

# South Africa Report NCPI

---

-

## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 03/01/2014

**To date:** 05/30/2014

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Musa Manganye (MM) & Matseliso Pule (MP) & Fareed Abdullah (FA)

**Postal address:**

**Telephone:**

**Fax:**

**E-mail:**

**Describe the process used for NCPI data gathering and validation:**

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

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

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

Organization	Names/Positions	Respondents to Part A
--------------	-----------------	-----------------------

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

Organization	Names/Positions	Respondents to Part B
--------------	-----------------	-----------------------

## A.I Strategic plan

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is the period covered:** 2012 - 2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:**

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:**

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Other:** Disability Sector, Women Sector, Sex Worker Sector, LGBTI Sector, Men Sector, Health Professional Sector, Children Sector, Sport Art & Culture Sector, PLHIV Sector, NGO Sector, Traditional Leaders Sector, Developmental Partners, Private Sector, Academic & Research Institutions, UN Agencies

**Included in Strategy:** Yes

**Earmarked Budget:** No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:** UN Agencies and Developmental Partners normally have earmarked budget and in some instances they support the civil society. Civil Society mobilises resources from private sector and other developmental partners.

### **1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

#### **KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

#### **SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** People that live near or along National Major Routes, People with Low economic status

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:** Yes

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

a) **Formal programme goals?**: Yes

b) **Clear targets or milestones?**: Yes

c) **Detailed costs for each programmatic area?**: No

d) **An indication of funding sources to support programme implementation?**: Yes

e) **A monitoring and evaluation framework?**: No

**1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?**: Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** Participation in SANAC Committees, extensive sectoral input during the development of the NSP

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

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

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**: Yes, all partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** Yes

**Other [write in]:**

:

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

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:**

:

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

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:** 4

**4. Does the country have a plan to strengthen health systems?:** Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** It has led to developments in the broader health care system as per the WHO 6 building blocks of health system strengthening.

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** Many

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Many

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** Many

**g) ART and chronic Non-Communicable Diseases:** Many

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration:** :

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** - Policy review on PMTCT, ART, HCT - Development of National Strategic Plan for HIV, STI & TB 2012 - 2016 -

**What challenges remain in this area::** - Lack of financial and human resources - Sub-optimal participation of civil society

## **A.II Political support and leadership**

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

**A. Government ministers:** Yes

**B. Other high officials at sub-national level:** Yes

#### **1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** - Public official promote HIV interventions in public media like the MMC advert by Minister of Health, Public official leading commemorations of Key HIV National calendar events

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

**IF NO, briefly explain why not and how HIV programmes are being managed::**

#### **2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Deputy President of Republic of South Africa, co-chairing with Chairperson of Civil Society Forum

**Have a defined membership?:** Yes

**IF YES, how many members?:**

**Include civil society representatives?:** Yes

**IF YES, how many?:** 18

**Include people living with HIV?:** Yes

**IF YES, how many?:** 5

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

#### **3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** SANAC has been established as the Coordinating Body for National HIV Programme

**What challenges remain in this area::** Active participation of the Civil Society and other Sector

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

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

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** No

**Technical guidance:** Yes

**Other [write in]:**

: No

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

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** Yes

**IF YES, name and describe how the policies / laws were amended:** - Sexual Offence Act - Domestic violence Act - Prevention and combating of trafficking in person Bill

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** - Sexual Offence Act on the decriminalisation of sex work - Traditional Marriages Act on forced marriages

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?:** 8

**Since 2011, what have been key achievements in this area:** - Participation of Political Leaders in SANAC structures - Political Leadership in new intervention such as MMC and HCT - Government financial support

**What challenges remain in this area::** Participation of political leaders at local levels

## **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes



**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**  
Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** 1996 Constitution of South Africa; Bill of Rights

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** Courts of law, public protector, human rights commission, NGOs and other Chapter 9 institutions.

**Briefly comment on the degree to which they are currently implemented:** The Laws are being implemented through the Courts of law, public protector, human rights commission, NGOs and other Chapter 9 institutions although there are challenges with capacity within the Law enforcement agencies.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** Yes

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** Yes

**Elderly persons:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies::** -Sexual Offences Act acts as a barrier to reducing GBV and HIV transmission -Multiple marriages (polygamy) -Traditional Marriages

**Briefly comment on how they pose barriers::** - In Sexual offence Act - there is legal right to open a case and withdraw before any court hearing and conviction. - In Multiple marriages - there is high risk of HIV infections - Traditional marriages - some are forced marriages

## **A.IV Prevention**

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

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** Yes

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]::**

: No

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

**2.1. Is HIV education part of the curriculum in:**

**Primary schools?:** Yes

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

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

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:** No

**Briefly describe the content of this policy or strategy:** There are sectoral and governmental policies. There is no stand alone National communication policy.

