ISIFUNDAZWE SAKWAZULU-NATALI
PROVINCE OF KWAZULU-NATAL
PROVINSIE VAN KWAZULU-NATAL

KwaZulu-Natal Provincial HIV and AIDS and STI Strategic Plan 2007-2011

ALIGNED TO THE NATIONAL STRATEGIC PLAN FOR HIV AND AIDS AND STI 2007-2011

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FOREWORD

The KwaZulu-Natal Provincial HIV and AIDS and STI Strategic Plan 2007-2011 (KZNPSP) document sums up the province's determination in fighting HIV and AIDS and STIs. Indeed, one of the province's pillars is "Implementing a comprehensive Provincial response to HIV and AIDS". It is no doubt that the epidemic is tearing us apart, affecting every sphere and fabric of our society right from micro level through to macro level. Families have been and are being affected in the same measure as the provincial and national economies are being affected. This must be turned around.

The KZNPSP 2007-2011 is a localized blueprint to fighting HIV and AIDS and STIs in the province in a systematic manner, based on clear cut strategies, interventions and targets at output, outcome and impact level. Efforts have been made to ensure that the document applies to all implementing stakeholders. It is important therefore that I make clear that the KZNPSP is guided by the vision, goals and objectives of the HIV & AIDS and STI National Strategic Plan (NSP 2007-2011) and that is fully aligned to the country's aspirations.

The development of the KZNPSP 2007-2011 involved a wide range of stakeholders drawing on the multi-sectoral approach. This approach should likewise be seen in the implementation of the strategy, where all stakeholders big and small are involved in the fight based on their strong points. Together, we can win the fight against HIV and AIDS. Our national and international development partners have also been involved and this is a positive sign of commitment to ensuring that our Province gets the support it deserves.

With the multi-sectoral approach, coordination and technical support become very important aspects; my office has put in place an HIV & AIDS Chief Directorate to ensure that stakeholders get the support they require not only to implement response activities but also to ensure that the multi-sectoral approach is on course, as we are only bound to succeed if united. Further I am glad to state that the Provincial Council on AIDS of which I chair is in place to provide the necessary direction and support at Provincial level, it is necessary that coordination and support be readily available at the lower levels through the Districts and Local AIDS Councils. As a result the Chief Directorate HIV and AIDS in my office has supported the establishment and capacity building of District and Local AIDS Councils through out the Province.

Additionally, with the multi-sectoral monitoring and evaluation framework in place the Province is set to consolidate its fight through the principles of the Three Ones where there is One AIDS coordinating Authority with a broad based multisectoral mandate, One agreed on AIDS Action framework (Strategy) that provides the basis for coordinating the work of all partners and One Agreed on Monitoring and Evaluation (M&E) framework.

I look forward to sustained commitment in the application of the strategy by all stakeholders in its implementation together with continued and sustained support from our partners in development. As such gratitude goes to our partners in development both national and international that include the United Kingdom's Department for International Development (DFID) for the financial assistance; the Department of Public Service and Administration (DPSA) for their financial assistance through the Inter-Provincial Support Programme; and the South Africa Office of the United Nations Development Programme (UNDP) for their technical advice and inputs

Also a special gratitude is expressed to the officials from all spheres of government, representatives from civil society (including non-governmental, faith-based and community-based organisations) and the private sector who all contributed in a dedicated manner to the consultative process that underpins this development of this strategy.

Together, we can win the fight against HIV and AIDS. Let us "Stop HIV and AIDS" We need to lead and unite in our fight against HIV and AIDS.

Mr. Sibusiso J Ndebele

Premier KwaZulu-Natal Province

(Chairperson KwaZulu- Natal Provincial Council on AIDS)

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal clinic
ART	Antiretroviral therapy
ARV	Antiretroviral (drugs)
ASSA	Actuarial Society of Southern Africa
CBO	Community Based Organisation
CSO	Civil Society Organisation
CD HIV &AIDS	Chief Directorate HIV & AIDS in the Office of the Premier
DAC	District AIDS Council
DED	Department of Economic Development
DFID	Department for International Development (UK)
DLGTA	Department of Local Government & Traditional Affairs
DOCS	Department of Correctional Services
DOE	Department of Education
DOH	Department of Health
Housing	Department of Housing
DOJ	Department of Justice
DSD	Department of Social Development
DPSA	Department of Public Service and Administration
DOT	Department of Transport
EAP	Employee Assistance Programme
ECD	Early Childhood Development
EXCO	Executive Committee within the Office of the Premier
FBO	Faith-Based Organisation
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IEC	Information, Education and Communication
IDP	Integrated Development Plan
JWG	Joint Working Group
KZNPSP	HIV & AIDS Strategy for the Province of KwaZulu-Natal 2007-2011
LAC	Local AIDS Council
LGBT	Lesbian, Gays, Bisexuals and Transvestites
M&E	Monitoring and Evaluation
MEXCO	Management Executive Committee within the Office of the Premier
MSM	Men who have Sex with Men
MTCT	Mother-to-Child Transmission of HIV
NGO	Non-governmental Organisation
NMF	Nelson Mandela Foundation
OVC	Orphans and Other Vulnerable Children
PAAU	Provincial AIDS Action Unit (KwaZulu-Natal)

PAC	Provincial AIDS Council (KwaZulu-Natal)
PEP	Post-exposure Prophylaxis
PLHIV	People/Person living with HIV or AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
SANAC	South African National AIDS Council
SASSA	South African Social Security Agency
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBD	To Be Determined
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing

GLOSSARY OF TERMS

A person Living with HIV or AIDS	Refers to a person who is infected with HIV.
Acquired Immune Deficiency Syndrome (AIDS)	A disease of the human immune system that is caused by infection with HIV and characterized by a reduction in the numbers of CD4-bearing helper T-cells to 20% or less of normal, thereby rendering the subject highly vulnerable to life-threatening opportunistic infections.
Adult Mortality	The probability of dying between ages 15 & 60 or percent of 15 year olds that will die before their 60th birthday
Advocacy	Efforts made to get due support and recognition for a cause, policy or recommendation.
Affected Person	A person whose life is changed in any way by HIV and AIDS due to the broader impact of this epidemic.
Antiretroviral Therapy	A treatment consisting of drugs that work against HIV infection in the body.
CD4 cells	A type of T cell involved in protecting against viral, fungal and protozoal infections
Coordination	The action of bringing different elements of an activity into an efficient relationship
Civil-Society Organisations	A generic term for NGOs, FBOs and CBOs.
Epidemic	An outbreak of disease that is in excess of usual background levels.
Evaluation	The systematic process of collecting and analysing data in order to determine whether and to what degree the strategic goals and objectives have been or are being achieved in order to make decisions based on the results.
Gender	All attributes associated with women and men, boys and girls, which are socially and culturally ascribed and which vary from one society to another and over time.
Gender Mainstreaming	A strategy to ensure that gender analysis is used to incorporate women's and men's needs, constraints and potential into all development policies and strategies and into all stages of planning, implementing and evaluation of development interventions.
Human Immunodeficiency Virus (HIV)	A virus that weakens the body's immune system, ultimately causing AIDS.
HIV Antenatal Prevalence	Percentage of pregnant women surveyed (between ages 15-49) testing HIV positive. These will usually be women attending antenatal clinics.
HIV Incidence	The number of new HIV cases diagnosed annually.
HIV Prevalence	The percentage of population estimated to be HIV positive within the general population.
Infant Mortality Rate	The number of children less than 12 months old who die annually. Infant mortality is measured per 1000 live births.
Infected Person	A person who is infected with HIV, the virus that causes AIDS.
Life Skills	Practical skills and values to prepare a child, youth or adult for real living and to be more self-assured and self-reliant. Subject content often includes teaching

	people how to protect themselves from harm, including HIV infection.
Mainstreaming	Mainstreaming implies that HIV & AIDS responses are aligned with the core mandate of the sector, and not considered an 'add-on' issue. By mainstreaming HIV & AIDS all sectors determine how the spread of HIV is caused or contributed by their sector; how the epidemic is likely to affect their sectors goals, objectives and programmes and where their sector has a comparative advantage to respond to limit the spread of HIV; and to mitigate the impact of the epidemic.
Marginalised or Disadvantaged	These two terms are used almost interchangeably, and refer to those people in society who are deprived of opportunities for living a reasonable life and for self-respect which is regarded as normal by the community to which they belong. These concepts are defined in the context of a particular community.
Mitigation	Efforts made to reduce the severity or appease the expected impact or outcome.
Monitoring	The regular collection and analysis of information to assist timely decision-making, ensure accountability and provide the basis for evaluation and learning.
Opportunistic Infections	Infections occurring as a result of a weakened immune system due to HIV infection. Common examples of Opportunistic Infections are TB & Pneumonia.
Orphan	A child whose parent or parents have died. An orphan may be a maternal (one who has lost a mother), paternal (one who has lost a father) or double orphan (one who has lost both parents).
Peer Education	Refers to activities aimed at providing information by people of a similar age, sex and interest, and of the same social group, status or position as recipients of the information.
Peer Educator	A person (child, youth or adult) trained or equipped to train and support another person equal in rank, merit or age.
Post-exposure Prophylaxis (PEP)	Treatment available to reduce the risk of infection in an individual immediately after exposure to HIV through sexual contact, blood transmission or needle sticks injury.
Psychosocial Support	Physical, economic, moral or spiritual support provided to an individual under any form of stress.
Stigmatisation	The process of labelling people, as a result of certain traits e.g. PLHIV, with the intent of treating them differently. Stigmatisation can be manifest in employment, education and distribution of resources.
Under 5 mortality	The number of children aged between 12 months and 5 years dying annually. Also known as child mortality, it is measured per 1000 live births.
Universal infection control precautions	A simple standard of infection control practice to be used to minimize the risk of exposure to and transmission of blood-borne pathogens.
Voluntary Counselling and Testing (VCT)	A confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV and AIDS, including testing for HIV.
Vulnerable Child	A child who has been, is in, or is likely to be in, a situation, where she/he may suffer physical, emotional or mental harm and includes children with special needs such as physical or mental disability.
Workplace	Refers to occupational settings, stations and places where workers spend time for employment.

INTRODUCTION

Since its advent, the HIV & AIDS epidemic has proved complex. This complexity calls having a systematic plan to tackle the response. The province of KwaZulu-Natal has done that by putting in place a Provincial HIV & AIDS Strategy 2007-2011. The strategic plan presents the province's positioning in terms of combating the HIV & AIDS epidemic during the specified plan period. This document contains information that is divided into the following topics (a) executive summary; (b) preamble; (c) background information; (d) strategic plan framework (e) implementation of the strategy; (f) monitoring, evaluation and reporting and (g) coordination and institutional arrangements.

The executive summary provides at a glance description on the key aspects found in much more detail in the document. It is followed by the preamble which in point form gives historical information on the response in the province. Like the preamble, the background information section puts into context the basis with which the plan rests on. The section thus briefly describes the geography & demography of KZN province, the epidemiological situation of HIV & AIDS, the impact of HIV & AIDS, the determinants of the epidemic, the responses in place and; funding sources. The graphs and tables have been used in specific areas to provide illustration on comparisons and trends. In addition, this section describes the process of developing the strategy, its scope, the priority groups, the purpose of the strategy and the guiding principles.

The strategic plan framework section is divided into the following sub-sections; strategic foundation; strategic result framework; crosscutting issues and the strategic results framework matrix. The vision, mission and goal of the plan are described in the strategic foundation subsection. The strategic results framework contains information on the priority areas. For each priority area a logical flow is depicted through description of the goal, expected impact and the accompanying impact indicator at one level; and objective and accompanying outcome indicator at the other level. To provide a foundation for measurement, baseline information for the indicator and; mid (2009) and end term (2011) targets have been provided. The acronym TBD (to be determined) appears where baseline information is not provided. The targets have mainly been derived from the NSP targets. This section also lists the strategic priorities. The crosscutting issues of research, communication, mainstreaming, gender and advocacy then follow before the strategic results framework matrix. The matrix is arranged according to each priority area, and specifies the interventions; corresponding five year targets; the lead agency/ies and the key stakeholders.

The section on implementation of the strategy spells out in very brief terms the next steps to implementation and what is expected of each stakeholder. This is followed by monitoring, evaluation and reporting which describes the desired M&E and reporting requirements within a multi-sectoral framework. A detailed matrix on the indicators for M&E indicators appears in this section, it is presented in the intervention logic (goal, objective, intervention) /results logic (impact & target ;outcome & target; output & target) model with indicators (at impact; outcome and output level); data sources, frequency of reporting and the responsible agency. The last section discusses coordination and institutional arrangements that should lead to effective implementation of the strategy.

EXECUTIVE SUMMARY

Background Information

1. **KZN is the most populous province in South Africa accounting for 21% of the population. Mid-Year 2007 population estimates released by Statistics South Africa reveal that 10,014,500 people reside in the province. The sexually active population accounts for 59% of the total population. Additionally 54% of this population resides in the rural areas. Relative to the urban areas, poverty and disease make conditions in the rural areas difficult thus presenting unique and great challenges to combating HIV & AIDS.**

2. The antenatal prevalence has consistently been higher than the national antenatal prevalence for the past five years. Provincial prevalence in the people aged two years and older in 2005 was 16.5%, compared to the national average of 10.8%. Specific district antenatal prevalence 2006 ranges from 46% in Amajuba district to 27.9% in Umzinyathi district. According to a 2005 survey by the Human Sciences Research Council (HRSC), a total of 1, 563, 749 people were infected by HIV, of this 1 533 516 were black South Africans. TB Incidence is at 1054/100,000 (2005), making it one of the highest in the world.

3. The ASSA model1, states that adult life expectancy at birth of 53 years for the province (1996) had dropped to 51.6 years (2000). The model further predicts a decrease to 40 years by 2005 and to 37 years by 2010. This decline is mainly attributed to HIV & AIDS. Adult Mortality has also increased from 48.7% in 2000 to 58.5% in 2002. This increased risk in deaths among adults has been attributed to HIV&AIDS. Likewise infant mortality increased from 52.1/1000 in 1998 to 68.0/1000 in 2002. A similar case was witnessed in the under-5 mortality that increased from 74.5/1000 in 1998 to 124.0/1000 in 2002. MTCT of HIV and subsequent death is believed to be a major reason behind the increase in these deaths.

4. In terms of orphans & other vulnerable children, a national household study2 found that of the nine provinces KwaZulu-Natal has the highest percentage of 2–18-year olds who are orphaned. A total of 19.7% children are orphaned. Though not all are necessarily AIDS orphans, it is believed that a large percentage is attributable to HIV & AIDS.

5. These statistics demonstrate the negative impact with which HIV & AIDS is having in KZN. For example, the bulk of the KZN workforce falls within the sexually active population. With the high prevalence and increasing mortality in this age group, the economy will soon be devoid of a pool of a quality work force. The health system could be already feeling the stretch of providing other health services, as the cost of providing services is skewed towards HIV & AIDS. This also applies to the education sector, where the critical workforce in the form of teachers may be dwindling while at the same time witnessing a decreasing number of learners who may be forced to either leave school completely or irregularly attend school as the need to look after their sick parents or younger siblings becomes more necessary.

6. HIV spread in KZN is influenced by factors that include risky sexual practices such as engagement in unprotected sex with a multiple (and at times concurrent) partners. Other modes of transmission include mother to child transmission; blood transfusion; exposure to blood and injecting drug use.

7. The KZN response is guided by the NSP 2007-2011 and stresses the importance of having a co-ordinated and multi-sectoral approach to combating HIV & AIDS and KZNPSP

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[1] In late November 2005, the Actuarial Society of South Africa (ASSA) released the latest version of their epidemiological model, called 'ASSA2003', which has been recalibrated and now allows for forecasts to be made at the provincial level.
[2] HSRC 2005, page 112

builds on the NSP 2007-2011. The provincial response is divided into the internal and external response. The response organizations include government departments, civil society and business/private sector with the broad areas of focus being prevention; treatment care and support and impact mitigation. Funding support for the KZN response emanates from both internal and external sources. The national (through conditional grant) and provincial (through equitable share grant) governments make up the internal funding sources while external funding mainly from development partners.

8. Development of the strategy involved a participatory, consultative and all inclusive process, making it multi-sectoral, comprehensive and integrated in scope. It therefore applies to all stakeholders in government, business and civil society, and attempts to accommodate the many and diverse categories of the response. Additionally, it is based on the understanding that there should be functional integration of services from the beneficiaries' perspective.

9. The groups identified as priority are; adolescents and young adults; children; women; people with disabilities; people in prison; sex workers; mobile, casual and atypical farm workers; MSM; refugees; PLHIV; IDU and the Poor. This however does not mean that the strategy will neglect other groups not mentioned as priority.

10. The strategy is guided by a number of principles in line with the legal and policy framework defined in international conventions, national laws, policies guidelines and regulations.

11. The purpose of the strategy is to provide a framework for programmes, projects and interventions planning by various stakeholders in the fight against HIV & AIDS within KZN province during the plan period 2007 – 2011.

Strategic Plan Framework

1. The KZNPSP has been developed within the context of the Provincial Growth and Development Strategy (PGDS) and aligned to the current HIV & AIDS and STIs National Strategic Plan. The vision of the plan is; A KwaZulu-Natal that is free of new HIV infections where all infected and affected enjoy a high quality of life. The mission reads as follows: "We, in the Province of KwaZulu-Natal, commit ourselves to putting in place a well coordinated, managed and demonstrably effective response to the HIV & AIDS epidemic in the province that is geared towards eliminating new infections and ensuring a high quality of life for the infected and affected." The overarching goals of the KZNPSP are: (1) To reduce new HIV infections by 50% by 2011 and (2) To provide a package of treatment, care and support to at least 80% HIV infected people in order to reduce AIDS-related deaths by 2011.

2. The priority areas are; (1) Prevention; (2) Treatment, care and support (3) Management, Monitoring, Research, and Surveillance of the response and (4) Human rights, Access to Justice and Enabling environment.

3. The strategic results framework provides information on the goals, objectives, impacts, outcomes and priority strategies for each priority area. The framework is accompanied by a matrix that gives further detail in terms of intervention; 5 year targets the lead agency and key stakeholders. In regard to the priority of prevention, the goal is listed as reduction of transmission of new HIV infections. The expected impact is 50% reduction in annual rate of new HIV infections by 2011. The objectives in this priority area address adoption of safe sex practices; MTCT; transmission through occupational exposure and IDU; transmission through blood and blood products and vulnerability to transmission due to poverty, culture and gender inequality.

4. The priority area of treatment care and support has its goal as; provision of an appropriate package of treatment, care and support services to HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS

with an expected impact of 50% reduction in morbidity and mortality due to AIDS related causes by 2011. The objectives address coverage and uptake of HIV testing and counselling services; access to comprehensive treatment and care packages; quality of care and support to orphans and vulnerable children and access to support by the infected and affected to mitigate the impact of HIV & AIDS.

5. The goal of the priority area of management, monitoring, research and surveillance of the response is an effective and coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research with the expected impact of achieving by 2011 all impact and outcome targets as per the Provincial HIV and AIDS Strategy 2007-2011. The objectives address effective coordination at all levels of the response; and a strengthened M&E and consistent reporting.

6. The priority on human and legal rights; and enabling environment has its goal as a supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected. The expected impact is having a supportive political, public leadership and regulatory environment by 2011. The objectives address strengthening political and public leadership commitment; mainstreaming of HIV & AIDS into sector mandates; adherence to existing legislation and policies relating to HIV & AIDS and promotion and protection of human and legal rights of the vulnerable populations.

7. The cross-cutting issues are listed as; research; communication; mainstreaming; gender and advocacy. In regard to research, the document recognises the need to put in place a multi-sectoral HIV & AIDS research agenda and the need for collaboration and coordination. Communication is seen as vital in the response given its dynamism as is the issue of advocacy. Mainstreaming is vital in ensuring that the epidemic is addressed adequately and that it becomes core business of the stakeholders. Gender balance is important in ensuring that no particular sex is left out and that there is proportionality in the planning and delivery of response services.

