DRAFT HIV&AIDS AND TB MANAGEMENT

GENERIC IMPLEMENTATION PLAN
FOR THE PUBLIC SERVICE

ANNEXURE B

MARCH 2009

INTRODUCTION

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

Sub-Objective (NSP Priority Area 1)	Success Indicators (Implementation Goals linked to NSP)
1. To provide prevention Programmes.	• Reduced Vulnerability to HIV and TB infection • Reduced all modes of HIV transmission • Evidence-based HIV prevention strategies and improved behavioural change communication (BCC) • Increased Advocacy, Lobbying, Health Promotion & Education including Mainstreaming of HIV & AIDS in development • Reduced TB transmission, through intensified TB detection, especially among those with known HIV +ve status

1.1 Reduced Vulnerability to HIV and AIDS and TB								
Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.1 Accelerate programmes to empower women and educate men and women((including boy and girl child) on human rights in general and women's rights in particular	As above	Develop and implement communication strategy, including leadership messages to educate men and women on the rights of women and human rights	Develop and implement appropriate race and gender employment policies and targets	Monitor Implementation of programmes for gender mainstreaming	Conduct audits on relevant Policies and Messages	No. Departments with IEC materials on women rights		No of reported cases of women and human rights violations

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.2 Develop and implement strategies to address gender based violence	As above	Develop and implement communication strategy, including leadership messages which addresses unacceptability of coercive sex, gender power stereotypes and stigmatisation of rape survivors		Develop and implement policy on sexual harassment	Conduct audits on relevant Policies and Messages	Number of targeted messages produced using different media campaigns	%Departments with visible sexual harassment policy %.Departments with programmes to support rape survivors %.Municipalities with Crisis Centres for Rape survivors	Reports of gender-base violence
1.1.3 Create an enabling environment for HIV testing	Finance HR-Peer-Educators Lay counsellors Rapid Test Kits Enabling policies	Develop clear consistent HIV prevention messages to be delivered by leadership from all sectors at all available opportunities	Develop high profile campaign utilising peer influence to promote HIV testing and disclosure	Expand access to HIV testing beyond formal health care settings such as community and workplace settings Develop and implement guidelines on Managed VCT	Conduct audit for Testing and Confidentiality policies	No. HIV testing campaigns annually No. HIV & Confidentiality policy audits carried out	%.Departments with on-site Counseling and Testing	No of individuals who ever tested % of individuals who tested during the last 12 months % of individuals with known HIV status

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.4 Build and maintain leadership from all sectors of society to promote and support (The NSP goals	Finance HR-Peer-Educators Lay counsellors	Ensure regular updates in sectors on priority activities and messages Mobilise and engage employees on cultural practices through debates, seminars and workshops on cultural practices that fuel the spread of HIV, as well as those that are desirable	Participate in quarterly Interdepartmental Committee meetings to review progress towards NSP goals and objectives	Submit quarterly reports on NSP indicators to the relevant Coordinating department Generate quarterly reports on Workplace HIV&AIDS and TB Management programme Mainstream HIV&AIDS and TB into departmental Strat. Plans		No .Updates and seminars conducted during the period under review No. of IDC meetings attended in which sector/departmental report on NSP indicators was presented	%. employees participating in Peer Education initiatives NSP reporting rate among Government departments	

Objectives	Inputs	ACTIVITIES/OR PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.1.5 Support national efforts to strengthen social cohesion in communities and support the institution of the family:		Support programmes that aim to develop HIV&AIDS and TB knowledgeable and competent employees. Families and communities	Establish and implement outreach programmes on HIV&AIDS, STI and TB to departmental clients and communities	-	-	No. HIV&AIDS and TB competency programmes piloted in the Public service	%.Departments with HIV&AIDS and Competency programmes	
1.1.6 Build AIDS competent communities through tailored competency processes.		Design and implement work based HIV&AIDS and TB competency programmes in most vulnerable groups like PLHA, women and those on TB treatment	Establish and support implementation of Work-based support groups for infected and affected persons			No. HIV&AIDS and TB competency programmes piloted in the Public service % of Departments who conducts regular outreach programmes for VCT, HIV,STI and TB screening and prevention	%.Departments with HIV&AIDS and Competency programmes	

