GSRB HIV&AIDS Mainstreaming

2.2 Aim:

Specifically the Guidelines aim to provide support for the implementation of the HIV&AIDS Mainstreaming as provided in the “*HIV&AIDS and TB management Policy for the Public Service 2009*” as amended.

2.3 Objective of this document:

The key objective of this document is to provide technical support for mainstreaming of HIV&AIDS into Public Administration and Public Service, in a gender sensitive and rights based manner as provided for by the HIV&AIDS, STI and TB National Strategic Plan 2012-2016, and the HIV&AIDS and TB management Policy for the Public Service 2009 as amended.

It provides the **Systematic Review Process** as the methodology that departments should use to:

- Share commitment to HIV&AIDS, STI and TB,
- Understand the HIV&AIDS and TB related causes and effects,
- Develop a department specific HIV&AIDS, STI and TB operational plan with M&E plan on an annual basis to ensure efficient, effective and development oriented approach coordinated with their ministries, and clusters.

2.3.1 The expected outcomes of the guidelines:

- ⑩ To increase capacity of national and provincial government departments to respond to HIV&AIDS in a Gender Sensitive, Rights based manner using their comparative advantages.
- ⑩ To ensure that both the internal and external dimensions of HIV&AIDS mainstreaming are implemented by national and provincial departments.
- ⑩ To ensure that both internal and external dimensions of HIV&AIDS mainstreaming are evidence based as guided by the Know Your Epidemic and Know Your Response analyses.
- ⑩ To ensure that both internal and external dimensions of HIV&AIDS mainstreaming are implemented in line with departmental/sector strategies, NSP 2012-2016, existing legislative and policy frameworks and M&E guidelines

2.4 Scope of the Guidelines

To respond effectively to the epidemic requires the department, ministry, cluster, or sector to develop game changers/ exceptional responses that demonstrate timeliness, scale, inclusiveness, partnership innovation and responsiveness. This means the department, ministry, cluster, or sector should stay on top of the rapidly evolving epidemics and must have actions incorporated in its normal operations while simultaneously continuing to seek innovations and extending new partnerships. This done internally for the benefit of its employees and their dependents; and externally for its clients and stake holders. Figure 1 below summarises the dimensions and scope of the Gender Sensitive, Rights Based HIV&AIDS Mainstreaming

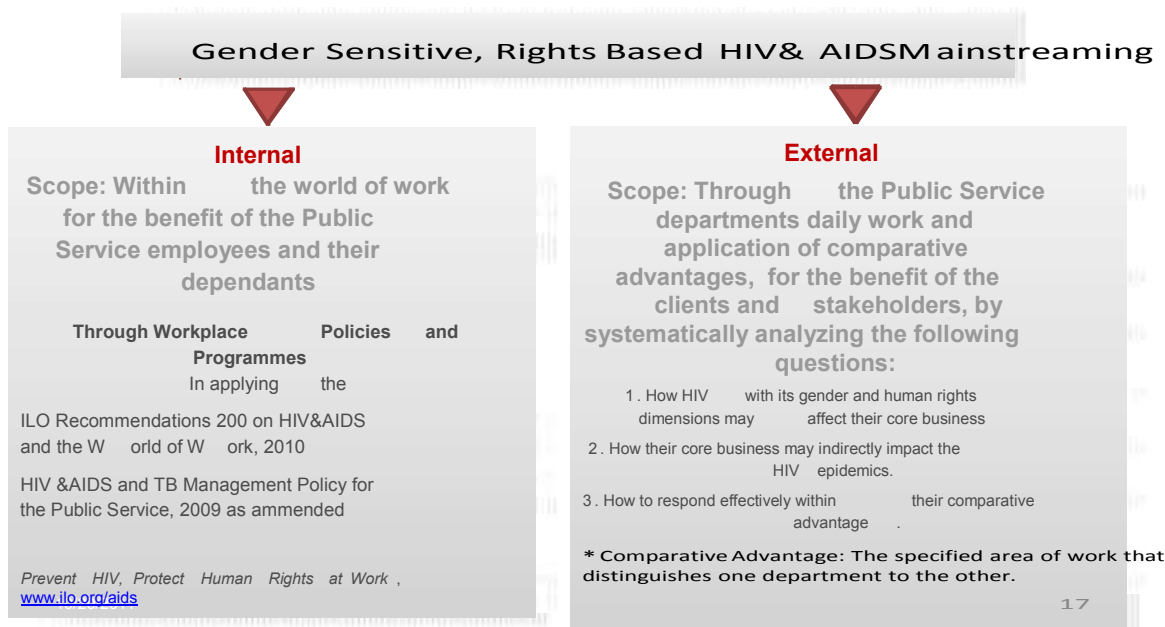


Fig 1: Internal and External Dimensions of Gender sensitive and rights based HIV&AIDS mainstreaming

Mainstreaming HIV&AIDS, in a gender sensitive and rights based manner is an interactive process of learning, engagement, action, experimentation and reflection. The Government Departments at the center of government (The Presidency; Departments of Planning; Performance Monitoring and Evaluation, DPSA, National and Provincial Treasuries, COGTA, Offices of the Premier) SANAC and Provincial Councils of AIDS should strengthen their critical coordination capacity in mainstreaming HIV&AIDS.

2.5 Guiding Principles

These guidelines are deliberately meant to guide the national and provincial departments to also implement the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. This agenda will be implemented in all government departments guided by principles summarized in box 6, those in the NSP 2012-2016 and the HIV&AIDS and TB Management Policy for the Public Service as amended.

- **Human-rights-based approach**
- **Participation**
- **Evidence informed and ethical responses**
- **Partnership**
- **Engaging men and boys**
- **Strong and courageous leadership**

Box 4: Principles of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

Key Guiding Principles on Gender-sensitive and Rights-based HIV&AIDS mainstreaming

Number	Principle
PRINCIPLE 1	To ensure adequate buy-in and to maintain a critical focus, a clearly defined and focused entry point or theme for Mainstreaming of HIV and AIDS, Gender, and Human Rights must be identified.
PRINCIPLE 2	Mainstreaming efforts should be located within existing frameworks and institutional structures . The Public Service supports and promotes the universally accepted “ Three Ones ” principle - one agreed HIV and AIDS framework (NSP); one National AIDS Coordinating Authority (SANAC); and one Country-level Monitoring and Evaluation system for all components.
PRINCIPLE 3	Advocacy, continuous Public Service and capacity-building are required to place people in a better position to undertake Mainstreaming. It will not develop on its own
PRINCIPLE 4	Internal and external HIV and AIDS Mainstreaming needs to be clearly distinguished and it is essential to ensure that both are addressed.
PRINCIPLE 5	Strategic partnerships based upon comparative advantages , cost effectiveness and collaboration must be developed for effective implementation. Learning and building on other Mainstreaming efforts may be very effective.
PRINCIPLE 6	Exceptional action must be maintained throughout, at the sectoral, national and international levels, to ensure that HIV and AIDS, Gender, and Human Rights responses remain relevant and effective as the epidemic evolves.
PRINCIPLE 7	Access to Human Rights: A Human Rights approach promotes the understanding that the human rights of persons with disabilities, youth women and girls are inalienable, integral and indivisible part of universal human rights.

SECTION 3 UNDERSTANDING GENDER SENSITIVE, RIGHTS BASED HIV&AIDS MAINSTREAMING

3.1 Mainstreaming of HIV&AIDS defined

The UNAIDS working definition of mainstreaming of HIV&AIDS is:

“Mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace”

Mainstreaming addresses both the direct and indirect aspects of HIV&AIDS within the context of the formal functions of a department, ministry, cluster, and sector.

Mainstreaming process described	
<p>It is essentially a process whereby a sector, department, ministry, cluster, or sector considers:</p> <ul style="list-style-type: none"> • How HIV&AIDS and TB affects it now or in the future • How department, ministry, cluster, or sector policies decisions and actions might influence the longer term development of the epidemic and the sector. 	<p>The department must understand and act on:</p> <ul style="list-style-type: none"> • How the epidemics affects it in this year and the next 5years • How the department's action or inaction might influence the HIV&AIDS epidemics

Table 2 Description of the mainstreaming processes

It is essentially a process based on a systematic analysis 3 Issues:

- how HIV&AIDS and its underlying (direct and indirect) causes can impact on human capital (employees and management) and core business now and in the future (Impact)
- how policies, decisions and actions might pose a risk to the development of new infections and disease contributing to the HIV&AIDS and TB epidemics (Risk)
- what measures can be taken by government, sectors, institutions, departments, programmes, projects (development actors) to respond effectively to the identified impacts and risks posed by the HIV epidemic.

3.2 What HIV&AIDS mainstreaming is not

It is important to distinguish HIV&AIDS from what is usually called AIDS work. Box 4 below summarises the types of AIDS work, what HIV&AIDS mainstreaming is not.