PREAMBLE

1. The creation in 1996, of an HIV & AIDS sub directorate, within the department of health (DOH) and subsequent commitment of R6 million for the sub-directorate's work is largely considered as an initial step to combating HIV & AIDS in the KwaZulu-Natal (KZN) Province. With the epidemic progressing at an alarming rate, the provincial cabinet resolved to launch the Cabinet Initiative in 1998. The initiative had the following two resolutions; (a) that all members of executive council (MECs) include HIV & AIDS in their public addresses and (b) that each department incorporate HIV & AIDS into their mandates.

2. In October 1999, the cabinet launched the AIDS Challenge 2000 to step up the Cabinet Initiative of 1998. The vision was to develop an integrated governmental and non government response to HIV & AIDS and to drive multi pronged community mobilisation campaigns using the multimedia and door to door strategies. The cabinet further resolved to establish a Provincial AIDS Action Unit (PAAU) to drive the activities of the AIDS challenge 2000. Housed in the DOH, the PAAU was to report to cabinet on a monthly basis. A budget of R 21.4 million was allocated to the unit. With a vision of having an "AIDS-free generation in KwaZulu-Natal by 2020", the unit drove the delivery of several key interventions within the broad categories of prevention; and treatment, care and support. Delivery of these programmes was underpinned by strong social mobilisation, training and education components.

3. Recognising the need to centralise co-ordination, scale up and broaden the response, and with the health services under increasing pressure from the epidemic, the role of PAAU as an arm of the DOH was reviewed by the cabinet in October 2005. The cabinet resolved to dissolve PAAU and house the non-health, transversal and coordination issues related to the epidemic within the Office of the Premier (OTP), which is the highest political office with responsibilities that include the coordination of all government and non government programmes. The decision bore in mind the recommendations of the review of the public service in the province done by the Department of Public Service and Administration (DPSA) in 2004[3].

4. Following this resolution, a new chief directorate of HIV& AIDS (CD HIV & AIDS) was established within the OTP. Overall, the CD HIV & AIDS was charged with the coordination, planning and monitoring & evaluation (M&E) of the provincial HIV & AIDS within the umbrella of the multi-sectoral approach. The directorate was to ensure implementation of a comprehensive response that is integrated with key social development imperatives.

5. The Provincial Growth and Development Strategy (PGDS) mentions commitment to fighting HIV & AIDS as one of the cross-cutting priorities that will contribute to achieving its vision of "an international model of a community transformed."[4] This strategy is intended to contribute to aims of the PGDS. The strategy is also anchored on and responds to various relevant national documents such as the NSP 2007-2011 and the programme of action (POA) and international obligations such as the United Nations Special Session on HIV & AIDS General Assembly (UNGASS).

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[3] The DPSA review recommended that the OTP had to be positioned at the centre of government in order to become the engine that drives government programmes; be developed into an organisational model that features tight linkages, high-level integration and coordination as well as be a self-starting competent team; and develop capacity to play a strategic role in driving integrated and coordinated government-wide planning as well as monitoring and evaluation of the implementation of these programmes.

[4] KwaZulu-Natal Provincial Growth and Development Strategy 2005

SECTION 1: BACKGROUND INFORMATION

1.1 Geography and Demography

Situated in the east coast, KZN is one of the Republic South Africa's (RSA) nine provinces. Covering an area of 92100 square kilometres (sq.km), KZN is characterized by a topography made up of hills and valleys. It borders 3 countries namely; Mozambique, Lesotho and Swaziland and has an ocean coastline of about 1000 kilometres (km). It shares its internal borders with the Free State, Mpumalanga and Eastern Cape provinces

With a total of 10 014 500 (2007 est.), KZN accounts for 21% of the country's population and is the most populous province in the country. The table below provides the population breakdown:

Table 1: KZN Population by Age Group (mid year 2007 estimates)

Age Group	Population			Age Group	Population		
	Male	Female	Total		Male	Female	Total
0-9	1,136,300	1,126,600	2,262,900	40-49	384,200	475,300	859,500
10-19	1,145,100	1,133,900	2,279,000	50-59	236,200	304,300	633,700
20-29	964,460	967,000	1,931,600	60+	183,000	280,000	463,000
30-39	648,100	684800	1,332,900				

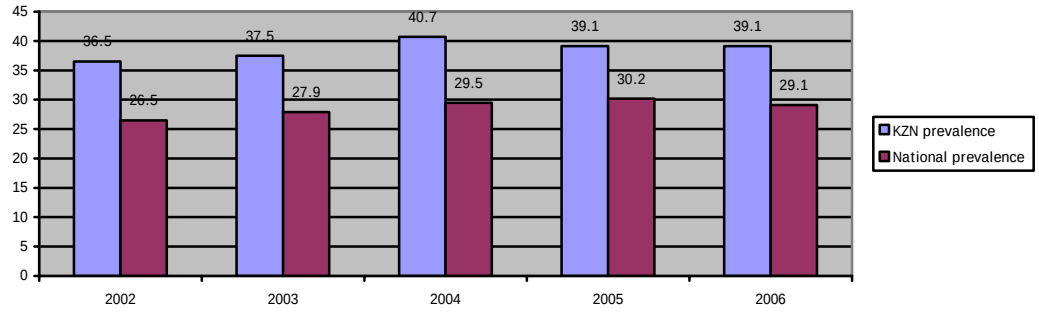
Source: StatsSA Statistical Release Mid-year Estimates 2007

The sexually active population [15-49] accounts for about 59% of the total population. The population distribution of KZN shows that 54% of the population resides in the rural areas, where conditions are difficult and characterised by widespread poverty and disease. The rural dwellers are mostly women and children, as the men folk are known to emigrate in search of employment. These present unique and great challenges in the fight against HIV and AIDS.

1.2 Epidemiology of HIV & AIDS in KZN at a Glance

- ***Antenatal HIV Prevalence:*** The graph below depicts HIV antenatal prevalence for KZN from 2002 to 2006.

Figure 1: KZN Antenatal HIV Prevalence against National Prevalence 2002-2006



Source: Graph compiled with Information from National Department of Health Antenatal Surveys 2002-2006.

Prevalence in KZN has been consistently higher that the national prevalence. The year 2006 KZN HIV prevalence among pregnant women attending public health clinics is 39.1% as compared to 29.1% nationally. Average prevalence for KZN over the last four years is recorded at 38.5% while

the national average over the last four years is 29.1%.

- ***HIV Prevalence by Age & Sex:*** The table below depicts HIV prevalence in the general population, broken down by age group.

Table 2: HIV Prevalence by Age & Sex 2005

Age Group	Prevalence		
	Male	Female	Combined
2-14	11.5	3.7	7.9
15-24	8.3	23.3	16.1
25-34	*18.9*	*41.5*	*34.3*
35-44	32.0	20.4	24.1
45+	12.8	7.0	9.2

Source: NMF/HRSC Survey 2005.

The 25-34 age group has the highest prevalence. Women have a much higher prevalence as compared to men in the age groups of 15-24 and 25-34. When compared against the national prevalence, the KZN prevalence is higher among all age groups.

- ***Number of Persons Infected:*** The table below depicts the estimated number of persons infected by race.

Table 3: Number of Persons Infected by Race & Gender 2005.

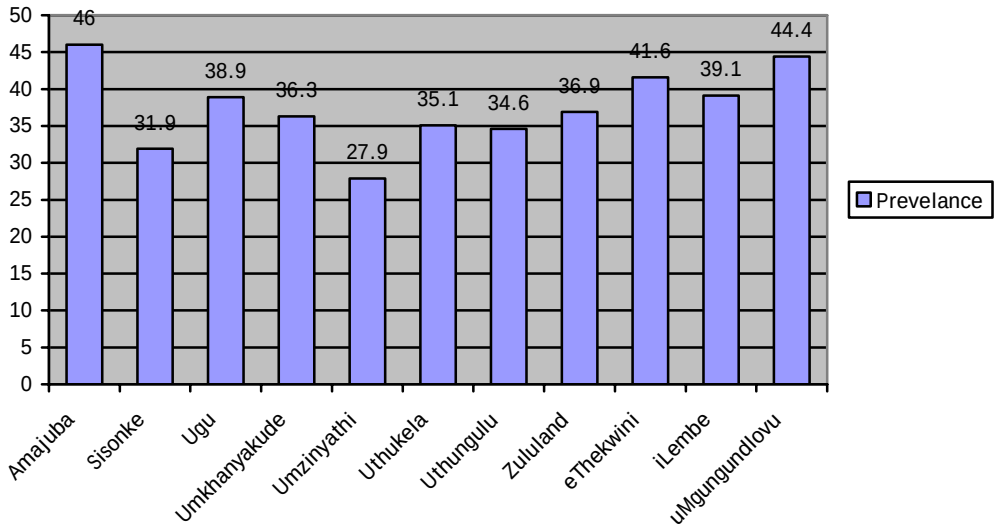
Race	Male	Female	Total
Blacks	622,964	910, 552	1,533, 516
Indians, Coloureds & Whites	9,921	20,312	30,233
Total	632,885	930,864	1,563,749

Source: NMF/HRSC Survey 2005.

- ***HIV Prevalence by Race:*** HIV prevalence among black South Africans was 19.3 % [where 21.6% were females & 16.0% males) while the other races accounted for 1.9% [of which 2.6% were females and 1.3% males].

- ***District Prevalence:*** Figure 2 depicts antenatal HIV prevalence by district.

Figure 2: Antenatal HIV Prevalence by District 2006



Source: Graph compiled with Information from National DOH Antenatal Survey 2006.

- ***TB Incidence:*** The incidence of tuberculosis (TB) one of the commonest opportunistic infections (OIs) that occur among HIV patients has steadily grown since the early 1990's to 1054/100,000 in 2005. This incidence is considered as one of the highest in the world.

1.3 Impact of HIV & AIDS at a Glance

- ***Adult Life Expectancy:*** According to the ASSA model[5], the adult life expectancy at birth of 53 years for the province (1996) had dropped to 51.6 years (2000). The model predicts a decrease in life expectancy to 40 years by 2005 and to 37 years by 2010, and pinpoints HIV & AIDS as a cause of this decline.
- ***Adult Mortality:*** The average percentage of 15 year olds dying before their 60th birthday was 48.7% in 2000 [females 42.8% and males 54.6%]. This increased to 58.5% in 2002 where 53.0% were females and 64.0% males. This increased risk in deaths among adults has been attributed to HIV&AIDS.
- ***Infant Mortality:*** Infant mortality in KZN increased from 52.1/1000 in 1998 to 68.0/1000 in 2002. Similarly the under-5 mortality rate increased from 74.5/1000 in 1998 to 124.0/1000 in 2002. MTCT of HIV and subsequent death is believed to be a major reason behind the increase in these deaths.
- ***Orphans & Other Vulnerable Children:*** A national household study[6] found that of the nine provinces KwaZulu-Natal has the highest percentage of 2–18-year olds who are orphaned. Of the population in the province of this age, 2.8% have lost a mother only, 13.7% have lost a father only, and 3.2 % have lost both parents. A total of 19.7% (one in every five 2–18-year-olds) are orphaned in one of these three ways. Though not all are necessarily AIDS orphans, it is believed that a large percentage is attributable to HIV & AIDS.

These statistics demonstrate the negative impact with which HIV & AIDS is having in KZN. For example, the bulk of the KZN workforce falls within the sexually active population. With the high

[5] In late November 2005, the Actuarial Society of South Africa (ASSA) released the latest version of their epidemiological model, called 'ASSA2003', which has been recalibrated and now allows for forecasts to be made at the provincial level.
[6] HSRC 2005, page 112

prevalence and increasing mortality in this age group, the economy will soon be devoid of a pool of a quality work force. This lack of capacity will also hinder government in its efforts to achieving efficient service delivery and in the sustenance of human development. A recent survey[7] by MTT/AIDS response showed that most provincial departments believe that HIV & AIDS is presently having an affect on their planned sectoral activities and their ability to operate effectively. At demographic level, the structure of the population will be altered. The health system could be already feeling the stretch of providing other health services, as the cost of providing services is skewed towards HIV & AIDS. This also applies to the education sector, where the critical workforce in the form of teachers may be dwindling while at the same time witnessing a decreasing number of learners who may be forced to either leave school completely or irregularly attend school as the need to look after their sick parents or younger siblings becomes more necessary.

1.4 Determinants of the Epidemic

South Africa is a newly democratic society, emerging from an apartheid past where the majority of its people were oppressed. In this context there was a history of social disruption; racial and gender discrimination associated with inequitable distribution of resources and services. In the face of inequitable distribution of resources and services the disadvantaged majority was greatly affected with poverty and poverty related diseases including HIV & AIDS, TB and malaria.

Like in the rest of the country, HIV spread in KZN is influenced by sexual behaviour coupled with other factors. These include; risky sexual practices such as engagement in unprotected sex with multiple (and at times concurrent) partners; non STI treatment seeking behaviour; gender imbalance (usually under the cultural banner) where the woman is denied her sexual rights; gender based violence; stigma& discrimination; mobility and migration and poverty. The other modes of transmission include mother to child transmission; blood transfusion; exposure to blood and injecting drug use.

1.5 Response at a Glance

1.5.1 National Response

The beginning of a national co-ordinated response to HIV & AIDS dates back to 1992, with the formation of the National AIDS co-ordination committee of South Africa (NACOSA).

A review of NACOSA in 1997 highlighted the need for a multi-sectoral approach to combating HIV & AIDS. This led to the development, through a consultative process, of the National Strategic Framework for HIV & AIDS and STIs (the NSP 2000-2005). The document articulated the four priority areas of (a) prevention, (b) treatment, care and support, (c) legal and human rights and (d) research, monitoring and surveillance. The NSP 2007-2011, which is now in place, builds on the previous plan and is based on the lessons learnt and the changing dynamics of HIV & AIDS. It therefore maintains the need for the multi-sectoral approach to fighting HIV & AIDS and lists the primary aims as (a) reducing the number of new HIV infections by 50% and (b) reducing the impact of HIV& AIDS on individuals, families, communities and society by expanding access to an appropriate package of treatment, care and support to 80% of all people diagnosed with HIV. The following are the priority areas; (a) prevention, (b) treatment, care and support, (c) monitoring, research and surveillance and (d) human rights and access to justice.

1.5.2 Provincial Response

1.5.2.1 Early Response Initiatives: Various initiatives such as; the setting up of the HIV & AIDS sub directorate in 1996; the launching by the cabinet of the Cabinet Initiative and the AIDS 2000 challenge in 1998 and 1999 respectively; the establishment of PAAU and allocation of funds to accompany these initiatives is evidence to the provincial government's commitment in combating HIV & AIDS.

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[7] MTT/AIDS Response Trust Survey 2005, conducted between December 2005 and February 2006, commissioned by OTP, specifically for development of this strategy document

1.5.2.2 Multi-Sectoral Coordination: In order to consolidate coordination of the multi-sectoral response, the cabinet approved the establishment of a chief directorate in charge of HIV & AIDS and based it within the OTP. Other structures that have been put in place include the Provincial AIDS Council (PAC), which is chaired by the Premier; and the district municipalities and local municipalities AIDS councils (DACs & LACs) chaired by respective mayors. These structures have been formed along the lines of the South African National AIDS Council (SANAC).

1.5.2.3 Provincial Government Internal Response: Provincial government departments are actively developing internal programmes aimed at coordinating and managing the impacts of HIV & AIDS within their workplaces to ensure employee wellness and that of their immediate families.

1.5.2.4 Provincial Government External Response: A number of departments are involved in the external response programmes, these include: (a) the DOH, (b) department of local government and traditional affairs (DLGTATA); (c) department of education (DOE); (d) department of social development (DSD) and (e) department of housing (Housing). These departments offer services based on their mandates and therefore the corresponding comparative advantage they have in fighting HIV & AIDS.

The DOH is a key department in the fight against HIV & AIDS as most responses fall within the health bracket. The department is engaged in nine response areas that include voluntary counselling & testing and prevention of mother to child transmission (PMTCT) to name a few. The DOH also provides technical and policy guidance to the health related responses implemented by other organisations. An example is the guidance provided to non-medical sites offering VCT services.

The DLGTA's comparative advantage in the response derives from their closeness to the community, in line with its mandate of coordinating and promoting social and economic development at community level. As such the department through municipalities manages health clinics for the DOH and conducts programmes that engage a cross section of target groups ranging from traditional healers to youth groups. They also work with communities in a participatory way through community HIV & AIDS committees established at ward-level.

The DOE's area of focus involves training and development of life skills through life orientation classes; training of teachers as communicators in the area of sexuality; peer education programmes for learners; care and support programmes among others.

The DSD response work revolves around orphan and vulnerable children care; and community and home-based care (CHBC). Its work involves but is not limited to promotion and integration of indigenous and modern systems of care; strengthening the implementation of a strategy for identification, care and support of OVCs; and strengthening implementation sites.

The Housing is addressing the impact of HIV &AIDS through the creation of homes for the infected and affected individuals. It does this in association with various institutions and stakeholders. The Housing annually ring fences funds to ensure the accommodation and prioritisation of housing for the vulnerable especially those infected and affected by HIV &AIDS.

1.5.2.5 Civil-Society Response: There is a wide range of non-governmental organisations and community based organisations (NGOs and CBOs) in the province. They however tend to be concentrated in urban areas of the province. These organisations are involved in almost every area of the HIV & AIDS response. They also provide the important services of community mobilisation and human rights, linking the AIDS response with other social issues, including child and women abuse, illiteracy, unemployment and poverty.

1.5.2.6 Faith-Based Organisations (FBOs) Response: Most faiths[8] are significantly involved in awareness and education, counselling, nutritional support, care of orphans and vulnerable children, support for child-headed households, home-based care,[9] hospices, poverty alleviation programmes, burial support, and running of health care centres.

1.5.2.7 The Business Community Response: There have been strong efforts made to establish partnerships between labour organisations and employees. A broad range of direct services is

[8] This includes a wide range of Christian denominations, and Hindu, Muslim, Buddhist, Jewish and Baha'i religious communities, as well as a number of faith-based philanthropic organisations.
[9] The Sinosizo Home-Based Care Programme is one of the more visible programmes in the province and it operates in 14 regions.

being provided by some business programmes and some chambers of commerce, including VCT services, disease management (including ART) and nutritional support within the companies. Efforts are located and coordinated through the Employee Assistance Programme (EAP) Wellness Centres. The South African Business Coalition on HIV/AIDS (SABCOHA) is playing a key role in mobilising business formations to respond to the epidemic as an organised sector.

1.5.2.8 Traditional Health Practitioners Response: The traditional health fraternity is recognised as an important partner in the delivery of implementation of the comprehensive plan as part of the response. Government is therefore continuously capacitating them on all aspects of the comprehensive plan and consistently engaging them on response matters.

1.5.2.9 Research Institutions Response: A number of known research institutions are active in HIV & AIDS research in the province. Included are the four campuses of the University of KwaZulu-Natal, the Medical Research Council (MRC); the reproductive health research unit (RHRU) and the Human Sciences Research Council (HSRC). Attempts are underway to promote multidisciplinary and collaborative research efforts among the many departments and disciplines[10]. There are also many international research partnerships and collaborations located in the province.[11] However, there are very few research initiatives and researches taking place outside of the research institutions.

1.6 Funding

Funding support for the KZN response emanates from both internal and external sources. The national (through conditional grant) and provincial (through equitable share grant) governments make up the internal funding sources while external funding mainly from development partners is received either through direct funding to the departments for specific functions or through provision of technical support. Donors currently supporting the province include the Global Fund for AIDS, TB and Malaria (GFATM), European Union Partnerships for the delivery of Primary Health Care including HIV and AIDS (EUPDPHC), Secure the Future (STF) and Belgian Technical Corporation, the Presidential Emergency Plan for AIDS relief (PEPFAR), Department for International Development (DFID), Italian Corporation and the United Nations Development Programme (UNDP). Civil society organisations also benefit from these funds.

1.7 Development of the Strategy

The process of developing the strategy was guided by the principles of participation, inclusion and consultation. A series of consultative processes were held on different occasions at the provincial and district levels. An effort was made to ensure inclusion of a wide range of stakeholders from representatives of government departments, district and local municipalities to civil society. By the time of finalising this strategy, four consultative processes had been undertaken. The purposes included the identification of the strategic priority areas and interventions; the development of the strategic results framework; the alignment to the NSP 2007-2011 and ratification. Additionally, the individual provincial departments and the social technical cluster were continuously involved in consultations. Posting the draft strategy on the OTP website allowed for public comment with stakeholders including development organisations, the valuable inputs were then integrated into the strategy.