**3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?**

**People who inject drugs:**

**Men who have sex with men:**

**Sex workers:**

**Customers of sex workers:**

**Prison inmates:**

**Other populations [write in]::**

:

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 7

**Since 2011, what have been key achievements in this area?:** Universal voluntary HIV testing and TB screening in S.A Subsequent enrolment in relevant wellness and treatment. Accessibility of SRH package to prevent HIV and STIs on key populations Strengthening of syndromic STI management in both private and public health sectors. Prevent MTCT and reduce it to less than 2% at 6 months and to less than 5% at 18 months Increase demand and uptake of services. Preparation for biomedical prevention strategies. Prevention of new TB infections and diseases through infection control and early identification.

**What challenges remain in this area?:** Prioritising prevention through empowering civil society financially and technically to undertake community based outreach services beyond the health facilities Reviewing HIV prevention programmes to ensure success and use evidence for planning effective interventions

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

**IF YES, how were these specific needs determined?:** Needs assessment to establish key HCT needs Robust consultation with all stakeholders including communities

**IF YES, what are these specific needs?:** Universal voluntary HIV testing and TB screening in S.A Subsequent enrolment in relevant wellness and treatment. Accessibility of SRH package to prevent HIV and STIs on key populations Strengthening of syndromic STI management in both private and public health sectors. Prevent MTCT and reduce it to less than 2% at 6 months and to less than 5% at 18 months

#### **4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** N/A

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Strongly agree

**HIV prevention in the workplace:** Strongly agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Strongly agree

**Risk reduction for intimate partners of key populations:** Strongly agree

**Risk reduction for men who have sex with men:** Strongly agree

**Risk reduction for sex workers:** Strongly agree

**Reduction of gender based violence:** Strongly agree

**School-based HIV education for young people:** Strongly agree

**Treatment as prevention:** Strongly agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?:** 7

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**If YES, Briefly identify the elements and what has been prioritized::** Reducing the cost of medication Universal access to treatment Solving drug-stock out problems Treatment adherence

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Increased service provision by all health facilities – pre-ART and ART service provision at all health facilities Empowering community health workers to provide care services Implementation of the national HIV insurance to ensure access to quality and specialised health care services

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

**Economic support:** Strongly agree

**Family based care and support:** Strongly agree

**HIV care and support in the workplace (including alternative working arrangements):** Strongly agree

**HIV testing and counselling for people with TB:** Strongly agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Strongly agree

**Nutritional care:** Strongly agree

**Paediatric AIDS treatment:** Strongly agree

**Palliative care for children and adults Palliative care for children and adults:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Strongly agree

**TB infection control in HIV treatment and care facilities:** Strongly agree

**TB preventive therapy for people living with HIV:** Strongly agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]::**

:

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** Yes

**Please clarify which social and economic support is provided:** Social grants

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** Yes

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

**IF YES, for which commodities?:** Mostly ARV medication

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area?:** Increased service provision by all health facilities - pre-ART and ART service provision at all health facilities Empowering community health workers to provide care services Implementation of the national HIV insurance to ensure access to quality and specialised health care services

**What challenges remain in this area?:** -Treatment adherence and patient retention - Late enrolment into care

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** Yes

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 7

**Since 2011, what have been key achievements in this area::** - Provision of basic care health package for OVC - Provision of social support services ( like education, nutrition, legal and human rights, psychosocial support & counselling)

**What challenges remain in this area::** - Wellbeing and resilience of OVC - Sub-optimal participation of communities in OVC interventions.

## **A.VI Monitoring and evaluation**

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

**Briefly describe any challenges in development or implementation::** -Existing systems within government and development partners on M&E but not well integrated -Lack of a unified multisectoral M&E system -PCAs striving to track implementation of the HIV response with minimal input from stakeholders -No robust M&E system - No adequate use of data to inform program implementation and responding to national and global commitments - Sub-optimal M&E capacity building at all levels

**1.1. IF YES, years covered:** 3 years

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:** Yes, some partners

**Briefly describe what the issues are::** There is a need to develop the NSP M&E Framework to ensure proper alignment and harmonization of M&E requirements

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**Behavioural surveys:** Yes

**Evaluation / research studies:** No

**HIV Drug resistance surveillance:** No

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

**3. Is there a budget for implementation of the M&E plan?:** Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:** 3 -5