It is NOT simply providing support for a Department of Health's programme.
 It is NOT trying to take over specialist health-related functions.
 It is NOT adding on a few selective, additional HIV&AIDS functions and responsibilities (instead it is reviewing the core business of a sector from a different perspective and refocusing it). It is NOT business as usual – some things must change

Box 5: What HIV&AIDS Mainstreaming is not

3.3 HIV&AIDS and Gender Mainstreaming

The analysis of the HIV&AIDS epidemic revealed that it is feminised, driven by gender related drivers like gender based violence, intergenerational sex, sexual relations outside a stable relationship or marriage (KYE KYR 2010). The epidemic is also driven by lack of access to formal education, housing and employment among others. Gender sensitive HIV&AIDS Mainstreaming will be guided by this analysis of the epidemic. Gender sensitive HIV&AIDS mainstreaming does not substitute the broader Gender Mainstreaming agenda as defined by UN Economic and Social Council, 1997 (see box 5 below)

“Mainstreaming from a gender perspective is the process of assessing the implication for women and men of any planned action, including legislation, policies or programmes, in any area and at all level. It is a strategy for making women's as well men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and men benefit equally and inequality is not perpetuated. The ultimate aim is to achieve gender equality”. (Agreed conclusion of the UN Economic and Social Council, 1997/2).

Box 6: Definition of Gender mainstreaming OEDC, 1997.

3.4 Human Rights and HIV&AIDS Mainstreaming

A legal and ethical environment which is protective of human rights is central to successfully respond to HIV&AIDS. HIV incidence is disproportionately high among groups who suffer from lack of human rights protection, who are *women, children, those living in poverty, minorities, indigenous people, migrants, refugees, IDUs, persons with disabilities, prisoners, commercial sex workers, their partners, their clients and partners of their clients, men who have sex with men, lesbian women, bisexual and transgendered people.*

Stigma, discrimination, lack of confidentiality and other negative consequences are dis-incentives to HIV counselling, treatment and care. Greater Involvement of women, people living with HIV&AIDS (including those with TB disease), Commercial sex workers, gay, lesbian, bisexual, transgendered people, migrants, prisoners, IDUs, persons with disabilities in the design, implementation and monitoring is a main feature of effective, rights based HIV&AIDS interventions.

Numerous human rights principles, such as gender equality, non-discrimination, equal protection and equality before the law, accountability and the rule of law, participation, inclusion and empowerment, protection of first, second and third generation human rights are to be upheld in the implementation of these guidelines.

The Public Service HIV&AIDS, STI and TB response is to prevent, and control the HIV&AIDS, TB and STI epidemics through health and non-health approaches.

The goal of Human Rights is to ensure the protection and upholding of human rights and dignity of all individuals whether infected with HIV, TB, STIs or not. Efforts to prevent HIV&AIDS, TB and STI transmission, and provide adequate treatment, care and support for people with HIV&ADS are compatible with and complement efforts to promote and protect human rights and dignity of all people including key populations.

Public Service and Human Rights perspectives and actions not only complement each other but mutually reinforce each other in the context of HIV&AIDS. Human rights in general and Sexual and Reproductive Health rights in particular are guaranteed in the Bill of rights of the SA constitution., i.e. *the right of women and men to be informed and to make choices about their sexuality, to decide when and with whom to have sex.*

Three ways to consider interaction between HIV&AIDS and Human Rights are summarised in box 4:

1. HIV&AIDS laws, Policies, programmes, and practices can violate or interfere with human rights
 - Human rights violations and denial of equal opportunities for Key Populations Persons with Disability, GLTP, IDU, Foreigners, CSW, Adolescent women, racial, sexual and religious minorities
2. Threats to Human Rights reduce the effectiveness of HIV&AIDS prevention and care programmes
3. Promoting human rights reduces vulnerability to HIV infection e.g.:
 - Poor access to education is associated with high HIV transmission rates
 - Living in informal settlements is associated with high HIV prevalence
 - Being a lesbian woman increases the chances of GBV

Box7: Three ways to consider interaction between HIV&AIDS and Human Rights

These guidelines adopted a framework to balance Human Rights and Public Service (including Public Health) issues as summarised in figure 1 below.

Sector explanation:

- A: Best case**
- B: Improve HR quality**
- C: Improve Public Service Quality**
- D: Worst Case, improve both Public Service and Human Rights**

Points Explanation:

- 0: Poor Quality**
- 1: Ideal PS quality 2: Ideal PS Quality 3 Ideal PS and HR Quality**

Framework for Human Rights and Public Service balance in HIV&AIDS Laws, Policies and Programmes



Fig1 Framework for Human Rights and Public Service balance in HIV&AIDS, Laws, Policies and programmes.

National and Provincial Departments should consider this framework when developing HIV&AIDS and TB policies and programmes when implementing the NSP 2012-2016. The mutual interdependence between Public Service and Human Rights is becoming increasingly clear. Substantial Progress in resolving Public Sector problems like HIV&AIDS will require improvements in respect of human rights and dignity. Similarly improvements in services by the Public Sector create conditions which favour the full enjoyment of human rights and dignity. Special emphasis should be placed on the principles of equality of human rights, and indivisibility of human rights and that often HIV&AIDS and human rights require an ongoing balancing of individual, community, and public interests.

Persons with disabilities are particularly identified as part of the key populations most at risk for acquiring HIV&AIDS. Persons with disabilities also suffer social injustice as they don't have equal access to the social services like education, housing, transport, labour market participation which should structurally protect them from HIV and AIDS.

For example, according to the KYE KYR analysis 2010, educational attainment is protective against HIV&AIDS. Therefore increasing women's and persons with disabilities access to education as a Public Service will promote health generally, and from a human rights perspective promote the right to education and reduce gender and disability discrimination.

This framework also provides a platform for interdepartmental collaboration when implementing NSP 2012-2016, the **HIV&AIDS and TB Management policy for the Public Service as amended** and other Policies. Coordination of Government departments will also be influenced by this framework. The ideal is to have excellent Public Service and

Human Rights quality provided as the NSP 2011-2016 is implemented. When formulating policies and programmes national and provincial departments are to adopt four assessments to be made to ensure public services and human rights goals are optimally realised and conflicts negotiated rationally in a climate of mutual understanding and respect. These assessments are summarised in box 7 below. These policies are to be evidence based, implemented in a mainstreamed, gender sensitive and rights based manner through the results based model and monitored and evaluated.

The gender and human rights dimensions should be monitored quarterly as described in the implementation cycle of the HIV&AIDS and TB Management policy 2009 as amended. Gender disaggregated data and human rights indices like the stigma and discrimination indices should be used during the planning, implementing and reviewing processes.

1. **To what extent does the proposed policy or programme represent “good public health” and ‘good Public service”**
2. **Is the proposed policy or programme respectful and protective of human rights**
3. **How can we achieve the best possible combination of Public Service and Human Rights Quality.**
 - I. **How serious is the Public Sector Problem**
What is its nature, severity, extent, and future potential if not controlled? Is there a compelling Public Service need to respond?.
 - II. **Is the proposed response likely to be effective**
How confident is the department that the proposed department specific policy or programme will achieve the Public Service Objective?
 - III. **What are the severity, scope and duration of burdens on human rights resulting from proposed policy or programme**
How serious, wide spread and prolonged are the potential burdens on human rights?
 - IV. **To what extent is the proposed department specific policy or programme restrictive and intrusive**
 - V. **Is the proposed department specific policy or programme over inclusive (too broad) or under inclusive (too narrow)?**
Does the department specific policy/programme reach too many people (over inclusive e.g. testing everybody and not as priority, only the key populations OR Too few people(underinclusive e.g. health education offered for only commercial sex workers and not their clients)
 - VI. **What procedural (engendered and rights based) safe guards are included in the proposed policy or programme**
Procedural protections may include providing information and opportunities for hearing and appeal.
 - VII. **Will the proposed policy/programmes be periodically reviewed to assess both its public sector effectiveness and its impact on human rights**
Since the **HIV&AIDS and TB responses** continue to evolve, as does the **epidemics themselves**, regular assessment is necessary to establish and maintain policy/program relevance and commitment to the 12 Public Service Outcomes and other Macro Plans of the SA Governments as documented in the National Development Plan, the New Growth Path, Industrial Development Plan II, The National Ten Point Plan etc. Based on the periodic review specific, policy and programmatic changes should be identified to increase their human rights (including gender equality) and Public Service quality.
4. **Does the proposed policy or programme still appear to be the optimal approach to the Public Service Problem?** The process of analysis may reveal or suggest creative, alternative HIV&AIDS policy and or programmatic approaches, which are both more respectful of human rights and more effective in achieving Public Service goals.