[10] See Haddingham 2006
[11] for example, the Centre for the Aids Programme of Research in South Africa (CAPRISA); the Africa Centre

1.8 Scope of the Strategy

1.8.1 Multi-Sectoral

The *HIV and AIDS Strategy for the Province of KwaZulu-Natal (KZNPSP)* is based on the need for a coordinated multi-sectoral response. It applies to all structures and spheres of government, their agencies, the private sector, non-governmental structures, civil society including PLHIV associations, communities and all other stakeholders. Concomitantly it is based on the premise of commitment from all stakeholders in the province and the support of leadership at all levels and in all areas.

1.8.2 Comprehensive

To accommodate the many and diverse categories of the response, efforts have been made to cover a range of activities, including: prevention; care, support and treatment; impact mitigation; in addition to ensuring the application of the principles of evidence-based, systematic and sustained responses.

1.8.3 Integrated

The strategy is based on an understanding that there should be functional integration of services from the perspective of the beneficiaries or targets of interventions. It strives to create a context for alignment of policies, strategies and implementation, while simultaneously respecting the independence of programmes; and collaboration and coordination on the part of planners and services providers, based on the realisation that most interventions are directly or indirectly interrelated and may affect each other.

1.9 Priority Groups

This identification of the priority groups is based on the individuals that deserve most attention within the response. These are populations considered most at risk. This however does not mean those not highlighted will be neglected since in a generalised epidemic the entire population is generally at risk and should equally have interventions directed at them.

1.9.1 Adolescents and Young Adults (15-24 years): These are key priority in reducing new HIV infections and represent the main focus for altering the course of this epidemic. In KZN, this age group makes up 21% of the population. With the UNGASS having set a global target of reducing incidence of HIV in this group by 20% by 2015, the need to focus on this group is more apparent. Total prevalence for this age group is estimated at 26.2%, and though evidence exists to suggest that HIV prevalence among adolescent girls and young women could be stabilising, this may not be happening at the desired levels. This calls for intensification of interventions in order to achieve the desired impact.

1.9.2 Children (0-14 Years: Children under the age of 18 comprise 40% of the population of South Africa. In KZN, they comprise 45% of the KZN population. There are an estimated 480,000 orphaned children in KZN which amounts to 24% of the estimated over 2 million orphans countrywide. It is believed that half of these children have lost their parents as a result of AIDS. Faced with such conditions, these children may experience various forms of physical, material and psychosocial deprivation and assaults on their health as a result of poverty and/or a lack of parental care and a nurturing environment. Additionally there may be a significant number that is living with HIV & AIDS. The impact is evidenced by increasing under-5 mortality. Children usually do not have sufficient access to AIDS treatment and care because available services are mostly designed for adults. Serious challenges around the skills of health workers and capacity to manage and treat children with AIDS, including lack of appropriate ART formulations, for treating children remain. There is also need to ensure that children are not vulnerable to HIV infection through child sexual abuse.

1.9.3 Women: As anywhere else in South Africa, women have been discriminated against and suffered oppression in many forms. As a result, they are vulnerable to violence, sexual abuse, rape, poverty and poor health not withstanding the risks of contracting HIV and bearing the blame for it. In addition, teenage girls are exposed to the high risk of falling pregnant and contracting HIV due to this imbalance. HIV prevalence among women is higher than among men within the critical age groups. For this reason it is important that interventions be directed at women with the seriousness they deserve.

1.9.4 People with Disabilities: People with disabilities have in many cases been neglected in the AIDS response. Customised responses are necessary in the areas of prevention, treatment, care and support programmes.

1.9.5 People in Prison: A 2002 study in Durban's Westville correctional facility revealed an HIV prevalence of 29.1% thus indicating the vulnerability of this group to HIV & AIDS. People in confinement face a great risk of contracting HIV due to a number of factors. There is a need for services to be directed to them as most return to the larger society once their terms have expired, thereby reducing the risk of spread.

1.9.6Sex Workers: Sex work is widely defined as exchange of sex for money usually with multiple partners. Though the practice of sex work is usually associated with females, there has been discussion on the subject of male sex work. Sex workers face high risk of HIV infection and are vulnerable as a result of high partner turnover accompanied by powerlessness to ensure safe sex acts during the multiple encounters. There is real chance that these sexual acts contribute to the spread of HIV. As a result, it is necessary that they be targeted.

1.9.7 Mobile, Casual & Atypical Form Workers: Truckers, disciplined forces, other forms of security services, farm workers, domestic workers and construction workers are a priority group by the nature of work they are involved in. Typically this group will mostly be composed of men whose jobs may demand frequent travelling and/or being away from home for long periods of time. This in turn increases the likelihood of multiple sexual partnerships that may indicate higher infection.

1.9.8 Men Who Have Sex with Men (MSM): Just like in the rest of country, there is very little that is known about this group in KZN. No clear interventions have been directed at them. However, the wide ranging MSM behaviour that may include bisexuality means that there is an interconnection between the MSM epidemic and the heterosexual epidemic.

1.9.9 Refugees: South Africa is one of the refugee destinations and KZN is also affected by the influx of refugees. Interventions directed at refugees and asylum seekers are necessary since as human beings, they are bound to interact with fellow refugees and asylum seekers and even with the larger host society.

1.9.10 People Living with HIV & AIDS: PLHIV are a core group in the fight against HIV & AIDS who face vulnerabilities due to their status. As a result, they need special interventions that include support through a strengthened legal environment and access to justice.

1.9.11 Injecting Drug Use (IDU): Though very little is known about IDU in KZN, it is reality that the phenomenon exists. The common practice among IDU is to share syringes and needles that could be contaminated. Towards this end it is necessary that interventions are formulated in the earliest to prevent a potential explosion of the problem.

1.9.12: The Poor: The poor are a vulnerable group due to a number of factors that may not be under their direct influence or control. Targeting them with interventions is therefore important.

1.10 The Purpose of the Strategy

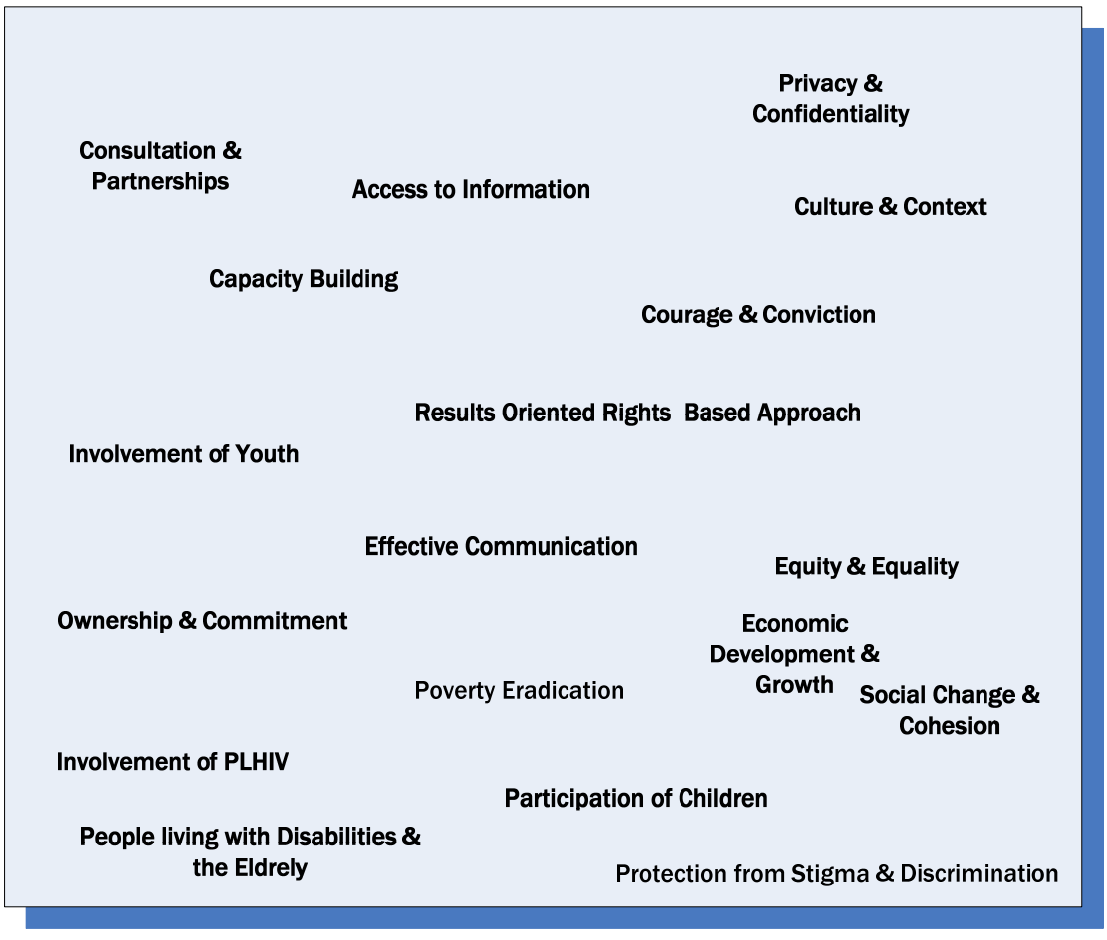
This document provides strategic guidance for the provincial HIV & AIDS response. It is meant to translate the national strategic plans and policies into actions at the provincial level. Its purpose is therefore to provide a framework for programmes, projects and interventions planning by various stakeholders in the fight against HIV & AIDS within KZN province. It spells out the vision, mission and principles which guide the provincial response and identifies goals, objectives and strategic intervention for a period of five years (2007 – 2011) thereby providing guidance to all programmes and interventions by the different stakeholders enabling them to have the opportunity to focus on specific priority areas, objectives, and strategic interventions in relation to the areas in which they have a comparative advantage. It also allows stakeholders to develop

appropriate programmes, projects and interventions. The document also serves as an advocacy tool for HIV & AIDS issues, resources mobilisation and forms the basis for measuring progress on the provincial strategic goals and objectives; performances; and financial spending.

1.11 Guiding Principles

The following principles underpin the *HIV and AIDS Strategy for the Province of KwaZulu-Natal* and reflect the legal and policy framework defined in international conventions, national laws, policies, guidelines and regulations. These principles provide a point of reference for every goal, objective and interventions in this strategy and the accompanying implementation. In the development and implementation of strategies and interventions of the response these principles should be upheld.

Figure 3: Guiding Principles



SECTION 2: STRATEGIC PLAN FRAMEWORK

The provincial strategy on HIV and AIDS has been developed within the context of the Provincial Growth and Development Strategy (PGDS) and aligned to the National Strategic Plan. It recognises that HIV and AIDS creates and thrives in an environment of poverty and under-development. The fight against the epidemic is therefore not an isolated one but must be done in conjunction with an overall growth and development strategy backed by a functional, legitimate provincial government that promotes:

- Good governance and protection of human rights
- Sustainable economic development
- Human-capacity development
- Peace and human security.

As a result, this provincial strategy and its objectives will only be attained if sufficient resources are made available and all sectors, i.e. Government, Business and Civil society play their roles effectively.

2.1 Strategic Foundation

2.1.1 Vision

A KwaZulu-Natal that is free of new HIV infections where all infected and affected enjoy a high quality of life.

2.1.2 Mission

We, in the Province of KwaZulu-Natal, commit ourselves to putting in place a well coordinated, managed and demonstrably effective response to the HIV & AIDS epidemic in the province that is geared towards eliminating new infections and ensuring a high quality of life for the infected and affected.

2.1.3 Goal

The overarching goals of the *HIV and AIDS Strategy for the Province of KwaZulu-Natal* are:

(1) To reduce new HIV infections by 50% by 2011.

(2) To provide a package of treatment, care and support to at least 80% HIV infected people in order to reduce AIDS-related deaths by 2011.

These goals will be achieved through the development and implementation of interventions, programmes, projects and researches geared to preventing spread and mitigating concomitant impacts of HIV & AIDS on individuals, families, communities, institutions and the province at large.

2.2 Strategic Result Framework

The *HIV and AIDS Strategy for the Province of KwaZulu-Natal* identifies four priority areas in line with the National Strategic Plan. Together, the priority areas provide the basis of an effective framework for a comprehensive and coherent response to HIV and AIDS in the province. The priority areas are the following:

Priority area 1:	**Prevention**
Priority area 2:	**Treatment, Care and Support**
Priority area 3:	**Management, Monitoring, Research, and Surveillance of the response**
Priority area 4:	**Human rights, Access to Justice and Enabling environment**

Defined below is the result framework comprising of goals, objectives, impacts, outcome and

priority strategies for each priority area. Key outcome and output indicators have been developed as part of the M&E framework for the strategy

2.2.1 Strategic Priority Area 1: Prevention

Goal: Reduction of transmission of new HIV infections

Expected Impact: 50% reduction in annual rate of new HIV infections by 2011

Impact Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage reduction in annual HIV Incidence amongst the population of KZN 2 years and older	*3.8%(2005)*	*25% reduction*	*50% reduction*
Percentage of women and men aged 15-24 who are HIV infected	*23.3%(2005)*	*25% reduction*	*50% reduction*

Objectives

Objective 1: To ensure that at least 50% of sexually active population in KZN adopt safer sexual practices by 2011.

Expected Outcome: Adoption of safer sexual behaviours and practices by at least 50% of sexually active population in KZN *(safer sexual behaviour in terms of delayed sexual debut; abstinence; no multiple partners; and consistent condom use)*

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of women and men age 15 to 49 who have had more than one sexual partner in past 12 months	*23%*	*25% reduction*	*50% reduction*
Percentage of young men and women aged 15-24 who have had sexual intercourse before 15	*50%*	*25% reduction*	*50% reduction*
Median age of partners of pregnant women aged 15-19	*5 years older*	*25% reduction*	*50% reduction*
Percentage of women and men age 15 - 49 who have had more than one sexual partner in past 12 months reporting use of condom during their last sexual intercourse	*78%*	*85%*	*100%*

***Objective 2*:** To reduce risk of MTCT of HIV to less than 5% by 2011

Expected Outcome: Reduced risk of mother-to-child transmission of HIV to less than 5% by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of infants born to HIV-infected mothers who are infected	***TBD***	***less than 10%***	***less than 5%***

Objective 3: To reduce the risk of HIV transmission from occupational exposure and through injecting drug use; and use of contaminated instruments to less than 1% by 2011

Expected Outcome: Risk of transmission of HIV from occupational exposure and through injecting drug use; and use of contaminated instruments reduced to less than 1% by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage transmission of HIV through occupational exposure	*TBD*	***Less than 1%***	***Less than 1%***
*Incidence of HIV amongst injection drug users**	*TBD*	***Less than 5%***	***Less than 1%***

Objective 4: To eliminate the risk of HIV transmission through blood and blood products by 2011

Expected Outcome: Zero transmission of HIV through blood and blood products by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage transmission of HIV through transfusion of blood and blood products	***TBD***	***0%***	***0%***

Objective 5: To reduce vulnerability to HIV transmission due to poverty, culture and gender inequality by 2011

Expected Outcome: Reduced vulnerability to transmission of HIV due to poverty, culture and gender inequality by 50% by 2011 *(*ref. government's programme of action)*

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage reduction in poverty	*TBD*	***12.5% reduction***	***25% reduction***
Percentage of households with sustainable access to an improved water sources	*TBD*		
Percentage of households with access to sanitation	*TBD*		
Poverty gap ratio	*TBD*		

Strategic Priorities

1. *Accelerating appropriate PMTCT interventions, including community mobilisation and programmes focusing on the role of fathers.*
2. *Scaling up of clinical and community-based VCT facilities that are prevention oriented.*
3. *Identifying specific needs for and developing a provincial implementation and dissemination strategy of life skills programmes and materials that are age, language, gender and culturally appropriate.*
4. *Ensuring reliable and uninterrupted access to male and female condoms*
5. *Supporting the widespread introduction of workplace HIV prevention campaigns and facilitating access to technical assistance and relevant materials.*
6. *Developing and implementing effective HIV Behaviour Change and information, education and communication programmes to achieve behavioural change.*
7. *Ensuring access to post exposure prophylaxis treatment to all those who are eligible.*
8. *Accelerating poverty reduction, food security, socio-economic development and social assistance for vulnerable groups and the needy, to mitigate the causes of the epidemic.*

2.2.2 Strategic Priority Area 2: Treatment, Care and Support

Goal: Provision of an appropriate package of treatment, care and support services to HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.

Expected Impact: 50% reduction in morbidity and mortality due to AIDS related causes by 2011

Impact Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Cause specific mortality rate (AIDS related)	*TBD*	***25% reduction***	***50% reduction***
Percentage of persons attending wellness clinics who died prior to initiation of ART	*TBD*	***25% reduction***	***50% reduction***

Objectives

Objective 1: To increase coverage and uptake of HIV testing and counselling services

Expected Outcome: 80% of the population of KZN population know their HIV status by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and who know their results	*TBD*	*60%*	*80%*
Percentage of the most at risk population that have received an HIV test in the last 12 months	*TBD*	*60%*	*80%*

Objective 2: To increase access to comprehensive treatment and care packages

Expected Outcome: 80% of the eligible population have access to comprehensive treatment and care package by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	*TBD*	*70%*	*80%*
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	*TBD*	*70%*	*80%*
Percentage of HIV positive adults and children on antiretroviral therapy receiving supplement meals and micronutrient supplements	*TBD*	*70%*	*80%*

Objective 3: To increase access to quality care and support for Orphans and Vulnerable children (OVC)

Expected Outcome: 80% of OVC have access to quality care and support by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of orphans and vulnerable children aged 0-17 whose households have received a basic external support in caring for the child	*TBD*	*60%*	*80%*
Percentage of child headed households receiving care and support services	*TBD*	*60%*	*80%*
Current school attendance among orphans aged 10-14	*TBD*	*60%*	*80%*
Current school attendance among non-Orphans aged 10-14	*TBD*	*60%*	*80%*

Objective 4: To increase access to support for population infected and affected in order to mitigate the impact of HIV and AIDS.

Expected Outcome: 80% of the infected and affected have appropriate support to mitigate the impact of HIV and AIDS by 2011

Outcome Indicator*	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of patients in need of Home Based Care receiving Home Based care	*TBD*	*60%*	*80%*
Percentage of PLHIV and households with access to appropriate package of services	*TBD*	*60%*	*80%*

** Desegregation by gender, geographical location and other characteristics TBD.*

Strategic Priorities

1. *Rapid scaling-up of access to ART through alternate delivery sites that will be identified, established and accredited*
2. *Strengthening capacity to provide early diagnosis and treatment of STIs, TB and other opportunistic infections.*
3. *Expanding access to home-based care and integrating as well as expanding other innovative community services.*
4. *Improving collaboration between traditional healing and mainstream healing fraternities.*
5. *Expanding wellness and lifestyle intervention programmes.*
6. *Establishing more youth-friendly health care facilities.*
7. *Capturing and utilising information on orphans and other vulnerable children in order to establish and maintain effective social protection for them across the province.*
8. *Ensuring access to social security to both the affected and infected individuals.*
9. *Establishing multi-purpose 'drop-in' centres across the province and develop schools and early childhood development (ECD) sites as nodes of community support.*
10. *Accelerating poverty reduction, food security, socio-economic development and social*

assistance for vulnerable groups and the needy, to mitigate consequences of the epidemic.