1.2 Reduce all modes of HIV transmission :- 1.2.1.sexual transmission								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact

1.1. Strengthen behaviour change programmes, interventions and curricula for the prevention of sexual transmission of HIV and transmission of TB Infection in the workplace	*Male and female condoms*	Train wellness practitioners on HIV&AIDS,TB and STI transmission and prevention Create awareness among employees Distribute condoms and teach on cough etiquette	Introduce and evaluate curricula and interventions for employees at high risk for HIV and TB transmission	Conduct condom use survey among employees Conduct surveillance on HIV prevalence among employees Conduct surveillance on incidence of TB among PLHIV		No. Male and Female condoms distributed in the Department during the period under review No. practitioners trained on HIV&AIDS and TB transmission and prevention No employees who are: Treated for STI Screened for TB	% of people reporting consistent use of condom % of Departments displaying IEC materials on HIV&AIDS,TB and STI prevention % of Departments who conducts regular outreach programmes for VCT, HIV,STI and TB screening and prevention	% of employees with HIV and TB infection in the Public service % of employees who know their HIV status irrespective of the outcomes of the test. % of employees, who do not know their HIV status, and agree to be tested for HIV during the period under review % of PLHIV Receive TB Preventive treatment
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact

1.2.1.2 Increase open discussions of HIV and sexuality among Employees, and between parents and their children	Finance Facilitators HR	Increase and coordinate multimedia strategies aimed at youth that promotes communication about HIV, including prevention, gender and sexuality	Evaluate and adapt programmes that promote positive engagement and communication with children on sexuality and HIV Strengthen SRH and HIV prevention programmes including VCT,STI and contraceptive services and psychosocial support in higher education institutions	Develop and implement guidelines for educational institutions to be sites of safety, protection and care for children and young people Increase access to Youth Friendly services in the Public sector		No of employees participating in programmes supporting open discussions on HIV and Sexuality between parents and children	% employees reporting openness with their children regarding HIV and sexuality	
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact

1.2.1.3 Increase roll-out of Workplace Prevention Programmes (cross-reference with ILO ,Nedlac and SADC) for workplace-based interventions	Drugs for STI, Rapid Test Kits HR planning (lay counselors,, wellness practitioner for interpretation of results ,Staff for outreach activities) Condoms		Incremental roll-out of comprehensive prevention package in the workplace including IEC, VCT, condom provision, STI management and TB screening	Incremental roll-out of HIV and TB prevention packages customised to higher risk occupational groups such as long-distance transport, agriculture, correctional services ,SAPS and DOH employees	Develop targeted HIV prevention programmes for domestic workers and gardeners and other employees who are hard to reach	No of Department with guidelines on outreach No. Departments with implementable HIV ,STI and TB prevention packages customised for high risk occupational groups No. Condoms distributed to occupational groups at higher risks	% of Departments displaying IEC materials on HIV&AIDS,TB and STI prevention % of Departments who conducts regular outreach programmes for VCT, HIV,STI and TB screening and prevention customised for occupational groups at higher risk	%.Employees living with HIV %.TB cases among PLHIV % Total Employees on TB treatment

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.21.4 Scale up prevention programmes for HIV positive employees	Database of prevention service providers, services and resources		Develop and implement programmes that support voluntary disclosure of HIV positive status Develop and implement HIV prevention programmes and interventions to reduce HIV transmission and acquisition by HIV+ve people	Integrate safer sex practices ,male and female condoms, STI management and TB screening into all ARV treatment programmes including palliative and home-based care	Enhance and support integrated positive prevention services provided by NGO's, CBO's and community support groups	No. of Programmes that support voluntary disclosure of HIV status	% of PLHIV who use the services from programmes that support voluntary disclosure e.g. Support groups, Peer Educators etc.	%.PLHIV who voluntarily disclose their status

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.1.5 Develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant workplace health services	STI Guidelines Occupational Nurse Practitioner /doctor Finance	Training and development for peer educators, managers and employee wellness practitioners	Increase access to quality STI services in the public and private sector offered by adequately trained staff utilising updated syndromic management guidelines	Integrate sexual reproductive health services and HIV prevention guidelines and programmes into family planning, ANC,STI,TB,ARV treatment services and vice-versa in the public service and private sector		No. Departments with quality Integrated STI and SRH services No. Departments with adequately qualified Nurse/Dr practitioners offering STI services		