Box8: Four Step Impact assessment: Public Services and Human Rights

3.5 Definition of gender sensitive, rights based HIV & AIDS Mainstreaming

The definition of HIV&AIDS mainstreaming, Gender Mainstreaming, and the framework for HIV&AIDS and Human Rights interventions were all considered in the adopted definition of Gender sensitive and Rights Based HIV&AIDS mainstreaming as defined by the DPSA in box 5 below:

“Gender sensitive, rights based HIV&AIDS Mainstreaming into Public Service and Administration is an institutional development process that enables Public Service and Administration policy makers, implementers and other actors to address the underlying causes and the effects of gender inequality, and Human Rights violation/repression when Mainstreaming HIV&AIDS in an effective and sustained manner both through their usual work (external) and within their workplace (internal)” (DPSA, 2011)

Box 9: DPSA Definition of Gender sensitive, rights based HIV&AIDS Mainstreaming

SECTION 4

IMPLEMENTATION PROCESS AND RESPONSIBILITIES OF ACCOUNTING OFFICERS Central to the implementation of gender sensitive rights based HIV&AIDS mainstreamed operational plans, is the CAPIME Model. This model is meant to ensure a logical sequencing of activities related to implementation. The acronym CAPIME stands for

- **C**ommitment
- **A**ssessment
- **P**lanning
- **I**mplementation
- **M**onitoring and Evaluation

A. COMMITMENT

The department is to first seek **commitment** for HIV&AIDS mainstreaming with its gender and human rights dimensions both internally and externally. This commitment to the 8 Guiding Principles for Public Service. The department should ensure ongoing commitment to the Gender sensitive and rights based mainstreaming of HIV & AIDS, STI and TB mainstreaming into departmental core business by establishing an appropriate strategy, plan and policies to address the gender and human rights dimensions of HIV.

The DG should commit to the 8 Guiding Principles for Public Service Departments to build commitment for Gender sensitive and Rights Based HIV&AIDS Mainstreaming in the public service and should sign and display commitment in an open space in the departmental working environment.

8 Guiding Principles for Public Service Departments to build commitment for Gender sensitive and Rights Based HIV&AIDS Mainstreaming in the public service

1. Committing to provide leadership and to be a champion in gender sensitive, rights based HIV&AIDS Mainstreaming
2. Committing to a working and service delivery environment free of stigma and discrimination
3. Committing to a safe and healthy world of work
4. Committing to rights-based and gender sensitive programming
5. Conduct a review and use the review report in operational, strategic planning and in negotiations of a service delivery agreement
6. Ensure allocation of resources for implementation of a gender sensitive, rights-based HIV&AIDS Mainstreamed Operational Plan
7. Ensure Monitoring and Evaluation
8. Committing to improve governance of HIV&AIDS response at cluster and FOSAD level

B. ASSESSMENT

Next the department is to **assess** the epidemic where it functions, nationally and in each province. The departments should also assess how HIV&AIDS impact on its staff and clients. The departments are also assess its possible contribution to the HIV&AIDS while conducting its core business. The systematic review is the methodology that the departments should use to conduct this analysis

The department should gather in a DG approved meeting where assessment of the epidemic and the current department's response are made. The internal and external dimensions; the gender and human rights dimension of the departmental response should all be analysed.

This analysis can be done using the systematic review methodology with the assistance of Public Health Specialists, epidemiologist, gender and human rights experts, health risks assessment companies, Government Employee Medical Scheme Key health trend reports, and other relevant monitoring and evaluation reports, scientific publications, operational research etc.

A number of tools can be used and shared in the operational planning session

- **KYE/KYR**
- **ANC surveys**
- **HIV&AIDS and TB Systems Monitoring report**
- **A situational Analysis reports**
- **HIV&AIDS Impact surveys**
- **Anonymous KABP survey**
- **Systems Review**
- **Social Institutions and Gender Index reports**
- **Gender Inequality Index analysis**

Results of this assessment should inform planning based on the results based approach linked to the outcomes based manages, the treasury regulation, and current M&E frameworks **Systematic Review**

Process:

Rationale

This systematic review guide is intended to build **institutional / departmental commitment** within the Public

The goal in mind should be to guide departments to conduct specific, combined, HIV&AIDS situation and response analysis and produce a response documents (DG signed declaration of commitment, operational plan, M&E plan) which shall guide the planning cycle

Service to reduce the spread of HIV&AIDS and its effects in South Africa. It aims at creating an **HIV&AIDS**

competent public service in which programs are implemented and services are delivered in a sensitive manner towards specific HIV&AIDS epidemic - with its gender and human rights dimensions. The guide should help departments to conduct specific, combined, HIV&AIDS situation and response analysis and produce a response documents (DG signed declaration of commitment, operational plan, M&E plan) which shall guide the implementation of the department's response to NSP 2012-2016.

8 Guiding Principles for Public Service Departments to build commitment for Gender sensitive and Rights Based HIV&AIDS Mainstreaming in the public service

1. **Committing to provide leadership and to be a champion in gender sensitive, rights based HIV&AIDS Mainstreaming**
2. **Committing to a working and service delivery environment free of stigma and discrimination**
3. **Committing to a safe and healthy world of work**
4. **Committing to rights-based and gender sensitive programming**
5. **Conduct a review and use the review report in operational, strategic planning and in negotiations of a service delivery agreement**
6. **Ensure allocation of resources for implementation of a gender sensitive, rights-based HIV&AIDS Mainstreamed Operational Plan**
7. **Ensure Monitoring and Evaluation**
8. **Committing to improve governance of HIV&AIDS response at cluster and FOSAD level**

In order to contribute, Public Service Departments need to understand the following principles

- That HIV&AIDS, Gender, Human Rights, are human rights and development concerns that affect all sectors
- That commitment and support from all in the department, especially from decision-makers is needed
- That they should not change their core business to become a Gender; HIV and Human Rights department
- That they don't have to become gender and HIV experts
- That they cannot continue business as usual
- That they need to liaise with Gender and/or HIV partners within the working context
- That they need to allocate adequate human (focal point who has relevant technical skills) and financial resource

- That HIV objectives (and **indicators**) need to be clearly defined and aligned to national strategies and plans
- That dialogue at all levels is needed
- That they should follow the “Do no harm” principle.

Guidelines on HIV Mainstreaming in a gender sensitive and rights based manner

The Guidelines on Gender Sensitive and Rights Based HIV&AIDS Mainstreaming in the Public Service provides for all national and provincial departments to conduct systematic reviews of HIV&AIDS, **risks and impacts** specific to their core work.

The aim is to assess

- whether the department has demonstrable commitment to HIV&AIDS in a DG signed template displayed in an open area with the 8 Guiding Principles for Public Service Departments to build commitment for HIV Mainstreaming in the public service and elements of commitments in the SMT tool attached to the HIV&AIDS and TB management Policy for the Public Service.
- whether HIV & AIDS (with its disability, youth, gender and human rights dimensions) could **impact** on allocated outcomes and/ or negotiated service delivery agreements. whether there is a **risk** that in operationalizing the core mandate and service delivery **agreements** departmental policy and practice may inadvertently increase the vulnerability particularly **of** those disproportionately infected/affected by HIV and AIDS?
- In cases where impacts or risks have been identified, **how a department within its given mandate, could mitigate against these risks and impacts.**

With this approach, the guidelines intend to provide technical assistance for departments to assess the implications of any planned action for women/men, boys/girls and key population regarding HIV&AIDS, gender sensitive and rights based manner to ensure that planned actions do not facilitate HIV transmission, and/or exacerbate gender inequality but promote gender equality, human rights and facilitate HIV prevention, treatment, care and impact mitigation **Timing of the Systematic Review**

When and how often should such a systematic review take place?

A review must happen at time of strategic and operational planning sessions of the department, and when planning projects and programmes¹.

Goal of the Systematic Review

By the end of the review, participants will have:

- Reached a consensus on what HIV&AIDS mainstreaming with its gender and human rights dimensions means in practice.
- Shared and analysed relevant data and experiences of internal and external mainstreaming HIV&AIDS with its gender and human rights dimensions.
- A made commitment in a declaration signed by the DG to be displayed in a open area on the 8 Guiding Principles for Public Service Departments
- Identified strategies and approaches to
 - internal mainstreaming / or the public service workplace programme with a focus on sector civil servants and employees
 - external mainstreaming of HIV&AIDS within departmental, ministerial, cluster and sector strategy and specific service delivery in the context of the departments strategic and operational planning cycle.

Responsibilities regarding Systematic Review

Who is responsible and needs to decide the outcome of the systematic review?

¹ during negotiations of service delivery agreements and during strategic planning with other departments and partners the rights-based gender sensitive Mainstreaming of HIV&AIDS must be an applied principle

The **DG** needs to initiate and is accountable for this review. The **focal point** should advise the DG, help to prepare and conduct the systematic review as described below. On the basis of the review, it is at the DGs discretion to decide whether the HIV-related risks and impacts (taking into account the gender and human rights dimensions) that have been identified could impact on

- the internal domain of the public service,
- the allocated outcomes of the department
- the negotiated service delivery agreements of the departments
- the department in operationalizing its core mandate and service delivery agreements may inadvertently increase the vulnerability to HIV.