2.2.3 Strategic Priority Area 3: Management, Monitoring, Research and Surveillance of the Response

Goal: Effective and coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research

Expected Impact: All impact and outcome targets as per the Provincial HIV and AIDS Strategy 2007-2011 achieved by 2011

Impact Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage achievement of impact and outcome targets	*0%*	***50%***	***100%***

Objectives

Objective 1: To ensure that 80% of coordination structures at various level are effective by 2011.
(An effective coordination structure: updates HIV and AIDS profile; develops evidence based comprehensive multi-sectoral action plan; monitors the implementation of action plan through quarterly reporting and quarterly meetings in which at least 70% of designated members attend; mobilize, disburse and monitor usage of resources according to the plan; and provides guidance to sectors)

Expected Outcome: Effective coordination in 80% of sectors, district and Local municipalities

Outcome Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Proportion of sector, districts and local municipalities that have effective coordination structures	*TBD*	***60%***	***90%***

Objective 2: To strengthen monitoring & evaluation practice and have at least 80% of sectors consistently reporting and using M&E report by 2011

Expected Outcome: At least 90% of sectors reporting and using M&E report by 2011

Outcome Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of sectors reporting and using M&E reports	*TBD*	***60%***	***90%***

Strategic Priorities

1. *Establishing and maintaining monitoring and evaluation systems based on agreed provincial and district indicators.*
2. *Managing, monitoring and evaluating implementation of the provincial HIV and AIDS strategy and disseminating reports to the public at specified intervals.*

3. *Managing all HIV and AIDS-related information, and facilitate the dissemination and use of this to inform and strengthen services, programmes and projects.*
4. *Mobilising and coordinating donor funds and other sources of funds, as well as developing proposals for technical assistance to ensure that there are sufficient resources to support implementation of the strategy.*
5. *Facilitating expansion of partnerships to ensure effective mainstreaming of responses and improved communication and cooperation.*
6. *Strengthening and utilise information, systems and processes to improve HIV and AIDS-related prevention, treatment, care and support; and impact mitigation services and programmes.*

2.2.4 Strategic Priority Area 4: Human and Legal Rights and Enabling Environment

Goal: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected

Expected Impact: Supportive political, public leadership and regulatory environment by 2011

Impact Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of stakeholders who report supportive political, public leadership and regulatory environment	*TBD*	*50%*	*100%*

Objectives

Objective 1: To strengthen political and public leadership commitment in order to create a visible, decisive and effective leadership within all sectors by 2011

Expected Outcome: A visible, decisive and effective leadership within all sectors by 2011

Outcome Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of people who report that leadership is visible, decisive and effective within the province.	*TBD*	*50%*	*100%*

Objective 2: To mainstream HIV and AIDS into all sectors mandates and plans at all level by 2011.

Expected Outcome: All sectors have mainstreamed HIV and AIDS into their mandates and plans by 2011

Outcome Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of sector who mainstreamed HIV and AIDS into their mandate and plans	*TBD*	***50%***	***100%***
Percentage of sector implementing a "minimal package" of wellness programme for their workers	*TBD*	***50%***	***100%***

Objective 3: To ensure that all existing legislation and policies relating to HIV and AIDS are adhered to by 2011.

Expected Outcome: All existing legislation and policies relating to HIV & AIDS are adhered to by all stakeholders by 2011

Outcome Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Percentage of stakeholders who report adherence to legislation and policies relating to HIV and AIDS	*TBD*	***50%***	***100%***

Objective 4: To promote and protect human and legal rights of all vulnerable groups by 2011.

Expected Outcome: All rights of all vulnerable groups are promoted and protected by 2011

Outcome Indicator	Baseline (2006)	Mid-term Target (2009)	End-term Target (2011)
Composite policy index in the area of human rights promotion and protection	*TBD*	***50% improvement***	***80% improvement***

Strategic Priorities

1. *Strengthening political and public leadership and commitment in all sectors and at every level for a comprehensive, sustained and enabling province-wide response to HIV and AIDS.*
2. *Establishing an inclusive, representative Provincial AIDS Council (PAC), to be followed by the establishment and strengthening of the District and Local Municipal AIDS Councils*
3. *Resourcing and capacitating the HIV and AIDS Chief Directorate to fulfil its mandated functions effectively*
4. *Adopting a rights-based and holistic support approach for vulnerable groups*
5. *Promoting and support the greater involvement of people living with HIV and AIDS.*
6. *Developing comprehensive provincial AIDS policy frameworks within provincial government departments, including promotion of employee HIV and AIDS policies, and the development of sectoral policies and procedures for every department.*

7. *Requiring the public sector to adhere to and be accountable for the implementation of government policies, principles and the Service Charter.*
8. *Supporting and guiding effective mainstreaming of HIV and AIDS across all government spheres and sectors.*

2.3 Cross-Cutting Issues

2.3.1 Research

There is need to develop a prioritised provincial research agenda to drive the AIDS response, thereby calling for collaboration between research institutions and key implementing institutions. This includes appraising existing research institutions of priority research needs in different areas of response. An electronic clearinghouse for research related to HIV & AIDS, and a strategy for disseminating important findings, are advocated for. The Chief Directorate HIV & AIDS should ensure that all relevant stakeholders are mobilised for purposes of ensuring that the research agenda is visible and coordinated.

2.3.2 Communication

Communication is a vital tool in ensuring that momentum is maintained in the response. The Premier and the MECs will spearhead communication with regard to this strategy. All heads of department will be champions of the strategy within their departments.

2.3.3 Mainstreaming

The strategy requires that all sectors, government, business and civil society, mainstream HIV & AIDS into mandates, planning and implementing processes. Mainstreaming implies that HIV & AIDS responses are aligned with the core mandate of the sector, and not considered an 'add-on' issue. Mainstreaming determines: 1) how the spread of HIV is caused or contributed to by the relevant sector; 2) how the epidemic is likely to affect goals, objectives and programmes of the sector; 3) where the sector has a comparative advantage to respond and limit the spread of HIV and mitigate the impact of the epidemic; and 4) what actions to take. All head of departments will be required to account for the mainstreaming process within their sectors.

2.3.4 Gender

A gender lens will be used in the planning and implementation of all programmes in order to ensure that the above commitments are honoured in the province. The Chief directorate in charge of human rights will ensure that all sectors mainstream gender issues in their plans.

2.3.5 Advocacy

Associated provincial cabinet resolutions reflect a determination to place HIV & AIDS high on government's agenda. The Office of the Premier will spearhead advocacy on the HIV & AIDS strategy. Advocacy being a recommendation or act of public support, paves the way for participation at every level of society, and makes it incumbent on every citizen of KwaZulu-Natal to become an advocate for this response.

2.4 Strategic Results Framework Matrix

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection	**IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011**
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011	**OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices** *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Strengthening Behavioural Change programmes and interventions, targeting higher risk and vulnerable populations such as: young women and pregnant women; older men and women; people living with disabilities; and populations in informal settlements, farms and rural areas	At least 50% of high risk and vulnerable groups have access to Behaviour change intervention	At least 60% of high risk and vulnerable groups have access to Behaviour change intervention	At least 70% of high risk and vulnerable groups have access to Behaviour change intervention	At least 80% of high risk and vulnerable groups have access to Behaviour change intervention	At least 90% of high risk and vulnerable groups have access to Behaviour change interventions	**DOH** **DOE** **Higher Education Institutions CSO** **DACT**	**Government Departments** **CSO** **DACs** **LACs**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection						IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011	
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011						OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*	
INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
3. Implementation of Life skills education through curricular and core curricular customised to different target groups. Example: Primary and Secondary school children; Higher Education Institution students; and Youths out of formal schooling etc.	Preparations (Adapting national curricula to KZN situation	At least 30% of target groups reached	At least 50% of target groups reached	At least 70% of target groups reached	At least 90% of target groups reached	**DOE** **Higher Education Institutions**	**CSO** **Youth Sector** **DOH** **DSD** **Children Sector** **Private Sector.**
4. Implementation of interventions that address sexual & reproductive health; and HIV and alcohol & substance abuse through a gender sensitive package targeting all schools.	Preparations (Adapting intervention package to KZN and developing database of priority schools in KZN)	Implementation of gender sensitive package of sexual & reproductive health intervention in at least 50% of the schools.	Implementation of gender sensitive package of sexual & reproductive health intervention in at least 70% of schools.	Implementation of gender sensitive package of sexual & reproductive health intervention in at least 80% of schools.	Implementation of gender sensitive package of sexual & reproductive health intervention in at least 90% of schools.	**DOE** **CSO** **DOJ** **DSD**	**DSD** **DOH** **Private sector**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection	IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011	OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Implementation of legislation and policies that are aimed at keeping young people in schools including Orphans and Vulnerable children	At least 60% of children of school going age group are in school	At least 70% of children of school going age group are in school	At least 80% of children of school going age group are in school	At least 90% of children of school going age group are in school	100% of children of school going age group are in school	**DOE** **DOJ** **DSD**	**DOH** **CSO** **Traditional Structures** **Private Sector** **DTI** **Treasury**
6. Condom promotion and distribution targeting high risk settings such as: beer halls; clubs; pubs; brothels; convenient settings; shebeens; and location for ceremonies	90% of forecasted quantity of SABS approved good quality condom distributed	100% of quantity of SABS approved good quality condom forecasted distributed	100% of forecasted quantity of SABS approved good quality condom distributed	100% of forecasted quantity of SABS approved good quality condom distributed	100% of forecasted quantity of SABS approved good quality condom distributed	**DOH** **CSO** **DACT** **Private sector**	**CSO** **Government Departments**
7. Rollout of a comprehensive prevention package (includes access to IEC; VCT; male and female condoms; STI management and TB screening) in all workplaces in KZN	Comprehensive HIV prevention package rolled out to at least 40% of all workplaces.	Comprehensive HIV prevention package rolled out to at least 60% of all workplaces.	Comprehensive HIV prevention package rolled out to at least 80% of all workplaces.	Comprehensive HIV prevention package rolled out to at least 90% of all workplaces.	Comprehensive HIV prevention package rolled out to at least 100% of workplaces.	**DOH** **OTP** **Labour**	**Government Departments** **Private Sector** **CSO** **Other workplaces**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection						IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011	
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011						OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*	
INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
8. Implementation of parenting programmes that promote positive engagements and communication between parents and children	Preparations (adapting national parenting programmes to KZN)	At least 30% of District municipalities implementing parenting programme	At least 50% of District municipalities implementing parenting programme	At least 70% of District municipalities implementing parenting programme	At least 90% of District municipalities implementing parenting programme	**DSD** **CSO**	**All stakeholders**
9. Provision of youth and men friendly health services in public health facilities	Al least 20% of districts provide youth & men friendly health services all their public health facilities.	Al least 50% of districts provide youth & men friendly health services all their public health facilities.	Al least 70% of districts provide youth & men friendly health services all their public health facilities.	Al least 80% of districts provide youth & men friendly health services all their public health facilities.	100% of districts provide youth & men friendly health services all their public health facilities.	**DOH** **DLGTA**	**Private sector** **CSO**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection						IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011	
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011						OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*	
INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
10. Development of and implement a comprehensive package that promote male sexual health including: • **Promotion of Human and Legal rights** • **Life skills education for males including drug abuse** • **Adapting recommendation on of male circumcision (Will await for national policy on circumcision)**	Al least 20% of district municipalities implementing packages that promote male sexual health	Al least 40% of district municipalities implementing packages that promote male sexual health	Al least 60% of district municipalities implementing packages that promote male sexual health	Al least 80% of district municipalities implementing packages that promote male sexual health	100% of district municipalities implementing packages that promote male sexual health	**DSD** **Men Sector** **Human Rights Sector** **CSO** **DOE**	**Traditional Leaders** **Civil Society** **Religious Sector**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection			IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011				
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011			OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*				
INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
11. Roll-out of customized comprehensive HIV prevention packages to special groups. These groups include: **Uniformed services; mine workers; long distance transport services workers; agricultural workers; hospitality industry workers; domestic workers and gardeners; prisoners; MSM, lesbians and transsexuals; and sex workers and their customers.**	Preparations (programme development or adaptation to the special groups)	At least 70% of population within each of the special group have access to a customised comprehensive prevention programme	At least 80% of population within each of the special group have access to a customised comprehensive prevention programme	At least 90% of population within each of the special group have access to a customised comprehensive prevention programme	At least 95% of population within each of the special group have access to a customised comprehensive prevention programme	**DOH** **DSD** **Private sector** **CSO** **DOT** **Labour** **Uniformed Forces**	**Traditional Leaders,** **Religious Sector** **Civil Society**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection			**IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011**				
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011			**OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices** *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*				
INTERVENTION (S)	**INTERVENTION TARGETS**					**LEAD AGENCY (IES)**	**KEY STAKEHOLDER(S)**
12. Provision of a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care, including PEP, in all health facilities.	At least 40% of health facilities offering a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	At least 60% of health facilities offering a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	At least 80% of health facilities offering a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	At least 90% of health facilities offering a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	At least 95% of health facilities offering a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	**DOH** **SAPS** **DOJ** **DCS** **Labour**	**DSD** **Private Sector** **CSO**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection			IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011				
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011			OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*				
INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
13. Provision of accessible social and mental health services to support children and adult victims of abuse & violence	At least 20% of district municipalities have social and mental health services to support children and adult victims of abuse & violence	At least 40% of district municipalities have social and mental health services to support children and adult victims of abuse & violence	At least 60% of district municipalities have social and mental health services to support children and adult victims of abuse & violence	At least 80% of district municipalities have social and mental health services to support children and adult victims of abuse & violence	At least 90% of district municipalities have social and mental health services to support children and adult victims of abuse & violence	**DSD** **DOH** **CSO**	**Private Sector,** **DACs** **LACs**
14. Implementation of programmes that reduce stigma and promote voluntary disclosures of HIV status	Preparation (adaptation of national programme to KZN)	At least 40% of support groups implementing programmes that promote voluntary disclosures of HIV status	At least 60% of support groups implementing programmes that promote voluntary disclosures of HIV status	At least 80% of support groups implementing programmes that promote voluntary disclosures of HIV status	At least 90% of support groups implementing programmes that promote voluntary disclosures of HIV status	**DOH** **DSD** **PLHIV organisations** **CSO**	**Private Sector** **Workplaces**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection						IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011	
OBJECTIVE 1: To ensure that at least 50% sexually active population in KZN adopt safer sexual behaviour by 2011						OUTCOME TARGET: At least 50% of sexually active population in KZN adopt safer sexual practices *(safer sexual practices in terms of delayed sexual debut; abstinence; no multiple partnership; and consistent condom use)*	
INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
15. Implementation of prevention programmes and interventions that specifically target PLHIV.	Preparation (adaptation of national programme to KZN)	At least 20% of PLHIV have access to prevention programmes and interventions that specifically target PLHIV	At least 40% of PLHIV have access to prevention programmes and interventions that specifically target PLHIV	At least 60% of PLHIV have access to prevention programmes and interventions that specifically target PLHIV	At least 80% of PLHIV have access to prevention programmes and interventions that specifically target PLHIV	**DOH** **DSD** **PLHIV organisation** **Other CSOs**	**Private Sector** **CBOs** **Workplaces**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection				IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011			
OBJECTIVE 2: To reduce risk of MTCT of HIV to less than 5% by 2011				OUTCOME TARGET: Reduced risk of mother-to-child transmission of HIV to less than 1% by 2011			
INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY(IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Scale up of provision of PMTCT services within public and private sector primary health care services.	At least 95% of public & private sector antenatal services provide PMTCT services	100% of public & private sector antenatal services provide PMTCT services	100% of public & private sector antenatal services provide PMTCT services	100% of public and private sector antenatal services provide PMTCT services	100% of public and private sector antenatal services provide PMTCT services	**DOH** **Private sector**	**CSO**
2. Promotion of couple support or partner inclusive packages of care with PMTCT services in all facilities.	Preparations	45% of health facilities providing services that include couple or partner support care packages within PMTCT.	60% of health facilities providing services that include couple or partner support care packages within PMTCT.	75% of health facilities providing services that include couple or partner support care packages within PMTCT.	95% of health facilities providing services that include couple or partner support care packages within PMTCT.	**DOH** **Private Sector**	**CSO**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection				IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011			
OBJECTIVE 2: To reduce risk of MTCT of HIV to less than 5% by 2011				OUTCOME TARGET: Reduced risk of mother-to-child transmission of HIV to less than 1% by 2011			
INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY(IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
3. Implementation of provider initiated VCT to all pregnant women attending public and private health facilities	60% uptake of provider initiated VCT amongst all pregnant women attending public and private health facilities	70% uptake of provider initiated VCT amongst all pregnant women attending public and private health facilities	80% uptake of provider initiated VCT amongst all pregnant women attending public and private health facilities	90% uptake of provider initiated VCT amongst all pregnant women attending public and private health facilities	95% uptake of provider initiated VCT amongst all pregnant women attending public and private health facilities	**DOH** **Private Sector** **CSO**	**DLGTA**
4. Promotion of infant feeding counselling that adheres to set quality standards	60% of health facilities meet quality standards for infant feeding counselling	75% of health facilities meet quality standards for infant feeding counselling	85% of health facilities meet quality standards for infant feeding counselling	90% of health facilities meet quality standards for infant feeding counselling	95% of health facilities meet quality standards for infant feeding counselling	**DOH** **Private Sector**	**CSO** **DLGTA**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection						IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011	
OBJECTIVE 2: To reduce risk of MTCT of HIV to less than 5% by 2011						OUTCOME TARGET: Reduced risk of mother-to-child transmission of HIV to less than 1% by 2011	
INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY(IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Development/scaling up/strengthening of community based strategies/programmes that support HIV women during and after pregnancy	At least 10% of local municipalities implement community based strategies that support women during and after pregnancy	At least 25 % of local municipalities implement community based strategies that support women during and after pregnancy	At least 40% of local municipalities implement community based strategies that support women during and after pregnancy	At least 55 % of local municipalities implement community based strategies that support women during and after pregnancy	At least 60% of local municipalities implement community based strategies that support women during and after pregnancy	**DOH** **DSD** **CSO**	**DLGTA** **Private Sector**
6. Provision of access to CD4 testing to all HIV positive pregnant women	100 % of tertiary health facilities provide CD4 test to all HIV +ve pregnant women	20% of primary health facilities provide CD4 test to all HIV +ve pregnant women	40% of primary health facilities provide CD4 test to all HIV +ve pregnant women	60% of primary health facilities provide CD4 test to all HIV +ve pregnant women	80% of primary health facilities provide CD4 test to all HIV +ve pregnant women	**DOH** **Private sector**	**CSO** **DLGTA**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection				IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011			
OBJECTIVE 2: To reduce risk of MTCT of HIV to less than 5% by 2011				OUTCOME TARGET: Reduced risk of mother-to-child transmission of HIV to less than 1% by 2011			
INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY(IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
7. Provision of ARV treatment for all eligible pregnant women and children as per guidelines	Preparation (awaits national guidelines and training)	100% of both eligible mother and child(ren) receive ARVs	100% of both eligible mother and child(ren) receive ARVs	100% of both eligible mother and child(ren) receive ARVs	100% of eligible mother and child(ren) receive ARVs	**DOH** **Private Sector** **CSO**	**DLGTA**
8. Provision of nutritional support to HIV infected women who choose to exclusively breast feed.	Preparation (awaits national policy and adaptation of national programme to KZN)	At least 20% of HIV positive women who exclusively breast feed provided with nutritional support	At least 40% of HIV positive women who exclusively breast feed provided with nutritional support	At least 60% of HIV positive women who exclusively breast feed provided with nutritional support	At least 80% of HIV positive women who exclusively breast feed provided with nutritional support	**DOH** **DSD** **CSO**	**DLGTA**
9. Provision of formula milk to children of HIV infected women who choose and are eligible for replacement feeding and those unable to breastfeed	At least 50% of eligible children provided with formula milk	100% of eligible children provided with formula milk	100% of eligible children provided with formula milk	100% of eligible children provided with formula milk	100% of eligible children provided with formula milk	**DOH** **DSD** **CSO** **Private Sector**	**CSO**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection	IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011
OBJECTIVE 3: To reduce the risk of HIV transmission from occupational exposure and through injecting drug use & use of contaminated instruments to less than 1% by 2011	OUTCOME TARGET: Risk of transmission of HIV reduced to less than 1% by 2011

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Implementation of infection control guidelines in all health facilities	80% of the health facilities adherent to infection control guidelines	100% of the health facilities adherent to infection control guidelines	100% of the health facilities adherent to infection control guidelines	100% of the health facilities adherent to infection control guidelines	100% of the health facilities adherent to infection control guidelines	**DOH** **Private Sectors**	**DLGTA**
2. Implementation of infection control guidelines in home based care and palliative care settings.	80% of home based care givers adherent to infection control guidelines	100% of Home Based Care givers adherent to infection control guidelines	100% of Home Based Care givers adherent to infection control guidelines	100% of Home Based Care givers adherent to infection control guidelines	100% of Home Based Care givers adherent to infection control guidelines	**DOH** **CSO**	**DLGTA**
3. Provision of PEP to all those occupationally exposed to HIV according to PEP guidelines	100% of those occupationally exposed to HIV and are eligible receive PEP according to guidelines	100% of those occupationally exposed to HIV and are eligible receive PEP according to guidelines	100% of those occupationally exposed to HIV and are eligible receive PEP according to guidelines	100% of those occupationally exposed to HIV and are eligible receive PEP according to guidelines	100% of those occupationally exposed to HIV and are eligible receive PEP according to guidelines	**DOH** **CSO** **Private Sector**	**DLGTA** **SAPS**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection	IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011
OBJECTIVE 3: To reduce the risk of HIV transmission from occupational exposure and through injecting drug use & use of contaminated instruments to less than 1% by 2011	OUTCOME TARGET: Risk of transmission of HIV reduced to less than 1% by 2011