**4. Is there a functional national M&E Unit?:** Yes

**Briefly describe any obstacles::** -Existing systems within government and development partners on M&E but not well integrated -Lack of a unified multisectoral M&E system -PCAs striving to track implementation of the HIV response with minimal input from stakeholders -No robust M&E system - No adequate use of data to inform program implementation and responding to national and global commitments - Sub-optimal M&E capacity building at all levels

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** Yes

**Elsewhere?:** Yes

**If elsewhere, please specify:** Presidency and Parliament

**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Monitoring and Evaluation Assistant Director/ Manager / Directors/ Deputy Directors	Full-time	

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:** Yes

**Briefly describe the data-sharing mechanisms::** - DHIS - Tier. Net - ETR

**What are the major challenges in this area::** - Coordination - Reporting - Documentation - Data management system

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:** Yes

**6. Is there a central national database with HIV- related data?:** Yes

**IF YES, briefly describe the national database and who manages it.:** DHIS - Tier. Net - ETR Managed by Department of health

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:** Yes, all of the above

**IF YES, but only some of the above, which aspects does it include?:**

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes



**IF YES, at what level(s)?:** Provincial, District and Sub-District and Facility

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:** Estimates of Current and Future Needs

**7.2. Is HIV programme coverage being monitored?:** Yes

**(a) IF YES, is coverage monitored by sex (male, female)?:** Yes

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

**IF YES, for which population groups?:** General Populations and some Key populations

**Briefly explain how this information is used::** Planning purpose, budgeting, policy review and development, resource mobilisation and programming

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** Provincial, District and Sub-District and Facility

**Briefly explain how this information is used::** Planning purpose, budgeting, policy review and development, resource mobilisation and programming

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

## **9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::** Planning purpose, budgeting, policy review and development, resource mobilisation and programming. The main challenge is data quality,

## **10. In the last year, was training in M&E conducted**

**At national level?:** Yes

**IF YES, what was the number trained::**

**At subnational level?:** Yes

**IF YES, what was the number trained:**

**At service delivery level including civil society?:** Yes

**IF YES, how many?:**

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:**

**11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 5

**Since 2011, what have been key achievements in this area?:**

**What challenges remain in this area?:**

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:** 4

**Comments and examples::** Established SANAC fora and through summits with the government Participation in provincial and national platforms eg. Finance committees in NSP planning and budgeting for HIV.

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:** 4

**Comments and examples::** Established SANAC fora and through summits with the government Participation in provincial and national platforms eg. Finance committees in NSP planning and budgeting for HIV.

**3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?:** 3

**b. The national HIV budget?:** 3

**c. The national HIV reports?:** 3

**Comments and examples::** Some of the civil society sectors are part of Technical Task Teams

**4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?:** 3

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:** 3

**c. Participate in using data for decision-making?:** 3

**Comments and examples::**

**5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex**

**workers, community based organisations , and faith-based organizations)?: 4**

**Comments and examples::** They are part of SANAC Sectors

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 2**

**b. Adequate technical support to implement its HIV activities?: 2**

**Comments and examples::** Minimal inclusion on budgeting NSP vague on roles and functions of civil society on the HIV response and in working with SANAC secretariat (role clarification) No dedicated budget for civil society interventions Poor coordination and last minute requests for civil society input on reporting which compromises the quality of civil society inputs Existing contestations between government and civil society leading to poor planning and implementation of interventions

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

**Prevention for key-populations:**

**People living with HIV: >75%**

**Men who have sex with men: 51-75%**

**People who inject drugs: <25%**

**Sex workers: 51-75%**

**Transgender people: 51-75%**

**Palliative care : 51-75%**

**Testing and Counselling: 51-75%**

**Know your Rights/ Legal services: 51-75%**

**Reduction of Stigma and Discrimination: 51-75%**

**Clinical services (ART/OI): 25-50%**

**Home-based care: 51-75%**

**Programmes for OVC: 51-75%**

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 7**

**Since 2011, what have been key achievements in this area::** Strong mobilisation of civil society at both national and provincial levels. High level engagement and participation of civil society leaders Improved collaboration with the government at national level Development and funding of new programmes

**What challenges remain in this area:** Lack of collaboration at local, district and provincial levels Insufficient financial and technical support to scale up civil society contributions to HIV response No clear roles between civil society and SANAC secretariat (oversight, implementation and coordination) Poor communication between secretariat and civil society

## **B.II Political support and leadership**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:** Representation through the different sectors within SANAC Participation in key seminars and conferences Development of guiding policies and strategic plans e.g. Sex worker NSP Research studies to learn and implement evidence based programs for key populations e.g. Stigma Index There is a degree of exclusion in some of the interventions as civil society is not funded by government

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]::**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:** 1996 South African Constitution. Bill of Rights

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:** Courts of law, public protector, human rights commission, NGOs and other Chapter 9 institutions.