Where this is the case, the DG needs to decide whether the allocated outcomes and/ or negotiated service delivery agreements or outputs and interventions of the Department

- need to be adapted to minimise the risk of HIV&ADS and TB in the manner the department is conducting its mandates and or how the work of the department can be compromised by the epidemic.
- additional HIV-related outputs/interventions/ services are needed

Cost/benefit considerations should guide the decision regarding participants in the review meeting. Rather have a smaller group of persons to whom the review goal and the relevant process have a strong relevance.

In order to mitigate against these risks or impacts. If the DG in consultation with management committee and executive leadership, decides that adaptations and / or additional outputs/interventions are needed, these must be included in the next strategic and operational planning sessions of the department.

Support Structure

Technical support and capacity development on conducting systematic reviews will be provided by DPSA in conjunction with **PALAMA and Provincial Academies**. Additionally DPSA is providing technical support for all relevant issues in regard to occupational health and employee health and wellness programmes will be conducted using current Inter Departmental and Governance Structures.

The Department of Labour, the Auditor General and the Public Service Commission, as well as SANAC will provide oversight.

Participants / Stakeholders in the departmental systematic review

Who should be involved in the systematic review?

The central actors for the review are the **DG** and the **appointed HIV focal point / professional**. It is recommended to liaise before the review workshop / meeting with DPSA. DPSA and **other partners** will name **categories of relevant experts**, who will help to prepare and facilitate the review process in a given department.

Prior to the review meeting, it is also recommended that the **role players as described in the HIV&AIDS and TB management Policy for the Public Service 2009, as amended**; at department be included in the review process. The following is recommended in order to ensure a **high quality mix of professionals and departmental stakeholders**

- DG and appointed Focal Point/ professional, Committee with representation from all levels and from **trade unions**, partners and stakeholders and all other role player as described in the policy.
- Public Health Specialist, Health Risk Assessment Specialist, GEMS, Gender Specialist
- HR Managers, Heads of Directorates, Chief Directorates, Branch Heads, Internal Auditors and Risk Managers, Department M&E Specialist.

In cases where the DG and the focal point feel that additional expertise is needed for the review, they could invite external HIV experts, e.g. from SANAC or UNAIDS / UNDP representatives with the required expertise. DPSA can be contacted at ehw@dpsa.gov.za can support departments in that matter. **Information requirements**

Which information is required before the review meeting / workshop?

Prior to the review meeting, the DPSA should be contacted to provide information and data on:

- Available information about HIV **impacts** on the department’s civil servants and clients/ stakeholders, i.e. a demographic profile of the workforce; their mobility –an understanding of the norms and values driving the workforce e.g., power relations, and gender disparities, SIGI, KYE KYR, Key Health Trends, Last UNGASS Report etc
- Results from the **SMT**
- Data on the implementation status of the world of work programmes within the Public Service and a given department. Useful reference on this can be found from GEMS Key Health trends reports, the Health risk assessment reports from the allocated Health Risk assessment Company, Employee health and Wellness annual reviews to get. e.g. how many days staff spend away from home each month, or year; and 3)

Contact: provide email address of relevant person / institution

For GEMS, HRA Companies

SANAC, DPSA and Department of Labour should be contacted to provide information and data on

- National HIV policies, plans and strategies including world of work policies
- Relevant epidemiological situation (Gender disaggregated data on HIV prevalence and incidence, SIGI, modes of transmission, key and vulnerable populations, HIV prevention and treatment coverage) for the geographical area of operations
- Evidence on upliftment of relevant human rights principles, such as Stigma Index for non-discrimination, gender disaggregated data on gender sensitive programmes e.g. gender-based violence data for the geographical area of operations. Data should further be disaggregated according to age, and disability.)

Contact: provide email address of relevant person /institution for these particular information

Sector strategies on HIV with its gender and human rights dimensions including generic impacts and risks for the given sectors (departments) core mandate and service delivery in line with the clustered entry points for the public service in South Africa. These are just examples and departments can decide on their own entry points into mainstreaming of HIV&AIDS. The following entry points have been prioritised in Interdepartmental Coordinating Structures.

- Mobility and Migration
- The uniformed services • Human development
- Economic development
- Governance and administration

DPSA in conjunction with relevant lead departments will develop relevant sector specific guidance notes on the specifics of HIV&AIDS mainstreaming per sector. DPSA contacts for this are available at ehw@dpsa.gov.za.

This information needs to be analyzed, summarized and documented prior to the review meeting/ workshop!

C. PLANNING

After assessment, the department should **plan** how it will respond to the epidemic for the benefit of its employees and its clients and stake holders. Special effort should be made to ensure that appropriate interventions that are gender sensitive and rights based are used in the department’s mainstreamed response to the epidemic. The department should do this in a operational planning meeting described bellow.

The Review Meeting / Workshop: How should the meeting be organized?

Step	What?	Who?	How?
1	Opening of meeting , explaining meeting objectives	DG	Speech

2	Presentation of the Public Service Guidelines on how to Mainstream HIV&AIDS with its gender and human rights dimensions	DPSA representative / expert	PowerPoint presentation (<i>Discuss The Guidelines</i>)
3	Presentation of HIV&AIDS risks and impacts , including the gender and human rights dimension for the given departments core mandate and service delivery in line with the clustered entry points (Three Questions)	Focal Point / DPSA representative	Sector Specific Power Point presentation (Choose one Department and answer the Three Questions)
4	Presentation of epidemiology and HIV-related risks and impacts including the gender and human rights dimension in regard to <ul style="list-style-type: none"> • Departments' employees • Departments' clients and stakeholders <u>(KYE KRY, SIGI, IHRA, HRA, Key Health Trend, GEMS HCT Report, SMT)</u>	Departmental Focal Point	PowerPoint Presentation (Two Slide Presentation) NB. All PowerPoint Presentations should also be available in accessible formats for persons with disabilities.
5	<ul style="list-style-type: none"> • Discussion on the importance of changing departmental policy and practice • 1st brainstorm to suggest suitable steps for developing departmental responses 	All Facilitator / Focal Point	Writing suitable steps on a flip chart to capture participants' contributions Checklists: Internal and External

It is recommended that the DG opens the meeting by explaining the workshop objectives (a review of HIV&AIDS Mainstreaming with its gender and human rights dimensions for the internal and the external domain).

Fig: 2. Generic Programme of the Departmental Systematic Review and Planning meeting

- The meeting should be started with a presentation of the Public Service Guidelines on how to Mainstream HIV&AIDS with its gender and human rights dimensions to the participants in order to set the stage and to refresh participants' understanding of HIV&AIDS with its gender and human rights dimensions for their internal domain (WPP) and within their specific field of work or service provision. **PowerPoint presentation can be availed by DPSA /Office of the Premier.**
 - This should be followed by a presentation of HIV&AIDS risks and impacts, including the gender and human rights dimension for the given sectors (departments) core mandate and service delivery in line with the clustered entry points (Mobility and Migration, The uniformed services, Human development, Economic development, Governance and administration, Any other prioritized drivers of the epidemic)
 - **These presentations need to be developed by DPSA /Office of the Premier and should ideally already include relevant strategic objectives from the NSP 2012-2016**
 - Next, the Focal Point presents a summary of the information which was assembled prior to the meeting regarding epidemiology and HIV-related risks and impacts including the gender and human rights dimension in regard to
1. the department's internal domain (world of work programme implementation) and impact on departments' employees

Box xx: Checklist Internal Domain

HIV&AIDS Impacts - What are the impacts of the epidemic, (actual/potential) on employees (women/ men, persons with disabilities and youth), which have implications on the organization's ability to function? (you may like to include questions from tool 3 Questions for assessment from draft 4 of the "SIM" guidelines)

Workplace policy - Does the current workplace policy

1. Prevent, minimise or overcome capacity erosion due to HIV&AIDS?
2. Prevent and respond to sexual abuse and harassment?

Human Rights - Is the policy adequate (nondiscrimination, confidentiality, tripartism, decent work, GIPA, accountability)? Include questions from tool 3

Gender Equality - Are the needs of both men/ women taken into account?

Implementation and M &E- Is the policy being implemented? Is there an Implementation Plan? Is it monitored and has it been evaluated?

Financing - Is there a budget for implementation (and follow-up)?

Focal Point - Is there a designated gender and HIV Focal Point?

Is the Stigma and discrimination index observed
Are the Batho Pele Principles followed

2. the external domain (core business) impact on clients and stakeholders

3. the geographical area of operations of the given department.

- Allow time for questions and clarifications.
- The Focal Point and facilitator lead participants to discuss and brainstorm on any consequences for the departments operations (core business) in relation to the presentations,
- the importance of changing departmental policy and practice in order to reduce the department's / sector's susceptibility to HIV and the vulnerability of stakeholders to the epidemic's impact,
- Potential responses which could be provided by the department /sector.
- Participants' contributions should be captured and written on a flip chart.

The Central Part. The presentations are followed by the **central part of the meeting / workshop**. This part of the meeting should ideally be facilitated by an external facilitator and the Focal Point. They should guide an analysis structured around the two dimensions of Mainstreaming starting with the internal domain.