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY(IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Development/scaling up/strengthening of community based strategies/programmes that support HIV women during and after pregnancy	At least 10% of Local Municipalities implement community based strategies that support women during and after pregnancy	At least 10% of Local Municipalities implement community based strategies that support women during and after pregnancy	At least 10% of Local Municipalities implement community based strategies that support women during and after pregnancy	At least 10% of Local Municipalities implement community based strategies that support women during and after pregnancy	At least 10% of Local Municipalities implement community based strategies that support women during and after pregnancy	**DOH** **DSD** **CSO** **DAE**	**DLGTA** **Private Sector**
4. Training of Traditional Health Practitioners on infection control	At least 30% of Traditional Health Practitioners trained on infection control	At least 50% of Traditional Health Practitioners trained on infection control	At least 70% of Traditional Health Practitioners trained on infection control	At least 80% of Traditional Health Practitioners trained on infection control	100% of Traditional Health Practitioners trained on infection control	**DOH** **Traditional Health Practitioners Organisations**	**Private Health Care Sectors** **DLGTA** **CSO**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection	IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011
OBJECTIVE 3: To reduce the risk of HIV transmission from occupational exposure and through injecting drug use & use of contaminated instruments to less than 1% by 2011	OUTCOME TARGET: Risk of transmission of HIV reduced to less than 1% by 2011

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY(IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Raising Public awareness on HIV risk through unsafe traditional practices	At least 40% of the public aware of the dangers of unsafe traditional practice	At least 50% of the public aware of the dangers of unsafe traditional practice	At least 60% of the public aware of the dangers of unsafe traditional practice	At least 70% of the public aware of the dangers of unsafe traditional practice	At least 80% of the public aware of the dangers of unsafe traditional practice	**DOH** **Traditional Health Practitioners** **Traditional Leaders**	**Private Sector** **DLGTA** **CSO**
6. Provision of supplies to traditional practitioners to ensure safe practices	At least 30% of traditional practitioners receive supplies	At least 50% of traditional practitioners receive supplies	At least 60% of traditional practitioners receive supplies	At least 70% of traditional practitioners receive supplies	At least 80% of traditional practitioners receive supplies	**DOH** **Traditional Health Practitioners Organisations**	**Private Sector** **DLGTA**
7. Establishment of public sector drug rehabilitation centres	Preparation	1 centre	3 centres	4 centre	5 centres	**DSD** **DOH**	**CSO** **DLGTA**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection					IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011	
OBJECTIVE 4: To eliminate the risk of HIV transmission through blood and blood products by 2011					OUTCOME TARGET: Zero transmission of HIV through blood and blood products by 2011	
INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Screening of all blood and blood products for transfusion using government approved technology.	100% of donated blood screened in a quality assured manner	100% of donated blood screened in a quality assured manner	100% of donated blood screened in a quality assured manner	100% of donated blood screened in a quality assured manner	100% of donated blood screened in a quality assured manner	**DOH** **CSO** **Private Sector**	**DLGTA**
2. Creating awareness of the potential risk of HIV transmission through blood transfusion	100% of the population aware of potential risk of HIV transmission through blood transfusion	100% of the population aware of potential risk of HIV transmission through blood transfusion	100% of the population aware of potential risk of HIV transmission through blood transfusion	100% of the population aware of potential risk of HIV transmission through blood transfusion	100% of the population aware of potential risk of HIV transmission through blood transfusion	**DOH** **CSO** **Private Sector**	**DLGTA** **Traditional Healers Organisations**

PRIORITY AREA 1: PREVENTION

GOAL: Reduction of transmission of new HIV infection					IMPACT TARGET: 50% reduction in annual rate of new HIV infection by 2011		
OBJECTIVE 5: To reduce vulnerability to HIV transmission due to poverty, culture and gender inequality by 2011					OUTCOME TARGET: Reduced vulnerability to transmission of HIV due to poverty, culture and gender inequality by 50% by 2011		
INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Scaling up implementation of poverty reduction programmes	30% of eligible population have access to poverty reduction programmes	40% of eligible population have access to poverty reduction programmes	60% of eligible population have access to poverty reduction programmes	80% of eligible population have access to poverty reduction programmes	90% of eligible population have access to poverty reduction programmes	**DED** **DSD** **DLGTA** **DAE**	**Private Sector** **CSO**
2. Scaling up programmes to empower population on human rights.	Preparations	30% of districts implementing programme	50% of districts implementing programme	70% of districts implementing programme	90% of districts implementing programme	**Human Rights Sector** **Legal Sector** **CSO** **DLGTA**	**DACs** **LACs**
3. Development and implementation of strategies to address violence & abuse	Preparation	30% of districts implementing the strategy	50% of districts implementing the strategy	70% of districts implementing the strategy	90% of districts implementing the strategy	**Human Rights Sector** **Legal Sector** **CSO** **DLGTA**	**DACs** **LACs**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 1: Increase coverage and uptake of HIV testing and counselling services	**OUTCOME TARTGET: 80% of the population of KZN population know their HIV status by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Implementation of provider-initiated HIV counselling and testing to all clients attending health facilities, with the special focus on STI, TB, antenatal, IMCI, family planning and general curative service	Preparations	At least 75% of all health facilities in the province implementing provider-initiated HCT	90% of all health facilities in the province implementing provider-initiated HCT	95% of all health facilities in the province implementing provider-initiated HCT	95% of all health facilities in the province implementing provider-initiated HCT	**DOH** **Private Sector** **CSO**	**CSO** **Youth Sector** **DLGTA**
2. Conducting regular VCT campaigns in workplace sand through organised trade unions	At least 30% of workplaces and trade unions conduct VCT campaigns	At least 40% of workplaces and trade unions conduct VCT campaigns	At least 50% of workplaces and trade unions conduct VCT campaigns	At least 60% of workplaces and trade unions conduct VCT campaigns	At least 80% of workplaces and trade unions conduct VCT campaigns	**Private Sector** **Labour sector** **CSO** **DOH**	**Government Departments**
3. Scaling up VCT services in order to increase the number of adults who have ever had an HIV test, with a special focus on men	25% of men 25-49 test for HIV and know their status	35% of men 25-49 test for HIV and know their status	50% of men 25-49 test for HIV and know their status	60% of men 25-49 test for HIV and know their status	70% of men 25-49 test for HIV and know their status	**DOH** **Private Sector** **Men sector** **CSO**	**Government Departments**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.						**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**	
OBJECTIVE 1: Increase coverage and uptake of HIV testing and counselling services						**OUTCOME TARTGET: 80% of the population of KZN population know their HIV status by 2011**	
INTERVENTION (S)	**INTERVENTION TARGETS**					**LEAD AGENCY (IES)**	**KEY STAKEHOLDER(S)**
	2007	**2008**	**2009**	**2010**	**2011**		
4. Develop & Implement VCT strategies aimed at people with disabilities	At least 30% of people with disabilities reached with VCT services	At least 40% of people with disabilities reached with VCT services	At least 50% of people with disabilities reached with VCT services	At least 60% of people with disabilities reached with VCT services	At least 80% of people with disabilities reached with VCT services	**DOH** **Private Sector** **Men sector** **People with Disabilities Organisations**	**CSO**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011
OBJECTIVE 2: To increase access to comprehensive treatment and care packages	OUTCOME TARTGET: 80% of the eligible population have access to comprehensive treatment and care packages by 2011

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Provision of access to wellness services to newly HIV diagnosed adults	Wellness programmes in place in 20% of health facilities	Wellness programmes in place 30% of health facilities	Wellness programmes in place 50% of health facilities	Wellness programmes in place 70% of health facilities	Wellness programmes in place 80% of health facilities	**DOH** **Private Sector** **CSO**	**SALGA** **DLGTA** **All other sectors**
2. Scaling up co-trimoxazole prophylaxis services in order to increase the proportion of eligible adults receiving co-trimoxazole	20% of health facilities providing co-trimoxazole prophylaxis	30% of health facilities providing co-trimoxazole prophylaxis	50% of health facilities providing co-trimoxazole prophylaxis	70% of health facilities providing co-trimoxazole prophylaxis	80% of health facilities providing co-trimoxazole prophylaxis	**DOH** **Private Sector** **CSO**	**Traditional Healers Organisations** **DLGTA**
3. Initiate ART to all eligible clients within 3 weeks of assessment	30% of eligible patients receive ART within 3 weeks of assessment	40% of eligible patients receive ART within 3 weeks of assessment	55% of eligible patients receive ART within 3 weeks of assessment	70% of eligible patients receive ART within 3 weeks of assessment	80% of eligible patients receive ART within 3 weeks of assessment	**DOH** **Private Sector** **CSO**	**DLGTA**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011
OBJECTIVE 2: To increase access to comprehensive treatment and care packages	OUTCOME TARTGET: 80% of the eligible population have access to comprehensive treatment and care packages by 2011

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
4. Provision of food support to eligible households	At least 50% of eligible households receive food support	At least 60% of eligible households receive food support	At least 70% of eligible households receive food support	At least 80% of eligible households receive food support	At least 100% of eligible households receive food support	**DSD** **CSO** **Private Sector** **DOH** **DOE** **DAE**	**DLGTA** **Communities**
5. Provision of psycho-social support including counselling for bereavement, disclosure and adherence to ARV to those infected and affected	**At least 10% of those in need receive psychosocial support**	**At least 20% of those in need receive psychosocial support**	**At least 60% of those in need receive psychosocial support**	**At least 80% of those in need receive psychosocial support**	**At least 100% of those in need receive psychosocial support**	**DOH** **DSD** **CSO** **DOE**	**Private Sector**

Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011
OBJECTIVE 2: To increase access to comprehensive treatment and care packages	OUTCOME TARTGET: 80% of the eligible population have access to comprehensive treatment and care packages by 2011

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
6. Provision and implementation of community based ART support and literacy programme	At least 50% of Local Municipalities implement community based ART support literacy programmes	At least 50% of Local Municipalities implement community based ART support literacy programmes	At least 50% of Local Municipalities implement community based ART support literacy programmes	At least 50% of Local Municipalities implement community based ART support literacy programmes	At least 50% of Local Municipalities implement community based ART support literacy programmes	**DOH** **DLGTA** **CSO** **Private Sector** **DOE**	**All sectors**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011
OBJECTIVE 2: To increase access to comprehensive treatment and care packages	OUTCOME TARTGET: 80% of the eligible population have access to comprehensive treatment and care packages by 2011

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
7. Improvement and implementation of ARV adherence support programmes and intervention for both children and adults	At least 75% of adults and children adhere to ARV treatment after one year	At least 85% of adults and children adhere to ARV treatment after one year	At least 95% of adults and children adhere to ARV treatment after one year	At least 100 % of adults and children adhere to ARV treatment after one year	At least 85% of adults and children adhere to ARV treatment after one year	DOH Private Sector CSO DOE	DLGTA Communities Development Partners
8. Improvement and implementation of monitoring and surveillance systems for actively tracing patients on ART	At least 60% of defaulters identified and traced	At least 70% of defaulters identified and traced	At least 80% of defaulters identified and traced	At least 80% of defaulters identified and traced	At least 80% of defaulters identified and traced	DOH Private Sector CSO Research Institutions	DLGTA Development Partners
9. Establishment of drug resistance testing facility within the province	Preparation	Resistance testing facility established	Resistance testing facility functional	Resistance testing facility functional	Resistance testing facility functional	DOH	DLGTA Development Partners CSO

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011
OBJECTIVE 2: To increase access to comprehensive treatment and care packages	OUTCOME TARTGET: 80% of the eligible population have access to comprehensive treatment and care packages by 2011

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
10. Implementation of TB Control plan	Annual implementation action plans developed and implemented	Annual implementation action plans developed and implemented	Annual implementation action plans developed and implemented	Annual implementation action plans developed and implemented	Annual implementation action plans developed and implemented	DOH Private Sector CSO	DLGTA Communities
11. Scaling up implementation of comprehensive HIV and AIDS, STI and TB care	At least 10% of health facilities providing comprehensive HIV and AIDS, STI and TB care	At least 25% of health facilities providing comprehensive HIV and AIDS, STI and TB care STI and TB care	At least 50% of health facilities providing comprehensive HIV and AIDS, STI and TB care	At least 70% of health facilities providing comprehensive HIV and AIDS, STI and TB care	At least 80% of health facilities providing comprehensive HIV and AIDS, STI and TB care	DOH Private Sector DOCS	DLGTA CSO
12. Provision of a comprehensive package of palliative care to eligible children and adults	At least 70% of eligible patients receive palliative, 10% of whom would be children	At least 80% of eligible patients receive palliative, 10% of whom would be children	At least 80% of eligible patients receive palliative, 10% of whom would be children	At least 80% of eligible patients receive palliative, 10% of whom would be children	At least 80% of eligible patients receive palliative, 10% of whom would be children	DOH DSD Private Sector CSO	DLGTA Communities
13. Strengthen support, mentoring and supervision of health care providers	Establishment of support and mentoring systems	Support and mentoring systems in place	Support and mentoring systems in place	Support and mentoring systems in place	Support and mentoring systems in place	DOH DLGTA	DLGTA Private Sector CSO

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 2: To increase access to comprehensive treatment and care packages	**OUTCOME TARTGET: 80% of the eligible population have access to comprehensive treatment and care packages by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
14. Scaling up access to appropriate services to eligible children	At least 30% of appropriate services accessed by eligible children	At least 50% of appropriate services accessed by eligible children	At least 60 % of appropriate services accessed by eligible children	At least 70% of appropriate services accessed by eligible children	At least 90% of appropriate services accessed by eligible children	**DOH**	**DLGTA** **Private Sector** **CSO**
15. Scale up HIV DNA PCR testing for early infant diagnosis into all child health services	At least 40% of health facilities providing PCR testing for early infant diagnosis	60% of health facilities providing PCR testing for early infant diagnosis	85% of health facilities providing PCR testing for early infant diagnosis	100% of health facilities providing PCR testing for early infant diagnosis	100% of health facilities providing PCR testing for early infant diagnosis	**DOH**	**DLGTA** **Private Sector** **CSO**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 3: To increase access to quality care and support by Orphans and Vulnerable children (OVC)	**OUTCOME TARTGET: 80% of OVC have access to quality care and support by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Implementation of mechanisms for identifying, tracking and linking OVC and child-headed households to grants, benefits and social services at local level	At least 10% of child headed households have access to grants, benefits and social services	At least 30% of child headed households have access to grants, benefits and social services	At least 70% of child headed households have access to grants, benefits and social services	At least 90% of child headed households have access to grants, benefits and social services	At least 100% of child headed households have access to grants, benefits and social services	**DSD** **CSO** **DLGTA** **Traditional Healers** **DOE** **DOH** **SASSA**	**Private Sector** **DLGTA**
2. Implementation of service delivery guidelines defining core services at local level for OVC (exemption from school and health services fees, child support grants and birth registration)	At least 20% of districts are implementing services delivery guidelines	At least 40% of districts are implementing services delivery guidelines	At least 60% of districts are implementing services delivery guidelines	At least 80% of districts are implementing services delivery guidelines	At least 100% of districts are implementing services delivery guidelines	**DSD** **CSO** **DLGTA** **SASSA**	**Private Sector** **DLGTA**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 3: To increase access to quality care and support by Orphans and Vulnerable children (OVC)	**OUTCOME TARTGET: 80% of OVC have access to quality care and support by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
3. Provision of registered civil society organizations with organizational programme support and mentoring	At least 20% of registered civil society organizations receiving organisational programme support	At least 30% of registered civil society organizations receiving organisational programme support	At least 40% of registered civil society organizations receiving organisational programme support	At least 45% of registered civil society organizations receiving organisational programme support	At least 50% of registered civil society organizations receiving organisational programme support	**DSD** **CSO** **DAE**	**Private Sector** **DLGTA**
4. Provision of child headed household with services of a community caregiver	At least 50% of child headed households have the services of a community caregiver	At least 50% of child headed households have the services of a community caregiver	At least 50% of child headed households have the services of a community caregiver	At least 50% of child headed households have the services of a community caregiver	At least 50% of child headed households have the services of a community caregiver	**DSD** **CSO** **DOH**	**DLGTA**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 3: To increase access to quality care and support by Orphans and Vulnerable children (OVC)	**OUTCOME TARTGET: 80% of OVC have access to quality care and support by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Capacity development of schools, educators and early childhood development centres to provide psychosocial, educational and adherence support to children in need.	At least 15% of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need	At least 20% of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need	At least 40% of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need	At least 60% of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need	At least 80% of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need	**DOE** **DSD** **CSO**	**Private Sector** **DLGTA**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 4: To increase access to support by population infected and affected in order to mitigate the impact of HIV and AIDS.	**OUTCOME TARTGET: 80% of the infected and affected have appropriate support to mitigate the impact of HIV and AIDS by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Development and implementation of targeted care and support programmes and material support for people including learners with disabilities	At least 10% of district municipalities implementing targeted care and support programmes for people with disability and 10% of special schools implementing the programme for learners with disability	At least 60% of district municipalities implementing targeted care and support programmes for people with disability	At least 70% of district municipalities implementing targeted care and support programmes for people with disability	At least 90% of district municipalities implementing targeted care and support programmes for people with disability	At least 90% of district municipalities implementing targeted care and support programmes for people with disability	**DED** **DSD** **DOE** **DOH** **Organisation of people with disabilities** **CSO**	**Government Sectors** **DLGTA**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 4: To increase access to support by population infected and affected in order to mitigate the impact of HIV and AIDS.	**OUTCOME TARTGET: 80% of the infected and affected have appropriate support to mitigate the impact of HIV and AIDS by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
2. Integration and equitable representation of LGBT people in care, treatment and support programmes	100% of district municipalities integrating LGBT people in care, treatment and support programmes.	100% of district municipalities integrating LGBT people in care, treatment and support programmes.	100% of district municipalities integrating LGBT people in care, treatment and support programmes.	100% of district municipalities integrating LGBT people in care, treatment and support programmes.	100% of district municipalities integrating LGBT people in care, treatment and support programmes.	**DSD** **LGTB Groups** **CSO** **DOH**	**All Government Departments** **DLGTA**
3. Design and implementation of ward-based community competency programmes targeting the most vulnerable communities	Preparations	At least 30% of wards covered with community competency programme	At least 50% of wards covered with community competency programme	At least 60% of wards covered with community competency programme	At least 70% of wards covered with community competency programme	**DLGTA** **DOH** **CSO**	**All sectors**
4. Development and implementation of income generating project owned by communities and support groups	Preparations	At least 30% of support groups have income generating projects	At least 50% of support groups have income generating projects	At least 60% of support groups have income generating projects	At least 70% of support groups have income generating projects	**DED** **DSD** **Private Sector** **DAE**	**All Sectors** **Communities** **PLHIV Organisations**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

GOAL: Provision of an appropriate package of treatment, care and support services to at least 80% HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**IMPACT TARGET: Reduced Cause specific AIDS related Morbidity and Mortality by 50% by 2011**
OBJECTIVE 4: To increase access to support by population infected and affected in order to mitigate the impact of HIV and AIDS.	**OUTCOME TARTGET: 80% of the infected and affected have appropriate support to mitigate the impact of HIV and AIDS by 2011**

INTERVENTION (S)	INTERVENTION TARGETS					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Scaling up access to support to older persons through CHBC	At least 50% of older person have support through CHBC	At least 60% of older person have support through CHBC	At least 70% of older person have support through CHBC	At least 80% of older person have support through CHBC	At least 90% of older person have support through CHBC	**DOH** **CSO** **DSD** **Private Sector**	**All Sectors** **DLGTA**
6. Recruit, train and support community care givers (including CHWs) with emphases on men/ father	2100 community care givers recruited	3150 community care givers recruited	4200 community care givers recruited	5250 community care givers recruited	5250 community care givers recruited	**DOH** **CSO** **DSD** **DLGTA** **Private Sector**	**All Sectors**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

