## Contents

1  The Gauteng Strategic Plan (GSP) 2012 to 2016 at a glance  
   WHAT IS THE GSP?  
   WHAT THE GSP IS NOT  
   WHO DEVELOPED THE GSP?  
   WHAT DOES THE GSP AIM TO ACHIEVE BY 2016?  
   HOW WILL THESE GOALS BE REACHED?  
   WHAT HAPPENS NEXT?  
   HOW WILL THE GSP BE IMPLEMENTED?  
   HOW WILL PROGRESS BE TRacked?  

2  Introduction  
   GSP VISION AND GOALS  
   GSP PRINCIPLES  
   THE GAUTENG EPIDEMICS OF HIV AND TUBERCULOSIS  
   HIV EPIDEMIOLOGY  
   TB EPIDEMIOLOGY  
   STRATEGIC OBJECTIVES OF THE GSP  
   IMPLEMENTING THE GSP  

3.  Alignment to National and International Goals  
   INTERNATIONAL OBLIGATIONS  
   NATIONAL PRIORITIES  
   PROVINCIAL PRIORITIES  

4.  The Plan  
   GOALS  
   STRATEGIC OBJECTIVES  
   SO1: REDUCE SOCIAL, STRUCTURAL AND BEHAVIOURAL DRIVERS OF HIV AND TB  
   SO1.B. REDUCE SOCIAL IMPACTS OF HIV AND TB ON ORPHANS AND VULNERABLE CHILDREN (OVC) WITH SUSTAINABLE HOUSEHOLDS.  
   SO2: REDUCE NEW HIV, TB AND STIs THROUGH A COMBINATION OF BIOMEDICAL, BEHAVIOURAL, SOCIAL AND STRUCTURAL INTERVENTIONS  
   SO3: SUSTAIN HEALTH AND WELLNESS FOR PEOPLE LIVING WITH HIV AND TB TO REDUCE DEATHS AND DISABILITY AND INCREASE LIFE EXPECTANCY  
   SO4: PROTECT HUMAN RIGHTS OF PLHIV AND TB, ORPHANS AND VULNERABLE GROUPS TO REDUCE DISCRIMINATION AND INCREASE EFFECTIVE UTILIZATION OF
<table>
<thead>
<tr>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Enabling Implementation of the GSP: Strategic Enablers</td>
</tr>
<tr>
<td>5.1 GOVERNANCE</td>
</tr>
<tr>
<td>5.2 COST THE PLAN TO MOBILISE RESOURCES</td>
</tr>
<tr>
<td>5.3 THE GAUTENG AIDS COUNCIL: ROLES AND RESPONSIBILITIES</td>
</tr>
<tr>
<td>5.4 COMMUNICATION</td>
</tr>
<tr>
<td>5.5 MONITORING AND EVALUATION SYSTEM</td>
</tr>
<tr>
<td>6. The Implementation Plan</td>
</tr>
</tbody>
</table>

**CONTENT OF THE JOINT CAMPAIGN**

- Campaign Activities
- Campaign Coordination
- Campaign Resources
- Campaign Supplies
- Campaign Monitoring

Published by: Gauteng Department of Health
Private Bag X085
MARSHALLTOWN
2105

Tel: 011 355 3000
Twitter: GautengHealth
Facebook: Gauteng Provincial Health
www.sanac.org.za
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AMPS</td>
<td>All Media and Products Survey</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>ARVs</td>
<td>Antiretroviral Drugs</td>
</tr>
<tr>
<td>ASSA</td>
<td>Actuarial Society of South Africa</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavioural Change Communication</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-Based Organisation</td>
</tr>
<tr>
<td>CHBC</td>
<td>Community and Home Based Care</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>CSG</td>
<td>Child Support Grant</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>EHWP</td>
<td>Employee Health and Wellness Programme</td>
</tr>
<tr>
<td>EPWP</td>
<td>Expanded Public Works Programme</td>
</tr>
<tr>
<td>ES</td>
<td>Equitable Share</td>
</tr>
<tr>
<td>EXCO</td>
<td>Executive Council</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith-Based Organisation</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GAC</td>
<td>Gauteng AIDS Council</td>
</tr>
<tr>
<td>GDARD</td>
<td>Gauteng Department of Agriculture and Rural Development</td>
</tr>
<tr>
<td>GSP</td>
<td>Gauteng Strategic Plan</td>
</tr>
<tr>
<td>HBC</td>
<td>Home Based Care</td>
</tr>
<tr>
<td>HCBC</td>
<td>Home Community Based Care</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counselling and Testing with TB Screening</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HSRC</td>
<td>Human Sciences Research Council</td>
</tr>
<tr>
<td>HTA</td>
<td>High Transmission Area</td>
</tr>
<tr>
<td>IDU</td>
<td>Intravenous Drug User</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian Gay Bisexual Transgender and Intersex</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health M&amp;E Monitoring and Evaluation</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>MMC</td>
<td>Medical Male Circumcision</td>
</tr>
<tr>
<td>MSM</td>
<td>Men Who Have Sex with Men</td>
</tr>
<tr>
<td>MTCT</td>
<td>Mother-to-Child Transmission</td>
</tr>
<tr>
<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
</tr>
<tr>
<td>NASA</td>
<td>National AIDS Spending Assessment</td>
</tr>
<tr>
<td>NCG</td>
<td>National Conditional Grant</td>
</tr>
<tr>
<td>NDOH</td>
<td>National Department of Health</td>
</tr>
<tr>
<td>NHLS</td>
<td>National Health Laboratory Services</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NSP</td>
<td>National Strategic Plan</td>
</tr>
<tr>
<td>OIs</td>
<td>Opportunistic Infections</td>
</tr>
<tr>
<td>OPEP</td>
<td>Occupational Post-Exposure Prophylaxis</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the Counter (medications purchased without a prescription)</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>(US) President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PICT</td>
<td>Provider-Initiated Counselling and Testing</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
</tr>
<tr>
<td>SABCOHA</td>
<td>South African Business Coalition on HIV/AIDS</td>
</tr>
<tr>
<td>SACR</td>
<td>Department of Sport, Arts, Culture and Recreation</td>
</tr>
<tr>
<td>SANAC</td>
<td>South African National AIDS Council</td>
</tr>
<tr>
<td>SASSA</td>
<td>South African Social Security Agency</td>
</tr>
<tr>
<td>SE</td>
<td>Strategic Enablers</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Workers</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on AIDS</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WBOT</td>
<td>Ward Based Outreach Teams</td>
</tr>
</tbody>
</table>
1 The Gauteng Strategic Plan (GSP) 2012 to 2016 at a glance

WHAT IS THE GSP?

The Gauteng Strategic Plan (GSP) on Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Sexually Transmitted Infections (STIs) for 2012 to 2016 is the framework for the implementation of a focused multi sector response to the HIV, STIs and TB epidemics in the Gauteng province.