**Briefly comment on the degree to which they are currently implemented:** Courts of law, public protector, human rights commission, NGOs and other Chapter 9 institutions are implemented but there is lack of capacity in enforcing the law

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies:** Sexual Offences Act acts as a barrier to reducing GBV and HIV transmission Multiple marriages (polygamy) Traditional marriages

**Briefly comment on how they pose barriers:** Generally the legislations above disempower the women to negotiate for safer sex thereby exposing them to risk of HIV infection

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:** 1996 South African Constitution. Bill of Rights

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

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::** Protection of discrimination against PLHIV

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** Yes

**IF YES, briefly describe this mechanism::** Mostly self reported cases but the challenge is only those cases that deem as criminal in nature

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** General Population and services are provided free of charge in public primary health care setting

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** HIV Policies in South Africa are all inclusive to population at large

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** No

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::**

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** No

**IF YES, briefly describe the content of the policy or law::**

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:** Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** Yes

**IF YES on any of the above questions, describe some examples::** Stigma Index and Human rights count

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** Yes

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** Yes

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:** Yes

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** Yes

**Other [write in]::**

: No

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 6

**Since 2011, what have been key achievements in this area:** Case law and tested cases in this area. Public discourse and engagement through awareness campaigns. Revision of HIV guidelines, policies and regulations.

**What challenges remain in this area:** Poor implementation of HIV policies and strategic plans from the legal fraternity. Lack of political will, dialogue and strategic direction.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 7**

**Since 2011, what have been key achievements in this area:** Establishment of institutions to oversee implementation of Human rights such as Gender Commission and Human Rights Commission and Public Protector

**What challenges remain in this area:** Poor implementation of HIV policies and strategic plans from the legal fraternity. Lack of political will, dialogue and strategic direction.

## **B.IV Prevention**

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

**IF YES, how were these specific needs determined?:** Needs assessment to establish key HCT needs Robust consultation with all stakeholders including communities

**IF YES, what are these specific needs? :** Universal voluntary HIV testing and TB screening in S.A Subsequent enrolment in relevant wellness and treatment. Accessibility of SRH package to prevent HIV and STIs on key populations Strengthening of syndromic STI management in both private and public health sectors. Prevent MTCT and reduce it to less than 2% at 6 months and to less than 5% at 18 months

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Strongly agree

**HIV prevention in the workplace:** Strongly agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Strongly agree



**Risk reduction for intimate partners of key populations:** Strongly agree

**Risk reduction for men who have sex with men:** Strongly agree

**Risk reduction for sex workers:** Strongly agree

**School-based HIV education for young people:** Strongly agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:**

:

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area?:** Increase demand and uptake of services. Preparation for biomedical prevention strategies. Prevention of new TB infections and diseases through infection control and early identification.

**What challenges remain in this area?:** Prioritising prevention through empowering civil society financially and technically to undertake community based outreach services beyond the health facilities Reviewing HIV prevention programmes to ensure success and use evidence for planning effective interventions

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**IF YES, Briefly identify the elements and what has been prioritized::** Reducing the cost of medication Universal access to treatment Solving drug-stock out problems

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Increased service provision by all health facilities – pre-ART and ART service provision at all health facilities Empowering community health workers to provide care services Implementation of the national HIV insurance to ensure access to quality and specialised health care services

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

**HIV care and support in the workplace (including alternative working arrangements):** Strongly agree

**HIV testing and counselling for people with TB:** Strongly agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Strongly agree

**Nutritional care:** Strongly agree

**Paediatric AIDS treatment:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Strongly agree

**Sexually transmitted infection management:** Strongly agree

**TB infection control in HIV treatment and care facilities:** Strongly agree

**TB preventive therapy for people living with HIV:** Strongly agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area:** Increased service provision by all health facilities – pre-ART and ART service provision at all health facilities Empowering community health workers to provide care services Implementation of the national HIV insurance to ensure access to quality and specialised health care services

**What challenges remain in this area:** -Adherence and retention in care -Clinical outcomes , e.g. Viral suppression

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:**  
Yes

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

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

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** Increased service provision by all health facilities – pre-ART and ART service provision at all health facilities Empowering community health workers to provide care services Implementation of the national HIV insurance to ensure access to quality and specialised health care services

**What challenges remain in this area:** -Adherence and retention in care -Clinical outcomes , e.g. Viral suppression