GOAL: Effective coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research	**IMPACT TARGET: The KZN HIV and AIDS response achieve its impact and outcome targets by 2011**
OBJECTIVE 1: To ensure that 80% of coordination structures at various level are effective by 2011. (Effective coordination **structure:** updates HIV and AIDS profile; develops evidence based comprehensive multi-sectoral action plan; monitors the implementation of action plan through quarterly reporting and quarterly meetings in which at least 70% of designated members attend; mobilize, disburse and monitor usage of resources according to the plan)	**OUTCOME TARGET: Coordination is effective in 80% of sectors, District and Local municipalities.**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Building Capacity of coordination structures	Preparation	At least 50% of DAC & LAC have their members trained on their role	100% of DAC & LAC have their members trained on their role	100% of DAC & LAC have their members trained on their role	100% of DAC & LAC have their members trained on their role	**OTP** **DLGTA** **CSO**	**All Sectors** **Development Partners**
2. Development and implementation of Joint HIV & AIDS planning mechanism	Preparation	50% of district municipalities conducting joint planning	100% of district municipalities conducting joint planning	100% of district municipalities conducting joint planning	100% of district municipalities conducting joint planning	**OTP** **DLGTA** **CSO** **DOH** **Provincial Treasury**	**All Sectors** **Development Partners**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

GOAL: Effective coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research	**IMPACT TARGET: The KZN HIV and AIDS response achieve its impact and outcome targets by 2011**
OBJECTIVE 1: To ensure that 80% of coordination structures at various level are effective by 2011. (Effective coordination **structure:** updates HIV and AIDS profile; develops evidence based comprehensive multi-sectoral action plan; monitors the implementation of action plan through quarterly reporting and quarterly meetings in which at least 70% of designated members attend; mobilize, disburse and monitor usage of resources according to the plan)	**OUTCOME TARGET: Coordination is effective in 80% of sectors, District and Local municipalities.**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
3. Equitable Resource allocation	Preparation	At least 50% of districts and sectors allocate resources to their stakeholders based on evidence of needs and plans	At least 100% of districts and sectors allocate resources to their stakeholders based on evidence of needs and plans	At least 100% of districts and sectors allocate resources to their stakeholders based on evidence of needs and plans	At least 100% of districts and sectors allocate resources to their stakeholders based on evidence of needs and plans	**PAC** **DAC** **LAC** **DLGTA** **CSO** **Provincial Treasury**	**All Sectors** **Development Partners**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

GOAL: Effective coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research	**IMPACT TARGET: The KZN HIV and AIDS response achieve its impact and outcome targets by 2011**
OBJECTIVE 2: To strengthen monitoring & evaluation practice and have at least 80% of sectors consistently reporting and using M&E report by 2011	**IMPACT TARGET: at least 80% of sectors reporting and using M&E report by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Setting up a provincial multi-sectoral M&E system	M&E system developed	M&E system piloted & rolled out to at least 50% of Districts	M&E system rolled out to 100% of districts	M&E system functioning 100% of districts	M&E system functioning in 100% of districts	**OTP**	**DLGTA** **All sectors** **Development Partners**
2. Setting up sectoral and district M&E units	At least 10% of sectors have M&E units	At least 50% of sectors & districts have M&E units	100% of sectors and districts have M&E units	100% of sectors and districts have M&E units	100% of sectors and districts have M&E units	**OTP** **All Sectors**	**Development Partners**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

GOAL: Effective coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research	**IMPACT TARGET: The KZN HIV and AIDS response achieve its impact and outcome targets by 2011**
OBJECTIVE 2: To strengthen monitoring & evaluation practice and have at least 80% of sectors consistently reporting and using M&E report by 2011	**IMPACT TARGET: at least 80% of sectors reporting and using M&E report by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
3. Development of capacity in M&E, research & surveillance	Preparation	At least 50% of key stakeholders trained on M&E	100% of key stakeholders trained on M&E	100% of key stakeholders trained on M&E	100% of key stakeholders trained on M&E	**OTP** **All Sectors**	**Development Partners**
4. Development of provincial multi-sectoral research agenda and coordination mechanism	Preparation	Stakeholders consultations conducted	Research agenda and coordination mechanism developed	10% of research agenda items implemented	30% of research agenda items implemented	**OTP** **DOH** **Research Institutions**	**All Sectors** **Development Partners**
5. Monitoring implementation of the Provincial HIV and AIDS Strategy	Preparation	30% of sectors reporting to PAC on a quarterly basis	50% of sectors reporting to PAC on a quarterly basis	70% of sectors reporting to PAC on a quarterly basis	100% of sectors reporting to PAC on a quarterly basis	**PAC** **DAC** **LAC** **All Sectors**	**Development Partners**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

GOAL: Effective coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research	**IMPACT TARGET: The KZN HIV and AIDS response achieve its impact and outcome targets by 2011**
OBJECTIVE 2: To strengthen monitoring & evaluation practice and have at least 80% of sectors consistently reporting and using M&E report by 2011	**IMPACT TARGET: at least 80% of sectors reporting and using M&E report by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
6. Evaluation of PSP the Provincial HIV and AIDS Strategy	Preparations	Annual review conducted	Mid-term review conducted	Annual review conducted	End evaluation conducted	**PAC** **All Sectors**	**Private Sector** **Development Partners**
7. Implementation of surveillance	Annual surveillance conducted	Annual surveillance conducted	Annual surveillance conducted e	Annual surveillance conducted	Annual surveillance conducted	**DOH** **Private Sector** **Research Institutions**	**Development Partners**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 1: To Strengthen political and public leadership commitment in order to create a visible, decisive and effective leadership within all sectors by 2011	**OUTCOME TARGET: a visible, decisive and effective leadership within all sectors by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Establishment and effective functioning of Provincial AIDS Council, DACs and LACs HIV& AIDS sub-committees/Ward Committees	PAC established	80% DACs and LACs established	80% DACs and LACs functioning	80% of DACs and LACs hold quarterly meetings	90% of DACs and LACs hold quarterly meetings	**PAC** **DLGTA** **SALGA**	**All Government Depts.** **CSO** **Development Partners**
2. Public address on HIV and AIDS by all leaders, based on a standardized communication framework.	Quarterly public address on HIV and AIDS by all leaders	Quarterly public address on HIV and AIDS by all leaders	Monthly public address on HIV and AIDS by all leaders	Monthly public address on HIV and AIDS by all leaders	Monthly public address on HIV and AIDS by all leaders	**OTP**	**All Sectors**
3. Strategic review meeting with all stakeholders.	Annual review meeting held	Annual review meeting held	Annual review meeting held	Annual review meeting held	Annual review meeting held	**OTP**	**All Sectors** **Development Partners**
4. HIV and AIDS Indaba	Annual HIV and AIDS indaba held	Annual HIV and AIDS indaba held	Annual HIV and AIDS indaba held	Annual HIV and AIDS indaba held	Annual HIV and AIDS Indaba held	**OTP**	**All Sectors** **Development Partners**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 2: To Mainstream HIV and AIDS into all sectors mandates and plans at all level by 2011.	**OUTCOME TARGET: All sector have mainstreamed HIV and AIDS into their mandates and plans by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
2. Mainstreaming of HIV and AIDS in all sector mandates and plans	Preparations	At least 50% of sectors have HIV and AIDS mainstreamed into their sectoral mandates and plans	At least 80% of sectors have HIV and AIDS mainstreamed into their sectoral mandates and plans	At least 90% of sectors have HIV and AIDS mainstreamed into their sectoral mandates and plans	At least 100% of sectors have HIV and AIDS mainstreamed into their sectoral mandates and plans	**OTP** **DLGTA** **SALGA**	**All Sectors** **Development Partners**
3. Capacity building on HIV & AIDS mainstreaming in all sectors	Preparations	At least 50% of sectors capacitated in HIV & AIDS mainstreaming	At least 80% of sectors capacitated in HIV & AIDS mainstreaming	At least 90% of sectors capacitated in HIV & AIDS mainstreaming	100% of sectors capacitated in HIV & AIDS mainstreaming	**OTP** **DLGTA** **SALGA**	**All Sectors** **Development Partners**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 2: To Mainstream HIV and AIDS into all sectors mandates and plans at all level by 2011.	**OUTCOME TARGET: All sector have mainstreamed HIV and AIDS into their mandates and plans by 2011**

INTERVENTION (S)	**INTERVENTION TARGET**					**LEAD AGENCY (IES)**	**KEY STAKEHOLDER(S)**
	2007	**2008**	**2009**	**2010**	**2011**		
4. Implementation of employee wellness programmes by all sectors	Preparation	At least 50% of sectors implementing employees wellness "minimal package"	At least 80% of sectors implementing employees wellness "minimal package"	At least 90% of sectors implementing employees wellness "minimal package"	At least 100% of sectors implementing employees wellness "minimal poverty package"	**OTP**	**DLGTA** **SALGA** **All Sectors** **Development Partners**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 3: To ensure that all existing legislation and policy relating to HIV and AIDS are adhered to by 2011.	**OUTCOME TARGET: All existing legislation and policy relating to HIV and AIDS are adhered to by all stakeholders by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Development and implementation of relevant policy guidelines including ethical guidelines relating to HIV and AIDS(general and workplace)	Preparation and consultations	Finalized policy framework	Implementation of policy frameworks	Implementation of policy frameworks	Implementation of policy frameworks	**Human Rights sector** **Legal Sector** **DLGTA** **SALGA**	**All Sectors** **Development Partners**
2. Capacity building on all relevant policy framework and legislation relating to HIV and AIDS	**Preparation**	At least 50% of all relevant stakeholders trained on policy frameworks and legislations	100% of all relevant stakeholders trained on policy frameworks and legislations	100% of all relevant stakeholders trained on policy frameworks and legislations	100% of all relevant stakeholders trained on policy frameworks and legislations	**Human Rights Sector** **Legal Sector** **DLGTA** **SALGA**	**All sectors** **Development Partners**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 3: To ensure that all existing legislation and policy relating to HIV and AIDS are adhered to by 2011.	**OUTCOME TARGET: All existing legislation and policy relating to HIV and AIDS are adhered to by all stakeholders by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
3. Supporting and monitoring implementation of policies and legislation relating to HIV and AIDS	Preparation as above	Preparation as above	50% of all sectors implementing HIV and AIDS related policies	80% of all sectors implementing HIV and AIDS related policies	90% of all sectors implementing HIV and AIDS related policies	**Human Rights sector** **Legal Sector** **DLGTA** **SALGA**	**All sectors**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 4: To promote and protect human and legal rights of all vulnerable groups by 2011.	**OUTCOME TARGET: All rights of all vulnerable groups are promoted and protected by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Capacity building of all stakeholders on Human rights issues relating to HIV and AIDS.							
• **Provincial Aids Council, Government and Private Sector Employees**	Preparations	At least 50% of all Government and Private Sector Employees capacitated on human right issues	At least 80% of all Government and Private Sector Employees capacitated on human right issues	At least 90% of all Government and Private Sector Employees capacitated on human right issues	100% of all Government and Private Sector Employees capacitated on human right issues	**Human Rights Sector** **Legal Sector** **Private Sector** **SALGA**	**All sectors**
• **DACs and Municipalities**		At least 50% of all DAC's and Municipalities capacitated on human right issues	At least 80% of all DAC's and Municipalities capacitated on human right issues	At least 90% of all DAC's and Municipalities s capacitated on human right issues	At least 100% of all DAC's and Municipalities capacitated on human right issues	**DLGTA** **SALGA** **Human Rights Sector** **Legal Sector**	**All sectors**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 4: To promote and protect human and legal rights of all vulnerable groups by 2011.	**OUTCOME TARGET: All rights of all vulnerable groups are promoted and protected by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
• **Community Development Workers, Community Health Workers, Early Childhood Development Practitioners**	Preparation	At least 50% of all Community Development Workers, Community Health Workers, Early Childhood Development Practitioners capacitated on human right issues	100% of Community Development Workers, Community Health Workers, Early Childhood Development Practitioners capacitated on human right issues	100% of Community Development Workers, Community Health Workers, Early Childhood Development Practitioners capacitated on human right issues	100% of Community Development Workers, Community Health Workers, Early Childhood Development Practitioners capacitated on human right issues	**DLGTA** **DOH** **DSD** **OTP** **DOE**	**CSO** **Development Partners**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 4: To promote and protect human and legal rights of all vulnerable groups by 2011.	**OUTCOME TARGET: All rights of all vulnerable groups are promoted and protected by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
2. Public Awareness on Human and Legal Rights issues relating to HIV and AIDS	Preparation	Annual Public awareness campaigns on Human and Legal Rights issues relating to HIV and AIDS conducted	Bi-annual Public awareness campaigns on Human and Legal Rights issues relating to HIV and AIDS conducted	Quarterly Public awareness campaigns on Human and Legal Rights issues relating to HIV and AIDS conducted	Quarterly Public awareness campaigns on Human and Legal Rights issues relating to HIV and AIDS conducted	**OTP** **Human Rights Sector** **Legal Sector** **Media**	**Religious Sector** **Traditional Leaders** **Traditional Healers** **People Living with Disability Organisations** **People living with HIV Organisations**
3. Monitoring and addressing Human Rights violations	Preparation	All reported cases of human rights violations addressed	All reported cases of human rights violations addressed	All reported cases of human rights violations addressed	All reported cases of human rights violations addressed	**Legal Sector** **Human Rights Sector**	**All sectors**
4. Development and dissemination of a database of the network of human and legal service providers for people living with HIV	Preparation	Database developed and disseminated	Database updated and disseminated	Database updated and disseminated	Database updated and disseminated	**Legal Sector** **Human Rights Sector**	

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 4: To promote and protect human and legal rights of all vulnerable groups by 2011.	**OUTCOME TARGET: All rights of all vulnerable groups are promoted and protected by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
5. Involvement of leaders in reduction of risk of Human Rights violations from cultural, religious and traditional practices	Preparation	All Traditional and Religious Leaders capacitated on human right issues	No risk of violation of human rights through cultural and religious practices	No risk of violation of human rights through cultural and religious practices	No risk of violation of human rights through cultural and religious practices	**Traditional Leaders** **Religious Leaders Human Rights Sector** **Legal Sector**	**CSO** **All Sectors**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

GOAL: A supportive political and regulatory environment within which a comprehensive and proactive approach to a multi-sectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**IMPACT TARGET: Supportive political, Public leadership and regulatory environment by 2011**
OBJECTIVE 5: To promote and support the greater involvement of people living with HIV and AIDS in the provincial HIV and AIDS responses by 2011.	**OUTCOME TARGET: PLHIV are involved in all aspects of HIV and AIDS response in KZN by 2011**

INTERVENTION (S)	INTERVENTION TARGET					LEAD AGENCY (IES)	KEY STAKEHOLDER(S)
	2007	2008	2009	2010	2011		
1. Empowerment of PLHIV to recognize and deal with Human Rights violations	Preparations	50% of support groups capacitated to deal will human rights violations	All support groups capacitated to deal will human rights violations	All support groups capacitated to deal will human rights violations	All support groups capacitated to deal will human rights violations	**PLHIV Organisations** **Legal Sector** **Human Rights Sector**	**All Sectors**
2. Promotion of respect for the rights of PLHIV in employment and services in all sectors	Preparations	Develop relevant policies and guidelines for workplaces	Implement relevant policies and guidelines for workplaces	Implement relevant policies and guidelines for workplaces	Implement relevant policies and guidelines for workplaces	**PLHIV Organisations** **Legal Sector** **Human Rights Sector**	**All Sectors**
3. Implementation of interventions that promote greater openness and public acceptance of PLHIV	Preparation (development of interventions)	Interventions implemented in 50% of districts municipalities	Interventions implemented in 100% of districts municipalities	Interventions implemented in 100% of districts municipalities	Interventions implemented in 100% of districts municipalities	**PLHIV Organisations** **DLGTA**	**All Sectors**

3: IMPLEMENTATION OF THE STRATEGY

During the period 2007–2011, the provincial HIV & AIDS response will be guided by this strategy. This strategy provides a broad framework within which stakeholders should work under. As a result, implementation will also conform to other the policy imperatives and programme guidelines and development objectives of the province and the nation as a whole.

In order to achieve the goals and objectives stated in this document, the Provincial AIDS Council supported by the HIV & AIDS Chief Directorate will undertake as part of its technical and coordination role to ensure that the strategy is operationalised and that there is a shared implementation framework. This framework will include systems for planning; harmonised funding requests, budgeting and accounting cycles; and synchronised reporting. Harmonisation and coordination of the multitude of different funding sources to optimise the use of the available resources and avoid duplications and the addressing of agreed-upon priorities will be paramount.

All implementing partners will then be required to develop and align their response action plans and programmes to this strategic framework as the reference document. The strategic plan framework described above (Section 3) is organised under the four strategic priority areas. Implementing partners will link their interventions as reflected in the action plans to the overall goals, and objectives of the strategy to enable synchronised action and monitoring and evaluation. By using this approach, all partners will report progress against the provincial strategy and the indicators articulated in the provincial M&E framework.

4: MONITORING, EVALUATION AND REPORTING

Having one monitoring and evaluation (M&E) system is in line with the three ones principles where M & E is the third of the three ones. Among the foundational principles of monitoring and evaluation reinforces the need for the following:

- Alignment of multiple actors around a set of core indicators and core elements of an M&E system that emphasises performance and accountability.
- Adoption of a core national monitoring and evaluation system that provides high-quality data for analysing provincial and country performance on the National AIDS Action Framework.
- Investment, at programme level, in building essential human-capacity and infrastructure to meet national monitoring and evaluation needs.

Monitoring & Evaluation, will allow for all implementers to track progress and determine interventions effectiveness at implementation level while at the same time fulfilling the reporting obligations to the local coordination structures such as the DACs, LACs and the PAC and the national structure in SANAC. The HIV & AIDS Chief Directorate guided by a set of discrete terms of reference will provide M&E support at the local levels, ensure that the reporting system is functional and also establish a reporting link to SANAC.

The table below provides a set of indicators for M&E of the KZNPSP, per priority area describing the intervention logic (goal; objectives and interventions) results logic (at impact goal, outcome and output level and corresponding measurable targets) indicator(s) (at impact, outcome and output level) data sources (at impact, outcome and impact level) frequency of reporting and the responsible agency.