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
		Train Management on Male sexual health and gender mainstreaming in the workplace	Identify, evaluate and roll-out effective gender-sensitive male intervention programmes in the workplace to address HIV prevention, gender issues and responsible parenting		Convene a multidisciplinary expert working group including traditional leaders and private practitioners to review the who male circumcision policy, and make policy and programme recommendations	No. Managers trained	% Departments with gender sensitive male intervention programmes	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.1.6 Develop and integrate interventions for reducing recreational drug use in young people with HIV prevention efforts;		Integrate HIV prevention messages into existing campaigns to promote responsible Alcohol consumption	Establish a public sector drug rehabilitation programmes in all provinces Develop and implement policy and programmes for an integrated and comprehensive package of HIV prevention services, responsible alcohol consumption and information on how to access HIV testing and treatment for STI	Support the introduction of policies and programmes aimed at reducing recreational drug use among young people and ensure that HIV prevention messages are integrated into these programmes		No. Departments /Provinces with drug rehabilitation programmes	% Employees put on drug rehabilitation programmes	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
		Train Managers and Wellness coordinators on PEP Evaluate, Improve and roll-out training programmes on the management of gender violence and rape for the police	Increase proportion of facilities offering comprehensive package of sexual assault care in accordance with the National Policy on Sexual Assault Care of NDOH	Increase number of districts with accessible social and mental health services to support child and adult victims of gender-based violence		No. Sessions/ Employees trained on management of gender violence and rape for the police	% of Municipalities with PEP facilities % of districts with accessible social and mental health services to support child and adult victims of gender-based violence	

1.2.2. Reduce Mother To Child Transmission of HIV								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.2.1 Broaden existing MTCT services to include other related services and target groups		Train Management on basic info. on MTCT and the National guidelines on PMTCT, Infant Feeding choices and Fatherhood Create awareness among employees on MTCT Develop and implement training programme and IEC on men as partners and responsible fatherhood	Implement programmes to reduce percentage of all unwanted pregnancies through scaling up contraception Implement prevention programmes for pregnant employees Develop and implement training programmes for Traditional Birth Attendants (TBA	Implement and support responsible fatherhood programmes in the workplace Pilot workplace child care facilities including infant feeding)	Ensure responsiveness to MDG on prevention of Maternal and Child mortality	No. Managers trained No. Departments with contraceptive services in the workplace No. Men in the responsible fatherhood programmes	%.Pregnant women using comprehensive STI,PMTCT,HIV and TB services in the workplace % TBA accessing relevant training programmes on MTCT	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.2.2 Scale up coverage of PMTCT to reduce MTCT to less than 5%.	Laboratory Finance Blood taking facilities and supplies ARV drug-supply National guidelines	Train wellness practitioners on routine counselling and testing for pregnant women Create awareness on MTCT to pregnant women in the workplace	Increase proportion of pregnant women tested for HIV through implementation of routine offer of counselling and testing Increase the proportion of HIV+ve pregnant women who access PMTCT services Implement strategies to support HIV+ve women during and after pregnancy	Develop and implement policy on routine counselling and testing for pregnant women in the workplace including frequency Undertake CD4 count testing for all HIV+ve pregnant women and facilitate access to ARV treatment for those with CD4 counts below 200	Ensure responsiveness to MDG on prevention of Maternal and Child mortality	No. Practitioners trained No. Departments offering counselling routinely to pregnant women No of pregnant employees testing for HIV	% pregnant employees who know their HIV status % pregnant employees on PMTCT programme %.deserving men. Awarded leave for paternity purpose % of Pregnant women with CD4 count below 200 accessing ARV treatment	% of Children of HIV+ve women, who are HIV-ve at 6 weeks, or 6 weeks after cessation of breast-feeding