Internal Domain

- Explain what is meant by internal Mainstreaming and the internal dimension and introduce the ILO definition and the code of practice 2010 ILO (latest code of good practice for the world of work)
- Make reference to the summarized data on the implementation status of the WPP in the Public Service and (if available) for the departments workforce sense. Also refer to collected information on factors like alcohol consumption, violence and known risk factors.
- **Raise important topics such as HCT, treatment, plus families, distribution of condoms, code of good practice – Public Service as right bearer, also include topics such as engendered aspects- child care, breast feeding – workplace maternity programmes and their relevance to public service employees**
- Define elements of the Rights based approach (participation, empowerment, accountability and non-discrimination)

- Introduce the checklist for the internal domain on a slide/ flipchart paper (see Box XXX)

- Initiate discussions on each bullet point of the checklist
- Ask the participants to brainstorm and to conduct a situation analysis to determine the risk factors and the scope, nature and effectiveness of current workplace interventions
- Encourage participants

Please Note

Mitigation measures need to be plausible and evidence-based; hence the relevant source of information, data or study should be referred to for verification.

1. to establish gaps in the current response and opportunities for improving or scaling up the response
2. to formulate suitable responses,
3. to determine resource allocations and resource use (financial and human resources)
4. to determine the nature and value of existing partnerships or collaboration with other sector departments regarding HIV&AIDS in the internal domain.

Box xx: Checklist External Domain
 (you may like to include questions from tool 3 Questions for assessment from draft 4 of the “SIM” guidelines- No, covered by SMT)

HIV&AIDS impacts

What are the impacts, by gender and human rights aspects of HIV&AIDS on the departments /sectors ability to achieve its objectives?

Does the department/ sector enhance the coping capabilities of all, particularly of those disproportionately infected/affected by HIV&AIDS? (key and vulnerable populations)

Does the department/ sector actively address HIV&AIDS-related discrimination (women/girls, PLHIV, persons with disabilities, youth) in relation to access to services and opportunities?

Program impacts

What aspects of the departments’ services and service delivery will increase the vulnerability of men/ women, boys/girls, persons with disabilities, youth to HIV infection?

What measures are in place to minimize these impacts?

What aspects of the departments services and service delivery will exacerbate gender inequality?

What measures are in place to minimize these impacts?

What aspects of the departments services and service delivery will reduce the vulnerability of men/women, boys/girls to HIV infection?

What measures are in place to promote such actions?

- Record responses on flip chart paper/PowerPoint presentation.

External Domain

For this part of the review the description of the core functions and mandate of the department and an outline of the overall sector objectives and strategies as well as the sector’s agreed upon visions for addressing HIV&AIDS, should be presented on a flip chart/ or slide.

- On the basis of the sector-related and epidemiological information, the participants should now be invited to jointly review their core functions and mandate discussing the following central questions:
 1. *Could HIV&AIDS impact on allocated outcomes and/ or negotiated service delivery agreements by gender, and by taking other human rights dimensions into consideration*
 2. *Could there be a risk that allocated outcomes and service delivery agreements may inadvertently increase the vulnerability particularly of those disproportionately infected/affected by HIV&AIDS?*
- The checklist external domain should be used to guide this discussion and analysis
- The focal point and facilitator should encourage participants to give examples and should refer to risks or impacts which have been identified in the preliminary analysis.
- Identified risks or impacts should be considered, discussed and documented
- The gaps or weaknesses in the way the department/ sector has responded to date should be addressed and discussed
- Meaningful and effective responses can be identified by discussing and answering the following question: “How could the department / sector reduce potential impacts and risks and contribute to the HIV response within its given

mandate?

- The facilitator and the focal point should encourage participants to think of targeted, locally relevant and culturally suitable responses that address the identified impacts and risks
- Participants should be invited to clearly define and document mitigation measures
- Participants should decide if measures can be undertaken by simply adapting interventions that were already planned and budgeted; or whether additional services and outputs are required that need additional resources.
- If the latter is the case, participants should also explore and document

1. potential partnerships and cooperation with other stakeholder (see matrix below) 2. capacity building needs which may arise from the defined interventions.

It should also be documented how and when this will be taken forward.

Alignment when Planning

A department's HIV&AIDS response should be integrated into its strategic planning at each step, as well as into each year's operational plans. The planning process is clearly defined in guidelines from National Treasury, available on <http://www.treasury.gov.za>

In these guidelines, Treasury has defined the Public Service process for integrating strategic planning and budgeting. This process addresses the allocation of public resources in support of government's social and economic goals and priorities, and, as such, has implications for organization structure, financial and performance management system and institutional management based on the current administration's outcomes/results based planning. The planning should be informed by findings from assessment.

The planning process will be verified by availability of mainstreamed, costed HIV operational plan which specify strategic objectives and targets to address strategic Gender and Human Rights issues as well as specific activities and time frames to attain set objectives. Financial and operational controls should be specified in the plan, as well as mechanism for tracking and measurements for attainment of set objectives and outcomes.

Operational Plan

The essence of these guidelines is that the national or provincial department should develop its mainstreamed, gender sensitive and rights based HIV&AIDS and TB operational plan in line with the NSP 2012-2016 and the HIV&AIDS and TB Management Policy for the Public Service as amended.

The operational plan should be aligned with the Departmental Strategic Plan which should have HIV&AIDS and TB Management as strategic priorities and made commitment to HIV&AIDS according the 8 Guiding Principles for Public Service Departments to build commitment for HIV Mainstreaming in the public service.

The Objectives of the Operational Plan will be aligned with those identified in the NSP 2012-2016 and the **Departmental /Sector specific HIV&AIDS and TB management Policy** in compliance with the HIV&AIDS and TB Management Policy for the Public Service.

The departmental HIV&AIDS response should be integrated into its strategic planning as well as each year's departmental operational plan/ Annual Performance Plan. The Planning processes are clearly defined in guidelines from National treasury and are available on <http://www.treasury.gov.za>. In these guidelines Treasury defines the Public Service process for integrating planning and budgeting. This process addresses the allocation of Public resources in supporting of government's social and economic goals and priorities, and, as such has implications for organizational structure, financial and performance management systems and institutional management.

The operational plan should be DG signed off documents and should have elements identified in the fig bellow. The elements should be sequenced starting with introduction, overview of priorities areas (NSP 2012-2016) and strategic enablers; detailed work plan, costing, funding requirements and sources of funding; performance monitoring; implementation and coordination arrangements.

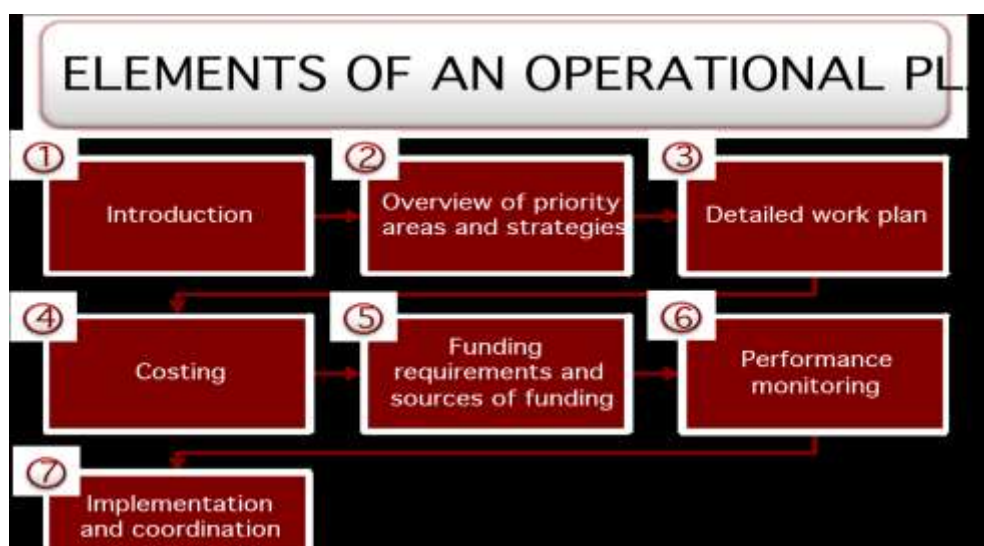


Fig 3: Generic Elements of a departmental HIV&AIDS and TB Operational Plan

Detailed Workplan

A detailed work plan for each 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 departments should specifically ensure that the 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 objective should be described and inserted in the applicable Column. Each objective should have the corresponding activities indication which activities will be conducted sequenced per quarter using the SA government financial year 1 April -30 March. Each activity should have the responsible person, directorate, which directorate, cluster, or branch is responsible for reporting against the processes indicators set for each objective.