4.1 Indicators for Monitoring and Evaluating the HIV and AIDS Strategy for the Province of KwaZulu-Natal

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
GOAL	**IMPACT AND TARGET**	**IMPACT INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Reduction of transmission of new HIV infection	**50% reduction in annual rate of new HIV infection by 2011**	*Percentage reduction in annual HIV Incidence amongst the population of KZN 2 years an older*	*Annual antenatal survey (incidence derived ANC survey)*	**Annual**	**DOH**
		Percentage of young women and men aged 15-24 who are infected	*Annual antenatal survey*	**Annual**	**DOH**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To ensure that at least 50% sexually active population in KZN adopt safer sexual practices by 2011)	**At least 50% adoption of safer sexual behaviour amongst sexually active population in KZN**	*Percentage of women and men age 15 to 49 who have had more than one sexual partner in past 12 months*	*Population based survey (Behavioural survey)*	**2 yearly**	**DOH**
		Percentage of young men and women aged 15-24 who have had sexual intercourse before 15	*Population based survey (Behavioural survey)*	**2 yearly**	**DOH**
		Median age of partners among pregnant women aged 15-19	*Annual antenatal survey*	**Annual**	**DOH**
		Percentage of women and men age 15 to 49 who have had more than one sexual partner in past 12 months reporting use of condom during their last sexual intercourse	*Population based survey (Behavioural survey)*	**2 yearly**	**OTP**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To reduce risk of MTCT of HIV to less than 5% by 2011)	Reduced risk of mother-to-child transmission of HIV to less than 5% by 2011	*Percentage of infants born to HIV-infected mothers who are infected*	*Efficacy studies/programme reports*	Annual	DOH
To reduce the risk of HIV transmission from occupational exposure and through injecting drug use & use of contaminated instruments to less than 1% by 2011	Risk of transmission of HIV reduced to less than 1% by 2011	*Percentage transmission of HIV through occupational exposure*	*Routine report from DOH*	Annual	DOH
		*Incidence of HIV amongst injection drug users**	*Incidence study amongst cohort of injection users*	5 yearly	DOH
To reduce the risk of HIV transmission through blood and blood products to 0% by 2011	Zero transmission of HIV through blood and blood products by 2011	*Percentage transmission of HIV through transfusion of blood and blood products*	*Report on transfusion of infected blood (assumption: accidental transfusion of infected blood reported)*	Annual	DOH

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To reduce vulnerability to HIV transmission due to poverty, culture and gender inequality by 2011	**Reduced vulnerability to transmission of HIV due to poverty, culture and gender inequality by 50% by 2011**	*Percentage reduction in Poverty*	*Population survey*	**2 Yearly**	**OTP**
		Percentage of population with sustainable access to an improved water sources	*Population survey*	**2 Yearly**	**OTP**
		Percentage of Population with access to sanitation	*Population survey*	**2 Yearly**	**OTP**
		Poverty gap ratio	*Population survey*	**2 Yearly**	**OTP**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Strengthening Behavioural Change programmes and interventions, targeting higher risk and vulnerable populations such as: Young women and pregnant women; Older men and women; and Populations in informal settlements, farms and rural areas	At least 80% of high risk and vulnerable groups have access to Behaviour change interventions	*Percentage of most of at risk groups reached with prevention programmes*	*Population survey (Behavioural survey* *Report from DOH*	**Annual**	**DOH**
Introduction and implementation of life skills education, SRH and other HIV prevention programmes in all primary and secondary schools.	Al least 98% of primary and secondary schools implementing life skills education, SRH and other HIV prevention programmes	*Percentage of schools that providing life skill-based HIVs education in the last academic year*	*Report from DOE*	**Annual**	**DOE**
Implement Life skill curricula customised to different target groups. Example: Primary school children; Secondary school children; Higher Education Institution students; and Youths out of formal schooling.	At least 90% of target groups reached	*Percentage of target groups reached*	*Report from DOE*	**Annual**	**DOE**
Implement interventions that address sexual & reproductive health; and HIV and alcohol & substance abuse through a gender sensitive package targeting schools with high rates of teenage pregnancies.	Implementation of gender sensitive package of sexual & reproductive health intervention in at least 90% of schools with high rate of teenage pregnancies	*Percentage of schools with high rate of teenage pregnancies implementing a gender sensitive package of sexual & reproductive health interventions*	*Reports from DOE*	**Annual**	**DOE**
		Teenage pregnancy rates	*Population based survey (Behavioural survey)* *Report from DOH*	**Annual**	**DOE/DOH**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Implement legislation and policies that are aimed at keeping young people in schools (especially orphans and vulnerable children)	100% of children of school going age group are in school	*Percentage of children of school going age who are in school*	*Population Survey* *Reports from DOE*	**Annual**	**DOE**
Condom promotion and distribution targeting high risk settings such as: beer halls; clubs; pubs; brothels; shebeens; and location for ceremonies	100% of quantity of good quality condom forecasted distributed	*Percentage of forecasted quantity of condom distributed*	*Reports from DOH*	**Quarterly**	**DOH**
Rollout a comprehensive prevention package (includes access to IEC; VCT; male and female condoms; STI management and TB screening) in all workplaces in KZN	Comprehensive HIV prevention package rolled out to al least 100% of workplaces.	*Percentage of workplaces with a comprehensive HIV prevention package*	*Survey of Workplace* *Reports from Workplace Programmes*	**Annual**	**OTP**
Implement parenting programmes that promote positive engagements and communication between parents and children	At least 90% of District municipalities implementing parenting programme that promote positive engagements and communication between parents and children	*Percentage of Districts municipalities implementing parenting programmes that promote positive engagements and communication between parents and children*	*DACs Reports*	**Quarterly** **Annual**	**DLGTA** **OTP**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Provide youth friendly health services in public health facilities	100% of districts provide youth friendly health services all their public health facilities.	*Percentage of districts that provide youth friendly health services within all their health facilities*	*Reports from DOH*	**Annual**	**DOH**
Implementation of comprehensive package that promotes male sexual health including; promotion of human & legal rights; life skills education for males including drugs abuse.	100% of districts implementing comprehensive package that promotes male sexual health.	*Percentage of districts implementing comprehensive package that promotes male sexual health*	*Reports from DOH*	**Annual**	**DOH**
Roll-out customized comprehensive HIV prevention packages to special groups. These groups include: **Uniformed services; mine workers; Long distance transport services workers; Agricultural workers; Hospitality industry workers; Domestic workers and gardeners; prisoners; MSM, Lesbians and transsexuals; and sex workers and their customers.**	At least 95% of population within each of the special group have access to a customised comprehensive prevention programme	*Percentage of the special groups with customised comprehensive prevention package* *(Uniformed services; mine workers; Long distance transport services workers; Agricultural workers; Hospitality industry workers; Domestic workers and gardeners; prisoners; MSM, Lesbians and transsexuals; and sex workers and their customers.)*	*Survey of population within the special groups*	**Annual**	**OTP**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Provision of a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care, including PEP, in all health facilities.	At least 95% of health facilities offering a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	*Percentage of Health Facilities offering* a comprehensive package of sexual assault care in accordance with National Policy on Sexual Assault Care	*Reports from DOH*	**Annual**	**DOH**
Provision of accessible social and mental health services to support children and adult victims of gender based violence	At least 90% of district municipalities have social and mental health services to support children and adult victims of gender based violence	*Percentage of districts with social and mental health services to support children and adult victims of gender based violence*	*DACs Reports*	**Annual**	**DLGTA** **OTP**
Implementation of programmes that promote voluntary disclosures of HIV status	At least 90% of support groups implementing programmes that promote voluntary disclosures of HIV status	*Percentage of support groups implementing programmes that promote voluntary disclosures of HIV Status*	*Behaviour Survey* *Reports from PLHIV Organisations & other CSO*	**Annual**	**PLHIV Sector**
Implementation of prevention programmes and interventions that specifically target PLHIV.	At least 80% of PLHIV have access to prevention programmes and interventions that specifically target PLHIV	*Percentage of PLHIV with access to prevention programmes and interventions that specifically target PLHIV*	*Reports from PLHIV Organisations*	**Annual**	**PLHIV sector**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Scaling up of provision of PMTCT services within public and private sector in primary health care services	100% of public and private sector antenatal services provide PMTCT services	*Percentage of HIV positive pregnant women who receive antiretroviral therapy to reduce the risk of mother-to-child transmission*	*Report from DOH*	**Quarterly**	**DOH**
		Percentage of private and public health facilities providing PMTCT services	*Report from DOH*	**Quarterly**	**DOH**
Promotion of couple support or partner inclusive packages of care with PMTCT services in all facilities	95% of promoting couple support or partner inclusive packages of care with PMTCT services in all facilities.	*Percentage of facilities promoting couple support or partner inclusive packages of care with PMTCT services in all facilities.*	*Report from DOH*	**Quarterly**	**DOH**
Implementation of provider initiated VCT to all pregnant women attending public and private health facilities	95% uptake of provider initiated VCT amongst all pregnant women attending public and private health facilities	*Percentage of pregnant women attending public and private health facilities tested as a result of provider initiated VCT.*	*Report from DOH*	**Quarterly**	**DOH**
Promotion of infant feeding counselling that adheres to set quality standards	95% of Heal Facilities meet quality standards for infant feeding counselling	*Percentage of Health facilities that meet quality standards for infant feeding counselling*	*Health Facility survey* *Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Development/scaling up/strengthening of community based strategies/programmes that support HIV women during and after pregnancy	At least 10% of Local Municipalities implement community based strategies that support women during and after pregnancy	*Percentage of Local Municipalities that implement community based strategies that support women during and after pregnancy*	*LACs Reports*	**Annual**	**DLGTA/OTP**
Provision of ARV treatment for all eligible pregnant women and children as per guidelines	100% of both eligible Mother and child(ren) receive ARVs	*Percentage of eligible mothers and children registered for PMTCT who receive ARVs*	*Report from DOH*	**Quarterly**	**DOH**
Provision of access to CD4 testing to all HIV positive pregnant women	80% of primary Health Facilities provide CD4 test to all HIV	*Percentage of Primary Health Facilities providing CD4 test*	*Health facilities survey* *Report from DOH*	**Annual**	**DOH**
Provision of nutritional support to HIV infected women who choose to exclusively breast feed.	At least 80% of HIV positive women who exclusively breast feed provided with nutritional support	*Percentage of HIV positive women who exclusively breast feed provided with nutritional support*	*Report from DOH*	**Annual**	**DOH**
Provision of formula milk to children of HIV infected women who choose and are eligible for replacement feeding and those unable to breastfeed	100% of eligible children provided with formula milk	*Percentage of eligible children provided with formula milk*	*Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Implementation of infection control guidelines in all Health Facilities	100% of the Health Facilities adherent to infection control guidelines	*Percentage of Health facilities adherent to infection control guidelines*	*Health Facilities Survey* *Report from DOH*	**Annual**	**DOH**
Implementation of infection control guidelines in Home Based Care and Palliative care settings.	100% of Home Based Care givers adherent to infection control guidelines	*Percentage of Home Based Care givers adherent to infection control guidelines*	*Survey of Home Based care givers* *Report from DOH*	**Annual**	**DOH**
Provision of PEP to all those occupationally exposed to HIV according to PEP guidelines	100% of those occupationally exposed to HIV and are eligible receive PEP	*Percentage of those occupationally exposed to HIV and are eligible that received PEP*	*Reports from DOH*	**Quarterly**	**DOH**
Training of Traditional Health Practitioners on infection control	At least 100% of Traditional Health Practitioners trained on infection control	*Percentage of Traditional Health Practitioners trained*	*Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Raising Public awareness on HIV risk through unsafe traditional practices	At least 80% of the public aware of the dangers of unsafe traditional practice	*Percentage of the public aware of the dangers of unsafe traditional practice*	*Population survey (behavioural survey)* *Report from DOH*	**Annual**	**DOH**
Provision of supplies to traditional practitioners to ensure safe practices	At least 80% of traditional practitioners receive supplies	Percentage of traditional practitioners who receive supplies	*Report from DOH*	**Annual**	**DOH**
Establishment of public sector drug rehabilitation centres	5 centres	*Number of public sector drug rehabilitation centres established*	*Report form DSD*	**Annual**	**DSD**
Screening of all blood and blood products for transfusion using government approved technology.	100% of donated blood screened in a quality assured manner	*Percentage of donated blood units screened in a quality assured manner*	*Report from DOH*	**Annual**	**DOH**
Creating awareness of the potential risk of HIV transmission through blood transfusion	100% of the population aware of the potential risk of HIV transmission through blood transfusion	*Percentage of the general population aware of the potential risk of HIV transmission through blood transfusion*	*Population survey (Behavioural Survey)* *Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 1: PREVENTION

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Scaling up poverty reduction programmes	90% of eligible population have access to poverty reduction programmes	*Percentage of eligible population with access to poverty reduction programmes*	*Population survey*	**Annual**	**OTP**
Scaling up programmes to empower population on human rights.	90% of districts implementing programme	*Percentage of districts implementing programmes for empowerment of women*	*Survey of districts*	**Annual**	**OTP**
Development and implementation of strategies to address gender violence	90% of districts implementing the strategy	*Percentage of districts implementing strategies to address gender violence*	*Survey of districts*	**Annual**	**OTP**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
GOAL	**IMPACT AND TARGET**	**IMPACT INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Provision of an appropriate package of treatment, care and support services to HIV positive people and their families in order to reduce Morbidity, Mortality and other impacts of HIV and AIDS.	**At least 80% of HIV positive people and their families have access to appropriate package of treatment, care and support services by 2011**	*Cause specific mortality rate (AIDS related)*	*Health Survey* *Vital Registration*	**2 Yearly**	**DOH**
		Percentage of persons attending wellness clinics who died prior to initiation of ART	*Report from DOH*	**2 Yearly**	**DOH**
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Increase coverage and uptake of HIV testing and counselling services	**80% of the population of KZN population know their HIV status by 2011**	*Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and who know their results*	*Population survey*	**2 Yearly**	**DOH**
		Percentage of the most at risk population that have received an HIV test in the last 12 months	*Population survey (Behavioural survey)*	**2 Yearly**	**DOH**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To increase access to comprehensive treatment and care packages	**80% of the eligible population have access to comprehensive treatment and care packages by 2011**	*Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy*	*Report from DOH*	**Annual**	**DOH**
		Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	*Report from DOH*	**2 Yearly**	**DOH**
		Percentage of HIV positive adults and children on antiretroviral therapy receiving supplement meals and micronutrient supplements	*Report from DOH*	**Annual**	**DOH**
To increase access to quality care and support by Orphans and Vulnerable children (OVC)	**80% of OVC have access to quality care and support by 2011**	*Percentage of Orphans and vulnerable Children aged 0-17 whose households have received a basic external support in caring for the child*	*Survey of Households with Orphans*	**2 Yearly**	**DSD**
		Percentage of Child headed households receiving care and support services	*Population survey*	**2 yearly**	**DSD**
		Current school attendance among orphans and among non-Orphans aged 10-14	*Population based survey*	**2 Yearly**	**DSD**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To increase access to support by population infected and affected in order to mitigate the impact of HIV and AIDS.	**80% of the infected and affected have appropriate support to mitigate the impact of HIV and AIDS by 2011**	*Percentage of patients in need of home based care receiving home cased care*	*Community Survey*	**2 Yearly**	**DOH/DSD**
		Percentage of PLHIV and households with access to appropriate package of services	*PLHIV and household survey*	**2 Yearly**	**DOH**
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Implementation of provider-initiated HIV counselling and testing to all clients attending health facilities, with the special focus on STI, TB, antenatal, IMCI, family planning and general curative service	At least 100% of health facilities implement provider initiated VCT	*Percentage of health facilities implementing provider initiated VCT*	*Report from DOH*	**Quarterly**	**DOH**
		Percentage of people attending public and private health facilities tested as a result of provider initiated VCT.	*Report from DOH*	**Quarterly**	**DOH**
Conduct VCT campaigns in workplace and through organised trade unions	At least 80% of workplaces and trade unions conduct VCT campaigns	*Percentage of workplaces and trade unions conduct VCT campaigns*	*Report from OTP*	**Quarterly**	**OTP**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Conducting VCT campaigns focusing on adult males	At least 70% of adult male tested for HIV during VCT campaigns	*Percentage of adult males tested during VCT campaigns*	*Report from DOH*	**Quarterly**	**DOH**
Provision of access to wellness services to HIV newly diagnosed adults	At least 80% of newly diagnosed adults with have access to wellness services	*Percentage of newly HIV diagnosed adults with access to wellness services*	*Report from DOH*	**Quarterly**	**DOH**
Scaling up access to CD4 count test by HIV positive adults	At least 80% of HIV positive adults have had a CD4 count	*Percentage of HIV positive adult who have had CD4 test done*	*Report from DOH*	**Quarterly**	**DOH**
Scaling up access to co-trimoxazole prophylactic treatment to eligible children and adults	At least 80% of eligible children and adults co-trimoxazole prophylaxis	*Percentage of eligible children and adults receiving co-trimoxazole prophylaxis*	*Report from DOH*	**Quarterly**	**DOH**
Initiate ART to all eligible clients within 3 weeks of assessment	At least 80% of new eligible started on treatment within 3 weeks of assessment	*At least 80% of new eligible started on treatment within 3 weeks of assessment*	*Report from DOH*	**Quarterly**	**DOH**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Provision of food support to eligible households	At least 100% of eligible households receive food support	*Percentage of eligible households receiving food support*	*Report from DSD*	**Quarterly**	**DSD**
Provision of Psycho-social support including counselling for bereavement, disclosure and adherence to ARV to those infected and affected	At least 100% of those in need receive Psychosocial support	*Percentage of those in need receiving Psychosocial support*	*Report from DSD*	**Quarterly**	**DSD**
Provision and implementation of community based ART support and literacy programme	At least 50% of Local Municipalities implement community based ART support literacy programmes	*Percentage of Local Municipalities implement community based ART support literacy programmes*	*Reports from DOH*	**Quarterly**	**DOH**
Implementation of guidelines for devolving ARV initiation responsibility to Nurses	80% of all patients started on ART by Nurse	*Percentage of all patients started on ART by Nurse*	*Report from DOH*	**Annual**	**DOH**
Improvement and implementation of ARV adherence support programmes and intervention for both children and adults	At least 85% of Adults and children remain adherence after one year on ARV treatment	*Adherence rate*	*Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Improvement and implementation of monitoring and surveillance systems for actively tracing patients on ART	At least 80% of defaulters identified and traced	*Percentage of defaulters identified and traced*	*Report from DOH*	**Annual**	**DOH**
Establishment of HIV resistance testing facility within the province	Resistance testing facility functional	*Resistance testing facility milestones of establishment*	*Report from DOH*	**Annual**	**DOH**
Implementation of TB Control plan	Annual implementation action plans developed and implemented	*Percentage achievement of annual implementation targets*	*Reports from DOH*	**Annual**	**DOH**
Scaling up implementation of comprehensive HIV and AIDS, STI and TB care	At least 80% of Health Facilities providing comprehensive HIV and AIDS, STI and TB care	*Percentage of HIV positive with TB that received treatment for TB and HIV*	*Report from DOH*	**Annual**	**DOH**
Provision of a comprehensive package of palliative care to eligible children and adults	At least 80% of eligible patients receive palliative, 10% of whom would be children	*Percentage of eligible patients receiving palliative by age group*	*Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Strengthening of the health system in order to remove barrier to access to comprehensive services through: Capacity building of health care workers; improved human resources management policies & strategies; streamlining drug procurement and drug management; and improving performance of laboratories	*At least 90% of PHC staff trained.	*Percentage of PHC staff trained.*	*Report from DOH*	**Annual**	**DOH**
	*Human resources management policy implemented in 80% of districts	*Percentage of district implementing human resources policy*	*Report from DOH*	**Annual**	**DOH**
	* 0% of facilities with drugs stock out	*Percentage of facilities with drugs stock out*	*Report from DOH*	**Annual**	**DOH**
	*5% of Health facilities with turn around time for ALT, CD4, TB microscopy of more than 1 week	*Percentage of Health facilities with turn around time for ALT, CD4, TB microscopy of more than 1 week*	*Report from DOH*	**Annual**	**DOH**
Scaling up availability HIV DNA PCR test for early infant diagnosis	100% of facilities with immunization services offering HIV DNA PCR	*Proportion of infants in the national PMTCT programme receiving PCR*	*Report from DOH*	**Annual**	**DOH**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Scaling up access to PCR by children by 6 months of age	At least 90% of children tested with PCR by 6 months of age	*Percentage of children tested with PCR by 6 months of age*	*Report from DOH*	**Annual**	**DOH**
Scaling up access to appropriate services by children who are eligible	At least 90% of children have received appropriate services	*Percentage of children have received appropriate services*	*Report from DOH*	**Annual**	**DOH**
Implementation of mechanisms for identifying, tracking and linking OVC and child-headed households to grant, benefits and social services at local level	At least 100% of child headed households have access to grants, benefits and social services	*Percentage of child headed households have access to grants, benefits and social services*	*Report from DSD*	**Annual**	**DSD**
Implementation of service delivery guidelines defining core services at local level for OVC (exemption from school and health services fees, child support grants and birth registration)	At least 100% of districts are implementing services delivery guidelines	*Percentage of districts implementing services delivery guidelines for OVCs*	*Report from DSD*	**Annual**	**DSD**
Provision of registered civil society organizations with organizational programme support and mentoring	At least 50% of registered civil society organizations receiving organisational programme support	*Percentage of registered civil society organizations receiving organisational programme support*	*Report from DSD*	**Annual**	**DSD**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Provision of child headed household with services of a community caregiver	At least 50% of child headed households have the services of a community caregiver	*At least 50% of child headed households have the services of a community caregiver*	*Report from DSD*	**Annual**	**DSD**
Capacity development of schools, educators and early childhood development centres to provide psychosocial, educational and adherence support to children in need.	At least 80% of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need	*Percentage of schools and centre have capacity to provide psychosocial, educational and adherence support to children in need*	*Report from DSD*	**Annual**	**DSD**
Development and implementation of targeted care and support programmes and material for people with disabilities	At least 90% of district municipalities implementing targeted care and support programmes for people with disability	*At least 90% of district municipalities implementing targeted care and support programmes for people with disability*	*Report from DSD*	**Annual**	**DSD/DLGTA**
Integration and equitable representation of LGBT people in care, treatment and support programmes	100% of district municipalities integrating LGBT people in care, treatment and support programmes.	*Percentage of district municipalities integrating LGBT people in care, treatment and support programme*	*Report from DSD*	**Annual**	**DSD**
Design and implementation of ward-based community competency programmes targeting the most vulnerable communities	At least 70% of wards covered with community competency programme	*Percentage of wards covered with community competency programme*	*Report from DLGTA*	**Annual**	**DLGTA**