1.2.3.Minimise blood products transmission								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.3.1 Minimise the risk of HIV transmission from occupational exposure among health care providers in the formal, informal and traditional settings through the use of infection control procedures	Trainer Protective Clothing Waste Disposal supplies and containers Finance	Provide training for all healthcare workers, including community development workers on infection control Provide information and create awareness among staff on universal precautions, including consistent use of protective clothing	Continuously update guidelines for infection control procedures Ensure continuous supply of Post Exposure Prophylaxis drugs in public and private sector facilities as well as in community-based settings	Enforce the implementation of infection control in all formal health care facilities Promote the implementation of infection control in home-based care and palliative care settings Ensure all formal healthcare facilities maintain a register of occupational exposure		No. Trained-(Managers, Wellness practitioners; staff) No. Departments policy and guidelines on management of occupational exposure No. facilities recording and reporting occupational exposure	% occupational exposure during specified period %. staff infected through occupational exposure	

Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.2.3.2 Minimise exposure to infected blood through procedures associated with traditional and complementary practices	*Same as above*	Provide adequate training of traditional healers / practitioners on infection control Provide information to the staff and public raising awareness of HIV risk through unsafe traditional practices	Continuously update guidelines for infection control for traditional healers and complementary practitioners Ensure provision of supplies to practice safe traditional practices			No. Practitioners trained	% of Departments with IEC on infection control and universal precautions	%.THP with valid practice licences

Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
		Create awareness among staff on the risk of HIV through injecting drug use	Develop policy and guidelines for HIV prevention in IDU's and review annually Establish public sector drug rehabilitation programmes in all provinces	Continuously research and monitor the extent if IDU use and the relationship with HIV infection		No.research conducted on IDU No. Employees on drug rehabilitation program	% of PLHIV involved with Injecting drug use %.Provinces with effective drug rehabilitation programs	%.. IDU practice among employees
1.2.3.3 Ensure safe supplies of blood and blood products (HIV screening tests for measuring both virus and antibodies).	Training Material Finance for research	Promote awareness of risk of HIV transmission in donors and recipients	Continuously update guidelines for ensuring safe blood and blood supplies Screening of all blood supplies with the best available technology including viral detection	Develop and implement research programme to understand HIV transmission in blood donor population		No. Units of blood screened for HIV	%.HIV prevalence among blood donors	%.HIV prevalence associated with blood transfusion

1.3. Evidence-based Prevention Strategies and Improved HIV & AIDS and TB behavior Change Communication								
Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.3.1 Develop strategic approaches that view BCC not as a collection of different, isolated communication tactics, but as a framework of linked approaches that function as part of an integrated, ongoing process;	Finance Advocacy Officers Social Mobilisation Partnership	Build individual skills needed to use preventive commodities properly, and to avoid or negotiate risky situation Create awareness among employees on behaviours that tend to increase the risk for HIV transmission and acquisition Train PLHIV on positive living and Healthy lifestyles	Develop and distribute HIV prevention behavioural change communication and messages directed at individual, small groups and communities Design and print behavioural change messages aimed at increasing individual knowledge, perception of HIV risk, motivation	Conduct regular focused behavioural change campaigns Mobilise staff to reconsider societal views on gender roles and norms	Popularise international and national TB,AIDS, STI, and Drug & Mental Health awareness days/weeks/months	No. awareness activities conducted No. Departments with BCC messages directed at different levels No. employees obtained skills development in assertiveness, human and women rights and accurate condom use.	% .people reporting sexual and drug risk reduction behaviours	% of HIV+ people in the Public Service

1.4. Increase Advocacy, Lobbying, Health Promotion and Health Education and promote Mainstreaming of HIV&AIDS								
Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.4.1 Plan and Implement Health Promotion & education activities;	HR Finance	Train Wellness practitioners on Health Education and Health Promotion strategies Conduct regular HIV Prevention Health Talks	Establish the HIV Peer Education Program	Develop HIV&AIDS Health Promotion and Health Education curricula for public service		No. Health Talks conducted	%. Departments with well-functioning Peer Education Programme	

Objectives	Input	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.4.2. Provide Support to departments on HIV and AIDS HR planning and mainstreaming	HR Finance	Conduct regular updates on HIV&AIDS Mainstreaming in the workplace		Develop and implement policy Incorporating HIV Mainstreaming as part of criteria to be met by prospective Service Providers		No. Updates and training conducted	% Departments with HIV-Mainstreaming Policy	