The GSP will guide the development of operational plans by all government departments, partners and civil society sectors. It will assist in ensuring that the province focuses on the most important interventions or activities that will result in significant changes in preventing new infections and mitigating the impact of the HIV, STIs and TB epidemics in Gauteng.

WHAT THE GSP IS NOT

The GSP is informed by the national goals and strategic objectives as outlined in the National Strategic Plan on HIV, STIs and TB for 2012 – 2016, and aims to reduce the incidence and prevalence of HIV, TB and STIs.

The GSP does not outline every intervention that that is required in Gauteng to manage these diseases. It is not an operational plan. Civil society sectors, government departments and municipalities will develop their own implementation plans.

WHO DEVELOPED THE GSP?

The GSP for 2012 to 2016 was developed through a six-month long process of provincial, municipal and civil society sector consultations, and builds on the strengths of the 2004 to 2009, and 2009 to 2014 provincial AIDS plans.

The GSP was developed from the Gauteng Review process in consultation with all departments and sectors involving about 3 000 people in 2011, including:

- The Gauteng AIDS Council made up of representatives of civil society sectors, including the Metro and District AIDS Councils.
- HIV and AIDS programme managers from all government departments (20) – local, provincial and relevant national departments.
• Fifteen sectors of civil society including People living with HIV (PLHIV), youth, men, women, business, faith-based, union representatives, sports and entertainment, Lesbians, Gays, Bisexuals, Transsexuals and Intersexuals (LGBTI), the traditional sectors, children's sector and people with disabilities.
• Researchers and development partners.
• Service non-governmental organisations (NGOs) from key community programmes.

WHAT DOES THE GSP AIM TO ACHIEVE BY 2016?

In the next five years, the goals of the GSP are to:
• Reduce the rate of new HIV infections by at least 50% using combination prevention approaches.
• Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation
• Reduce the number of new TB infections, as well as the number of TB deaths by 50%.
• Ensure an enabling and accessible legal environment that protects and promotes human rights in order to support the implementation of the GSP.
• Reduce self-reported stigma and discrimination related to HIV and TB by 50%.

HOW WILL THESE GOALS BE REACHED?

The GSP has outlined the following Strategic Objectives that will enable the province to reach these goals:
1 SO1-A: Reduced vulnerability to HIV and TB infections in youth, (babies) and adults through social, structural and behavioural change.
   SO1-B: The impact of HIV and TB on affected people and children will be reduced.
2 Prevent new HIV, STI and TB infections.
3 Sustain health and wellness for People Living with HIV and TB.
4 Protect the human rights of people living with HIV and TB, OVC and vulnerable groups, and increase access to justice.
WHAT HAPPENS NEXT?

- The Gauteng AIDS Council will coordinate the drafting of the implementation plans that describe how government departments, municipalities, civil society sectors, business and organised labour will implement the four Strategic Objectives listed above.
- Sectors represented on the provincial and municipal AIDS councils will work together to ensure that their work contributes to the achievement of the goals of the GSP.
- Gauteng AIDS Council and the local AIDS Councils will use the GSP as a framework to coordinate and monitor the work of stakeholders in all sectors of government and civil society.
- All implementation plans will be costed.
- The provincial and local governments, together with stakeholders and implementing partners, will mobilise funds to finance the implementation of the GSP at every level.

HOW WILL THE GSP BE IMPLEMENTED?

The GSP is developed with the realisation that there are specific social, structural and behavioural drivers of HIV and TB infection, as well as care for people living with HIV and TB and those affected. Informal settlements and hostels lead to overcrowding while migration and mobility lead to multiple partners and loss to follow up. Alcohol and substance abuse lead to irresponsible sexual behavior, sexual assault as well as gender based violence.

The implementation of the GSP will be a combined effort of all provincial and local sectors working towards the achievement of the same goals. The Gauteng AIDS Council will oversee the implementation of the plan by coordinating the work of provincial stakeholders, while local AIDS Councils will oversee the work at municipal levels in Metros and District Councils.

The implementation plans will include indicators and targets for Goals (impacts), Strategic Objectives (outcomes), sub-objectives (outcomes), service plans (outputs), service development (process) and resources (input).
HOW WILL PROGRESS BE TRACKED?

A detailed plan to monitor and evaluate progress towards the GSP goals will be drawn up, aligned to the monitoring and evaluation framework approved by the South African National AIDS Council (SANAC).

This framework enables routine reporting on service plans (outputs) by service managers from each department, sector and business. Measurement of results (impacts and outcomes) will require surveys to be conducted to measure the results of social and behavioural change and OVC services. Chronic care registers will automatically measure health outcomes, for example, the TB cure rate and adherence to treatment for HIV and TB.

There will be quarterly and annual monitoring reports to the AIDS Councils, with a comprehensive midterm review report, and a final evaluation report at the end of the GSP term in 2016.
2 Introduction

This document summarises the Gauteng Strategic Plan on HIV, TB and STIs for 2012 to 2016, as adopted by the Gauteng AIDS Council in July 2012. The strategy is informed by international, national and provincial priorities and a review of results achieved for 2007 to 2011. Implementation is guided by the Provincial Strategic Implementation Plan (PSIP), governance by the AIDS Councils and a system for monitoring and evaluation supported by a mass mobilisation campaign.

The national government led by the Deputy President, as the Chairperson of the South African National AIDS Council, developed the National Strategic Plan (NSP) on HIV, TB and STIs for 2012 to 2016 through review and consultation with researchers and stakeholders in 2011. The National Strategic Plan provides the framework for the Gauteng Strategic Plan for HIV, TB and STIs for 2012 to 2016, with operational plans by each department and sector of civil society.

The Gauteng Strategic Plan is informed by the national goals and strategic objectives as outlined in the NSP.

The detailed documents are available from the secretariat of the Gauteng AIDS Council.

GSP VISION AND GOALS

The GSP is based on a 20 year vision for reversing the health, social and economic impacts of HIV, TB and STIs in Gauteng, and has the following goals:

• Reduce new HIV infections by at least 50% using combination prevention approaches;
• Initiate at least 80% of people living with HIV who are eligible on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
• Reduce stigma and discrimination by 50%;
• Reduce the number of new TB infections, as well as the number of TB deaths by 50%;
• Reduce self-reported stigma and discrimination related to HIV and TB by 50%, as informed by the outcomes of the national and provincial Stigma Index to be developed by SANAC and the South African Human Rights Commission.
GSP PRINCIPLES

The principles that underpin the GSP, as well as the sectoral implementation plans are informed by those of the NSP as follows:

- Long-term focused and vision led – all initiatives will be clearly linked to the vision of the plan and must be able to demonstrate how they contribute to the achievement of that vision;
- High impact and scalable – preference will be given in planning and implementation to high-value, high-impact and scalable initiatives;
- Evidence-based – initiatives will be based upon evidence and implementation should focus on the achievement of well-formulated objectives and targets. In instances where there is a lack of good evidence, a clear motivation will be given to support the prioritisation of the intervention;
- Adaptability – the GSP will be adaptable to ensure that changes can be made quickly when evidence or contexts demand adaptability.