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Development and implementation of income generating project owned by communities and support groups	At least 70% of support groups have income generating projects	*Percentage of support groups with income generating activities*	*Report from DED*	**Annual**	**DED**
Scaling up access to support through CHBC by older persons	At least 90% of older person have support through HCBC	*Percentage of older person who have support through CHBC*	*Report from DSD*	**Annual**	**DSD**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
GOAL	**IMPACT AND TARGET**	**IMPACT INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Effective and coordinated provincial response to HIV & AIDS that is informed by monitoring, evaluation & research	**The KZN HIV and AIDS response achieve all its impact and outcome targets by 2011**	*Percentage achievement of impact and outcome targets*	*End Evaluation report*	**5 Years**	**OTP**
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To ensure that 80% of coordination structures at various level are effective by 2011. *(Effective coordination structure: updates HIV and AIDS profile; develops evidence based comprehensive multi-sectoral action plan; monitor the implementation of action plan through quarterly reporting and quarterly meetings in which at least 70% of designated members attend; mobilize, disburse and monitor usage of resources according to the plan)*	**Coordination is effective in 80% of sectors, District and Local municipalities**	*Proportion of sector, Districts and Local municipalities that have effective coordination structures*	*Survey of the Coordination structures*	**Annual**	**DLGTA** **OTP**
To strengthen monitoring & evaluation practice and have at least 80% of sectors consistently reporting and using M&E report by 2011	**At least 80% of sectors reporting and using M&E report by 2011**	*Percentage of sectors reporting and using M&E reports*	*Survey of sectors*	**Annual**	**OTP**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)	DATA SOURCE		
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Building capacity of multi-sectoral coordination structures	70% of coordination structures capacity build in the areas of planning, M&E and coordination	*Percentage of coordination structures capacitated in areas of planning, M&E; & coordination*	*Report from OTP*	**Quarterly**	**OTP**
Development & Implementation of harmonised HIV & AIDS planning mechanism	Harmonised HIV & AIDS planning mechanism in place	*Percentage of organisations using harmonised planning mechanism to plan for their activities*	*Report from OTP*	**Quarterly**	**OTP**
Setting up a provincial multi-sectoral M&E system	M&E system rolled out to 100% of districts	*Percentage of districts with functional M&E system*	*Report from OTP*	**Quarterly**	**OTP**
Setting up sectoral and district M&E units	At least 100% of sectors and districts have M&E unit	*Percentage of sectors and districts with M&E units*	*Report from OTP*	**Quarterly**	**OTP**
Development of capacity in M&E, research & surveillance	100% of key stakeholders trained on M&E	*Percentage of key stakeholders trained on M&E*	*Report from OTP*	**Quarterly**	**OTP**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)	DATA SOURCE		
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Development of provincial multi-sectoral research agenda and coordination mechanism	30% of research agenda items implemented	*Percentage of research agenda items implemented*	*Report from OTP*	**Quarterly**	**OTP**
Monitoring implementation of Provincial HIV and AIDS Strategy	Quarterly reporting	*Quarterly reports*	*Report from OTP*	**Quarterly**	**OTP**
Evaluation of Provincial HIV and AIDS Strategy	Mid-term and End Evaluation	*Annual review, Mid-term and End Evaluation reports*	*Evaluation report from OTP*	**Annually, at mid-term and 2011**	**OTP**

PRIORITY AREA 3: MANAGEMENT, MONITORING, RESEARCH AND SURVEILANCE OF THE RESPONSE

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)	DATA SOURCE		
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Implementation of Surveillance	Conduct surveillance	*Surveillance report*	*Surveillance report*	**Annually**	**DOH**
Provincial AIDS Council DACs and LACs established and functioning effectively	Quarterly meetings for All Councils	*Quarterly meetings minutes*	*Reports from DACs & Minutes*	**Quarterly**	**OTP**
Public address on HIV and AIDS by all leaders, based on a standardized communication framework.	Monthly public address on HIV and AIDS by all leaders	*Monthly public address on HIV and AIDS conducted by all leaders*	*Reports from PAC DAC and, LACs*	**Quarterly**	**OTP**
Regular Strategic review meeting with all stakeholders.	Annual review meeting held	*Annual review meeting held*	*Report from OTP*	**Annually**	**OTP**
Regular HIV and AIDS Indaba	Annual HIV and AIDS indaba held	*Annual HIV and AIDS indaba held*	*Report from OTP*	**Annually**	**OTP**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
GOAL	**IMPACT AND TARGET**	**IMPACT INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
A supportive political and regulatory environment within which a comprehensive and proactive approach to a multisectoral HIV and AIDS response is implemented and sustained, and the rights of all those infected and affected are protected	**Supportive political, Public leadership and regulatory environment by 2011**	*Percentage of stakeholders who report supportive political, public leadership and regulatory environment*	*Stakeholders satisfaction survey*	**Annual**	**OTP**
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To Strengthen political and public leadership commitment in order to create a visible, decisive and effective leadership within all sectors by 2011	**A visible, decisive and effective leadership within all sectors by 2011**	*Percentage of stakeholders who report that leadership is visible, decisive and effective within sectors.*	*Stakeholders satisfaction survey*	**Annual**	**OTP**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To mainstream HIV and AIDS into all sectors mandates and plans at all level by 2011.	**All sector have mainstreamed HIV and AIDS into their mandates and plans by 2011**	*Percentage of sector who mainstreamed HIV and AIDS into their mandate and plans*	*Survey of sectors*	**Annual**	**OTP**
		Percentage of sector implementing a "minimal package" of wellness programme for their workers	*Report from sector*	**Quarterly**	**OTP**
To ensure that all existing legislations and policies relating to HIV and AIDS are adhered to by 2011.	**All existing legislations and policies relating to HIV and AIDS are adhered to by all stakeholders by 2011**	*Percentage of stakeholders who report adherence to legislation and policies relating to HIV and AIDS*	*Survey of stakeholders*	**Annual**	**OTP**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
OBJECTIVES	**OUTCOME AND TARGET**	**OUTCOME INDICATOR**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
To promote and protect a human and legal rights of all vulnerable groups by 2011.	**All rights of all vulnerable groups are promoted and protected by 2011**	*Composite Policy Index in the area of human rights promotion and protection*	*Surveys CSO using the UNAIDS policy index questionnaire section B*	**Annual**	**OTP**
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Establishment and effective functioning of Provincial AIDS Council, DACs and LACs	Quarterly meetings for All Councils	*Quarterly meeting held by all Councils*	*Report from OTP*	**Quarterly**	**OTP**
Public address on HIV and AIDS by all leaders, based on a standardized communication framework.	Monthly public address on HIV and AIDS by all leaders	*Number of monthly public address on HIV and AIDS by all leaders*	*Report from OTP*	**Quarterly**	**OTP**
Strategic review meeting with all stakeholders.	Annual review meeting held	*Review meeting held*	*Review meeting report from OTP*	**Annual**	**OTP**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
HIV and AIDS Indaba	Annual HIV and AIDS indaba held	*HIV and AIDS indaba held*	*Report from OTP*	**Annual**	**OTP**
Capacity building on HIV and AIDS mainstreaming	All sectors, PAC, DACs and Provincial Govt. Depts. have capacity to mainstream HIV and AIDS into their plans	*Percentage of All sectors, PAC, DACs and Provincial Government Departments with capacity to mainstream HIV and AIDS into their plans*	*Survey of sectors*	**Annual**	**OTP**
Mainstreaming of HIV and AIDS in all sector mandates and plans	100% of sectors have HIV and AIDS mainstreamed into their sectoral mandates and plans	*Percentage of sectors implementing mainstreamed activities and reporting on implementation of "minimal employees well nests package"*	*Survey of sectors*	**Annual**	**OTP**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Implementation of employee wellness programmes by all sectors	100% of sectors implementing employee wellness programmes	*Percentage of organisations with employee wellness programmes*	*Survey of all relevant sectors*	**Annual**	**OTP**
Development and implementation of relevant policy guidelines relating to HIV and AIDS(general and workplace)	Implementation of policy frameworks	*Extent of Implementation of policy frameworks*	*Survey of all relevant sectors*	**Annual**	**OTP**
Capacity building on all relevant policy framework and legislation relating to HIV and AIDS	100% of all relevant stakeholders trained on policy frameworks and legislations	*Percentage of all relevant stakeholders trained on Policy frameworks and legislation*	*Survey of relevant stakeholders*	**Annual**	**OTP**
Supporting and monitoring implementation of policies and legislation relating to HIV and AIDS	90% of all sectors implementing HIV and AIDS related policies	*Percentage of all sectors implementing HIV and AIDS related policies*	*Survey of sectors*	**Annual**	**OTP**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Capacity building of all stakeholders on Human rights issues relating to HIV and AIDS.					
• **Provincial Aids Council, Government and Private Sector Employees**	At least 50% of all Government and Private Sector Employees capacitated on human right issues	*Percentage of all Government and Private Sector Employees capacitated on human right issues*	*Survey of workplaces*	**Annual**	**OTP**
• **DAC's and Municipalities**	100% of all DAC's and Municipalities capacitated on human right issues	*Percentage of all DAC's and Municipalities capacitated on human right issues*	*Survey of DACs and municipalities*	**Annual**	**DLGTA**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
• **Community Development Workers, Community Health Workers, Early Childhood Development Practitioners**	At least 50% of all Community Development Workers, Community Health Workers, Early Childhood Development Practitioners capacitated on human right issues	*Percentage of all Community Development Workers, Community Health Workers, Early Childhood Development Practitioners capacitated on human right issues*	*Survey of community workers*	**Annual**	**DLGTA**
Public Awareness on Human and Legal Rights issues relating to HIV and AIDS	Quarterly Public awareness campaigns on Human and Legal Rights issues relating to HIV and AIDS conducted	*Number of Public awareness campaigns on Human and Legal Rights issues relating to HIV and AIDS conducted*	*Report from the Legal and human rights sector*	**Annual**	**Legal and human rights sector**
Monitor and address Human Rights violations	All reported cases of human rights violations addressed	*Proportion of reported cases of human rights violations addressed*	*Report from the legal and human rights sector*	**Annual**	**Legal and human rights sector**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Develop a database and communicate the network of human and legal service providers for people living with HIV	Database on human rights and legal services providers updated and disseminated	*Updated database on human rights and legal services providers is*	*Database*	**Annual**	**Legal and human rights sector**
		Percentage of PLHIV who know about the services providers through the database	*Survey of PLHIV*	**Annual**	**Legal and human rights sector**
Involvement of leaders in reduction of risk of Human Rights violations from cultural, religious and traditional practices	No risk of violation of human rights through cultural and religious practices	*Perception of risk of violation of human rights through cultural and religious practices*	*Population survey*	**2 Yearly**	**Legal and human rights sector**
Empower PLHIV to recognize and deal with Human Rights violations	All support groups capacitated to deal will human rights violations	*Percentage of support groups capacitated to deal will human rights violations*	*Survey of support groups*	**Annual**	**PLHIV sector**

PRIORITY AREA 4: HUMAN AND LEGAL RIGHTS AND ENABLING ENVIRONMENT

INTERVENTION LOGIC	RESULTS LOGIC	INDICATOR(S)			
INTERVENTIONS	**OUTPUTS AND TARGETS**	**OUTPUT INDICATORS**	**DATA SOURCE**	**FREQUENCY OF REPORTING**	**REPONSIBLE AGENCY**
Promote respect for the rights of PLHIV in employment and services in all sectors	Implement relevant policies and guidelines that promotes respect for the rights of PLHIV in workplaces	*Percentage of workplaces implementing policies and guidelines that promote respect for the rights of PLHIVes*	*Survey of workplace*	**Annual**	**OTP**
Implementation of interventions that promote greater openness and public acceptance of PLHIV	Interventions that promote greater openness and public acceptance of PLHIV implemented in 100% of districts municipalities	*Percentage of districts implementing interventions that promote greater openness and public acceptance of PLHIV*	*Survey of districts*	**Annual**	**PLHIV sector**

SECTION 5: COORDINATION AND INSTITUTIONAL ARRANGEMENTS

Currently, most governments have a focal person and team responsible for planning, budgeting, implementation and monitoring internal HIV, AIDS and STI interventions. This strategy directs each department to mainstream HIV and AIDS both internally and externally. The implementing agencies are the stakeholder organisations based in provinces, local authorities, the private sector and a range of CBOs[12].

Key to a successful implementation of the KZNPSP is the visibility and sustainability of coordination structures at provincial (PAC) and district levels (DACs & LACs). The Office of the Premier has provided political will and leadership in responding to HIV & AIDS, the task of implementing the provincial strategy should be guided by these coordination structures. In this regard, the provincial AIDS council, district AIDS councils and Local AIDS councils all have a major role to play at their respective levels. The Chief Directorate HIV & AIDS is to provide day to day support to coordination, in facilitating implementation, planning, mobilising partnerships and resources and monitoring & evaluation and reporting among others.

GOVERNMENT CLUSTERS

Government departments at provincial level are organised around three clusters (economic; social; governance and administration), to ensure greater collaboration around cross cutting policy and implementation issues. There are two levels of these clusters, one comprises of MECs and provides political leadership, while the other; comprising of HODs, provides technical support. The Social Cluster is the main cluster that deals with health and social matters. HIV and AIDS is one of the programmes on Government's Programme of Action for which the Social Cluster is responsible. Besides the social cluster being well placed to provide leadership and support to other clusters and public sector departments, to ensure maximum discussion and government-wide programming on HIV and AIDS at both national and provincial level, it is also well positioned to perform this function at both national and provincial government levels. The Governance Cluster will provide support in the monitoring and evaluation of the Provincial HIV and AIDS Strategy.

HIV and AIDS UNITS IN GOVERNMENT DEPARTMENTS

Each provincial department will mainstream, to facilitate management and the implementation of relevant HIV and AIDS programmes. These units prepare provide technical input which facilitates decision-making in government committees and bodies. They are also responsible for development of relevant strategies, policies and programmes; ensuring availability of finance and other resources; and for providing support to implementing agencies in their departments. The HIV and AIDS Chief Directorate provide secretariat support to PAC. Government departments as well as sectors of civil society report regularly to the CD HIV and AIDS.

LOCAL COORDINATING ENTITIES

These are at district and local levels, in the form of DACs and LACs.DACs will provide regular information on the performance of their districts response with regard to HIV and AIDS interventions. Membership of these councils will be multi-sectoral, incorporating representatives from government, private sector and civil society. Leadership will be provided by mayors, who will represent their councils at the PAC.

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[12] HIV and AIDS and STIs - National Strategic Plan for South Africa 2007-2011

BIBLIOGRAPHY

- ASSA (n.d.). Provincial output workbook. Available at: www.assa.org.za/default.asp?id=1000000050 (last accessed 9 July 2006).
- Barron P, Day C, Loveday M & Monticelli F (2005) The District Health Barometer Year 1. January-December 2004. Durban: Health Systems Trust.
- Chopra M, Doherty T, Jackson D & Ashworth A (2005) Preventing HIV transmission to children: Quality of counselling of mothers in South Africa. Acta Pdiatrica, 94:357-363.
- Department of Education and Culture (2003) Master Strategic Plan 2003-2006. Department of Education & Culture, Pietermaritzburg.
- Department of Health (2003) Operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa. Pretoria: National Department of Health.
- Department of Health (2004) National Antiretroviral Treatment Guidelines. National Department of Health, South Africa.
- Department of Health (2004) National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa 2003. Pretoria.
- Department of Health (2005) National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa 2004. Pretoria.
- Department of Health (2004) National Antiretroviral Treatment Guidelines. National Department of Health, South Africa: Jacana Press.
- Department of Health (2006) Monitoring and Evaluation Framework: Comprehensive HIV and AIDS Care, Management and Treatment Plan, Pretoria, South Africa.
- Department of Education (2003) KwaZulu-Natal Department of Education & Culture Master Strategic Plan 2003-2006. Department of Education and Culture, Pietermaritzburg, South Africa.
- Evian C, Fox M, MacLeod W, Slotow SJ & Rosen S (2004) Prevalence of HIV in workforces in southern Africa, 2000-2001. South African Medical Journal 94:125-30.
- SABCOHA/BER (2004). The Economic Impact of HIV/AIDS on Business in South Africa 2003. Johannesburg: SABCOHA/BER.
- Hadingham J (2006) University of KwaZulu-Natal HIV/AIDS research projects 2002–2006. UKZN. Available at http://www.ukzn.ac.za/research/AIDSResearchDatabase.pdf (last accessed 7 July 2006).
- KZNCAN/HIVAN (2005) HIVAN/KZNCAN AIDS Directory. Durban: HIVAN.
- HSRC (2002) South African national HIV prevalence, behavioural risks and mass media: Household survey 2002. Human Sciences Research Council/Nelson Mandela Foundation.
- Kelly K & Marrengane N (2004) South African Cities and HIV/AIDS: Challenges and responses. South African Cities Network, Johannesburg, South Africa.
- Ndlovu N & Daswa R (2006) Review of progress and expenditure on the Comprehensive Plan for HIV and AIDS for South Africa. IDASA AIDS Budget Unit. Available at http://www.idasa.org.za.
- Ngcobo N & Quilan T (2005) The responses of South African Youth Organisations to the HIV/AIDS Epidemic. University of KwaZulu-Natal, Durban, South Africa.
- Pettifor AE, et al. (2004) HIV and sexual behaviour among young South Africans: a national survey of 15- to 20-year-olds. Johannesburg: RHRU University of Witwatersrand.
- Pillay K (2004) Youth Organisations response to HIV/AIDS. University of KwaZulu-Natal, Durban, South Africa.

- POLICY Project (2003) Siyam'kela: HIV/AIDS Stigma Indicators: A tool for measuring the progress of HIV/AIDS stigma mitigation. Washington, DC: The Futures Group/POLICY Project.
- Republic of South Africa (2006) Progress report on Declaration of Commitment on HIV and AIDS. Prepared by United Nations General Assembly Special Session on HIV and AIDS.
- SAUVCA (2004) HIV and AIDS Audit: Interventions in South African Higher Education. 2003-2004. Johannesburg: SAUVCA Higher Education HIV/AIDS Programme.
- Schneider H (1998) The politics behind AIDS: the case of South Africa. Presentation to the 12th World AIDS Conference, Geneva.
- Shisana O, et al. (2002a) Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV prevalence, behavioural risks and mass media household survey 2002. Cape Town: Human Sciences Research Council.
- Shisana O, et al. (2002b) The impact of HIV/AIDS on the health sector: National survey of health personnel, ambulatory and hospitalised patients and health facilities, 2002. HSRC Press, Cape Town, South Africa.
- Shisana O, Peltzer K, Zungu-Dirwayi N & Louw J (Eds.) (2005) The health of our educators: A focus on HIV/AIDS in South African public schools, 2004/5 survey. Cape Town, HSRC Press.
- Shisana O, Rehle T, Simbayi LC, Parker W, Zuma K, Bhana A, Connolly C, Jooste S, Pillay V, et al. (2005) South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005. Cape Town: HSRC Press.
- UNAIDS (2004) The 'Three Ones: Driving concerted action on AIDS at country level'. Geneva: UNAIDS. Document available at www.unaids.org.
- UNAIDS (2004) Report on the global AIDS epidemic. 4th global report. Geneva, Switzerland.
- Versteeg M (2006) Decentralised HIV/AIDS Response in South Africa: Situational Analysis March 2006. Centre for Municipal Research and Advice. Pretoria, South Africa
- Whiteside A & Sunter C (2000) AIDS. The challenge for South Africa. Human & Rousseau, Johannesburg.