1.5. Reduce TB transmission through intensified TB detection, Workplace DOTS programme and TB Infection control								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.5.1 Develop capacity to implement the TB workplace management toolkit	Facilitator Finance Toolkit	Train managers, and wellness practitioners on TB recognition, diagnosis, transmission, prevention and treatment of TB and HIV co-infection Create understanding of TB and HIV among employees to reduce and prevent TB stigma alongside the HIV stigma	Integrate TB and HIV management with other SHEQ activities and standards in the workplace Establish the system for monitoring proportion of employees accessing services of the HIV&AIDS and TB workplace programme	Develop and implement clear guidelines on sick leave for TB, fitness to return to work and medical incapacity in line with the national and international workplace standards Develop and implement TB infection control plan that includes administrative and environmental controls)in line with the national infection control policy.	Ensure compliance to NOSA,SANS standards	No. Managers and wellness practitioners trained No. PLHIV Screened for TB	% Employees accessing TB and HIV Management in the workplace %.of Employees on TB treatment on sick leave who returns to work	% TB among workers % HIV among workers and among those on TB treatment

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.5.2 Accelerate DOTS, TB infection and HIV disease control programmes, and facilitate treatment for HIV and TB infected.	Finance Treatment Supporter Disease management , Monitoring, Recording &Reporting Tools Disease Management Policy Guidelines and Protocols Partnerships	Train Managers and Wellness practitioners on TB and ARV treatment adherence and support including DOT Train managers and wellness practitioners on monitoring & recording treatment completion and outcomes	Establish mechanism for implementation of DOT in the workplace Establish mechanism for early detection of TB among employees, with special focus on PLHIV	Establish linkages with regional and national TB programme in line with ILO guidelines for TB treatment monitoring and recording Compile data-base of employees on TB treatment	Ensure responsiveness to MDG on reducing incidence of HIV and TB by 2015	No Managers trained on TB and HIV treatment adherence No. Employees receiving DOT at work	% Departments with Workplace DOT program %.Departments reporting to National TB Control Cluster on TB treatment outcomes %.Employees suspected of TB, diagnosed and confirmed with TB	%.Employees with TB disease who successfully completes treatment and are cured

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity development	Organizational support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
1.5.3 Provide screening for INH prophylaxis for public servants working in clinical environment with special focus on those known to be HIV+ve, .	PPD Test Finance Skilled Practitioners	Train Wellness practitioners on INH Screening, and referral system if indicated	Integrated provision of INH prophylaxis into workplace DOTS program Ensure continuous supply of drugs	Monitor and record data on INH prophylaxis among PLHIV Participate in research and National reviews of the INH policy		No. PLHIV receiving IPT	%.Departments offering PPD screening and IPT	
1.5.4 Provide routine HIV counseling and testing for Employees on TB treatment and Provide Cotrimoxazole prophylaxis (CPT) for those testing HIV+ve or provide access to ARV	Rapid Test Kits Skilled Practitioners Drugs Lay counsellors	Train Wellness practitioners on the role of CPT , and criteria for referral for ARV	Establish referral system to relevant sectors for treatment (both down and up referral)	Monitor and record data on cotrimoxazole prophylaxis among PLHIV and TB		No. PLHIV and TB receiving CPT No.PLHIV and TB referred for ARV No. PLHIV&TB receiving DOTS for ARV in the workplace	%.Departments monitoring TB and HIV treatment and prophylaxis in the workplace	

Sub-Objective (NSP Priority Area 2)	Success Indicators (Implementation Goals linked to the NSP)
2 .To provide TREATMENT CARE AND SUPPORT	• Increased VCT Coverage , adherence counselling and regular HIV testing, including those with active TB disease • Enabling People Living with HIV and AIDS to lead healthy and productive lives through: o Access to ART programme and Post Exposure Prophylaxis(PEP) through Government Medical Assistance (GEMS) provided o Improved management of TB&HIV Co-infection and STI through comprehensive package of care o DOTS strategy for TB control implemented o Employee & Family assistance • Address special needs of pregnant women and children