THE HIV AND TUBERCULOSIS EPIDEMIC IN GAUTENG

HIV EPIDEMIOLOGY

Figure 1: Distribution of people living with HIV aged 15-49 years by province

Fig 1. Shows that more than half of all adult PLHIV live in KwaZulu-Natal and Gauteng

It indicates the relative distribution of PLHIV aged 15-49 years in the nine provinces (Shisana et al 2009)
Figure 2: HIV prevalence epidemic curve among pregnant women in Gauteng, 1990 to 2010

HIV prevalence in pregnant women attending public sector clinics has stabilised at 30% over the past five years in Gauteng.

In the context of the GSP, key populations that are at higher risk for HIV infection include:

- Young women between the ages of 15 and 24 years
- People living in informal settlements in urban and peri-urban areas including farms.
- Migrant populations
- Young people who are not attending school
- Uncircumcised men
- Persons with disabilities
- Men who have sex with men (MSM)
- Sex workers and their clients
- People who use illegal substances, especially those who inject drugs
- Alcohol abuse
- Orphans and vulnerable children and youth
- The people living in rural areas especially prioritised rural communities
- Transport sector: truck and long distance taxi drivers
TB EPIEMIOLOGY

TB Incidence Rate in Gauteng province; 1999 to 2010

Figure 3: TB Incidence Rate in Gauteng, 1999 to 2010

Between 2000 and 2010, the TB cure rate ranged between 52.2% and 79.4%. One contributory factor for the decreased cure rate was initially the result of inconsistent reporting within the health districts. However, there has been a marked improvement, especially in the last five years from 2006 to 2010. Strengthening of advocacy, communication and social mobilisation as well as monitoring and evaluation contributed to this success.

Table 1. TB Cure Rate in Gauteng, 2000 to 2010

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURE RATE</td>
<td>64%</td>
<td>60%</td>
<td>52.2%</td>
<td>59.1%</td>
<td>64.4%</td>
<td>62.4%</td>
<td>67%</td>
<td>72.3%</td>
<td>75.5%</td>
<td>79%</td>
<td>79.4%</td>
</tr>
</tbody>
</table>

A gradual decline of TB deaths from 10.9% to 5.9% has been noted from 2000 to 2010 due to the increase in the TB cure rate. Training of nurses, doctors and other health care workers increased. Improvement in data capturing on both the paper-based and electronic system and the implementation of TB/HIV collaborative activities were some of the factors that contributed to the improvement.
Figure 4: TB Treatment Outcomes in Gauteng, 2000 to 2010
The defaulter rate also decreased gradually from 12.9% to 5.9% from 2000 to 2010.

Key populations that are at higher risk for TB infection include:
- People living with HIV
- Children
- People living with diabetes
- Mine workers (including quarries)
- Migrants
- Homeless people
- Workplace settings – for example, health care facilities
- Correctional facilities
- Educational facilities

STRATEGIC OBJECTIVES OF THE GSP

The GSP identified four strategic objectives to reach its five-year goals:
- Reduce vulnerability to HIV and TB infections in youth and adults through social, structural and behavioural change, and reduce the impact of HIV and TB on affected people and children
- Prevent new HIV, TB and STI infections through a combination of biomedical, behavioural, social and structural interventions
- Sustain health and wellness to reduce deaths and disability from HIV and TB
• Protect human rights of people living with HIV and TB and increase access to legal services

IMPLEMENTING THE GSP

The GSP provides information on how the strategic objectives will be achieved over the next five years and guides the development of the provincial and sectoral implementation plans.

The Implementation Plan covers the following: goals (impact), strategic objectives and sub-objectives (outcomes) with targets, the main activities / services (outputs) with targets, and in some sections service coverage targets (process) are included.

Each department, sector of civil society and business will add processes and inputs into their detailed service plans. Service managers are responsible for monitoring and reporting on services delivered (outputs), service systems (process) and resources used (inputs).

The reports will be verified, that is, have supporting documents that prove the work was done.

3. Alignment to National and International Goals

INTERNATIONAL OBLIGATIONS

South Africa has committed itself to the United Nations goals as follows:

A. Millennium Development Goals (MDGs) for 2015 which include:
   • Reversing the epidemics of HIV and TB
   • Reducing deaths in mothers and babies by half

B. United Nations General Assembly Political Declaration on HIV and AIDS (2011)
   • Guide and intensify the response to HIV and AIDS by promoting continued political commitment and engagement of leaders in a comprehensive response at the community, local, national, regional and international levels to halt and reverse the HIV epidemic and
mitigate its impact
• Redouble efforts to achieve universal access to HIV prevention, treatment, care and support by 2015
• Update and implement multisectoral HIV and AIDS strategies and plans in 2012
• Work towards reducing sexual transmission of HIV by 50% by 2015
• Work towards the elimination of mother-to-child-transmission of HIV by 2015 and substantially reducing AIDS-related deaths. Work towards reducing tuberculosis deaths in people living with HIV by 50% by 2015
• Intensify efforts to create enabling legal, social and policy frameworks to eliminate stigma, discrimination and violence related to HIV and promote access to services for people affected by HIV

NATIONAL PRIORITIES

In line with the National Strategic Plan, the Gauteng Strategic Plan supports the following South African national priorities:

A. The Medium Term Strategic Framework, which is committed to ensuring “A long and healthy life for all South Africans.”
B. The National Service Delivery Agreement (NSDA), which aims to ensure the delivery of the following key outputs:
   • Increased life expectancy (years of life)
   • Decreased deaths in mothers and babies
   • Combat HIV and reduce TB disease
   • Increased effectiveness of health systems

PROVINCIAL PRIORITIES

The Gauteng Strategic Plan on HIV, STIs and TB for 2012 to 2016 is also informed by the provincial priorities as outlined in:

A. The Gauteng Strategic Plan 2009 to 2014
B. The Gauteng City Region Vision 2055
C. The Premier’s Programme of Action
D. The Gauteng Department of Health and Social Development Strategic Plan
4. The Plan

GOALS

• Reduce new HIV infections by at least half (50%) using combination prevention approaches;
• Initiate at least 80% of people living with HIV who are eligible on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
• Reduce the number of new TB infections, as well as the number of TB deaths by half (50%);
• Ensure an enabling and accessible legal environment that protects and promotes human rights in order to support the implementation of the Gauteng plan and
• Reduce self-reported stigma and discrimination related to HIV and TB by half (50%), as informed by the outcomes of the national and provincial Stigma Index.

STRATEGIC OBJECTIVES

The Strategic Plan is made up of:
• Strategic Objectives (SOs)
• Sub-objectives
• Activities

Indicators and targets for sub-objectives and activities are detailed in the provincial Implementation Plan. The activities are costed to project spending to 2016.