The indicators should be 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 also have a cost attached and calculated using a Treasury approved costing tool. An illustration of a sample Workplan is summarized in fig below. This detailed work plan for each department should be attached to the operational plan to be signed off by the DG as an accounting officer and the Minister as the Political Principal to present regular review to the HIV&AIDS and TB Inter Ministerial Committee

<p>NSP 2012-2016 Strategic Objective 1 (Impact): Address Social and Structural Drivers of HIV and TB Prevention, Care and Impact by 2016</p>
<p>Sub-Objective 1.1 (Outcome): 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>Results (output): Number of government departments and sectors with mainstreamed HIV, STI and TB, operational plans with its related gender and rights based dimensions</p>

Activities	TimeFrame				Responsibility	Indicator	BaselineData	Targetsfor2012-2013	NSP2012-2016 Targets	NSP2012-2016 Targets	Cost	Budget	
	2012-2013											Voted Funds	Other Sources
	Q1	Q2	Q3	Q4									
Developmentof guidelines	x				DPSA	Approved guidelines	No guidelines	Guidelines implemented by 25% of national and provincial departments	100% government departments 100% of sectors	R 500 000	x	GIZ technical support UNDP technical support	
Implementationof operationalplans	x	x	x	x	All departments and sectors	Number of ops plans developed and implemented	To be obtained in 2012	25% of departments and sectors	100% of departments and 100% of sectors	TBD	x	x	

Fig 4: Illustration of the detailed work plan, an element of a Departmental Operational Plan.

The operational plan should be costed and indication for all funding requirements should be documented. The operational plans should also indicate the specific budget allocated and approved by the DG. Additional budget sources should also be indicated to monitor National AIDS allocation and to track expenditure at midterm and end term level.

D. IMPLEMENTATION

Implementation of the **NSP 2012-2016** and the **HIV&AIDS and TB Management Policy for the Public Service** as amended, through these guidelines in a mainstreamed manner with gender and human rights dimensions should happen at national, provincial and municipal level.

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Implementing Cycle for Government HIV&ADS, STI and TB operational Plans for National and Provincial Government Departments

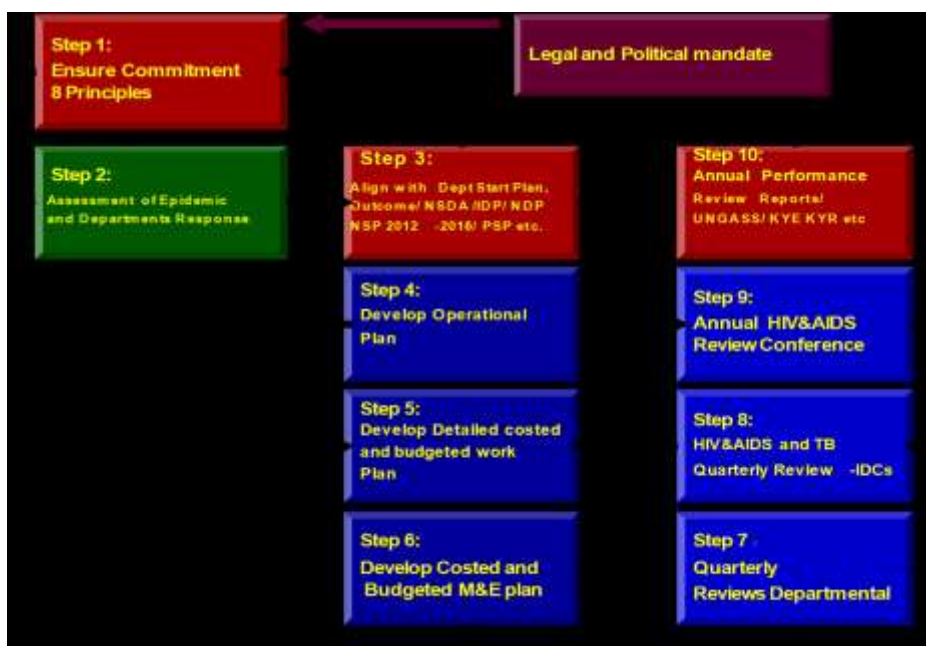


Fig 5: Implementation Cycle for Gender Sensitive, Rights Based HIV&AIDS mainstreaming by National and Provincial Government Departments

The implementation cycle for the government HIV&AIDS, STI and Tb operational plans for the national and provincial government departments should follow the steps as depicted in figure 5. The commitment, assessment and planning steps are critical to ensure successful implementation, monitoring and evaluation.

The departments should use the results based model for implementation of the operational plans Implementation will require inputs for each NSP 2012-2016 objective relevant and appropriate for the departments. These are resources that are human, financial, time, legislation, policies, guidelines and other policy tools.

The human resources needed to implement, monitor and evaluate the mainstreamed operational plan should include among others who the program / activity managers are at national. Provincial and municipal levels. Implementers employed by government, funded by PEPFAR and other NGOs should also be identified. Additional technical support that the department will require should particularly arranged with the Technical Assistance Units in Treasury, PALAMA, Provincial Academies and development partners.

Implementation of the mainstreamed operational plan will be reviewed among government departments within existing interdepartmental, HIV&AIDS and TB coordination structures. Accountability at the FOSAD and Inter ministerial Committee level will be based on efficient implementation of departmental plans. DGs and Ministers/ Deputy Ministers will report to FOSAD and IMC and SANAC Plenary respectively.

All departments will have to report annually at the Interdepartmental HIV&AIDS annual conference on their process and output monitoring results. Process monitoring the departments will have to address

In Process monitoring, the department will be able to answer the following questions:

- ***Are we heading in the right direction?***
- ***How well are we doing?***
- ***What difficulties or challenges are we facing?***
- ***What have we learnt?***
- ***What needs to be changed?***

In Output Monitoring the department will be able to answer the following questions:

- **Are we achieving our desired outputs?**
- **What is the status of our activities?**
- **What is our achievement towards targets?**
- **Do we need to adjust activities?**
- **Do we need to reallocate resources?**

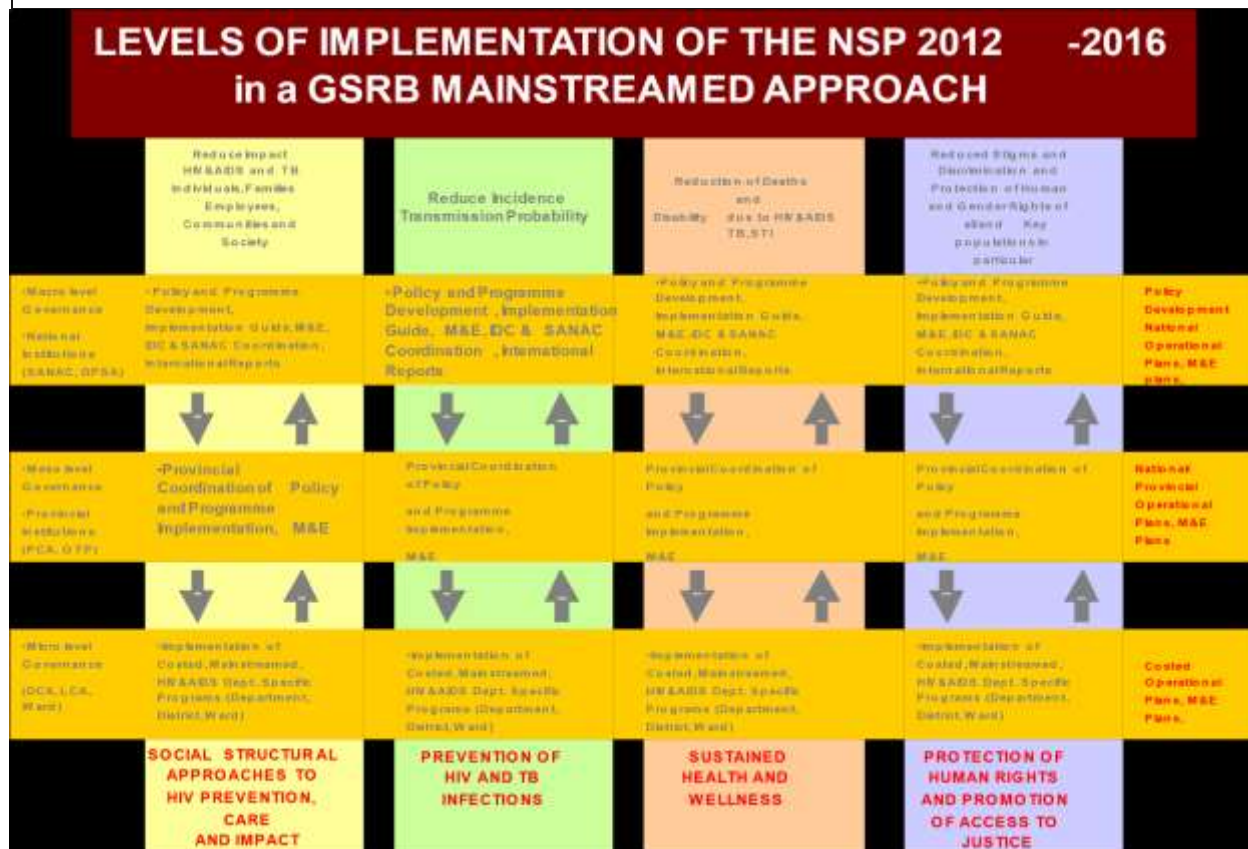


Fig: 6 Levels of Implementation of the NSP 2012-2016 in a gender sensitive and rights based and mainstreamed approach

While the current Public Service Act limits the DPSA to determine policy and related guidelines and tools for national and provincial departments, the NSP 2012-2016 requires mainstreaming to be conducted at all three spheres of government. COGTA, DPSA Offices of the Premier, Treasury and SANAC structures with have to work together to harmonize the use of these guidelines and the guidelines on HIV&AIDS mainstreaming at municipal level and sector level.