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

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.1.2 Increase Uptake of VCT	Lay counsellors Finance Rapid Test Kids		Increase number of employees who ever tested with a focus on men, pregnant women and those on TB treatment Increase the proportion of newly diagnosed HIV-positive employees accessing wellness services	Increase proportion of employees tested in the last 12 months		No. Employees who ever had an HIV test tested	% newly diagnosed HIV+ve enrolled on wellness program %.employees who tested for HIV in the last 12 months	

2.2. Enable People Living with HIV and AIDS to lead healthy and productive lives

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.2.1 Scale up coverage of comprehensive care and treatment package	Drugs Skilled workers Protocols and Clinical Guidelines	Train wellness practitioners and managers on basic requirements for comprehensive care and treatment for PLHIV implement workplace ART promotion and literacy program	Improve enrolment in and quality of positive living through workplace wellness programmes Increase access to CD4 counts and CPT for eligible PLHIV Implement integrated contraceptive ,cervical screening and fertility services for women	Increase the proportion of Individuals on ARV's managed by Occupational nurses in the workplace Encourage early enrolment with GEMS through wellness programmes; Ensure increased number of early enrolment with disease management programmes.	Support Development and implementation of training curricula for wellness practitioners on comprehensive care, treatment and support for PLHIIV	No. Managers and wellness practitioners trained No. PLHIV accessing workplace enrolment program No .PLHIV whose CD4 count results are known	%.PLHIV enrolled in GEMS through wellness programmes %.Department with integrated contraceptive, cervical screening and fertility services in the workplace %. Departments conducting ARV literacy programs	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.2.2 Ensure effective management of TB&HIV co-infection	Finance Trainers National TB&HIV management guidelines and protocols	Train wellness practitioners and managers on TB&HIV co-infection and comprehensive & HIV package of care	Establish mechanism for screening PLHIV for TB, and people on TB treatment for HIV Implement policy on occupational exposure to TB	Ensure implementation of national TB control and HIV guidelines Participate in National initiatives to review INH prophylaxis for adults and children	Ensure responsiveness to MDG and UNGASS declaration	No. managers and wellness practitioners trained on TB&HIV co-infection No. employees screened for either TB or HIV infections	%. Departments with systems in place for screening PLHIV for TB, and those on TB for HIV % Departments with policy on occupational exposure to TB	% Proportion of TB&HIV co-infected employees treated according to National TB control and HIV guidelines %.Employees with TB disease as a result of occupational exposure
2.2.3 Improve quality of life for PLHIV requiring terminal care	Employment policies and schemes HR GEPF Trainer	Create awareness among employees with focus on PLHIV on Estate planning and inheritance	Provide mechanism for comprehensive palliative care including OVC schemes Ensure access to bereavement counselling			No. educated on Estate management and inheritance	%. OVC and child headed families accessing late estate and parental inheritance % families accessing bereavement counselling	%.OVC and children from child-headed headed families remaining in schools

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.2.4 Strengthen the health system, and remove barriers to treatment access	Training material HR Policies	Build capacity of health care workers and managers to provide comprehensive care, treatment and support	Streamline drug procurement and supply management through GEMS, to ensure continued access to essential drugs	Expand human resource through increased production, development, retention strategies and partnerships with private providers and other sectors		No. trained on basics of comprehensive care, treatment and support for affected and infected employees	%.Department with adequately skilled practitioners to provide comprehensive care, treatment and support	

2.3. Address special needs of pregnant women and children

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Building	Organizational Support	Governance and Institutional Development	Economic Growth and Development	Outputs	Outcomes	Impact
2.3.1 Decrease HIV related maternal mortality through women specific programmes	Finance HR PMTCT Policy	Create awareness among HIV+ve pregnant women on MTCT of HIV and available services for the comprehensive package of care	Implement-workplace strategies to support HIV positive women during and after pregnancy Increase the number of HIV positive women starting comprehensive care including ART	Increase the proportion of HIV positive pregnant women receiving a CD4 count at time of positive diagnosis	Ensure responsiveness to MDG	No. Women receiving CD4 count at time of positive diagnosis	% .HIV +ve pregnant women starting CCMT program through GEMS	
2.3.2 Develop comprehensive programme to support HIV positive women during and after delivery	PMTCT Policy Partnerships on post-natal Child follow-up	Educate HIV+ve pregnant women on post delivery care for the child	Support mothers who wishes to exclusively breast feed by establishing child care facilities in the workplace		Ensure responsiveness to MDG	% Women receiving Health Education on Child Follow-up	%.Departments with child-care facilities in the work place %.Children born of HIV positive mothers who are HIV –ve at 6weeks, or 6 weeks after cessation of breast feeding	

Sub-Objective (NSP Priority area 4)	Success Indicators (Implementation Goals linked to the NSP)
3. To promote human rights and access to justice.	o Increased workplace knowledge and adherence to legal and policy provisions o Mobilised Employees and Workplace Representation of PLHIV and TB built in order to Mitigate against Stigma and Discrimination o Minimized practices/barriers to Human Rights o Improved protection of rights of women, children & people with disability o Developed IEC on Human Rights to ensure political leadership and commitment

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

Objective	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.1.2 Ensure adherence to Human Rights by service providers		Managers ,wellness practitioners and employees trained on legal requirements for HIV&AIDS and TB in the workplace	Develop and distribute guidelines on Human rights on : i.VCT, ii.Confidentiality and disclosure iii. Children and HIV testing			No. guidelines developed and disseminated No. of individuals trained		
3.1.3 Monitor and address human rights violations		Awareness creation among employees on consequences of non-compliance	Establish system for collecting information on human rights violations	Develop monitoring tools for human rights		No. Departments with monitoring tools for Human Rights No Human Rights violation reported		

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

3.2. Mobilise Employees and build Workplace Representation of PLHIV and TB in order to Mitigate against Stigma and Discrimination								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.2.1 Empower Employees especially PLHIV to recognise and deal with human rights violations	HR Finance	Train wellness practitioners and worker representatives on Human Rights for PLHIV Train workplace support groups on human rights for PLHIV	Develop and distribute a PLHIV and TB manual on human rights, including children and people with disability	Conduct national media campaigns and develop IEC on the rights of PLHIV including TB infection		No. Practitioner trained	% of complaints from PLHIV and TB %.PLHIV and TB accessing legal advice and justice	
3.2.2 Ensure respect for the rights of PLHIV in employment, housing, education insurance and financial services and other sectors	HR Finance		Develop and implement policy and programmes that protects the rights of PLHIV and TB				% Departments with Policies that protects the rights of PLHIV and TB	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.2.3 Create greater openness and Workplace acceptance of PLHIV	HR Finance	Provide detailed information on HIV and TB and build understanding and capacity to monitor and audit implementation of Human rights for PLHIV and TB in different sectors	Establish and offer training programmes to PLWHAs in all districts on HIV treatment and prevention literacy, and on human rights and the law	Conduct anonymous attitude survey Conduct regular workplace audits that include the level of PLHIV acceptance			%. Departments that conduct workplace audits on PLHIV and TB human rights protection	% Departments receiving highest red ribbon scoring
3.3.Minimise work practices that creates barriers to Human Rights								
3.3.1 Minimize the risk of Human rights violations from cultural ,religious and traditional practices	Finance HR Policies		Facilitate and sustain dialogue with cultural, religious and traditional leaders to build consensus on harmful practices				% Departments in sustained dialogue with cultural ,traditional and religious leaders to reduce harmful practices	

3.4. Improve Protection of the rights of women and children								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
3.4.1 Reduce legal constraints to fund security services for Women and Children	Policies HR GEPF	Educate employees at risk on rights and access to ID documents and social security	Ensure easy access for women and children to registration and social grants including Estates	Develop work place HIV&AIDS policy that address the needs of spouse and children		No. trained	% children and spouse accessing security services or financial benefits	
3.4.2 Ensure laws and policies and customs do not discriminate against women and children			Develop and implement guidelines on the impact of HIV on the Master's Office and running of deceased's estate, with focus on women and children				% women and children accessing care and support from Master's Office	

Sub-Objective (NSP Priority area 3)	Success Indicators (Implementation Goals linked to the NSP)
4. To promote the conduct of *RESEARCH, MONITORING AND EVALUATION.*	o Data management system for NSP indicators developed to generation quarterly and annual reports o Research & new development technologies supported o Enabling environment for research in support of HIV&AIDS and TB Management in he Public Service created o Comprehensive research agenda that includes surveillance, policy research and behavioral change research developed, promoted and supported o Regular Surveillance conducted

o 4.1. Data management system for NSP indicators developed to generation quarterly and annual reports

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.1.1 Establish and implement a functional M&E system	Finance Consultant	Improve capacity to manage data in the department Develop and implement mainstreamed,costed, M&E plan	Each department by means of the HIV and AIDS sub-committee and all relevant stakeholders develop a customised implementation plan and action plan for the development of an integrated information system. Develop suitable data warehousing methodology to assimilate information throughout the HIV and AIDS function, in order to ensure a standardized, updated data warehouse.	Use data to identify barriers to the implementation of HIV&AIDS and TB Policy Action plans should include information management SOPs, and budgets as well as roles and responsibilities of relevant stakeholders Communication to executive management regarding the benefits and reporting schedules of the integrated HIV and AIDS; information management system.		No. Officials trained No. Departments with costed M&E plans	No. Barriers to Policy implementation addressed	% Departments reporting quality data

4.2.Support Research in the development of the new HIV Prevention and TB diagnostic Technologies								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.2.1 Develop and support agenda on HIV prevention technologies and TB diagnostics	Finance Consultants	Develop capacity for managers on development of prevention and TB diagnostic technologies		Support and monitor research to: i. develop and implement HIV prevention technologies ii. develop and implement new efficient TB diagnostic alternatives		No. HIV and TB research supported	% Workers using recommended HIV prevention methods % TB cases detected using new TB diagnostics	% .Individuals with HIV in the workplace % TB cases detected % People with TB disease on appropriate treatment regimen

4.3. Create an enabling environment for research in support of HIV&AIDS and TB Management in he Public Service								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.3.1 Facilitate development in the research area	Finance Consultant Research Ethics committee	Support provincial departments to identify priority research areas, and strengthen their ability to commission, support and utilize research findings	Establish and implement mechanism to investigate, correct and prevent non-conformity to HIV and TB management standards	Strengthen the system for ethical and regulatory review of research to ensure quality, timeous review and follow up of ethical studies	Promote collaboration between researchers and Government to discuss and implement an agreed research agenda	No Research studies commissioned No. non-conformities recorded and reported	% Departments supported on research ethics	

4.4. Develop, Promote and Support Comprehensive Research Agenda (Operational, Behavioral Change and Policy								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.4.1 Support the evaluation of existing interventions and development of new innovations aimed at behavioural change and policy research	Researchers Finance HR	Develop capacity for senior managers to conduct and support operational research	Develop mechanisms to support targeted behavioural change interventions aimed at HIV prevention for young women, higher risk groups and PLHIV			% managers trained No Research studies commissioned		
4.4.2 Ensure that the HIV&AIDS and TB management Policy is evidence-based			Identify relevant operational research questions on the implementation of the policy Investigate different models of Work place – based HIV &AIDS and TB care and support	Convene appropriate steering committee to facilitate policy and guideline research reviews in order to base policy on current scientific developments		No Steering committee meetings held	% Departments sharing and documenting best-practices on work-based HIV&AIDS and TB care and support	

Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
		Evaluate HR requirements and training requirements within the Public Sector to respond to HIV&AIDS and TB epidemics	Develop a research agenda to assess human resource needs for the provision of Work place-based HIV&AIDS and TB care	Support research on direct impact of HIV and TB on health care workers in the public sector			% Departments implementing evidence-based HR development and management	

4.5. Conduct Regular Surveillance								
Objectives	Inputs	ACTIVITIES/PROCESSES				INDICATORS FOR THE POLICY IMPLEMENTATION		
		Capacity Development	Organisational support	Governance and organizational support	Economic growth and development	Outputs	Outcomes	Impact
4.5.1 Coordinate and strengthen surveillance system on HIV&AIDS and TB including STI's	Finance HR Reporting tools Data Source		Train Officials on surveillance systems	Build mechanism to coordinate surveillance of HIV&AIDS,STI and TB in the Public Service	Conduct surveillance of HIV&AIDS and TB prevalence and mortality Conduct HIV and sexual behavioural sentinel surveys among public sector employees with different target groups (high risk, young women and MSM)		No. Department with mechanism for surveillance	% Departments with known HIV and TB prevalence