Strategic Objective One (SO1)
A. Vulnerability to HIV and TB infections in youth and adults will be reduced through social, structural and behavioural change.
B. The impact of HIV and TB on affected children will be reduced.

Strategic Objective Two (SO2)
Prevent new HIV, TB and STI infections through a combination of biomedical, behavioural, social and structural interventions.
Strategic Objective Three (SO3)
Sustain health and wellness to reduce deaths and disability from HIV and TB.

Strategic Objective Four (SO4)
Protect human rights of people living with HIV and TB and vulnerable groups and increase access to legal services.

SO1: REDUCING SOCIAL, STRUCTURAL AND BEHAVIORAL DRIVERS OF HIV AND TB

Inequality in sexual relationships (gender, age, economics and power) drives new HIV infections. The Gauteng plan addresses the social, structural and behavioural drivers of HIV and TB infections and the impact of HIV and TB on children and communities. The province is able to operationalise this strategic objective through the multisectoral strategy and sub-programmes developed in Gauteng from 2001.

SO1-A: Reduced vulnerability to HIV and TB infections through social, structural and behavioural changes.

Sub-objective 1 A 1
Increased inclusion of PLHIV, OVC and vulnerable groups in policies, strategies, services and activities of government and civil society, known as “mainstreaming”.

Activities: All policies, plans, services and training by government departments and civil society must include these groups.

Sub-objective 1 A 2
Mass communication, education and social action to increase knowledge, protective social norms (attitudes) and safe sex behaviours in youth, adults and high risk groups.
Activities

a. A mass mobilisation campaign supported by publicity, advertising and supplies. Quarterly campaigns to prioritise youth, children, women, men and PLHIV with their involvement through community organisations and networks.

b. Ward based door-to-door HIV prevention education programmes with referrals to services for poverty relief, social services and health care with follow up visits, prioritising informal settlements (urban and rural).

c. Lifeskills training in the school curriculum, including extracurricular activities to develop lifeskills and increase safe sex to reduce HIV and unplanned pregnancy in young girls.

d. Community leaders will mobilise organisations of civil society (CBOs) in each of the sectors.

e. Specialised education projects (peer education) for high risk groups (key populations) who are hard to reach: sex workers (SW); men who have sex with men (MSM); migrants in mining, hostels or barracks; prisoners; people living on farms and transport workers.

f. Workplace programmes implemented by business, labour and government departments.

Sub-objective 1 A 3

Increased utilisation of local services provided by government and service NGOs to increase outcomes for poverty relief, social development and health care, with increased results for services.

Activities:
Information, education, referrals and follow ups, with local coordination of services.

Sub-objective 1 A 4

Reduced vulnerability of youth, especially poor, unemployed youth and young women.

Activities:

a. Youth media campaigns.

b. Ward based door-to-door education with referrals for unemployed youth.

c. Lifeskills training for children and youth in families, through the school curriculum, by faith based organisations (FBOs) and through sports, with
increased access to social support services.
d. Combination prevention programmes for youth in tertiary education.
e. Peer education for youth at high risk: youth involved in transactional sex (sex for gifts and favours), substance abuse and prisoners.
f. Increased protective social norms (attitudes) through sports and arts.

SO1.B. Reduce social impacts of HIV and TB on orphans and vulnerable children (OVC) with sustainable households.

Sub-objective 1 B 1
Normal development of orphans and vulnerable children (OVC) with sustainable households through provision of children’s services, poverty relief and free or subsidised services.

Activities:
a. Identify and refer OVC. Social worker services for OVC and their carers
b. Psychosocial, educational and nutritional support for children and their carers in their homes and drop in centres (CHBC)
c. Keep OVC in school with access to training and employment for school leavers
d. Economic support through social grants, donations and free services. Indigent subsidies for water, electricity, sanitation and housing
e. Safe social and physical environments.
f. Primary health care.

SO2: REDUCE NEW HIV, TB AND STIs THROUGH A COMBINATION OF BIOMEDICAL, BEHAVIOURAL, SOCIAL AND STRUCTURAL INTERVENTIONS

a. For social, structural and behavioural interventions: Refer SO1 A for activities.
b. Health services (biomedical interventions) are listed below

Sub-objective 2. 1

Everyone tests for HIV and screens for TB each year

Activities:
HIV testing and TB screening in every clinic with community HCT services in high
risk wards, in every prison and large workplaces.

Sub-objective 2.2
Provide sexual and reproductive health services as part of all primary health care services. “Safe sex” campaigns combine HIV prevention with family planning (contraception).

Definition of sexual and reproductive health (SRH) services: treat STIs, provide contraception and condoms, health care for pregnant women, male medical circumcision, pap smears.

Activities
a. Sexual and reproductive health (SRH) services as part of every primary health care clinic
b. Education on SRH at schools through the integrated school health programme with referrals to local clinics for family planning (contraception), testing and treatment.
c. Promote circumcision for young men: provide medical male circumcision service on large scale

Sub-objective 2.3
Reduce transmission of HIV from mother to baby to eliminate HIV infections in babies by 2016.

Rapidly reduce deaths from AIDS in mothers, babies and children: Ref SO3.

Activities
a. Reduce new HIV infections and unplanned pregnancy in young women.
b. Strengthen quality and coverage of the maternity services for pregnant women and their babies to prevent HIV infections in babies and reduce deaths in mothers and babies. Includes timeous testing and treatment for pregnant mothers for HIV and TB with follow up after birth.
c. Promote exclusive breastfeeding for babies to reduce illness and deaths in
babies. Daily antiretroviral medicines (according to guidelines) protect the baby from HIV when breastfeeding.

Sub-objective 2.4

Prevent TB infection and disease.

Activities
a. TB screening (as above). Trace and test TB contacts. Screen people at high risk of TB
b. Education and infection control to reduce transmission of TB through coughing in health services, crowded institutions, public areas and workplaces.
c. Immunize children with TB vaccine (BCG) and provide preventive treatment for TB for people living with HIV (IPT).
d. Reduce social and structural vulnerability to TB infection: refer to SO1A and B.

Sub-objective 2.5

Provide health care and counselling for survivors of sexual assault.

Reduce occupational exposure and infections with TB (especially for PLHIV) and HIV.

Activities
a. Post Exposure Prophylaxis (PEP) to reduce HIV and STI infections and pregnancy for rape survivors.
b. Education, counselling and reports with legal follow up for rape survivors.
c. Prevent occupational exposure and provide preventive treatment (PEP) for accidental exposure to HIV at work.

Sub-objective 2.6

Safe supply of blood for transfusion.

Sub-objective 2.7
Prevention of sexual abuse with comprehensive care after sexual assault including medical care, counselling and access to justice.