It is important for departments to implement all four strategic objectives in so far as its mandate allows and this should be done at all three levels of government. Special effort should be made to ensure ward, municipal and provincial implementation of the NSP 2012-2016.

Within the department and the ministry and cluster the department operates in, it's important to determine how the implementers are to be coordinated. The department should have dedicated individuals to track progress quarterly, and annually to monitor efficiency of the department's response. The departments should also ensure that they contribute to the routine quarterly monitoring, mid term review, bi-annual UNGASS reporting, annual mainstreaming review reports to SADC, UNECA. Annual report to the Minister of Public Service and Administration to report on the governance of HIV&AIDS as part of the Africa Peer Review Mechanism, as a cross cutting issue.

It's important that each department should have an M&E plan attached to their operational plan. The HIV&ADS and TB Management Policy for the Public Sector has a M&E Plan of how to build a functional M&E system based on the Worlds banks 12 components of functional M&E system. The DPSA, Department of Performance Monitoring and Evaluation, Treasury and COGTA and Offices of the Premiers will coordinate HIV&AIDS M&E based on existing government wide M&E frameworks.

These guidelines provide an overview of an M&E plan that should be attached to the operational plan of each government department.

Definition of Concepts

Monitoring is a continuous function that uses the systematic collection of data on specific indicators, to provide management and the main stakeholders of an ongoing development intervention with indicators extent of progress and achievement of objectives and progress in the use of allocated funds. (OECD)

Monitoring is what should be done to an operational plan within a period of one year. Quarterly monitoring will be done through interdepartmental coordination structures among Government Departments.

Evaluation is the systematic and objective assessment of an ongoing or completed project, programme, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into decision-making process of both recipients and donors. (OECD)

Like the Operational Plan the M&E plan is an extensive document that has elements of introduction, vision and mission of the Department and the departments HIV&AIDS plans, programmes and or projects. It must indicate the background of the planning process and the operational plan and the context of implementation form NSP 20122016, the departmental policy and programme and operational plan for the specified financial year(s).

The M&E plan should also describe the programme/project funding mechanism with all sources of funding and the revenue generated/disbursed from each source.

The plan must indicate the purpose of the M&E Workplan; indicate who are the M&E team by organisation and names. It must also indicate its audience analysis both at the operational level and evaluation level.

The M&E plan must indicate the frameworks and models that inform the implementation plan. For the purposes of the national and provincial departments, the Results Based Model (Outcome Based Model) as described by the Performance Monitoring and Evaluation Departments is the model used. The conceptual model, logic model, results framework and results framework hypothesis will be described in details in the M&E Framework of the NSPs 20122016.

The M&E Plan must also have an implementation plan with indicator reference sheet/ information sheet where all indicators referred to in the plan are defined in a standardized way.

The M&E plan must also have an evolution plan as guided by the Evaluation Framework of the NSP 2012-2016. The M&E plan must also have a data quality plan to ensure that the data reported on is valid, reliable, has integrity, is precise. The elements of and M&E plan are summarized in box bellow. (A Public Sector HIV&AIDS M&E Workplan is attached for departments to fill in)

Vision and Mission of [organisation managing project]
Background / Context Information [for organisation X and project name] [project name] and Funding Mechanism
Purpose of the Monitoring & Evaluation Work Plan
Monitoring & Evaluation Team ⁵⁰
Audience Analysis

Frameworks / Models [organizational / project level]

Conceptual Framework

Logic Model

Results Framework

Results Framework Hypothesis

[project x] Implementation Plan

[project x] Indicator Information Sheets

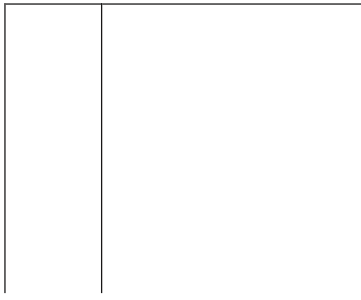
Evaluation Plan

Data Quality Plan

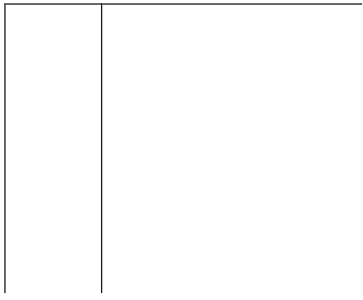
Box: Elements of a Departmental HIV&AIDS and TB M&E Plan

Appendix A:
RECOMMENDED MATRIX FOR STAKEHOLDER ANALYSIS

Stakeholders	Area of involvement									
	Policy	Advocacy	Planning	Coordination	Implementation	Capacity building	Technical Support	Funding	Research	M&E
Other ministries a) b) c)										
Other Government institutions a) b) c)										
Parastatal/quasi-government a) b) c)										







M&E			
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APPENDIX B



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

Department of Public Service and Administration

HIV&AIDS and TB Monitoring & Evaluation

Work Plan

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Acronyms

Acronym

Explanation

Introduction to departmental M&E plan for HIV&AIDS Mainstreaming

Vision and Mission of [Name of the Department]

Briefly give the vision, mission and values of your organisation. The idea is to set the context of why your organisation is involved in the project.

Background / Context Information [for Department and Departmental HIV&AIDS and TB Mainstreaming Programme/Project]

Briefly give an overview of the project (usually the summary from the proposal is sufficient). Give the reader an indication of why the project is relevant to your organisation by relating the project to your organisation's vision.

[Departmental HIV&AIDS Mainstreaming Programme/Project] and Funding Mechanism Briefly

give the relationship between your project and your sources of funding.

Purpose of the Monitoring & Evaluation Work Plan

The Monitoring & Evaluation Work Plan for [project x] has been designed with the following specific objectives in mind:

- Give a few short reasons as to why your organisation should have a monitoring, evaluation and reporting plan. Do not forget Data Quality!

Monitoring & Evaluation Team

Identify members of your Monitoring and Evaluation Team and explain their roles and responsibilities.

Audience Analysis

Give short introduction as to who the internal and external audience will be for the information you will collect as part of your MEP. Template is available in additional tools document.

Frameworks / Models [Departmental / HIV&AIDS Mainstreaming project level]

Conceptual Framework

Logic Model

Results Framework

Table 2.1: Results chain for [Departmental HIV&AIDS a Mainstreaming Project]

Activity	Impact	Indicators
	Outputs	Indicators
	Outputs	Indicators
	Input	Indicators

Use the template above or below to demonstrate your results framework. Insert more lines if required and delete those not needed. Modify to meet your needs.

Project: Departmental HIV&AIDS and TB Mainstreaming Project

Goal:

Input	Activity	Output	Outcomes	Impact
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<p><i>What goes in... What you budget for..</i></p>	<p><i>What you do to reach your goal... Each activity may have its own framework.</i></p>	<p><i>What you get from your activity... more immediate</i></p> <p><i>Relates to your project OBJECTIVES.</i></p>	<p><i>What you get... down the road and involves some sort of change in behaviour, knowledge, attitude...</i></p> <p><i>Relates to your project GOALS.</i></p>	<p><i>How activity affects population... long term.</i></p> <p><i>Relates to Mission / Vision</i></p>
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Objective(s):

Results Framework Hypothesis

Briefly explain the hypothesis on which your framework is based. In other words tell the reader how you got to the point of showing the relationships between the inputs, outputs, outcomes and impact results. You may need to use references to prove your case.

[Departmental HIV&AIDS and TB Mainstreaming Project] Implementation Plan

Use the template below to record the activities for implementation. Record the activities per project objective (or intermediate / outcome result) as indicated in the results framework. Thus if you have three outcome results you will have three tables. Make sure the activities given in the tables include at least those that were in the project proposal plus those operational activities that are required to ensure that the objective is met.