**SO3: SUSTAIN HEALTH AND WELLNESS FOR PEOPLE LIVING WITH HIV AND TB TO REDUCE DEATHS AND DISABILITY AND INCREASE LIFE EXPECTANCY**

Sub-objective 3.1

Universal access to HIV and TB screening, diagnosis and health care.

**Activities**

a. Testing and screening in every health service, community sites in high risk wards and workplaces.

b. Testing and screening with access to treatment includes high risk groups – sex workers, men who have sex with men (MSM), people who abuse alcohol and drugs and prisoners as well as persons with disabilities.

c. Trace contacts of people with TB through outreach teams.

d. Treat STI contacts.

e. High quality affordable medicines to treat HIV, STIs and TB in all health services.

f. Improved follow up of people who test positive for HIV and TB to ensure people get the treatment they need and stay on treatment.

Includes:

- Treatment guidelines, referrals for complications and information on treatment.
- Increased treatment for children and teenagers who have HIV. Includes testing, treatment, follow up and counselling.
- Everyone who has HIV and TB goes onto treatment with ART.
- Screening and treatment for fungal meningitis (cryptococcus) and cancer of the cervix.

Sub-objective 3.2

People with HIV and TB continue with health care, stay on their treatment (adherence) and keep healthy and well.
A special focus on reducing deaths in mothers and babies in collaboration with maternity services.

**Activities**

a. Strengthen the primary health care system with TB and HIV treatment provided in every local clinic through primary health care “re-engineering”.

b. Ward Based Outreach Teams (WBOT) will visit households. Services in households include screening, support for adherence to treatment, trace people who drop out of treatment, advise on infection control and organise social support.

c. Promote healthy lifestyles for everyone including good nutrition and safe sex including family planning.

d. An information system to follow up defaulters, monitor results of treatment and track people who move to other clinics or hospitals.

Includes:

- Health care for pregnant women and children is prioritised.
- Clinical guidelines address nutrition and mental health with TB screening and treatment

**Sub-objective 3.3**

Ensure health services and systems respond to the needs of people with HIV, TB and STIs.

**Activities**

a. All clinics provide a combined service for chronic care for HIV, TB and other illnesses to reduce stigmatization.

b. Support groups for people living with HIV and TB provide social support with counselling and education.

c. Address nutrition with increased access to training and employment.

d. Standard guidelines are implemented in the public and private health care services.
SO4: PROTECT HUMAN RIGHTS OF PLHIV AND TB, ORPHANS AND VULNERABLE GROUPS TO REDUCE DISCRIMINATION AND INCREASE EFFECTIVE UTILIZATION OF SERVICES

Sub-objective 4.1
Increased protection of human rights.

Activities
a. Include people living with HIV and TB, OVC and vulnerable groups in all policy, programmes, services and activities of government departments and sectors of civil society – known as “mainstreaming”.
b. Train public servants to improve attitudes and quality of service including rights and responsibilities.

Sub-objective 4.2
Reduce stigma and discrimination against PLHIV and TB, OVC and vulnerable groups and their households.

Activities
a. The provincial mobilisation campaign will include local education programmes in wards and community organisations to reduce discrimination.
b. A leadership role by organisations of PLHIV, OVC and TB patients including full participation in AIDS Councils, partnerships with CBOs, leadership roles in media and campaigns and local support groups.

Sub-objective 4.3
Improved access to legal information, advice and services with access to justice

Activities:
a. Train social workers to provide advice with referrals to Legal Aid, the Children’s Court and the Master of the Court.
b. Develop tools to do a baseline for the Stigma Index and monitor progress.
c. Train judicial workers and extend access to law clinics.

Note: Legal and policy reviews are functions of the national departments.
The Gauteng Strategic Plan is summarised in this document. The detailed strategy is available on request.

5. Enabling Implementation of the GSP: STRATEGIC ENABLERS

The following systems will be strengthened to support effective implementation of the Gauteng Strategic Plan for 2012 to 2016.

GOVERNANCE

National, Provincial, Metro and District AIDS Councils are led by the Deputy President, Premiers and Executive Mayors respectively. Executive Mayors represent Metro and District AIDS Councils on the Gauteng AIDS Council. The Premier represents the Gauteng AIDS Council on the South African AIDS Council (SANAC). AIDS Councils include political heads of lead departments and mandated representatives of key sectors outside government including business and labour.

Each sector of civil society and department of government implements plans and reports to the AIDS Council on the agreed indicators – each quarter and each year.

Coordinated plans, progress reviews, reports and workshops enable effective implementation of the multi sector strategy across departments and sectors of civil society. Secretariats at each level will provide staff support for the day to day activities of the AIDS Councils including internal communication, joint plans, monitoring, reports and coordination of implementation. Secretariats will also provide technical support and support development of key sectors of civil society.

Implementation of all services in local communities is coordinated through the Ward Councillor and Ward Committee assisted by Community Development Workers, Municipalities and community workers (various categories). All departments, service NGOs and community organizations need to work together to provide coordinated services for households in the wards.

COSTING

The joint multi sector GSP for 2012 to 2016 has been costed in order to motivate
funding including the three year budget (MTEF). Budgets from all sources will be allocated to the agreed priorities. Unit costs of interventions need to be monitored and reduced where possible. Cost effectiveness also informs prioritization of interventions.

Spending will be monitored as part of the system for monitoring and evaluation using an existing system (National AIDS Spending Assessment). Budgets need to be allocated for the core systems for monitoring and evaluation including regular surveys tendered to measure key outcomes. The outcome of each sub-programme will be measured every three years.

THE GAUTENG AIDS COUNCIL: ROLES AND RESPONSIBILITIES

Roles and functions

• Members are collectively responsible for the development, adoption, implementation, monitoring and review of the multi sector Gauteng Strategy and Plan
• Members develop and coordinate the responses of the department, sector or municipality which they represent.
• Each department, sector and municipality will develop Implementation Plans (operational plans) and budgets and provide routine quarterly and annual reports against agreed indicators
• Responsible for coordinating implementation across all sectors.
• Metro, District and Local AIDS Councils coordinate implementation in local communities at ward level
• The day to day activities will be performed by officials and the secretariat according to the mandates and plans
• Accountability for expenditure through the existing systems of government and civil society to the standards of the Public Finance Management Act (PFMA and MFMA) and the Auditor General.
Structure of AIDS Councils to Facilitate GSP Implementation

The following diagram summarises the over-arching structure of the proposed revised SANAC and provincial AIDS Council structures for the NSP for 2012 to 2016.

Figure 5: Over-arching structure of SANAC

In the first year of implementation, the focus will be to strengthen the GAC, Metro and District AIDS Councils, and thereafter the focus will move to the next levels.
Constitutional Implications:

- The Gauteng AIDS Council is constituted as an Advisory Committee to the Premier
- AIDS Councils support implementation of the multi sector Strategy and Implementation Plan on HIV, TB and STIs at ward level.
- Decisions are implemented through the executive structures and processes of government and Councils or Federations of civil society including business and organized labour.
- AIDS grants are managed through enforceable contracts to government standards. Government departments account to the Legislature and Municipalities to the Council.

Responsibilities of Civil Society Sectors including business and organised labour

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>ROLES AND RESPONSIBILITIES</th>
</tr>
</thead>
</table>
| People living with HIV and TB (PLHIV) | 1. Lead awareness and education.  
2. Provide support groups.  
3. Address human rights |
| All sectors | 1. “Mainstream” HIV and TB into strategies, policies, training, projects and services.  
2. Participate in strategic and operational planning, reviews and campaigns.  
3. Train leaders to communicate with members  
4. Educate, support and refer members to services for poverty, health and social services.  
5. Include and support PLHIV, OVC and affected households.  
| Faith based | 1. Lead on social norms and values, human rights and responsibilities.  
2. Advocate for and support vulnerable groups. |
| Women | 1. Advocate for women and children.  
2. Mobilize social support |
<table>
<thead>
<tr>
<th>SECTOR</th>
<th>ROLES AND RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>1. Advocate for and mobilize youth to reduce social and behavioural risks of HIV, substance abuse, unplanned pregnancy and crime.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>1. Advocate for and support orphans and vulnerable children (OVC) including children affected by AIDS.</td>
</tr>
<tr>
<td></td>
<td>2. Mobilize donations and services for OVC and their carers.</td>
</tr>
<tr>
<td>Men</td>
<td>1. Involve men and boys in responsible social norms and values including respect for women and protection of children.</td>
</tr>
<tr>
<td></td>
<td>2. Men as fathers</td>
</tr>
<tr>
<td>Business</td>
<td>1. Lead workplace responses to HIV and TB to address all four Strategic Objectives.</td>
</tr>
<tr>
<td></td>
<td>2. Refer employees to local services or provide on site services.</td>
</tr>
<tr>
<td>Organized labour</td>
<td>1. Train leaders and advocate for members and the public.</td>
</tr>
<tr>
<td></td>
<td>2. Collaborate with business and government on workplace responses.</td>
</tr>
<tr>
<td>Sports and arts</td>
<td>1. Develop and support role models to lead youth, men, women and children on the four Strategic Objectives.</td>
</tr>
<tr>
<td></td>
<td>2. Include HIV and TB messages and HCT in relevant events.</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>1. Train peer educators to educate people with disabilities.</td>
</tr>
<tr>
<td></td>
<td>2. Advocate for access to services.</td>
</tr>
<tr>
<td>Traditional sector</td>
<td>1. Lead on protective social norms and values for families, men, women and children.</td>
</tr>
<tr>
<td></td>
<td>2. Include PLHIV, OVC and vulnerable groups.</td>
</tr>
<tr>
<td></td>
<td>3. Provide traditional care and initiation according to good standards.</td>
</tr>
<tr>
<td>Academics</td>
<td>1. Communicate relevant information and research findings.</td>
</tr>
<tr>
<td></td>
<td>2. Develop capacity of professionals</td>
</tr>
<tr>
<td></td>
<td>3. Conduct research to strengthen results of the multi sector response to HIV and TB.</td>
</tr>
</tbody>
</table>
**SECTOR** | **ROLES AND RESPONSIBILITIES**
--- | ---
Service NGOs in all sectors | 1. Provide community services with referrals to quality standards.  
2. Good governance and accountability.  
3. Advocate for service users and support community workers.  
4. Include HIV and TB in services, awareness, education and training: “mainstreaming”

Responsibilities of departments of government and municipalities

All departments implement internal workplace responses through employee wellness programmes, and also “mainstream” HIV and TB externally into their core business.

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>SERVICES</th>
</tr>
</thead>
</table>
| Health | 1. Health services for prevention, testing, screening and treatment  
2. A leadership role on HIV and TB |
| Education | 1. Lifeskills training in schools with sexuality education and extra curricular activities  
2. Free schooling with referrals for OVC |
| Social Development | 1. Reduce social risks of infection  
2. Children’s services for orphans and vulnerable children including ECD  
3. Poverty relief |
| Sports, Arts, Culture and Recreation (SACR) | 1. Promote safer social norms and behaviours (lifeskills) through sports and arts |
| Community Safety | 1. Safer communities with reduced substance abuse  
2. Safety for vulnerable children |
<p>| Roads and Transport | 1. Transport industry response and communicate messages e.g. taxis and buses |
| Correctional Services | 1. Education and health care for offenders |</p>
<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>SERVICES</th>
</tr>
</thead>
</table>
| Agriculture and Rural Development (GDARD) | 1. Prevention prioritizing youth in rural nodes, informal settlements and on farms.  
2. Support to ensure food security including homestead food gardens. |
| Infrastructure Development (DID) | 1. Mobilization of built environment.  
| Local Government and Housing     | 1. Support and monitor Municipal AIDS response.  
2. Assist in protection of child headed families e.g. benefiting from housing and protection from evictions from homes. |
| Treasury/Finance                 | 1. Analyze spending on HIV and TB  
2. Support MTEF  
3. Support and coordinate the workplace response (EHWP) |
| Municipalities                   | 1. Ward based door to door education with referrals to local services and follow up.  
2. Lead and coordinate the local multi sector response involving wards and community leaders. |
| Office of the Premier            | Strategic leadership and support for the AIDS Council, the mobilization and communication campaign, EHWP monitoring and evaluation. |
| Department of Economic Development | 1. Develop income generation and economic opportunities including localization of business activities and benefits.  
2. Creation of job opportunities. |
COMMUNICATION

AIDS Councils will lead internal communication across all stakeholders including progress, challenges, results and new developments.

A joint external media campaign has been developed to support implementation of the GSP with mass mobilisation and media linked to local services. Four joint campaigns will be implemented per year with quarterly themes on youth, health care, children and mothers, the multisectoral response, men and high risk groups.

The plan for the social mobilisation campaign is provided below.

MONITORING AND EVALUATION SYSTEM

The system

The monitoring system tracks implementation of the Implementation Plan according to annual plans and budget. Evaluation focuses on measuring the results (outcomes and impacts) achieved by implementing the Strategy (The Gauteng Strategic Plan). The logical frameworks (log frames) set up the system for monitoring and evaluation.

AIDS Councils monitor implementation quarterly with annual reviews of programme results (outcomes and impacts). The mid term review is scheduled for 2014. The end of term review is scheduled for 2016 to measure the outcomes and impacts of the Strategic Plan to assess whether the Strategic Objectives and Goals are achieved according to the indicators and targets in this Strategic Plan.
Managers of each department and sector leaders of civil society are responsible for monitoring service quality and reporting outputs to the AIDS Council through the secretariat according to the indicators in the provincial Plan. Departments and sectors may use their own indicators for their programmes in addition to the provincial indicators.

Reports need to be verified to Auditor General Standards. A percentage of reports (10%) will be audited for accuracy. Monthly output reports will be compared with expenditure and compiled into quarterly and annual reports. Registers are required for services which provide ongoing care including TB and HIV treatment and orphans and vulnerable children.

Surveys will be tendered to measure results (outcomes) of sub-programmes at provincial level, for example behavioural surveys of youth, surveys of the status of orphans and vulnerable children and evaluation of treatment results.

Phases of Implementation
6. The Implementation Plan

The plans of all departments and sectors of civil society with joint activities and campaigns are combined into the annual provincial plans with service output targets – the number of people reached per service per group.

The detailed implementation plan is available on request. The following sections are provided to illustrate the plan:

Strategic Objective One: Reduce vulnerability to HIV and TB infections

Strategic Enablers: 1. Governance 2. Monitoring and evaluation

GOAL 1: Reduce new HIV infections by at least 50% using combination prevention approaches.

STRATEGIC OBJECTIVE 1-A: Reduce vulnerability to HIV and TB infections in youth and adults through social and behavioural change.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>RESPONSIBLE</th>
<th>BASE</th>
<th>TARGETS</th>
<th>SOURCE OF INFO</th>
<th>SOURCE OF FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PLHIV, OVC and vulnerable groups are included in policies, plans, training and services</td>
<td>1. Percentage of policies, plans, budgets, services and training which include PLHIV and TB, OVC and vulnerable groups.</td>
<td>AIDS Councils Unions All Depts Tbc</td>
<td>95% 80%</td>
<td>Audits of policy, plans, services and training programmes.</td>
<td>Existing staff.</td>
<td></td>
</tr>
<tr>
<td>a. government,</td>
<td></td>
<td>All Sectors Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. CBOs</td>
<td></td>
<td>Business and unions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Mainstreaming”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td>OUTPUTS</td>
<td>RESPONSIBLE</td>
<td>BASE</td>
<td>TARGETS</td>
<td>SOURCE OF INFO</td>
<td>SOURCE OF FUNDS</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td>-------------</td>
<td>------</td>
<td>---------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>2. Mass education and mobilisation</td>
<td>Number of quarterly campaigns per year to standard</td>
<td>AIDS Council Health Depts Media SACR GDARD</td>
<td>6 mill</td>
<td>15 mill</td>
<td>25 mill</td>
<td>30 mill</td>
</tr>
<tr>
<td>a. A joint mass mobilisation campaign with media support</td>
<td>Total number of people reached face to face (c)</td>
<td></td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>b. Audiences : youth, men, children and PLHIV with their involvement.</td>
<td>Numbers reached with media per year cumulative (c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Activities :wards, schools, high risk groups and CBOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Media support : publicity with events, advertising, social media and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Content: prevention, health care and social support for OVC led by the GAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td>OUTPUTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SO1-A: REDUCE VULNERABILITY TO HIV AND TB INFECTION</td>
<td>Municipalities, Funded NGOs, CBOs, and Ward Committees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Ward based door to door education with referrals and follow ups

**Priorities:** unemployed youth and women, informal settlements (urban and rural), high risk wards and OVC led by Municipality with Metro, District and Local AIDS Councils

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of people reached with education (c).</td>
<td>3 mil</td>
<td>4,5 mil</td>
<td>5 mil</td>
<td>6 mil</td>
<td>8 mil</td>
</tr>
<tr>
<td>2. Number of households reached (c).</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>3. Number of referrals and follow ups</td>
<td>Routine service reports with verification and 10% audit.</td>
<td>1. Municipal AIDS allocations (grants).</td>
<td>2. Metro budgets.</td>
<td>3. Donors fund training.</td>
<td>4. Community volunteers</td>
</tr>
<tr>
<td>4. Number and percentage of wards (coverage)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STRATEGIC ENABLERS

SE1: Organisational arrangements enable effective implementation of the Gauteng Strategic Plan on HIV, TB and STIs for 2012 to 2016 in order to achieve the goals by 2016

Sub-objective 5.1

The Premier and Executive Mayors lead the multi sector response to HIV and TB supported by AIDS Councils, all departments, Municipalities, sectors of civil society, business and unions.

<table>
<thead>
<tr>
<th>Sub-objective</th>
<th>Outcomes</th>
<th>Resp</th>
<th>Target</th>
<th>Info</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. An effective AIDS response</td>
<td>Percentage of AIDS Councils are functional (defined)</td>
<td>Premier Mayors</td>
<td>30</td>
<td>80</td>
<td>100</td>
</tr>
<tr>
<td>2. Plans implemented</td>
<td>Percentage of Multi sector plans implemented</td>
<td>Premier Mayors</td>
<td>20</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>3. Goals achieved</td>
<td>Percentage goals achieved on Reviews: Mid-term Review, End of term review</td>
<td>Premier EXCO Mayors AIDS Councils</td>
<td>60%</td>
<td></td>
<td>60%</td>
</tr>
</tbody>
</table>
### Activities | Outputs | Resp | Target | Info | Budget
--- | --- | --- | --- | --- | ---
AIDS Councils meet | 4 times per year PLHIV at all meetings | Premier Mayors | 1 | Minutes |
Multi sector provincial plan | Joint annual plan Joint MTEF | AIDS Councils Secretariat | 2 | Registers |
Multi sector Municipal plans | | | | |
Reports | Annual Quarterly | See M&E | | |
Reviews | Report: Mid-term End of term | AIDS Councils M&E teams | 1 | |

**Sub-objective: 5.3**

A joint system for monitoring, evaluation and research with the following objectives:

- Monitor, report and review implementation of plans each year (with verified service reports and expenditure)
- Measure results of the strategy (outcomes and impacts) through surveys of outcomes and analysis of all available research.
- Develop expertise of AIDS Councils and managers of programmes to achieve improved results.
- Communicate progress, results, challenges, new information and priorities to all stakeholders
<table>
<thead>
<tr>
<th>Sub-objective</th>
<th>Outcomes</th>
<th>Resp</th>
<th>Target</th>
<th>Info</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified reports of implementation</td>
<td>1. Percentage of depts. which submit reports to standard</td>
<td>All depts</td>
<td>20%</td>
<td>100%</td>
<td>Schedule of reports</td>
</tr>
<tr>
<td></td>
<td>2. Percentage of sectors which submit reports to standard</td>
<td>All sectors</td>
<td>20%</td>
<td>90%</td>
<td>Secretariat Department</td>
</tr>
<tr>
<td></td>
<td>3. Reports to AIDS Councils:</td>
<td></td>
<td></td>
<td></td>
<td>Sector leaders</td>
</tr>
<tr>
<td></td>
<td>• Gauteng to SANAC</td>
<td></td>
<td></td>
<td></td>
<td>AIDS Council</td>
</tr>
<tr>
<td></td>
<td>• Municipalities x 5 to Gauteng</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results of sub-programmes are measured</td>
<td>Percentage of sub-programme results measured with registers or surveys within the last 3 years</td>
<td>Departments Secretariat</td>
<td>25%</td>
<td>90%</td>
<td>Survey reports</td>
</tr>
<tr>
<td></td>
<td>• Survey reports</td>
<td></td>
<td></td>
<td></td>
<td>Registers</td>
</tr>
<tr>
<td></td>
<td>• Provincial budgets</td>
<td></td>
<td></td>
<td></td>
<td>Donors</td>
</tr>
<tr>
<td>Activities</td>
<td>Outputs</td>
<td>Resp</td>
<td>Targets</td>
<td>Info</td>
<td>Budget</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>---------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Accessible research reports for implementers</td>
<td>Number of research reports per year</td>
<td>Sectors Depts</td>
<td>4 2 8 8 10</td>
<td>• Research • SANAC • Provincial survey</td>
<td>ES Donors</td>
</tr>
<tr>
<td>Annual report of implementation and outcomes</td>
<td>Annual report to standard</td>
<td>M&amp;E</td>
<td>- 1 1 1 1</td>
<td>Reports by Depts</td>
<td>Provincial budget</td>
</tr>
<tr>
<td>Quarterly report of implementation</td>
<td>Quarterly report to standard</td>
<td>M&amp;E</td>
<td>- 2 4 4 4</td>
<td>• HODs • CBOs • NGOs</td>
<td>Provincial budget</td>
</tr>
<tr>
<td>End of term review of outcomes and impacts</td>
<td>Participatory review Report published communicated</td>
<td>AIDS Council etc</td>
<td>1</td>
<td>Dept reports Sector reports</td>
<td>Provincial budget</td>
</tr>
<tr>
<td>Joint provincial research agenda</td>
<td>Consultations Joint agenda agreed Progress report (annual)</td>
<td>Health M&amp;E</td>
<td>1 1 1 1 1</td>
<td></td>
<td>Provincial budget</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Results of sub-programmes measured with Gauteng surveys</td>
<td>Number of final survey/evaluation reports</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Info</th>
<th>Budget</th>
<th>Provincial budget</th>
<th>National surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Survey reports</td>
<td>approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>180</td>
</tr>
</tbody>
</table>

- Workshops paid
- Numbers trained on M&E

CONTENT OF THE JOINT CAMPAIGN

Campaign content will address all four Strategic Objectives through four quarterly campaigns per year. Each quarterly campaign will address a theme which combines education, messages and services for particular groups as follows:

April, May, June: Test, treat, trace and support people with HIV and TB

Strategic Objective 3 (SO3): Sustain health and wellness to reduce illness and deaths from HIV and TB (test, treat, adherence, PLHIV support, HBC/CHWs).

Led by people living with HIV and TB and the Health sector

July, August, September:

Strategic Objectives 1B, 2 and 3 (SO1, SO2, SO3): Save mothers, children and babies

Strategic Objectives 1, 2, 3 (SO1, SO2, SO3):
- Normal development of orphans and vulnerable children (children's services)
- Reduce infections, illness and deaths in mothers and babies (FP, PMTCT, MCH, treatment)
- Led by Social Development with Health, women's and children's sectors

October, November, December:
Strategic Objective 1 (SO1, 2): Safe sex for men and high risk groups

Build up to the World AIDS Day with all stakeholders.

Strategic Objectives 1 and 2 (SO1, SO2): Reduce new HIV infections through “combination prevention” – Social, structural and behavioural change with health services (Family Planning, HCT, Medical Male Circumcision, care for pregnant women) led by AIDS Councils with all sectors and departments.

January, February, March:

Strategic Objective 1 and 2 (SO1, SO2): Reduce new HIV infections in youth through “combination prevention’ : Safe sex for youth in education, in wards and at work.

Includes Valentine’s week theme of “Love, sex and relationships”

Social, structural and behavioural change with health services, (FP, HCT, ANC, MMC) led by the youth sector, Basic Education and Tertiary Education with the sports and entertainment sector. Organised labour (tbc).

The campaign schedule is informed by the key provincial and national “days” and “months” plus logistical factors including the school year, holiday periods and financial year.

A task team made up of key implementers and representatives of the campaign audience will prepare each campaign. Media partners will be involved in relevant campaigns.

CAMPAIGN ACTIVITIES

The following activities are combined into each quarterly campaign. The specific activities are organized to reach the key groups on the campaign theme:

1. Advertising and publicity which appeal to key groups and fit their social context.
2. Mobilization by local leaders and role models through existing community networks, organisations (CBOs), media/entertainment and local events

3. Mass education face-to-face through ward based door to door education, peer education for specific risk groups, lifeskills training in schools and workplace education

4. Increased utilisation of relevant services provided by government, CBOs and service NGOs including mobile services for campaigns in high risk wards. Services include HIV testing (HCT) with TB screening, social and children’s services, poverty relief.

5. Supplies of condoms (male and female), educational materials (pamphlets and posters) and basic marketing materials (stickers, posters, banners)

6. Joint coordination, support, monitoring, reporting and review

7. Includes local events and awareness “days” with community and media partners, for example World AIDS Day, World TB Day, Human Rights Day, Valentine’s Week

8. Minimum standards apply to all activities.

The campaign will support relevant campaigns, for example against gender based violence, child safety and substance abuse. It is agreed that the campaign is not driven by “days” and stadium events. Local events by community sectors will be supported.

CAMPAIGN COORDINATION

Provincial: Gauteng, Metro and District AIDS Councils, all departments, sectors of civil society, business.

- Co-ordinated concept, content and messages
- Minimum standards for content and quality
- Coordinated provincial plan, programme and events.
- Advertising and publicity with monitoring
- Supplies of condoms and educational materials
- Provincial reviews

Local: Metro, District and Local AIDS Councils, Municipalities, community sectors, Health Districts, Social Development Regions, Education Districts, service
NGOs, businesses and labour.
• Decentralized plans – preferably to ward level
• Coordinated community education in wards
• Distribution of supplies
• Local events with community sectors
• Respond to local community issues

CAMPAIGN RESOURCES

The joint campaign will be built upon existing programmes, services, supplies and resources with some additional resources added for coordination, orientation and training, development and production of quality materials and placement of advertising with monitoring and review. The campaign will be scaled up each year.

CAMPAIGN SUPPLIES

Condoms: Male and female condoms supplied.

Educational materials:
- Pamphlets and booklets in four languages per campaign,
- Stickers, posters, banners, identification for community workers (name tags and bibs)
- Recording formats for reports – see Ward formats.

CAMPAIGN MONITORING

The following needs to be monitored:
• Implementation of project and campaign plans to schedule
• Public response to the campaign to address concerns
• Quality of education with spot checks to assess quality and reports.
• Use a simple standard reporting format used by everyone based on the ward and peer education systems.