Table 3.1 [project x] Implementation Plan for Intermediate Result 1

[Departmental HIV&AIDS and TB Mainstreaming Project] Implementation Plan: name of organisation							
Goal : e.g. Improve HIV&AIDS Health Care Delivery							
Project Objective #1 : e. g. Increase Institutional Capacity through training of 100 Programme Managers in HIV&AIDS Mainstreaming 2007-2009							
Key Activities	Target Beneficiaries	Time Frame		Person / Partner Responsible	Results Anticipated (Target input / output)	Budget	Comments
		Start date	End date				
Training on Mainstreaming HIV&AIDS in Workplace	Programme Managers	15 March	15 May	Training Coordinator	Number of Programme Managers trained in Mainstreaming of HIV&AIDS	R3750.00@ per candidate X 100= R 375 000.00	
Customise UNDP Mainstreaming Curriculum to the National Needs	Programme Managers involved in Mainstreaming	5 Jan	5 Feb	Training Coordinator	Curriculum on Mainstreaming Reviewed	R5000	
Project Objective #2: e.g. Increase Individual Health Care Practitioner Capacity through training of (Physicians, Lab Technicians, Nurses, Councillors and Programme Managers) from 2008-2009.							
Key Activities	Target Beneficiaries	Time Frame		Person / Partner Responsible	Results Anticipated (Target input / output)	Budget	Comments
		Start date	End date				
Recruitment and Selection of Candidates	Trainees (candidate health care practitioners)	Jan 08	Feb	Recruitment Officer	100 Qualified Health Care Practitioners selected	R 5000.00	Selection will done by Recruitment officer Candidates will be nominated by respective institutions

Development of Training Curricula by each thematic area	Training Institutions and Trainees	Oct 07	Dec 07	Curriculum Development Task Team	5 Curricula in place for 5 professional categories/thematic areas	R500 000.00	The Task Team will be lead by the training Institution with active involvement of MOH & NAC
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Key Activities	Target Beneficiaries	Time Frame		Person / Partner Responsible	Results Anticipated (Target input / output)	Budget	Comments
		Start date	End date				
Conduct Training	Trainees (Health Care Practitioners) , 30 Physicians 30 Lab Technicians, 30 Nurses, 30 Councillors and 30 Programme Managers	March Sep	Jul Jan 09	Training Institutions	Number of Candidates who Successfully completed the training sessions	R 2000.00 @ candidate x 150x 2= R 600 000.00	Two rounds of training sessions will be conducted within one year by each thematic area.

[Departmental HIV&AIDS and TB Mainstreaming Project] Indicator Information Sheets

For each specific indicator that is given in the results framework construct an indicator information sheet as given below. Pay particular attention to definitions, collection methodology and data quality. Ensure that whatever you say in these sheets is auditable!! For each indicator you include, complete an indicator quality sheet and include this as Appendix B.

Indicator Protocol Reference Sheet Number: I
Name of Indicator:
Result to Which Indicator Responds:
Level of Indicator:
Description
Definition:
Unit of Measure:
Disaggregated by:
Justification and Management Utility:
Plan for Data Acquisition
Data Collection Method:
Data Source:
Frequency and Timing of Data Acquisition:
Estimated Cost of Data Acquisition:
Individual Responsible:
Location of Data Storage:
Data Quality Issues
Known Data Limitations and Significance:
Actions Taken or Planned to Address this Limitation:
Internal Data Quality Assessments:
<i>Plan for Data Analysis, Review & Reporting</i>
Data Analysis:
Presentation of Data:
Review of Data:
Reporting of Data:

Baselines:					
Year	Target	Actual	Cumulative	Net Change	Notes
Performance Indicator Values					
Year	Target	Actual	Notes		
This Sheet Last Updated On:					

Evaluation Plan

Include a basic evaluation plan which enables you to evaluate the why you have or have not achieved the objectives and goals that were set for the project. It allows you to look at consequence, intend or unintended as well as effectiveness, efficiency, impact and sustainability. Remember that evaluation looks at the project overall, the operations, governance and deliverables! Basically it helps you identify the lessons learned and what you would do better next time. Use a simple tool such as the one below to help you evaluate your project overall:

What do we need to evaluate?	What evaluation questions do we need to ask?	How will we obtain the data?	When will we get the data?	Who will do this?

Data Quality Plan

As part of the construction of the indicator information sheets you will have noted some data quality issues. You need to construct a data quality plan, which clearly identifies for the project as a whole how you intend to manage your data quality risks.

1. Why do I need a Data Quality Plan?

It is essential that any data that is being collected and reported be of the best possible quality. This is due to decisions, related to the effectiveness and efficiency of any project, being based on the data collected during monitoring and evaluation. In order to ensure data quality and to avoid unnecessary and costly data repairs a Data Quality Plan (DQP) is constructed in support of the Monitoring and Evaluation Plan (MEP) and in line with the Indicator Information Sheets (IIS). The DQP forms the basis for ensuring that the five critical elements of data quality, namely: validity, reliability, timeliness, precision and integrity, are given due regard during the planning for monitoring and evaluation and activity rollout. The DQP is an essential record of how the project managed its data quality issues and as such is an excellent source of information for the Auditor during a Data Quality Audit (DQA).

2. What is the significance of the 'Items' in column A?

The items listed in column A are broadly related to the Indicator Information Sheets but contextualised to address specific data quality issues that must be considered at operational level when planning the monitoring and evaluation activities.

3. What 'Explanations' are required in column B?

This is where the implementing partner explains how the requirements for data quality are realised operationally. For example: data quality, in terms of validity, is always dependent on the partner having a specific definition for the indicator they are reporting on. Although the indicator has a definition in the IIS it is important for the partner to explain the definition in terms of their program and hence what data is included or excluded during data collection in order for them to prove validity.

4. What is meant by 'Source / Records' in column C?

All implementing partners must be able to prove, during a DQA, that they have a data quality management system, which enables them to report data that is accurate, valid and reliable. In order to save the implementing partner and the auditor time it is always a good idea to list the ready sources of evidence / records which would demonstrate the information given in the DQP. This could be a list of document types, or record numbers, or references to academic works, or even a reference to a filing location etc.

5. How and why do I do a 'Risk Type' analysis as required in column D?

All data has an associated quality risk and sometimes the cost of managing the risk outweighs the additional benefit to be gained from improving the data quality. The use of a risk matrix enables the implementing partner to establish those elements within the data management system, which pose the greatest data quality risk so that the appropriate controls can be put in place to minimise the impact of a risk being realised in practice. Use the matrix given below to establish the data risk. Identify the probable frequency with which an error in the data could arise and assign the appropriate value. Identify how serious the error would be in terms of the overall effect on the quality of the data and assign an appropriate value. Multiply the two values together to get the risk score. Review the score against the risk analysis table below and take the appropriate actions.

Risk Matrix

Overall Effect on Data Quality	Probability of Error Occurring			
	(4) - Constantly	(3) - Frequently	(2) - Occasionally	(1) - Unlikely
(4) - Catastrophic	16	12	8	4
(3) - Critical	12	9	6	3

(2) - Marginal	8	6	4	2
(1) - Negligible	4	3	2	1

Risk Analysis Table

Risk Score	Risk Type	Remedial Action
9 - 16	High Risk	Establish contingency plan to reduce risk, verify and validate <i>prior to each reporting episode</i> , maintain strict audit trail.
4 - 8	Medium Risk	Establish contingency plan to reduce risk, verify and validate <i>prior to annual return</i> , maintain strict audit trail.
1 - 3	Low Risk	No immediate action required; risk could be managed through normal internal audit processes.

1. Where can I get more information to help me understand Data Quality?

ADS Chapter 203 – Assessing and Learning [<http://www.usaid.gov/pubs/ads/200/>]

TIPS 12: Guidelines for Indicator and Data Quality [<http://www.dec.org/usaid/eval/#004>]

Data Quality Plan Table XX of XX

A. ITEM	B. EXPLANATION	C. SOURCE / RECORDS	D. RISK TYPE
1. Desired Outcome			
<i>Indicator:</i>			
2. Measure of Validity			
<i>Unit of measure:</i>			
<i>Operational definition:</i>			
<i>Definitional inclusions:</i>			
<i>Definitional exclusions:</i>			
<i>Definitional bias:</i>			
<i>Desegregations:</i>			
<i>Operational justification:</i>			
<i>Source of data:</i>			
3. Measure of Reliability			
<i>Collection methodology:</i>			
<i>Collection instrumentation:</i>			
<i>Sampling frameworks:</i>			
<i>Collection personnel:</i>			
<i>Collection bias:</i>			
<i>Analysis methodology:</i>			
<i>Arithmetic manipulations:</i>			
4. Measure of Timeliness			
<i>Frequency of collection:</i>			
<i>Reporting frequency:</i>			
<i>Collection: Collation: Reporting time lags:</i>			
5. Measure of Precision			
<i>Source error:</i>			

<i>Instrument error:</i>			
<i>Sampling error:</i>			
<i>Transcription errors:</i>			
<i>Manipulation errors:</i>			
<i>Total margin of error:</i>			
6. Measure of Integrity			
<i>Cost of collection:</i>			
<i>Source integrity:</i>			
<i>Collector integrity:</i>			
<i>Anti-tampering controls:</i>			
<i>Data cleaning:</i>			
A. ITEM	B. EXPLANATION	C. SOURCE / RECORDS	D. RISK TYPE
<i>Hard copy storage:</i>			
<i>Electronic storage:</i>			
<i>Internal audit:</i>			
<i>External audit:</i>			

Notes:
